

INVITATION FOR BIDS

TENDER DOCUMENT

FOR

SWASTHYA BIMA YOJANA

UNDER

MEDICAL & HEALTH DEPARTMENT

Tender Reference: F.1 () RHSDP/SPC(RSBY)/2008/2342 Dt. 16.04.2008

Phone : 91-0141-5110730,
91-0141-5110731

Tele Fax: 91-0141-2228778

E-Mail: rhmdp_raj@yahoo.co.in

**Rajasthan Health Systems Development Project
Medical & Health Department
Government of Rajasthan**

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TENDER DOCUMENT
FOR

SWASTHYA BIMA YOJANA

Tender Reference: F.1 () RHSDP/SPC(RSBY)/2008/2342 Dt. 16.04.08

**DATE OF COMMENCEMENT OF
SALE OF TENDER DOCUMENT :** 23.04.2008

**LAST DATE FOR SALE OF
TENDER DOCUMENT :** 21.05.2008 UPTO 1700 hrs

**LAST DATE AND TIME FOR
RECEIPT OF TENDER :** 22.05.2008 UPTO 1700 hrs

**PLACE OF OPENING OF TENDER :
AND FOR FURTHER COMMUNICATION** Office of the Project Director.
RHSDP, RHSDP Block,
Swasthya Bhawan, Tilak
Marg, C-Scheme, Jaipur
(Raj.) India

Telephones:-91-0141-5110730,
5110748
Fax: 91-0141-2228778
E-mail: rhsdp_raj@yahoo.com

Rajasthan Health Systems Development Project
Medical & Health Department
Government of Rajasthan

TENDER DOCUMENT
SWASTHYA BIMA YOJANA

District Wise Competitive Quotations are invited from Insurance Companies/Department (Licensed and Registered with IRDA) or agencies (enabled by Central legislation to undertake Insurance related activities) dealing with Health Insurance for implementation of Swasthya Bima Yojana for BPL families in *all* 33 districts of the State viz, **Sri Ganganagar, Chittorgarh, Pratapgarh, Dungarpur, Banswara, Udaipur, Churu, Ajmer, Bharatpur, Sikar, Jhunjhunu, Nagaur, Hanumangarh, Jaipur, Jodhpur, Pali, Dausa, Kota, Bundi, Alwar, Sirohi, Jaisalmer, Baran, Dholpur, Bhilwara, Tonk, Jhalawar, Rajsamand, Bikner, Karoli, Swai Madhopur, Jalore & Barmer** districts of Rajasthan.

Technical and Financial Bid documents can be obtained from below mentioned address OR downloaded from website www.rajswasthya.nic.in The completed Bid documents should be submitted before 17.00 Hours of 22nd May,2008, at the following address:

Project Director
Rajasthan Health Systems Development Project
Swasthya Bhawan, Tilak Marg
Jaipur

Phone:0141- 5110730
Fax: 0141-2228778
Email:rhsdp_raj@yahoo.co.in

All correspondence / communications on the scheme should be made at the above address.

PRINCIPAL SECRETARY,
MEDICAL& HEALTH,
Government of Rajasthan

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SWASTHYA BIMA YOJANA

A number of studies have revealed that risk owing to low level of health security is endemic for informal sector workers. The vulnerability of the poor informal worker increases when they have to pay fully for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the health infrastructure leaves a lot to be desired. Large number of people, especially those below poverty line, borrows money or sells assets to pay for the treatment in private hospitals. Thus, Health Insurance could be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The “SWASTHYA BIMA YOJANA” announced by the Government attempts to address such issues.

Government of Rajasthan has accordingly decided to implement this scheme in *all* 33 districts of the State viz, **Sri Ganganagar, Chittorgarh, Pratapgarh, Dungarpur, Banswara, Udaipur, Churu, Ajmer, Bharatpur, Sikar, Jhunjhunu, Nagaur, Hanumangarh, Jaipur, Jodhpur, Pali, Dausa, Kota, Bundi, Alwar, Sirohi, Jaisalmer, Baran, Dholpur, Bhilwara, Tonk, Jhalawar, Rajsamand, Bikner, Karoli, Swai Madhopur, Jalore & Barmer.** Medical & Health Department has been set up to act as “State level Nodal Agency” for the implementation of the Scheme.

For effective operation of the scheme, partnership is envisaged between the Insurance Company, public and the private sector hospitals and the State agencies. State Government/Nodal Agency will assist the Insurance Company in networking with the Government/Private hospitals, fixing of treatment protocol and costs, treatment authorization, so that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government / Private health systems. Public hospitals, including ESI hospitals and such 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 diseases can be enlisted for providing treatment to the BPL families under the scheme.

SWASTHYA BIMA YOJANA

IN THE STATE OF RAJASTHAN

1. Name :

The name of the scheme shall be “**SWASTHYA BIMA YOJANA**”

2. Objective :

To improve access of BPL families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of health care providers.

3. Beneficiaries:

The scheme is intended to benefit Below Poverty Line (BPL) population in *all* 33 districts of the State viz, Sri Ganganagar, Chittorgarh, Pratapgarh, Dungarpur, Banswara, Udaipur, Churu, Ajmer, Bharatpur, Sikar, Jhunjhunu, Nagaur, Hanumangarh, Jaipur, Jodhpur, Pali, Dausa, Kota, Bundi, Alwar, Sirohi, Jaisalmer, Baran, Dholpur, Bhilwara, Tonk, Jhalawar, Rajsamand, Bikner, Karoli, Swai Madhopur, Jalore & Barmer. According to a recent enumeration, there are 2635326 BPL families in all 33 districts of the State. District wise profile of the BPL families is attached at Annexure-19.

4. Family:

Coverage under the scheme would be provided for BPL workers and their families [up to a unit of five). This would comprise the Household Head, spouse, and up to three dependents. The dependents would include such children and/or parents of the head of the family as are listed as part of the family in the BPL data base. If the parents are listed as a separate family in the data base, they shall be eligible for a separate card.

5. Benefits:

- a. (i) The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures of beneficiary members up to Rs.30,000 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.30,000 can be availed of individually or collectively by members of the family per year.

or

- (i) The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures of beneficiary members up to Rs.30,000 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.30,000 can be availed of individually or collectively by members of the family per year.

(ii) Critical illness coverage upto Rs. 1.35 Lacs per family on floater basis.

b. Pre-existing conditions/diseases to be covered, subject to minimal exclusions.

c. Coverage of health services relating to surgical nature can also be provided on a daycare basis.

Indicative list of day care treatment:

Given the advances made in the treatment techniques, many health services, formerly requiring hospitalization, can now be treated on a day care basis. Examples of such services which States should consider negotiating in their coverage package with health insurers include:

- i) Haemo-Dialysis
- ii) Parenteral Chemotherapy
- iii) Radiotherapy
- iv) Eye Surgery
- v) Lithotripsy (kidney stone removal)
- vi) Tonsillectomy
- vii) D&C
- viii) Dental surgery following an accident
- ix) Surgery of Hydrocele
- x) Surgery of Prostrate
- xi) Few Gastrointestinal Surgery
- xii) Genital Surgery
- xiii) Surgery of Nose
- xiv) Surgery of Throat
- xv) Surgery of Ear
- xvi) Surgery of Urinary System
- xvii) Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
- xviii) Laparoscopic therapeutic surgeries that can be done in day care
- xix) Identified surgeries under General Anaesthesia
- xx) Any disease/procedure mutually agreed upon.

d. Provision for transport allowance (actual with limit of Rs. 100 per visit) subject to an annual ceiling of Rs. 1000 shall be a part of the package.

e. Pre and post hospitalization up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.

f. Domiciliary treatment: Not required.

g. Maternity benefit: Not required.

6. Eligible Health Services Providers:

Both public (including ESI) and private health providers which provide hospitalization and/or daycare services would be eligible for inclusion under the insurance scheme, subject to such requirements for empanelment as agreed between the State Government/Nodal Agency and Insurers.

7. Enrollment of Hospitals:

Hospital and other health facilities with desired infrastructure for inpatient and day care services will need to be empanelled. It is essential to have a proper system of empanelment. The process will be carried out by the Insurer. Insurers can seek assistance of the State Nodal Agency.

- i) All Government hospitals (including Community Health Centers) and ESI hospitals can be empanelled provided they possess the facilities of Telephone/Fax, 64KBPS connectivity. Each hospital/health service provider shall possess a Personal Computer.

The criteria for empanelling private hospitals and health facilities would be as follows:

- ii) At least 10 inpatient medical beds for primary inpatient health care. The requirement of minimum number of beds can be reduced based on available infrastructure in rural areas.
- iii) Fully equipped and engaged in providing Medical and or Surgical facilities. The facility should have an operational pharmacy and diagnostic services, or should be able to link with the same so as to provide 'cash less' service to the patient. The diagnostic service should include testing of clinical specimens, X-rays and ECG etc.
- iv) Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of its own.
- v) Fully qualified doctors and nursing staff under its employment round the clock.
- vi) Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/Government/Nodal Agency as and when required.
- vii) Registration with Income Tax Department.
- viii) Telephone/Fax, 64KBPS connectivity. Each hospital/health service provider shall possess a Personal Computer.

- ix)** The Hospital should agree to the cost of packages for each identified medical/surgical intervention/procedures as approved under the scheme. These package rates will include Bed charges (General Ward), Nursing and Boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery and transport expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 5 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient.

And

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

- a. Free OPD consultation.
- b. Fixed discounts on diagnostic tests and medical treatment required for beneficiaries.

Agreement with Network Hospital: The Insurance Company shall enter into an agreement with all the hospitals empanelled under the scheme. Empanelled medical institutions are supposed to extend medical aids to the beneficiary under the scheme. A provision will be made in the Agreement of non-compliance/default clause while signing them. Such matter shall be looked into by the State Government/Nodal Agency.

8. Payment of Premium:

State Government/Nodal Agency will on behalf of the BPL beneficiaries make the payment of the premium to the Insurance Company **based on the enrolment of the BPL beneficiaries**. The State Government, on receipt of this information, shall release its share of premium.

9. Payment of Premium and Registration Fee:

Payment of registration fee and premium installment will be as follows:

- a) The registration fee of Rs.30 by the beneficiary to the insurance company.
- b) The first instalment will come from the State Nodal Agency to the insurance company in the nature of 25% of (X--30).

(X being the premium amount per beneficiary).

- c) The second installment will be paid by the State Nodal Agency as per the following formulation after the completion of three months: 75% of (X-30)

10. 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. A BPL beneficiary who is issued card will be able to avail facilities from the first of the month after the next month on payment of first installment of the premium as mentioned in 9(b) above. The second installment shall be paid to the Insurance Company after three months of the commencement of the policy.

