

	<p>THE DISTRICT COOPERATIVE CENTRAL BANK LTD., ELURU RamachandraRaoPeta, Eluru-534 002 Phone: 08812-233600 www.elurudccb.org, e-mail: ceo_elr@apcob.org</p>	 <p>2025 International Year of Cooperatives</p>
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Rc.No.Esstt/2025-26

Dt: 16.02.2026

Notification

Sealed Quotations are invited for renewal of Group Mediclaim Floater Policy for our DCCB Staff for a period of one year i.e., from 01.03.2026 to 28.02.2027.

We are to inform that our Staff Group Mediclaim Floater Policy is due for renewal with effect from 01.03.2026 to 28.02.2027. In this connection, we request you to furnish the quotations for the following policy:

Floater policy for Rs.2,50,000/- per family covering Staff, Spouse, two wholly dependent children or Three dependent children if twins occurred under the scheme (up to an age of 25 years).

It is requested to send the quotations in a sealed cover mentioned as **“Quotation for Staff Group Mediclaim Floater Policy”** and it is to be addressed to:

Chief Executive Officer
The District Co-Operative Central Bank Ltd., Eluru,
Panuganti vari street,
RR Pet,Eluru,
Andhra Pradesh-534002

The quotations should reach this office on or before 23.02.2026 by 5.00PM.

Yours faithfully,


CHIEF EXECUTIVE OFFICER
H. S. D.

For any queries please contact Ph.No.97046 78833
Encl: Terms and Conditions

Terms and Conditions for our Staff Group Mediciclaim Policy with Rs.2.50 Lakh coverage:

1.	Coverage of pre-existing disease.
2.	30 day waiting period to be waived
3.	Waiver of condition pertaining to first year exclusions
4.	Choice to be given to the Bank in choosing TPA in the absence of in-house.
5.	Pre hospitalization & post hospitalization for 30 & 60 days respectively.
6.	Room rent and boarding expenses for normal and ICU not exceeding 2% of Sum insured per day or the actual amount whichever is less.
7.	To cause additions, corrections and deletions of persons for any erroneous exclusion which is subsequently identified.
8.	Addition and deletion of lives: Premium to be charged/refunded on pro rata basis.
9.	Family Definition: Self, Spouse, 2 dependent children or 3 dependent children if twins occurred.
10.	Age band 0-63 years
11.	Ambulance charges up to Rs.2,500/- per trip to hospital and/or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and auto expenses in actual max up to Rs.750/- per trip will also be reimbursable(as per IBA)
12.	No sub limits on diseases.
13.	Day care procedures are to be covered
14.	No co-payment.
15.	Maternity expenses with new born baby from day 1 onwards Normal delivery up to Rs.50,000/- and For caesarean up to Rs.75,000/-
16.	Oral health care/Dental care expenses.
17.	For cataract Rs.50,000/- per eye and all claims related to eye problems are to be covered.
18.	Cashless treatment/Reimbursement of expenses for treatment of Diabetes and Constitutional Diseases under Naturopathy, Homeopathy, Ayurveda and Unani.
19.	Claims dump should be provided to Establishment Section every month.