Technical Assessment Grid of Offers

Section	**Division**	Project Short Title	**TOR for Group Mediclaim Policy**
AV			
Assessor	**Name**		
Version	**Individual assessment/Overall assessment**		

			Company 1		**Company 2**		**Company 3**		**C**
	(1) Criteria	(2) Weighting in %	(3) points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) assessment (2)x(3)	(3) points (max.10)	(4) assessment (2)x(3)	(3) points (max.10)
1.	**Experience of the Company**								
1.1	Technical Experience								
	-relevant experience in health insurance industry	2.5	0	0		0		0	
	-relevant experience in group mediclaim policies	5	0	0		0		0	
	-relevant experience with OPD products	7.5	0	0		0		0	
Total 1		**15**		**0**		**0**		**0**	
2.	**Benefit Package**								
2.1	Relevant Benefit Package	5	0	0		0		0	
2.2	Any over and above inclusions in the benefit package	10	0	0		0		0	
Total 2		**15**		**0**		**0**		**0**	
3.	**Service Delivery Mechanism**								
3.1	Hassle free services for IPD and OPD both					0		0	
	- Paperless mechanism/as few documentation as possible	10	0	0					
	- As cashless as possible	10	0	0		0		0	
	- Convenience for insured employees and for claim settlement	15	0	0		0		0	

	(e.g. TPA or direct claim servicing)								
3.2	Proper Mechanism for addressing queries and complaints	5	0	0		0		0	
Total 3		**40**		**0**		**0**		**0**	
4.	**Consideration of local resources**	**0**		**0**		**0**		**0**	
5	**Expanse of Provider Network**								
5.1	Provider Network:								
5.1.1	IPD								
	- Number of Hospitals across India	5	0	0					
	- Quality of Hospitals on Panel	5	0	0		0		0	
5.1.2	OPD								
	- Number of Clinics/Doctors on Panel across India	5	0	0					
	- Flexibility in empanelment	10							
	- Proximity of Clinics from Homes of employees	5	0	0		0		0	
Total 5.		**30**		**0**		**0**		**0**	
Grand Total	**100**	**100**		**0**		**0**		**0**	
	Assessment in %			**0**		**0**		**0**	
	place								
6	**Special advantages / risks (see extra page)**								
	place								

I hereby declare that I conducted this evaluation independently and to the best of my knowledge and belief. I will treat the information confidentially and not pass on any particulars of the on-going evaluation procedure.

Date, signature