The Scheme shall commence operation from the first of the month after the next month from the date of issue of card. Thus, if the initial cards are issued anytime during the month of February in a particular district the scheme will commence from 1st of April. The scheme will last for one year till 31st March of next year. This would be the terminal date of the scheme in that particular district. Thus, cards issued during the intervening period will also have the terminal date as 31st March of the following year. The date of commencement of insurance for the cards issued during the intervening period will be as follows:

	card issued upto	Insurance start	will	Policy period	<u>Premium</u>
1.	February 2008	1st April 2008		1 st April to 31 st March	<u>FULL</u>
2.	March 2008	1 st May 2008		Upto 31 st March 2009	<u>FULL</u>
3.	April 2008	1 st June 2008		Upto 31 st March 2009	<u>FULL</u>
4.	May 2008	1 st July 2008		Upto 31 st March 2009	<u>9/12</u>
5.	June 2008	1 st August 2008		Upto 31 st March 2009	<u>8/12</u>
6.	July 2008	1 st September 2008		Upto 31 st March 2009	<u>7/12</u>
7.	August 2008	1 st October 2008		Upto 31 st March 2009	<u>6/12</u>
	<u>Enrolment will freeze from September 2008 for above policy period</u>				

For cards issued consequent to the completion of month after the commencement of the Policy in a District, only prorata premium would be paid for the remaining period of the year as per above stipulation.

In case the initial cards themselves are issued in a particular district in subsequent months, e.g. May, the scheme itself will commence from 1st of July and will have a terminal date of 30th of June of the next year. The cards issued subsequently will also have 30th June as the terminal date. However, the commencement of insurance for cards issued subsequently in that district will be determined by the logic mentioned above.

The salient points regarding commencement & end of the policy are

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- Policy shall commence one month after the month in which a card is issued
- Policy start date for cards in a single district may also be staggered based on card issuance
- Policy end date shall be the same for ALL cards in a district
- Policy end date shall be calculated as completion of one year from the date of Policy start for the 1st card in a district
- This means that cards issued one month after issuance of 1st card in the district shall be for 11 months and so on so forth
- After 3 months of card issuance, premium shall be paid as per the number of months the policy would be in operation
- Minimum 6 months of service needs to be provided to a beneficiary, hence enrollments in a district shall cease 6 months from beginning of card issuance.

11. Cashless Access Service

The Insurer has to ensure that all the Beneficiaries are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent as the Services are covered under the SWASTHYA BIMA YOJANA. This service provided by the Insurer along with subject to responsibilities of the Insurer as detailed in this clause 11 is collectively referred to as the “**Cashless Access Service.**”

The services have to be provided to the beneficiary based on card only with the minimum of delay for pre authorization. Reimbursement to hospitals should be based on the electronic/manual transaction data received from hospitals.

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the scheme within the limits/sub-limits and sum insured, i.e., not specifically excluded under the scheme. The hospital shall be reimbursed as per the package cost specified in the tender agreed for specified packages or as mutually agreed with hospitals in case of unspecified packages.

1. Cashless Access in case package is fixed

Once the identity of the beneficiary and or his family member is established, following procedure shall be followed for providing the health care facility under package rates:

- a) It has to be seen that patient is admitted for covered procedure and package for such intervention is available.
- b) Beneficiary has balance in his account.

- c) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed.
- d) At the time of discharge final entry shall be made on the card after verification of patient (any other enrolled family member in case of death) to complete the transaction.

2. Pre-Authorization for Cashless Access in case no package is fixed

Once the identity of the beneficiary and or his family member is established by verifying the fingerprint of the patient and the card, following procedure shall be followed for providing the health care facility not listed in packages:

- a) Request for hospitalization shall be forwarded by the provider after obtaining due details from the treating doctor in the prescribed format i.e. "request for authorization letter" (RAL). The RAL needs to be faxed to the 24-hour authorization /cashless department at fax number of the insurer along with contact details of treating physician, as it would ease the process. The medical team of insurer would get in touch with treating physician, if necessary.
- b) The RAL should reach the authorization department of insurer within 6 hrs of admission in case of emergency or within 7 days prior to the expected date of admission, in case of planned admission.
- c) In failure of the above "clause b", the clarification needs to be forwarded with the request for authorization.
- d) The RAL form should be dully filled with clearly mentioned Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- e) Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained and negotiated the package with provider, shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.
- f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization deptt to confirm the eligibility, insurer can deny the authorization.
- g) Denial of authorization (DAL)/guarantee of payment is by no means denial of treatment. The provider is requested to deal with such case as per their normal rules and regulations.
- h) Authorisation letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for

which package has not been fixed earlier. Provider must see that these rules are strictly followed.

- i) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorisation letter (RAL) for hospitalization as a package only as defined in “**article V**”.
- j) The entry on the card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the hospital and insurer. Since this would not be available in the package list on the computer, it would be entered manually by the hospital.
- k) In case the balance sum available is considerably less than the Package, provider should follow their norms of deposit/running bills etc. However provider shall only charge the balance amount against the package from the beneficiary. Insurer upon receipt of the bills and documents would release the guaranteed amount.
- l) Insurer will not be liable for payments in case the information provided in the “request for authorization letter” and subsequent documents during the course of authorization, is found incorrect or not disclosed.

12. Enrolment Procedure

The enrolment of the beneficiaries will be undertaken by the Insurance Company selected and approved by the Government. The Insurer shall enroll the BPL beneficiaries based on the soft data provided by the State Government/Nodal Agency and issue card as per Government specifications through Card Vender and handover the same to the beneficiaries at enrolment station level/village level itself during the enrolment period. A photograph of the Head of family and other family members will have to be taken and affix on the card.

The insurance company shall under no circumstances make any changes to the BPL data except for capturing the fields.

Further, the enrolment process shall continue as per schedule agreed by the Government / Nodal Agency. Insurer in consultation with the State Government / Nodal Agency shall chalk out the enrolment cycle up to village level by identifying enrolment stations in a manner that representative of Insurer, Government/Nodal Agency and card vender can complete the task in scheduled time. The process of enrolment shall be as under:

- (a) The Insurer may download the BPL data for the selected

districts from the website. This data would have been uploaded by the nodal agency in the pre-defined format after self verification.

- (b) The Insurer will arrange for preparation of the card. The software for issuing cards and usage of card services shall be the one approved by the Government.
- (c) The premium quoted is inclusive of the cost of card as well. A schedule of programme shall be worked out by the Government/Nodal Agency in consultation with the Insurer for each village in the district.
- (d) The nodal agency shall ensure availability of sufficient number of field staff to accompany the enrollment teams as per schedule.
- (e) Advance publicity of the visit of representatives of the State Government and the Insurance Provider shall be done by the Insurer and State Government/Nodal Agency in respective villages.
- (f) List of BPL should be posted prominently in the village by the Insurer.
- (g) The representatives shall visit each enrolment station/village in the selected district jointly on the pre-schedule dates for enrolment and issuance of card.
- (h) At the time of enrolment, the government official shall identify each beneficiary in the presence of the insurance representative.
- (i) At the time of handing over the card, the INSURER shall collect the registration fee of Rs.30/- from the beneficiary.
- (j) This amount will be adjusted against the amount of premium to be paid to the INSURER by the Nodal Agency.
- (k) The Insurer's representative shall also provide a pamphlet along with Card to the beneficiary indicating the list of the networked hospitals, the availability of benefits and the names and details of the contact person/persons. To prevent damage to the card, a plastic jacket should be provided to keep the card.
- (l) The beneficiary shall also be informed about the date on which the card will become operational (month).
- (m) The beneficiary or the eligible person of the family shall be entitled for cashless treatment in designated hospitals on presentation of the Card

13. Delivery of Services by Intermediaries: The Insurer will enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective outreach to Beneficiaries and to facilitate usage by Beneficiaries of Benefits covered under this Agreement. The Insurer will also compensate such intermediaries for their services at an appropriate rate.

14. Penalty Clause: Failure to abide with the terms will attract such penalty as is determined at the time of finalizing the contract for health and

card related services.

15. Standardization of Formats

The Insurance Company shall use the standardized formats for cashless transactions, discharge summary, billing pattern and other reports in consultation with the State Government/Nodal Agency.

16. Criteria For Evaluating Bids / Proposals:

The Technical Proposals will be evaluated by a panel of officials nominated by the Government of Rajasthan/Nodal Agency. 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/Departments that have been declared successful in the technical bid evaluation stage

17. Award of Contract:

State Government/Nodal Agency 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 State Government/Nodal Agency to be qualified to perform the contract satisfactorily.

The Govt. has also the right to divide 33 districts into Companies/Departments looking to their capacities and their preference for districts based on lowest quoted rates.

18. Government of Rajasthan /Nodal Agency's Right to accept or Reject any or All Bids:

Government of Rajasthan/Nodal Agency 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 Rajasthan/Nodal Agency is not bound to accept the lowest or any bid.

Note: Incomplete technical bids and financial bids with extra attachments/remarks are liable to be disqualified.

19. Notification of Award and Signing of Agreement:

The Notification of Award will be issued with the approval of the Tender Accepting Authority. The terms of Agreement will be discussed with the representatives of the successful insurance company/Departments and the company is expected to furnish a duly signing Agreement proposed by State Government/Nodal Agency 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.

20. 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.

21. Signature in each page of document:

Each paper of Bid Document must be signed by the competent authority of the Bidder. Any document / sheet not signed shall tantamount to rejection of Bid.

22. Other terms and conditions.

- 1. It is necessary to issue cards to all the eligible BPL Families with in a prescribed time (up to 6 months from issuance of the orders) and, the insurer will file the progress statement to the Nodal Agency (Govt.) every month.**
- 2. The insurer shall be penalized in case the cards are not issued for 80% BPL families with in a prescribed time. The penalty would be levied up to 25% of the premium.**
- 3. The nodal agency (Govt.) has full power to engage third parties for auditing, checking, inspecting and supervising in regard to see the progress of implementation the policy.**
- 4. The transport allowance on pre-post hospitalization expenses will be paid in Cash (not by form of D.D/ Cheque) to the patient/attendant of the patient by the hospital.**

23. Submission of Proposals:

The bidder must submit the proposal as per the details mentioned below:

- i. Financial proposal shall indicate premium quotes for each district separately. Bidders may quote for one or more districts as per their capacity and preference.**
- ii. Technical proposal should be sealed in a separate envelop clearly marked in BOLD "SECTION A - TECHNICAL PROPOSAL" and "TECHNICAL PROPOSAL FOR IMPLEMENTING "SWASTHYA BIMA YOJANA SCHEME" written on the top of the envelope.**
- iii. Financial proposal should be sealed in another envelop clearly marked**

in **BOLD “SECTION B – FINANCIAL PROPOSAL”** and **“FINANCIAL PROPOSAL FOR IMPLEMENTING “SWASTHYA BIMA YOJANA SCHEME”** written on the top of the envelope.

- iv. Both envelopes should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.
- v. Both envelopes should be put in a **larger cover / envelop**, sealed and clearly marked in BOLD have

“SECTION A – TECHNICAL PROPOSAL” for “SWASTHYA BIMA YOJANA Scheme”.

