AIR UNIVERSITY
GROUP HEALTH INSURANCE SERVICES
PREQUALIFICATION OF FIRM UNDER OPEN FRAMEWORK AGREEMENT
TERMS AND CONDITIONS

1. The **Quality-cum-Cost Based Selection (QCBS)** criteria shall be followed for the **prequalification of Medical Insurance Companies**, in accordance with the evaluation criteria published in the bidding/prequalification documents.

2. The Most Advantageous Medical Insurance Company shall provide medical insurance coverage to AU employees for a period of **one (01) year**, commencing from **1st January 2027 and ending on 31st December 2027**. For the **second year**, the contract shall be awarded through competition among the pre-qualified firms under the **Open Framework Agreement**, and the contract shall be awarded to the **Most Advantageous Bidder** in accordance with the applicable terms and conditions. The same procedure shall be followed for the **third year**, whereby the contract shall be awarded through competition among the pre-qualified firms under the Open Framework Agreement.

3. Upon completion of the **three-year period**, the existing Open Framework Agreement shall stand concluded, and Air University shall initiate a **fresh prequalification process through advertisement** in accordance with the applicable procurement rules.

4. If the Most Advantageous Bidder fails to sign the contract within **seven (07) days** of issuance of the Letter of Intent (LOI), for any reason whatsoever, Air University (AU) reserves the right to cancel the award and proceed with the next **responsive bidder** in accordance with the applicable procurement rules and terms.

5. Medical Insurance companies participating in this Tender, shall provide information as required in the form of complete firm profile.

6. Claims shall be reimbursed as per AU's specified limits for each category. Insurance companies will strictly adhere to these limits and AU shall not be responsible in case of excess of limit.

7. The limits of OPD shall be available for all types of medical treatment, e.g., Licensed Homeopathic/Allopathic/Hikmat/ Acupuncture etc, without assigning any percentage of limits to any type.

8. The limits of OPD shall also be available for all types of pandemic diseases such as Covid-19 without assigning any percentage of limits to any type.

9. Complete Dental Care (excluding cosmetic procedures) shall also be covered in the OPD limits without assigning any percentage of limits.

10. CXL, YAG and PRP Laser for eye conditions will be covered in the IPD Limits.

11. Newborn baby will be considered as separate family member for any treatment.

12. Any physical disorder or disease emerged due to an accident shall be covered in medical insurance.

13. Vision Care (excluding cosmetic procedures) shall also be covered in the OPD limits.

14. Pre-existing maternity and other diseases cases w.e.f. 1st Jan 2027 shall also be covered in their respective Medical limits.

15. Settlement of Panel hospital credit bills/ expenses on account of any credit facility availed but not covered under the policy or is under the prescribed exclusions of the policy or excess of limit shall be the sole responsibility of the insurance company not Air University.

16. Physiotherapy coverage shall also be covered in the OPD limits.

17. A single medical claim form shall be submitted for each employee on weekly basis, covering all medical expenses of the employee and his/her all family during the month.

18. All claims shall be settled **within 10 working days** of submission of claims by AU.

19. Claims of up-to six months old date shall be entertained, by the Medical Insurance Company.

20. Non compliance of any clause of the agreement during the term of the contract will result in claim of damages by AU. Such damages may include but not limited to:-

20.1. Delay damages @ 1% per day of the amount of delayed claims.

20.2. Delay damages @ 1% per day of partial amount of claims which have been rejected without any solid grounds acceptable to both parties.

21. Payment of premium will be made as follows:-

21.1 Policy/Participant contribution/premium **shall be paid** on **Quarterly basis**, however contribution/premium of addition and deletion will be settled **half yearly**. Premium will be paid four equal installments.

21.2 Medical Insurance company shall provide quarterly employee wise status of claims and availed limits.

22. The premium for additional lives shall be charge quarterly (bases on the rates as quoted at start of the contract) and limits (IPD/OPD) shall be available accordingly.

23. In case an employee leaves Air University then his/her premium will be reimbursed to AU or can be readjusted against any new addition.

24. Medical Insurance Company shall provide monthly employee wise status limit of all OPD expired cases.

25. Only those insurance companies are eligible who have AA+ rating and are independent fully functional offices in Islamabad/Rawalpindi, for claim processing and all types of correspondence. Such office shall have representatives who have full authority to take decisions regarding settlement and processing of medical claims. AU will not be responsible for correspondence/dealing/settlement with insurance company's offices in any other city.

26. Medical Insurance Company shall depute a focal person who shall visit AU office on quarterly basis to resolve routine claim objections / queries of employees. Such person shall also be available for any pre / unscheduled meeting at specific request of AU.

27. ***The bids must be submitted with an obligatory compliance statement confirming the bidder's compliance with all of the aforementioned requirements. This Terms of Reference agreement shall prevail over any contradictions with the Insurance Company's policy.***

28. Any amendment in the contract shall be made with the consent of both the parties.

29. **The bidders are requested to submit any clarification or grievance to the Grievance Redressal Committee at least 72 hours prior to the opening of the technical bids. Any clarification or grievance received after the stipulated time shall not be entertained and shall be deemed rejected**

Acceptance of above ToRs:

Authorized signatures: _____

Company Stamp: _____

Date: _____

For any Query or clarifications please contact:
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