“SECTION B – FINANCIAL PROPOSAL” for “SWASTHYA BIMA YOJANA Scheme” written on envelop and have the bidders Name and Address clearly written in **BOLD** at the Left Bottom Corner.

- vi. The bids may be cancelled and not evaluated if the bidder fails to:
 - a. Clearly mention Technical / Financial Proposal on the respective envelopes
 - b. To seal the envelope properly with sealing tape
 - c. Submit both envelopes i.e. Financial Proposal and Technical Proposal together keeping in large envelope.
 - d. Give complete bids in all aspects.
 - e. Submit financial bids in the specified Performa (**Annexure 20**)

24. Pre Bid Meeting:

A pre bid meeting will be held on 15.05.2008 at 11.30 AM in the Project office to clarify the issues.

25. Deadline for Submission Bids / Proposals:

Complete bid documents should be received at the address mentioned below not later than **17.00 hours on 22nd May, 2008.** Bids documents received later than the prescribed date and time will not be considered for evaluation

Project Director

Rajasthan Health Systems Development Project
Swasthya Bhawan, Tilak Marg
Jaipur

Phone:0141-2228778

Fax: 0141-5110730

Email:rhmdp_raj@yahoo.co.in

SUBMISSION OF BIDS / PROPOSALS:

The Government of Rajasthan / Nodal Agency seeks detailed proposal from Insurance Companies/Departments interested in implementing "Swasthya Bima Yojana", in the State. The proposal document should include the following:

SECTION A – TECHNICAL PROPOSAL:

A) QUALIFYING CRITERIA:

- i)** Insurance company should have full fledged establishment with experience in conceptualizing, designing and implementing large healthcare schemes and should be registered with IRDA or enabled by a Central legislation to undertake insurance related activities.**(Annexure-1)**
- ii)** At least one year experience in catering to health insurance of 50,000 families or more under one group/individuals health insurance policy in 2005-2006 or 2006-2007 or 2007-2008.**(Annexure-2)**

The qualifying requirements data shall be enclosed with the Technical Bid only. The bidders who do not qualify this criterion, 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 State Government/Nodal Agency 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 acquired 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 State Government/Nodal Agency 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: Initially the scheme is proposed to be implemented in *all 33* districts of the State viz, Sri Ganganagar, Chittorgarh, Pratapgarh, Dungarpur, Banswara, Udaipur, Churu, Ajmer, Bharatpur, Sikar, Jhunjhunu, Nagaur, Hanumangarh, Jaipur, Jodhpur, Pali, Dausa, Kota, Bundi, Alwar, Sirohi, Jaisalmer, Baran, Dholpur , Bhilwara, Tonk, Jhalawar, Rajsamand, Bikner, Karoli, Swai Madhopur, Jalore & Barmer.

II. Infrastructure: Details of administrative infrastructure of the Insurance Company available in the State of Rajasthan. **(Annexure-3)**

III. Empanelled health facilities: List of existing empanelled health facilities within the State of and outside the State as also the provisional list of health facilities. **(Annexure-4A & 4B)**

IV. List of provisional common medical and surgical interventions/procedures. Provisional list is attached. Insurer to add more interventions/procedures system-wise to make the list exhaustive. **(Annexure-5)**

V. Package Rates:

Insurer will negotiate the rates of various medical/surgical interventions/procedures under the scheme with the hospitals in consultation with the Government/State Nodal Agency and those hospitals who agree to accept the package rates shall be empanelled. These package rates will include Bed charges (General Ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery and transport expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 5 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient.

Insurer is supposed to provide the **lowest package rates** of the common procedures to be fixed with the agreed hospitals by them. **(Annexure - 6)**

VI Detailed Prospectus of the Scheme in the Form as Required By IRDA:

Detailed write-up prospectus as per IRDA norms on desired Health Insurance Scheme, benefits available, exclusions, conditions, premium refund clause etc including day care coverage for procedures which can be performed as day care surgery may not require 24 hours hospitalization under the scheme. **(Annexure-7)**

VII Minimum Exclusions:

Common exclusions:

1. Conditions that do not require hospitalization
2. Congenital external diseases
3. Drug and Alcohol Induced illness
4. Sterilization and Fertility related procedures
5. Vaccination
6. War, Nuclear invasion
7. Suicide
8. Naturopathy, Unani, Siddha, Ayurveda

VIII Project Office

Insurer shall establish a separate Project Office at convenient place for coordination with the Government/Nodal agency at the State Capital. This office shall

- a) Have a 24 hour call center with toll free help line
- b) Have a data management desk and a kiosk for post issuance modifications to the cards.
- c) Provide preauthorization for such procedures which have not been predetermined.
- d) Have a claim settlement desk.
- e) Office in each selected district to coordinate with health provider/district officials. **(Annexure -8)**

IX Services Beyond Service Area:

The INSURER shall have interrelated arrangements under the scheme with other Providers in other districts and States to provide the health services to the Beneficiaries in areas outside the limits of the Service Areas in case of migration. The INSURER shall make these arrangements available to the Beneficiaries for the purpose.

The Insurer shall also enter into arrangement with other Insurance

company's for transfer of claim & transaction data arising in areas beyond the service area.

X Management Information Systems (MIS) Service

The Insurer shall provide management information system reports regarding the enrolment, admission, pre-authorization, claims settlement and such other information regarding the Services as required by the Government/Nodal Agency. The reports will be submitted by the INSURER to the Government/Nodal Agency on a regular basis as agreed between the Parties.

(Annexure -9)

XI Call Center Services

The Insurer shall provide telephone services for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialing a State Toll free number. This service provided by the Insurer as detailed in this clause-XI is collectively referred to as the "Call Centre Service".

1. Call Centre Information

The Insurer shall operate a call centre for the benefit of all Insured Persons. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. As a part of the Call Centre Service the Insurer shall provide the following :

- a. Answers to queries related to Coverage and Benefits under the Policy.
- b. Information on Insurer's office, procedures and products related to health.
- c. General guidance on the Services.
- d. For cash-less treatment subject to the availability of medical details required by the medical team of the Insurer.
- e. Information on Network Providers and contact numbers.
- f. Benefit details under the policy and the balance available with the Beneficiaries.
- g. Claim status information.
- h. Advising the hospital regarding the deficiencies in the documents for a full claim.
- i. Any other relevant information/related service to the Beneficiaries.
- j. Any of the required information available at the call centre to the Government/Nodal Agency.
- k. Any related service to the Government/Nodal Agency.

2. Language.

The Insurer undertakes to provide services to the Insured Persons in English and local languages.

3. Toll Free Number.

The Insurer will operate a state toll free number with a facility of a minimum of 5 lines. The cost of operating of the number shall be borne solely by the Insurer. The toll free numbers will be restricted only to the incoming calls of the clients only. Outward facilities from those numbers will be barred to prevent misuse. **The toll free number will be operated in the State (Rajasthan) with in 7 days from the date of issuance of order of appointing insurer.**

4. Insurer to inform Beneficiaries

The Insurer will intimate the state toll free number to all beneficiaries along with addresses and other telephone numbers of the Insurer's Project Office. **(Annexure -10)**

XII Draft Agreement:

The insurer is required to enter into an agreement for implementation of the scheme with State Government/Nodal Agency. Insurer may propose a draft Agreement from their end. This may be considered by the State Government/Nodal Agency. **(Annexure - 11)**

XIII Activity:

Activity wise flowchart depicting the sequence of all the insurance related activities and a detailed time schedule for all activities proposed under the scheme. **(Annexure-12)**

XIV Capacity Building:

The Insurer will arrange the workshop for the capacity building of the State Government/Nodal Agency, their representatives and other stake holders in respect of specific field of insurance, including intermediaries, at each district at the convenience of the insured. **(Annexure-13)**

XV Mechanism for Publicity: Ways and steps to be suggested **(Annexure- 14)**

XVI Dispute Resolution

If any dispute arises between the parties hereto during the subsistence of this Agreement or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of this Agreement, the parties shall refer such dispute to the respective Chairmen/CEO's/CMD's of the Insurer for resolution. In the event that the Chairmen/CEO's /CMD's are unable to resolve the dispute within {60 } days of it being referred to them, then either Party may refer the dispute for resolution to a sole arbitrator who shall be jointly appointed by both parties, or, in the event

that the parties are unable to agree on the person to act as the sole arbitrator within {30 } days after any party has claimed for an arbitration in written form, by three arbitrators, one to be appointed by each party with power to the two arbitrators so appointed, to appoint a third arbitrator.

XVII Business Plan:

Detailed business plan highlighting process proposed to be adopted for, delivering health services may be indicated in the following manner:

- a) Mechanism for empanelment of desired private / public health facilities / day care health facilities.
- b) Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern, satisfaction letter from the patient etc.
- c) Mechanism for Awareness generation.
- d) MIS for claims reporting claims settlement claims paid, required by State Government/Nodal Agency on monthly basis and as and when required.
- e) Time-line for entire process – from beneficiary approaching the network hospital for treatment upto discharge.
- f) Procedure for reporting the progress to appropriate authority nominated by the State Nodal Agency at State, Division and District level.
- g) Business Continuity Plan in case of malfunction of Card mechanism – devices or card
- h) Grievance redressal mechanism procedure at District and State level.

(Annexure-15)

XVIII. Other Information

(Annexure -16)

XIX Additional benefits:

In case the bidder wants to offer additional benefits under the scheme, the same may be given in detail.

(Annexure – 17)

Note: Terms can be amended by the State Government/Nodal Agency before entering into the contract.

Bidder is supposed to give point-wise reply of the Tender document for agreement / disagreement.

SECTION B – FINANCIAL PROPOSAL (To be given in Annexure-18)
(Simple plastic/paper card in place of smart card)

Financial costs including administrative expenses, overheads, and service charges, including card, that the insurance company expects for rendering the services should be a part of the premium. Quotes shall be given separately for each option and each district as per the preference of the company/agency.

S. NO	Name of Districts	Package-A :- Premium quote for a sum insured of Rs. 30,000 per family on floater basis (up to unit of 5).		Package -B:-Premium quote for a sum insured of Rs. 30,000 per family on floater basis and critical illness cover upto maximum of Rs. 1,35,000 per family on floater basis: (upto unit of 5)		Package -C:-Premium quote for a sum insured of Rs. 30,000 per family on floater basis and critical illness cover upto maximum of Rs. 1,35,000 per family on floater basis. (For all family members listed in BPL List).	
		PREMIUM PER FAMILY WITHOUT S.T. Rs.	PREMIUM PER FAMILY WITH S.T. Rs.	PREMIUM PER FAMILY WITHOUT S.T. Rs.	PREMIUM PER FAMILY WITH S.T. Rs.	PREMIUM PER FAMILY WITHOUT S.T. Rs.	PREMIUM PER FAMILY WITH S.T. Rs.
1	Sri Ganganagar						
2	Chittorgarh						
3	Pratapgarh						
4	Dungarpur						
5	Banswara						
6	Udaipur						
7	Churu						
8	Ajmer						
9	Bharatpur						
10	Sikar						
11	Jhunjhunu						
12	Nagaur						

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13	Hanumangarh						
14	Jaipur						
15	Jodhpur						
16	Pali						
17	Dausa						
18	Kota						
19	Bundi						
20	Alwar						
21	Sirohi						
22	Jaisalmer						
23	Baran						
24	Dholpur						
25	Bhilwara						
26	Jhalawar						
27	Tonk						
28	Bikaner						
29	Rajsamand						
30	Karauli						
31	Swai Madhopur						
32	Jalore						
33	Barmer						

Note: No other document or attachment/additional information shall be permissible along with Annexure-18. Any deviation will attract disqualification

TERMS CAN BE AMENDED BY THE STATE GOVERNMENT/NODAL AGENCY BEFORE ENTERING INTO THE CONTRACT.

Signature

{ DATE


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SECTION A – DETAILS OF TECHNICAL PROPOSAL:**Name of the Insurance Company:** _____

	Section of Technical Bid	Comments / Observation of Insurer	To be provided by
A	Qualifying criteria:		
	(I) IRDA license	Annexure -1	Insurer
	(II) Experience:	Annexure-2	Insurer
B	Amendment of bidding documents:		Govt.
C	Others		
I	Geographical Area	i ii iii	Govt.
II	Infrastructure:	Annexure-3	Insurer
III	Empanelled health facilities:	Annexure- 4A &4B	Insurer
IV	List of provisional common medical and surgical interventions / procedures.	Annexure -5	Govt./ Insurer
V	Package rates:	Annexure- 6	Insurer
VI	Detailed prospectus of the scheme in the form as required by IRDA.	Annexure- 7	Insurer
VII	Minimum exclusions		Insurer
XVIII	Project Office	Annexure-8	Insurer
IX	Services beyond service area		Insurer
X	Management Information System	Annexure-9	Insurer
XI	Call centre Service	Annexure-10	Insurer
XII	Draft MOU:	Annexure-11	Insurer
XIII	Activity	Annexure-12	Insurer
XIV	Capacity Building	Annexure-13	Insurer
XV	Mechanism for Publicity:	Annexure-14	Insurer
XVI	Dispute Resolution Clause		Insurer
XVII	Business plan:	Annexure-15	Insurer
XVIII	Other Information	Annexure-16	Insurer
XIX	Additional benefits:	Annexure-17	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 hereby declare that I have read the contents of the tender
document and here by submit the bid in the desired format with respective
annexure duly signed by me.

SIGNATURE

Name

Designation

Date:

Annexure - 2

Experience of the Bidder

Sr. No.	Name of the Central / State/ Trust sponsored/ Other Group Health Insurance Scheme	State / area where implemented	Number of Families	Premium (in Rs.)		Number of years the scheme has been in operation (YEAR WISE)	Claims	
				Per Families	Total Premium		Received (no.)	Settled/Under Process (Rs)
	1	2	3	4	5	6	7	8

SIGNATURE

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/

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Annexure - 4 A

**LIST OF EMPANELLED HEALTH FACILITIES IN STATE RAJASTHAN
AND IN OTHER STATES**

District	City	Name of Health Facility	Address	Name of In-charge	Services Offered (Specialty)	Remarks
1	2	3	4	5	6	7

(List should be District-wise alphabetically)

SIGNATURE

Annexure - 4 B

**LIST OF AGREED / LIKELY TO BE AGREED HEALTH FACILITIES IN
THE STATE OF RAJASTHAN**

District	City	Name of Health Facility	Address	Name of In-charge	Services Offered (Specialty)	Remarks
1	2	3	4	5	6	7
LIST OF AGREED HEALTH FACILITIES UNDER SBY IN THE STATE OF -----						
LIST OF LIKELY TO BE AGREED HEALTH FACILITIES UNDER SBY IN THE STATE OF ----						

(List should be District-wise alphabetically)

SIGNATURE

Annexure - 5 & 6**PROVISIONAL/SUGGESTED LIST FOR MEDICAL AND SURGICAL INTERVENTIONS / PROCEDURES IN GENERAL WARD FOR WHICH PACKAGE RATES MAY BE FIXED**

These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.

Medical (Non surgical) hospitalisation procedures means Bacterial meningitis, Bronchitis- Bacterial/Viral, Chicken pox, Dengue fever, Diphtheria, Dysentery, Epilepsy, Filariasis, Food poisoning, Hepatitis, Malaria, Measles, Meningitis, Plague, Pneumonia, Septicemia, Tuberculosis (Extra pulmonary, pulmonary etc), Tetanus, Typhoid, Viral fever, Urinary tract infection, Lower respiratory tract infection and other such procedures requiring hospitalisation etc.

<p>(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD</p> <p>These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.</p>	<p>Maximum upto Rs.____ per day</p>
<p>(ii) IF ADMITTED IN ICU:</p> <p>This includes bed charges (general ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic</p>	<p>Maximum upto Rs.____ per</p>

Tests, food to patient etc. during stay in I.C.U.	day
<p>(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE IV):</p> <p>This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.</p>	To be negotiated with Insurer before carrying out the procedure
<p>(iv) SURGICAL PROCEDURES IN GENERAL WARD (SPECIFIED IN PACKAGE IV):</p> <p>This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.</p>	Refer IV below.

Rates of Packages of various diseases for health Insurance			
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			COST Finalized by committee
		IPD & DAY CARE PROCEDURES	
		DENTAL	
1	1	Fistulectomy	8000
2	2	Fixation of fracture of jaw	10000
3	3	Sequestrectomy	10000
4	4	Tumour excision	5000
		EAR	
5	1	Aural polypectomy	10000
6	2	Decompression sac	9000
7	3	Fenestration	7000
8	4	Labyrinthectomy	7000
9	5	Mastoidectomy corticol module radical	7000
10	6	Mastoidectomy with tympanoplasty	9000
11	7	Mastoidectomy	6000
12	8	Mastoidectomy With Myringoplasty	9000
13	9	Myringoplasty	6000
14	10	Myringoplasty with ossiculoplasty	9000
15	11	Myringotomy - Bilateral	4500
16	12	Myringotomy - Unilateral	2500
17	13	Myringotomy with grommet - One ear	2500
18	14	Myringotomy with grommet - Both ear	4000
19	15	Ossiculoplasty	6000
20	16	Partial amputation pinna	1,000
21	17	Preauricular sinus	6000
22	18	Stapedectomy	6500
23	19	Vidian neurectomy - Micro	7000
24	20	Tympanoplasty	7000
		NOSE	
25	1	Ant. Ethmoidal artery ligation	12000
26	2	Antrostomy - Bilateral	6000
27	3	Antrostomy - Unilateral	4000
28	4	Caldwell - luc - Bilateral	6000
29	5	Caldwell - luc- Unilateral	5000
30	6	Cryosurgery	7000

31	7	Rhinorrhoea - repair	8000
32	8	Endoscopic Dacryocystorhinostomy (DCR)	9000
33	9	Endoscopic septoplasty	8500
34	10	Ethmoidectomy - External	5000
35	11	Fracture reduction nose with septal correction	6500
36	12	Fracture setting maxilla	8500
37	13	Fracture setting nasal bone	4000
38	14	Functional endoscopic sinus (FESS)	7000
39	15	Intra nasal ethmoidectomy	7000
40	16	Rhinotomy - Lateral	8500
41	17	Nasal polypectomy - Bilateral	5000
42	18	Nasal polypectomy - Unilateral	3000
43	19	Turbinectomy Partial - Bilateral	7000
44	20	Turbinectomy Partial - Unilateral	4500
45	21	Radical fronto ethmo sphenoidectomy	15000
46	22	Rhinoplasty	12000
47	23	Septoplasty	5500
48	24	Sinus antroscopy	3000
49	25	Submucos resection	4000
50	26	Trans antral ethmoidectomy	6000
51	27	Youngs operation	5500
		THROAT	
52	1	Adeno tonsillectomy	6000
53	2	Adenoidectomy	6000
54	3	Arytenoidectomy	15000
55	4	Choanal atresia	10000
56	5	Retro pharyngeal abscess - Drainage	4,000
57	6	Pharyngeal diverticulum's - Excision	12,000
58	7	Laryngectomy	15000
59	8	Maxilla - Excision	10,000
60	9	Oro antral fistula	10000
61	10	Parapharyngeal - Explorationy	12000
62	11	Parapharyngeal -Tumour excision	15000
63	12	Parapharyngeal abscess - Drainage	15000
64	13	Pharyngo plasty	12000
65	14	Release of tongue tie	3000
66	15	Retropharyngeal abscess drainage	7000
67	16	Styloidectomy - Both side	10000
68	17	Styloidectomy - One side	8000

69	18	Superficial parotidectomy	10000
70	19	Thyroglossal cyst - Excision	6000
71	20	Thyroglossal fistula - Excision	8000
72	21	Tonsillectomy - Bilateral	7000
73	22	Tonsillectomy - Unilateral	6000
74	23	Total parotidectomy	15000
75	24	Uvulopharyngo plasty	10000
		GENERAL	
76	1	Abdomino perineal resection	20000
77	2	Addventitious Burse - Excission	7000
78	3	Anterior resection for CA	15000
79	4	Appendicectomy	6,000
80	5	Appendicular abscess - Drainage	7,000
81	6	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	7000
82	7	Axcillary Lymphnode - Excission	2500
83	8	Bakers cyst - Excision	5000
84	9	Bilateral inguinal block dissection	13,000
85	10	Bleeding ulcer - Gastrectomy & vagotomy	17,000
86	11	Bleeding ulcer - Partial gastrectomy	15,000
87	12	Block dissection cervical nodes	10000
88	13	Branchial fistula	13000
89	14	Breast - Excission	7000
90	15	Breast Lump - Left - Excission	5000
91	16	Breast Lump - Right - Excission	5000
92	17	Breast Mass - Excission	5000
93	18	Bronchial cyst	5,000
94	19	Bursa - Excission	7000
95	20	Bypass - Inoprablaca of pancreas	13,000
96	21	Caecopexy	13,000
97	22	Carbuncle back	3,500
98	23	Cavernostomy	13,000
99	24	Cervial Lymphnodes - Excission	2500
100	25	Cholecysostomy	

			10,000
101	26	Cholecystectomy & exploration	12,000
102	27	Colocystoplasty	15,000
103	28	Colostomy	10,000
104	29	Commando operation	20000
105	30	Corn - Large - Excission	500
106	31	Cyst over Scrotum - Excission	4000
107	32	Cystic Mass - Excission	2000
108	33	Dermoid Cyst - Small - Excission	1000
109	34	Dermoid Cyst - Large - Excission	2500
110	35	Distal Pancrectomy with Pancreatico Jejunostomy	17000
111	36	Diverticulectomy	15,000
112	37	Dorsal Slit and Reduction of Paraphimosis	1000
113	38	Drainage of ischio rectal abscess	4,000
114	39	Drainage of large abscess	2,000
115	40	Drainage of peripherally gastric abscess	8,000
116	41	Drainage of psoas abscess	3,000
117	42	Drainage of subdiaphragmatic abscess	8,000
118	43	Drainage pericardial effusion	11,000
119	44	Duodenal diverticulum	15,000
120	45	Duodenal jejunostomy	15,000
121	46	Duodenectomy	20000
122	47	Dupcryptren's	13000
123	48	Duplication of intestine	17,000
124	49	Epididymal Cyst	5500
125	50	Epididectomy	8,000
126	51	Epididymal Swelling -Excission	5500
127	52	Epididymal Cyst	3000
128	53	Evacuation of Scrotal Hematoma	5000
129	54	Excision benign tumor -Small intestine	15,000
130	55	Excision bronchial sinus	4,000
131	56	Excision of liver abscess	13,000
132	57	Excision filarial scrotum	

			7,000
133	58	Excision mammary fistula	5,500
134	59	Excision meckel's diverticulum	10,000
135	60	Excision pilonidal sinus	4,000
136	61	Excision small intestinal fistulla	12,000
137	62	Excision submandibular gland	10000
138	63	Excission of Small Growth from Tongue	1500
139	64	Excission of Large Growth from Tongue	5000
140	65	Excission of Swelling in Right Cervial Region	4000
141	66	Excission of Small Swelling in Hand	1500
142	67	Excission of Large Swelling in Hand	2500
143	68	Excission under Neurofibroma	7000
144	69	Excission of siniuds and curetage	7000
145	70	Facial decompression	15000
146	71	Fibro Lipoma of Right Sided Spermatic with Lord Excission	2500
147	72	Fibroadenoma - Bilateral	5000
148	73	Fibrodenoma - Unilateral	2500
149	74	Fibroma - Excission	4000
150	75	Fissurectomy	7,000
151	76	Fissurectomy with Eversion of Sac - Bilateral	7000
152	77	Fissurectomy and Haemorrhoidectomy	9000
153	78	Fissurectomy with Sphincterotomy	9000
154	79	Fistula Repair	5000
155	80	Fistulectomy	7,500
156	81	Foreign Body Removal in Deep Region	5000
157	82	Fulguration	5000
158	83	Fundoplication	9000
159	84	G J Vagotomy	10000
160	85	Vagotomy	7000
161	86	Ganglion - large - Excission	3000
162	87	Ganglion (Dorsum of Both Wrist) - Excission	4000
163	88	Ganglion - Small - Excission	600
164	89	Gastro jejunal ulcer	10,000
165	90	Gastro jejuno colic fistula	10,000
166	91	Gastrojejunostomy	10,000
167	92	Gastrotomy	12,000
168	93	Graham's operation	

			10,000
169	94	Granuloma - Excission	4000
170	95	Growth - Excission	1200
171	96	Haemangioma - Excission	7000
172	97	Haemorrhage of small intestine	10,000
173	98	Hemi glossectomy	10,000
174	99	Hemi mandibulectomy	15000
175	100	Hemicolectomy	12,000
176	101	Hemithyroplasty	12000
177	102	Hepatic resection (lobectomy)	20000
178	103	Hernia Epigastric	7,000
179	104	Hernia Incisional	7,000
180	105	Hernia repair & release of obstruction	7000
181	106	Hernia - Umbilical	7,000
182	107	Hernia - Ventral - lipectomy/incisional	7,000
183	108	Hernia - Femoral	7,000
184	109	Hernioplasty	7,000
185	110	Herniorraphy and Hydrocelectomy Sac Excission	7000
186	111	Hernia - Hiatus	7,000
187	112	Hydatid cyst of liver	10,000
188	113	Hydrocele Sac of Both Sides - Excission	5000
189	114	Hydrocelectomy - Excission	4000
190	115	Hydrocelectomy+Hernioplasty - Excission	7000
191	116	Hydrocele - Excission - Unilateral	3000
192	117	Hydrocele - Excission - Bilateral	5500
193	118	Ilieo signoidostomy	13,000
194	119	Infected Bunion Foot - Excission	4000
195	120	Inguinal node (bulk dissection) axial	7,000
196	121	Intestinal perforation	9,000
197	122	Intestinal Obstruction	9,000
198	123	Intussusception	10,000
199	124	Jejunostomy	10,000
200	125	Closure of Perforation	7000

201	126	Cysto reductive surgery	7000
202	127	Gastric Perforation	10000
203	128	Intestinal Perforation (Resection Anastomosis)	10000
204	129	Appendicular Perforation	7000
205	130	Burst Abdomen Obstruction	11000
206	131	Closure of Hollow Viscus Perforation	10000
207	132	Laryngectomy & pharyngeal diverticulum	10000
208	133	Pharyngeal diverticulum	6500
209	134	Laryngectomy with block dissection	12000
210	135	Laryngo fissure	10000
211	136	Laryngopharangectomy	12,000
212	137	Ileostomy	10,000
213	138	Lipoma	2,000
214	139	Loop colostomy sigmoid	12,000
215	140	Lords procedure (haemorrhoids)	5,000
216	141	Lumpectomy - Excission	4000
217	142	Mastectomy	10000
218	143	Mesenteric cyst - Excision	9,000
219	144	Mesenteric caval anastomosis	10,000
220	145	Microlaryngoscopic surgery	10000
221	146	Oesophagoscopy for foreign body removal	1000
222	147	Oesophagectomy	20000
223	148	Oesophagus portal hypertension	12,000
224	149	Pelvic abscess - Open drainage	8,000
225	150	Orchidectomy	5,000
226	151	Orchidectomy + Herniorraphy	7000
227	152	Orchidopexy	5,500
228	153	Orchidopexy with Circumssion	6500
229	154	Orchidopexy With Eversion of Sac	7000
230	155	Orchidopexy with Herniotomy	8500
231	156	Orchitis	6000
232	157	Pancreatico deodeneotomy	20000
233	158	Papilloma Rectum - Excission	3500
234	159	Parapharyngeal Tumor - Excission	5000
235	160	Phyiitomas Growth in the Scalp - Excission	2500
236	161	Porto caval anastomosis	12,000

237	162	Pyeoloroplasty	11,000
238	163	Radical mastectomy	12000
239	164	Radical Neck Dissection - Excission	15000
240	165	Hernia - Spigelion	7,000
241	166	Rectal dilation	3,000
242	167	Prolapse of Rectal Mass - Excission	5500
243	168	Rectal polyp	3,000
244	169	Rectopexy	10,000
245	170	Repair of common bile duct	10,000
246	171	Resection anastomosis (Large Intestine)	15,000
247	172	Resection anastomosis (Small Intestine)	15,000
248	173	Retroperitoneal Tumor - Excission	10000
249	174	Sabecaous Cyst Infected - Excission	1200
250	175	Salivary Gland - Excission	7000
251	176	Sebaceous Cyst - Excission	1000
252	177	Segmental resection of breast	10,000
253	178	Scrotal Swelling (Multiple) - Excission	5500
254	179	Sigmoid diverticulum	15,000
255	180	Simple closure - Peptic perforation	11,000
256	181	Sinus - Excission	5000
257	182	Soft Tissue Tumor - Excission	4000
258	183	Spindle Cell Tumor - Excission	7000
259	184	Splenectomy	10000
260	185	Submandibular Lymphs - Excission	4500
261	186	Submandibular Mass Excission + Reconstruction	15000
262	187	Submandibular salivary gland -Removal	9,500
263	188	Superficial parodectomy	12,500
264	189	Sweeling in Rt and Lt Foot - Excission	2400
265	190	Sweling Over Scapullar Region	4000
266	191	Terminal colostomy	12,000
267	192	Thyroplasty	11000
268	193	Coloectomy - Total	15,000
269	194	Cystectomy - Total	10,000

270	195	Glossectomy - Total	15,000
271	196	Pharyngectomy & reconstruction - Total	13,000
272	197	Tracheal stenosis (End to end anastamosis)	15000
273	198	Tracheoplasty	15000
274	199	Tranverse colostomy	10,000
275	200	Umbilical Sinus - Excission	5000
276	201	Vagotomy & drainage	12,000
277	202	Vagotomy & pyloroplasty	15,000
278	203	Varicose Veins - Excission and Ligation	7000
279	204	Vasco vasostomy	11,000
280	205	Volvulus of large bowel	12,000
281	206	Warren's shunt	15,000
		GYNAECOLOGY	
282	1	Abdomonal open for stress incision	12000
283	2	Bartholin abscess I & D	2500
284	3	Bartholin cyst removal	2500
285	4	Cervical ppolypctomy	3000
286	5	Cyst labial	2500
287	6	Cyst vaginal enucleation	2500
288	7	Ovarian cystectomy	5000
289	8	Cystocele - Anterior repair	7000
290	9	D&C (Dilatation & curretage)	2500
291	10	Electro cauterisation cryo surgery	2500
292	11	Fractional curretage	2500
293	12	Gilliams operation	6000
294	13	Haemato colpo/excision - Vaginal septum	7000
295	14	Hymenectomy & repair of hymen	5000
296	15	Hysterectomy - abdominal	15000
297	16	Hysterectomy - Vaginal	15000
298	17	Hysterectomy - Wertheims operation	25000
299	18	Hysterotomy -Tumors removal	15000
300	19	Myomectomy - Abdominal	15000
301	20	Ovarectomy	7000
302	21	Perineal tear repair	5000
303	22	Prolapse uterus -L forts	9000

304	23	Prolapse uterus - Manchester	10000
305	24	Retro vaginal fistula repair	7000
306	25	Salpingoophrectomy	5000
307	26	Tuboplasty	15000
308	27	Vaginal tear repair	5000
309	28	Vulvectomy	10000
310	29	Vulvectomy - Radical	15000
311	30	Vulval tumors removal	5000
		ENDOSCOPIC PROCEDURES	
312	1	Ablation of endometriotic spot	5000
313	2	Adenolysis	7000
314	3	Appendectomy	11,000
315	4	Cholecystectomy	11000
316	5	Cholecystectomy and Drainage of Lever abscess	14200
317	6	Cholecystectomy with Excission of TO Mass	15000
318	7	Cyst aspiration	1500
319	8	Endometria to endometria anastomosis	7000
320	9	Fimbriolysis	5000
321	10	Hemicolectomy	10,000
322	11	Hysterectomy with bilateral salpingo opeectomy	8000
323	12	Incisional hernia - Repair	10000
324	13	Inguinal hernia - Bilateral	10,000
325	14	Inguinal hernia - Unilateral	7,000
326	15	Intestinal resection	10,000
327	16	Myomectomy	7000
328	17	Oophrectomy	5000
329	18	Ovarian cystectomy	3000
330	19	Perotitionities	9000
331	20	Salpingo ophrectomy	7000
332	21	Salpingostomy	6000
333	22	Uterine septum	7000
334	23	Varicocele - Bilateral	11,000
335	24	Varicocele - Unilateral	9,000
336	25	Repair of ureterocele - Endoscopy	13,000
		HYSTEROSCOPIC	

337	1	Ablation of endometrium	7,000
338	2	Hysteroscopic tubal cannulation	7,500
339	3	Polypectomy	7,000
340	4	Uterine synechia - Cutting	7000
		NEUROSURGERY	
341	1	Anneurysm	25000
342	2	Anterior encephalocele	23,000
343	3	Burr hole	15,000
344	4	Carotid endartrectomy	15,000
345	5	Carpal tunnel release	11,000
346	6	Cervical ribs - Bilateral	13,000
347	7	Cervical ribs - Unilateral	10,000
348	8	Cranio ventricular	25000
349	9	Cranioplasty	15000
350	10	Craniostenosis	15000
351	11	Cerebrospinal fluid (CSF) rhinorrohea	25000
352	12	Duroplasty	9000
353	13	Haematoma (Child irritable subdural)	20000
354	14	Haematoma - Brain (hypertensive)	25000
355	15	Haematoma - Brain (head injuries)	25000
356	16	Laminectomy with fusion	25000
357	17	Local neurectomy	11,000
358	18	Lumbar disc	25000
359	19	Meningocele - Anterior	20000
360	20	Meningocele - Lumbar	25000
361	21	Meningococle - Occipital	20000
362	22	Microdiscectomy - Cervical	25000
363	23	Microdiscectomy - Lumber	25000
364	24	Neurolysis	15000
365	25	Peripheral nerve surgery	12000
366	26	Posterior fossa - Decompression	20000
367	27	Repair & Transposition Nerve	6500
368	28	Brachial Plexus - Repair	15000

369	29	Spina Bifida - Large - Repair	22000
370	30	Spina Bifida - Small - Repair	20000
371	31	Shunt	15000
372	32	Skull traction	8000
373	33	Spine - Anterior decompression	25000
374	34	Spine - Canal stenosis	25000
375	35	Spine - Decompression & fusion	25000
376	36	Spine - Disc cervical/lumber	25000
377	37	Spine - Extradural tumour	25000
378	38	Spine - Intradural tumour	25000
379	39	Spine - Intramedullar tumours	25000
380	40	Subdural aspiration	8000
381	41	Temporal rhizotomy	12000
382	42	Trans sphenoidal	25000
383	43	Tumours - Supratentorial	20000
384	44	Tumours meninges - Gocussa	25000
385	45	Tumours meninges - Posterior	25000
386	46	Vagotomy with Gastrojejunostomy	15000
387	47	Vagotomy with Pyeloplasty	15000
388	48	Vagotomy: Highly Selective	12000
389	49	Vagotomy - Selective	12000
390	50	Ventricular puncture	8,000
		OPHTHALMOLOGY	
391	1	Abscess drainage of lid	500
392	2	Anterior chamber reconstruction	7,000
393	3	Buckle removal	7500
394	4	Canaliculo dacrocysto rhinostomy	4,000
395	5	Capsulotomy	2,000
396	6	Cataract - Bilateral	8000
397	7	Cataract - Unilateral	4000
398	8	Corneal grafting	4,000
399	9	Cryoretinopexy - Closed	5,000
400	10	Cryoretinopexy - Open	6,000
401	11	Cyclocryotherapy	3,500
402	12	Cyst	1,000

403	13	Dacrocystectomy With Pterygium - Excission	6500
404	14	Dacrocytro rhinostomy	5,000
405	15	Dacryocystectomy	5,000
406	16	Endoscopic optic nerve decompression	8000
407	17	Endoscopic optic orbital decompression	8000
408	18	Enucleation	2,000
409	19	Enuleation with implant	6000
410	20	Excentration	3,500
411	21	Exctropion correction	3,000
412	22	Glaucoma surgery (trabeculectomy)	7,000
413	23	Intraocular foreign body removal	3,000
414	24	Keratoplasty	6,000
415	25	Lensectomy	4000
416	26	Limbal dermoid removal	2,500
417	27	Membranectomy	6,000
418	28	Perforating corneo - Scleral injury	5,000
419	29	Pterygium (Day care)	1,000
420	30	Ptosis	2,000
421	31	Radical keratotomy	5,000
422	32	IRIS prolapse - Repair	5,000
423	33	Retinal detachment surgery	10,000
424	34	Small tumour of lid - Excision	500
425	35	Socket reconstruction	6,000
426	36	Trabeculectomy - Right	5000
427	37	Tridectomy	1800
428	38	Cataract	
429	39	Tumours of IRIS	4,000
430	40	Vitrectomy	4,500
431	41	Vitrectomy + Retinal Detachment	20000

		ORTHOPAEDIC	
432	1	Acromion reconstruction	20,000
433	2	Accessory bone - Excision	12,000
434	3	Ampuation - Upper Fore Arm	15000
435	4	Amputaion - Index Fingure	1000
436	5	Amputation - Forearm	18000
437	6	Amputation - Wrist Axcillary Node Disection	12000
438	7	Amputation - 2nd and 3rd Toe	2000
439	8	Amputation - 2nd Toe	1000
440	9	Amputation - 3rd and 4th Toes	2000
441	10	Amputation - 4th and 5th Toes	2000
442	11	Amputation - Ankle	12000
443	12	Amputation - Arm	18000
444	13	Amputation - Digits	3500
445	14	Amputation - Fifth Toe	1000
446	15	Amputation - Foot	18000
447	16	Amputation - Forefoot	15000
448	17	Amputation - Great Toe	1000
449	18	Amputation - Wrist	12000
450	19	Amputation - Leg	20000
451	20	Amputation - part of Toe and Fixation of K Wire	12000
452	21	Amputation - Thigh	18000
453	22	Anterior & posterior spine fixation	25,000
454	23	Arthoplasty - Excission	18000
455	24	Arthorotomy	15,000
456	25	Arthrodesis ankle triple	16,000
457	26	Arthroplasty (joints) - Excision	13,000
458	27	Arthroplasty of Femurhead - Excission	18000
459	28	Bimalleolar fracture fixation	12,000
460	29	Bone Tumour and Reconstruction -Major - Excission	35000
461	30	Bone Tumour and Reconstruction - Minor - Excission	10000
462	31	Calcaneal Spur - Excission of Both	9000
463	32	Clavicle surgery	15,000
464	33	Close fixation - hand bones	7,000
465	34	Close fixation - foot bones	6,500
466	35	Close Reduction - Small joints	3500

467	36	Closed interlock nailing+Bone Grafting	20000
468	37	Closed Interlocking Intermedullary	12000
469	38	Closed Interlocking Tibia + Orif of Fracture Fixation	12000
470	39	Closed Reduction and Internal Fixation	12000
471	40	Closed reduction and internal fixation with K wire	12000
472	41	Closed reduction and Percutaneous screw Fixation	8000
473	42	Closed Reduction and Percuteneous Pinning	8000
474	43	Closed Reduction and Pertenepus Nailing	8000
475	44	Closed reduction and Proceed to Posterior Stabilization	30000
476	45	Debridement & closure - Major	5,000
477	46	Debridement & closure - Minor	3,000
478	47	Decompression and Spinal Fixation	30000
479	48	Decompression and Stabilization with Steffiplat	30000
480	49	Decompression L5 S1 Fusion with Posterior Stabalization	30000
481	50	Decompression of Carpal Tunnel Syndrone	4500
482	51	Decompression Posteier D12+L1	20000
483	52	Decompression Stabilization and Laminectomy	25000
484	53	Dislocation - Elbow	1,000
485	54	Dislocation - Shoulder	1,000
486	55	Dislocation- Hip	1,000
487	56	Dislocation - Knee	1,000
488	57	Drinage of abscess cold	1,000
489	58	Dupuytren contracture	12000
490	59	Epiphysial stimulation	10,000
491	60	Exostosis - Small bones -Excission	5500
492	61	Exostosis - Femur - Excission	15000
493	62	Exostosis - Humerus - Excission	15000
494	63	Exostosis - Radius - Excission	12000
495	64	Exostosis - Ulna - Excission	12000
496	65	Exostosis - Tibia- Excission	12000
497	66	Exostosis - Fibula - Excission	12000
498	67	Exostosis - Patella - Excission	12000
499	68	Exploration and Ulnar Repair	9500
500	69	External fixation - Long bone	13,000
501	70	External fixation - Small bone	11,500
502	71	External fixation - Pelvis	

			15,000
503	72	Fasciotomy	12,000
504	73	Fixater with joint arthrolysis	18,000
505	74	Fracture - Acetabulam	25000
506	75	Fracture - Femoral neck - MUA & Internal Fixation	18000
507	76	Fracture - Femoral Neck open reduction & Nailing	15000
508	77	Fracture - Fibula Internal Fixation	15000
509	78	Fracture - Hip Internal Fixation	15000
510	79	Fracture - Humerous Internal Fixation	13000
511	80	Fracture - Olecranon of ulna	9,500
512	81	Fracture - Radius Internal Fixation	9,500
513	82	Fracture - TIBIA Internal Fixation	10500
514	83	Fracture - Fibula Internal Fixation	10500
515	84	Fracture - Ulna Internal Fixation	9500
516	85	Fractured Fragment Excission	5000
517	86	Girdle stone arthroplasty	15,000
518	87	Harrington instrumentation	30000
519	88	Head radius - Excision	15,000
520	89	High tibial osteotomy	25000
521	90	Hip region surgery	18,000
522	91	Hip Spica	4,000
523	92	Internal fixation lateral epicondyle	9,000
524	93	Internal fixation of other small bone	7,000
525	94	Joint reconstruction	22,000
526	95	Laminectomy	18,000
527	96	Leg lengthening	30000
528	97	Llizarov fixation	30000
529	98	Multiple tendon repair	12,500
530	99	Nerve repair surgery	14,000
531	100	Nerve transplant/release	13,500
532	101	Neurolysis	18,000
533	102	Open reduction internal fixation (2 small bone)	12,000
534	103	Open reduction internal fixation (large bone)	

			16,000
535	104	Open reduction of CDH	17,000
536	105	Open reduction of small joint	5,000
537	106	Open reduction with phemister grafting	10,000
538	107	Osteotomy -small bone	18,000
539	108	Osteotomy -long bone	21,000
540	109	Patellectomy	15,000
541	110	Pelvic fracture fixation	30000
542	111	Pelvic osteotomy	30000
543	112	Percutaneous fixation of fracture	10,000
544	113	Prepatellar Bursa and repair of MCL of Knee	15500
545	114	Reconstruction of ACL/PCL	19,000
546	115	Retrocalcaneal Bursa - Excission	8000
547	116	Sequestrectomy of long bones	18,000
548	117	Shoulder jocket	5,000
549	118	Sinus Over Sacrum Excission	7500
550	119	Skin grafting	5,000
551	120	Spinal fusion	30000
552	121	Synovectomy	5,000
553	122	Synovial cyst - Excission	5000
554	123	Tendo achyllis tenotomy	5,000
555	124	Tendon grafting	4,000
556	125	Tendon nerve surgery of foot	2,000
557	126	Tendon release	2,500
558	127	Tenolysis	8,000
559	128	Tenotomy	8,000
560	129	Tension band wiring patella	12,500
561	130	Trigger thumb	2,500
562	131	Wound Debridiment	1000

		PAEDIATRIC	
		-	
563	1	Abdomino peritoneal (exomphalos)	13,000
564	2	Anal dilatation	5,000
565	3	Anal transposition for ectopic anus	17,000
566	4	Chordee correction	10,000
567	5	Closure colostomy	10,000
568	6	Coloectomy	12000
569	7	Colon transplant	12,000
570	8	Cystolithotomy	6,000
571	9	Esophageal atresia (fistula)	7,000
572	10	Gastrostomy	12000
573	11	Hernia - Diaphragmatic	7,000
574	12	Hernia - Epigastric	7,000
575	13	Hernia - Umbilical	7,000
576	14	Hernia-inguinal - Bilateral	10,000
577	15	Hernia-inguinal -Unilateral	7,000
578	16	Mackel's diverticulectomy	7,000
579	17	Meniscectomy	6,000
580	18	Nephrolithotomy	10,000
581	19	Orchidopexy - Bilateral	3000
582	20	Orchidopexy - Unilateral)	2,000
583	21	Pyelolithotomy	10,000
584	22	Pyeloplasty	10,000
585	23	Pyloric stenosis (Ramsted OP)	8,000
586	24	Rectal polyp	3,000
587	25	Resection & anastomosis of intestine	17,000
588	26	Supra pubic drainage - Open	

			4,000
589	27	Torsion testis	10,000
590	28	Tracheo esophageal fistula	15,000
591	29	Ureterotomy	10,000
592	30	Urethroplasty	15,000
593	31	Vesicostomy	12000
		ENDOCRINE	
594	1	Adenoma Parathyroid - Excision	15,000
595	2	Adrenal Gland Tumour - Excision	9000
596	3	Axcillary Lymphenops - Excision	13000
597	4	Parotid Tumour - Excision	9000
598	5	Post Fossa	12000
599	6	Sphincterotomy	13000
600	7	Thyroid adenoma resection enucleation	12,000
601	8	Thyroidectomy - Hemi	9000
602	9	Thyroidectomy - Partial	10,000
603	10	Thyroidectomy - Total	16000
604	11	Total thyroidectomy & block dissection	17,000
605	12	Total Thyroidectomy + Reconstruction	12000
606	13	Trendal Burge Ligation and Stripping	9000
		UROLOGY	
607	1	Bladder calculi-removal	7000
608	2	Bladder tumour (fulgration)	2,000
609	3	Correction of extrophy of bladder	15000
610	4	Cystilithotomy	6,000
611	5	Cysto gastrostomy	10,000
612	6	Cysto jejunostomy	10,000
613	7	Dormia extraction of calculus	5,000
614	8	Drainage of perinepheric abscess	4,000

615	9	Drainage of psoas abscess	2,500
616	10	Excision of urethral carbuncle	5,000
617	11	Exploration of epididymus (unsuccessful vasco vasectomy)	6,000
618	12	Hydrocele - Bilateral	5,000
619	13	Hydrocele - Unilateral	2,500
620	14	Internal urethrotomy	7,000
621	15	Litholapexy	5,000
622	16	Lithotripsy	7500
623	17	Meatoplasty	2,000
624	18	Meatotomy	1,500
625	19	Neoblastoma	10,000
626	20	Nephrectomy	10,000
627	21	Nephrectomy (Renal tumour)	15000
628	22	Nephro uretrectomy	15000
629	23	Nephrolithotomy	12,000
630	24	Nephropexy	9,000
631	25	Nephrostomy	7,000
632	26	Nephrourethrotomy	15000
633	27	Open resection of bladder neck	5,000
634	28	Operation for cyst of kidney	5,500
635	29	Operation for double ureter	9,000
636	30	Operation for ectopic ureter	15000
637	31	Operation for injury of bladder	10000
638	32	Partial cystectomy	11,000
639	33	Partial nephrectomy	13,000
640	34	PCNL (Percutaneous nephro lithotomy) - Biilateral	18000
641	35	PCNL (Percutaneous nephro lithotomy) - Unilateral	11,000
642	36	Post urethral valve	4,500
643	37	Pyelolithotomy	9,000

644	38	Pyeloplasty & similar procedures	10,000
645	39	Radical nephrectomy	15000
646	40	Reduction of paraphimosis	1,000
647	41	Reimplantation of Urethra	17000
648	42	Reimplantation of Bladder	17000
649	43	Reimplantation of Ureter	17000
650	44	Repair of uretero vaginal fistula	15000
651	45	Repair of ureterocele - Open	7,000
652	46	Retroperitoneal Fibrosis - Renal	15,000
653	47	Retropubic prostatectomy	10,000
654	48	Spino renal anastomosis	13,000
655	49	Sticture Urethra	15000
656	50	Suprapubic cystostomy - Open	3,500
657	51	Suprapubic drainage - Closed	2,000
658	52	Torsion testis	3,500
659	53	Trans vesical prostatectomy	9,000
660	54	Transurethral fulguration	4,000
661	55	TURBT (Transurethral Resection of the Bladder Tumor)	10000
662	56	TURP + Circumcision	10000
663	57	TURP + Closure of Urinary Fistula	13000
664	58	TURP + Cystolithopexy	12000
665	59	TURP + Cystolithotomy	12000
666	60	TURP + Cystolithotripsy	12000
667	61	TURP + Cystoscopic Removal of Stone	12000
668	62	TURP + Nephrectomy	20000
669	63	TURP + Orchidectomy	12000
670	64	TURP + Suprapubic Cystolithotomy	12000
671	65	TURP + TURBT	15000
672	66	TURP + URS	14000
673	67	TURP + Vesicolithotripsy	12000
674	68	TURP + VIU	12000
675	69	TURP and Cystolithotripsy	12000
676	70	TURP with Hydrocele	12000
677	71	TURP With Removal of the Verical Calculi	12000
678	72	TURP with Repair of Urethra	12000
679	73	TURP with Vesicolithotomy	12000

680	74	TURP (Trans-Urethral Resection of Bladder)	9500
681	75	TURP+Cystolithopexy	12000
682	76	TURP+Urethrolithotomy	15000
683	77	TURP+Vesicolithotripsy	12000
684	78	Uretero colic anastomosis	10000
685	79	Ureterolithotomy	8,000
686	80	Ureteroscopic Calculi - Bilateral	18000
687	81	Ureteroscopic Calculi - Unilateral	12000
688	82	Ureteroscopic Removal of Lower Ureteric	9000
689	83	Ureteroscopic Removal of Ureteric Calculi	7500
690	84	Ureteroscopic stone Removal And DJ Stenting	9000
691	85	Urethral dilatation	1,500
692	86	Urethral injury	4,000
693	87	Urethral reconstruction	7500
694	88	Urethric catheterisation - Cystoscopy	1,500
695	89	Uretrostomy (cutanie)	5,000
696	90	URS + Stone Removal	9000
697	91	URS Extraction of Stone Ureter - Bilateral	18000
698	92	URS Extraction of Stone Ureter - Unilateral	12000
699	93	URS with DJ Stenting With ESWL	15000
700	94	URS with Endolitholopexy	9000
701	95	URS with Lithotripsy	9000
702	96	URS with Lithotripsy with DJ Stenting	10000
703	97	URS+Cysto+Lithotomy	9000
704	98	V V F Repair	12000
705	99	Varicocele	3,500
706	100	Vesico uretero reflux - Bilateral	13,000
707	101	Vesico uretero reflux - Unilateral	7,000
708	102	Vesicolithotomy	7000
709	103	VIU (visual internal urethrotomy)	7500
710	104	VIU + Cystolithopexy	12000
711	105	VIU + TURP	12000
712	106	VIU and Meatoplasty	9000
713	107	VIU for Stricture Urethra	7500
714	108	VIU with Cystoscopy	7500
715	109	Y V plasty of bladder neck	9,500

ONCOLOGY			
716	1	Adenoma Excission	10000
717	2	Adrenalectomy - Bilateral	19,000
718	3	Adrenalectomy - Unilateral	10000
719	4	Carcinoma lip - Wedge excision	7,000
720	5	Chemotherapy - Per sitting	1,000
721	6	Excision cartoid body tumour	13,000
722	7	Malignant ovarian	20000
723	8	Operation for neoblastoma	10,000
724	9	Partial subtotal gastrectomy ca & ulcer	15,000
725	10	Radiotherapy - Per sitting	1,500
Additional Disease condition			
726	1	A C L Reconstruction	8000
727	2	Abortion	2500
728	3	Abscess - cold - aspiration	1500
729	4	Abscess - pelvic - aspriation	5000
730	5	Abscess drainage	1000
731	6	Acid peptic disease	5000
732	7	Acute diarrhea with severe dehydration	6000
733	8	Acute diarrohea with moderate dehydration	4000
734	9	Acute Myocardial infarction	25000
735	10	Acute otitis media	1000
736	11	Amoebic abscess - liver	3000
737	12	Amoebic colitis	2000
738	13	Anemia - Severe	5000
739	14	Arthodosis Minor	4000
740	15	Arthotomy Minor	4000
741	16	Arthroscopic & Meniscecctomy	8000
742	17	Bacterial meningitis	12000
743	18	Balloon angioplasty	75000
744	19	Banrats operation Capsular repair	6000
745	20	Biopsy - cervical node	1000
746	21	Biopsy Cyst, tumour and growth./ Excision (GA)	1200
747	22	Biopsy Cyst, tumour and growth./ Excision (LA)	600
748	23	Bi-polar Hemiarthroplasty	8000
749	24	Bone Graft Major	7000
750	25	Bone Graft Minor	4500
751	26	Bone tumours Major	15000

752	27	Bone tumours Minor	5000
753	28	Bone tumours Phalanges	1500
754	29	Breat abscess - drainage	3500
755	30	Bronchitis - Bacterial	3000
756	31	Bronchitis - Viral	1000
757	32	Burns	10000
758	33	Bye-Pass surgery	115000
759	34	Chicken pox	1000
760	35	Cholecystectomy with Jejunostomy.	10000
761	36	Cholera	2500
762	37	Chronic otitis media	1750
763	38	Circumcision (Adult)	1000
764	39	Circumcision Paediatric	1500
765	40	Colectomy With A.P.Resection	14000
766	41	Conjunctivitis (bacterial)	500
767	42	Control of Diabetes	25000
768	43	Control of Hypertension	12000
769	44	Corneal ulcer / injury	3000
770	45	Craniotomy	15000
771	46	Cystolithotomy Open	7000
772	47	Cystoscopic Basketing of Ureter	9000
773	48	Delivery - Normal	2000
774	49	Dengue fever	5000
775	50	Dengue h'agic fever	9000
776	51	Depression	8000
777	52	DHS Surgery of Hip	15000
778	53	Diphtheria	3000
779	54	Dislocattions. Open reduction	9000
780	55	Dormia Extraction of Calculas	9000
781	56	Dysentery - bacterial	3000
782	57	Dysfunctional uterine bleeding	2600
783	58	Empyema - aspiration	7500
784	59	Epilepsy	3000
785	60	ESWL with D J Stenting	10000
786	61	Exarcebation of COPD	7000
787	62	Excision of Bakers Cyst	5000
788	63	Excision of Epydymial Cyst	5000
789	64	Excision of Exotosis	4500
790	65	Excision of Gynaecomastia	4000
791	66	Excision of Tendo Achilis Bursa	4000
792	67	Filariasis	3000
793	68	Filariasis	3000
794	69	Food poisoning	7000
795	70	Fracture of long bones Closed Reduction	3500
796	71	Fracture of long bones Open reduction - Internal / External.	9000

797	72	Gastrectomy	20000
798	73	Gastro enteritis (with moderate dehydration)	3000
799	74	Gastro enteritis (with severe dehydration)	5000
800	75	Gastroscopy	1000
801	76	Giardiasis	2000
802	77	Haemoroidectomy.	4000
803	78	Heart valve replacement	Max 1,35,000
804	79	Heat stroke	5000
805	80	Hemiplegia / quadriplegia	Max 1,35,000
806	81	Hepatitis	5000
807	82	Herpes Simplex	3000
808	83	Hypospadias	10000
809	84	Hysterectomy With appendectomy.	8000
810	85	Hysterectomy With Repair	10000
811	86	Injury - severe	20000
812	87	Internal Urethra	7500
813	88	Laparotomy - uncomplicated	8000
814	89	Laposcopic Cholecystectomy	13000
815	90	Leptospirosis	7000
816	91	Ligament Re-Construction	5000
817	92	Lithotripsy	7500
818	93	Lumpectomy - including breast	4000
819	94	Malaria - uncomplicated	3000
820	95	Manipulation of Joints	2000
821	96	Mastoidectomy	6000
822	97	Mastoidectomy - radical	12500
823	98	Measles - complicated	5000
824	99	Measles - uncomplicated	3000
825	100	Meningitis	15000
826	101	Multiple fractures	Max 1,35,000
827	102	Myalgia	1000
828	103	Nail Removal	4500
829	104	Neoplasms	7000
830	105	Non-Union Management(Illizaror Method)	12000
831	106	Open ASD / VSD	100000
832	107	Operations on varicose vein.	7000
833	108	Orchidectomy B/L	6000
834	109	Organ transplant	Max 1,35,000
835	110	Osteomyelitis	7000
836	111	Osteotomy Minor	6000
837	112	Parotoiddectomy. Simple	3000
838	113	Parotoiddectomy. Total	6000

839	114	Partial Gastrectomy	13000
840	115	Penis - Total Amputation	10000
841	116	Penis Partial Amputation	6000
842	117	Peptic ulcer closure	7000
843	118	Pertussis	5000
844	119	Plague	5000
845	120	Plate Removal	4500
846	121	Pleural aspiration	3000
847	122	Pneumonia	7000
848	123	POP application	600
849	124	Pregnancy complications	5000
850	125	Reimplantation of Ureter.	14000
851	126	Release of Carpel tunnel	4000
852	127	Release of Tennis Elbow	4500
853	128	Removal of Synovialcyst	5000
854	129	Scabies	500
855	130	Schizophrenia	5750
856	131	Scorpion sting	2000
857	132	Septicemia	15000
858	133	Sigmoidoscopy	1000
859	134	Skeletal traction	1500
860	135	Snake bite	7000
861	136	Soft Tissue Release	3500
862	137	Spinal fusion	12000
863	138	Stricture Urethra - Open	10000
864	139	Stroke	50000
865	140	Submandibular SalivaryCalculus	4500
866	141	Suturing small wounds	250
867	142	Sympthectomy Cervical	7500
868	143	Sympthectomy Lumbar	7500
869	144	Syphillis	5000
870	145	T.B. - Decompression.	13000
871	146	T.U.R.B.T.	10000
872	147	T.U.R.P.	9500
873	148	TB - extrapulmonary	10000
874	149	TB - pulmonary	free
875	150	TB Meningitis	15000
876	151	Tendon Repair - Less than Three Tendon	5000
877	152	Tendon Repair - More than three Tendon	9000
878	153	Tetanus	10000
879	154	Thyroidectomy Hemi	9000
880	155	Thyroidectomy partial	9000
881	156	Thyroidectomy Total	14000
882	157	Tonsillitis	3000
883	158	Total Gastrectomy	13000

884	159	Trachoma	1000
885	160	Treatment of cancer	Max 1,35,000
886	161	Typhoid	7000
887	162	Urethritis - chlamydial	1000
888	163	Urethritis - gonococcal	1000
889	164	URI	1500
890	165	Variocoele - B/L	6000
891	166	Viral fever	1500
892	167	Viral meningitis	12000
893	168	Vitamin A deficiency	2000
894	169	Hemiplegia/quadruplegia conservative	15000
895	170	Glaucoma Surgery	2000
896	171	Retinal Detachment	10,000
897	172	Dialsetic Relinopathy	5000
898	173	Retinal Tumor	10,000
899	174	Rupture uterus	12000
900	175	Ectopic pregnancy	8000
901	176	Diagnostice Laparosecopy with CPT for infertility	5000
902	177	Transfer of Nerve	3000
903	178	Triple Arthrodesis	5000
904	179	Total Knee replacement	150000
905	180	Total hip Replacement uncemented	110000
906	181	Hybrid thr	80000
907	182	Total hip Replacement	50000
908	183	Total hip Replacement metal on metal	170000
909	184	Total elbow replacement	20000
910	185	Total Shoulder replacement	20000
911	186	LSCS	8000
912	187	Vertebroplasty	15001 + Cost of Material
913	188	Artifilial Disc	25001 + Cost of Artificial Disc
914	189	Cost of Implant	
915	190	Head Injury Minor	10000
916	191	Head Injury Major	25000
917	192	Spinal Injury Minor	10000
918	193	Spinal Injury Major	30000
919	194	Meningitis	25000
920	195	Brain Abscess	25000
921	196	Tuberculosis of Spine	15000
922	197	Submucusrection of septum	4000
923	198	Submendibular gland excision	7000
924	199	Adenotonsillectomy	6000
925	200	Pharyngeal diverticulum's Excision	12000
926	201	Bronchoscopy	8000

927	202	Oesophagoscopy	4000
928	203	Direct Laryngoscopy	4000
929	204	MLS	6000
930	205	RND Plane	10000
931	206	RND + Laryngectomy	16000
932	207	Hemithyroidectomy	8000
933	208	Complete Thyroidectomy	10000
934	209	Commando operation	15000
935	210	Thyroplasty	11000
936	211	Tracheoplasty	15000

FINANCIAL BID

(KINDLY NOTE THAT ANNEXURE-18 SHOULD BE ATTACHED TO SECTION B – FINANCIAL PROPOSAL ONLY)

NAME OF INSURER:

(Simple plastic/paper card in place of smart card)

Financial costs including administrative expenses, overheads, and service charges, including card, that the insurance company expects for rendering the services should be a part of the premium. Quotes shall be given separately for each option and each district as per the preference of the company/agency.

S. NO	Name of Districts	Package-A :- Premium quote for a sum insured of Rs. 30,000 per family on floater basis (up to unit of 5).		Package -B:-Premium quote for a sum insured of Rs. 30,000 per family on floater basis and critical illness cover upto maximum of Rs. 1,35,000 per family on floater basis: (upto unit of 5)		Package -C:-Premium quote for a sum insured of Rs. 30,000 per family on floater basis and critical illness cover upto maximum of Rs. 1,35,000 per family on floater basis. (For all family members listed in BPL List).	
		PREMIUM PER FAMILY WITHOUT S.T. Rs.	PREMIUM PER FAMILY WITH S.T. Rs.	PREMIUM PER FAMILY WITHOUT S.T. Rs.	PREMIUM PER FAMILY WITH S.T. Rs.	PREMIUM PER FAMILY WITHOUT S.T. Rs.	PREMIUM PER FAMILY WITH S.T. Rs.
1	Sri Ganganagar						
2	Chittorgarh						
3	Pratapgarh						
4	Dungarpur						
5	Banswara						

6	Udaipur						
7	Churu						
8	Ajmer						
9	Bharatpur						
10	Sikar						
11	Jhunjhunu						
12	Nagaur						
13	Hanumangarh						
14	Jaipur						
15	Jodhpur						
16	Pali						
17	Dausa						
18	Kota						
19	Bundi						
20	Alwar						
21	Sirohi						
22	Jaisalmer						
23	Baran						
24	Dholpur						
25	Bhilwara						
26	Jhalawar						
27	Tonk						
28	Bikaner						
29	Rajsamand						

30	Karauli						
31	Swai Madhopur						
32	Jalore						
33	Barmer						

Note: No other document or attachment/additional information shall be permissible along with Annexure-18. Any deviation will attract disqualification.

TERMS CAN BE AMENDED BY THE STATE GOVERNMENT/NODAL AGENCY BEFORE ENTERING INTO THE CONTRACT.

SIGNATURE

Annexure-19

District Wise BPL Families

S.No.	Name of District	Rural	Urban	Total
1	Banaswara	166004	2656	168660
2	Dungarpur	162440	3683	166123
3	Chittorgarh	93988	15460	109448
4	Shri Ganganagar	70159	21646	91805
5	Udaipur	239315	12265	251580
6	<i>Ajmer</i>	32087	27452	59539
7	<i>Tonk</i>	36027	13107	49134
8	<i>Bhartpur</i>	49299	17508	66807
9	<i>Dholpur</i>	27111	8114	35225
10	<i>Karoli</i>	51972	8956	60928
11	<i>Swai Madhopur</i>	43228	12249	55477
12	<i>Sikar</i>	26624	16957	43581
13	<i>Jhunjhunu</i>	13634	13325	26959
14	<i>Nagaur</i>	55207	19228	74435
15	<i>Bikaner</i>	84140	25325	109465
16	<i>Churu</i>	66266	30380	96646
17	<i>Hanumangarh</i>	42999	22020	65019
18	<i>Jaipur</i>	63458	38893	102351
19	<i>Jodhpur</i>	68723	30235	98958
20	<i>Jaisalmer</i>	27195	3262	30457
21	<i>Jalor</i>	82891	4428	87319
22	<i>Barmer</i>	115630	6449	122079
23	<i>Pali</i>	64052	12756	76808
24	<i>Sirohi</i>	25762	5776	31538
25	<i>Rajsamand</i>	59271	4331	63602
26	<i>Dausa</i>	52822	6359	59181
27	<i>Baran</i>	42250	12536	54786
28	<i>Kota</i>	36557	43782	80339
29	<i>Bundi</i>	35860	12265	48125
30	<i>Alwar</i>	69318	14285	83603
31	<i>Jhalawar</i>	50808	10174	60982
32	<i>Bhilwara</i>	93344	11023	104367
Total		2148441	486885	2635326

Note:- Pratapgarh is a new district which is included in chittorgarh.