

GLOBAL BIOFUELS ALLIANCE
REQUEST FOR PROPOSAL
Provision of Comprehensive Group Health Insurance
for GBA Staff and Dependents.

Reference No.	GBA/RFP/2026/HEALTH-INS
Issuance Date	17 March 2026
Submission Deadline	30 April 2026
Submit Proposals To	Dir_operations@biofuelsalliance.com
Language	English
Contract Duration	2 years, with annual renewal option based on performance

1. Background and Context

The Global Biofuels Alliance (GBA) is an international organization established to accelerate the global clean energy transition through the sustainable development and deployment of biofuels. The GBA Secretariat is headquartered in New Delhi, India, and employs a diverse, multinational professional workforce comprising officials at varying designations and grade levels.

In keeping with its mandate to ensure staff welfare and organisational excellence, the GBA invites proposals from qualified, financially sound health insurance providers (or authorised brokers) to design and administer a comprehensive, world-class Group Health Insurance Scheme (GHIS) for all current and future GBA staff members, their eligible dependents, and family members residing in India or abroad.

The GBA operates in alignment with the standards of the United Nations system and other multilateral organisations and expects the selected insurer to deliver a commensurate quality of service.

2. Scope of Coverage

2.1 Eligible Population

Primary Insured: All full-time GBA staff members (current and future), across all designations and grades.

Dependents: Legally recognised spouse or domestic partner; dependent children up to age 21 (or up to age 25 if enrolled as a full-time student).

Internationally-Based Dependents: Family members of expatriate staff.

Enrollment: Guaranteed enrollment for all staff and dependents with no medical underwriting, no waiting periods, and no exclusions for pre-existing conditions.

2.2 Geographical Scope

Bidders must provide proposals under the following coverage configurations (quote separately for each):

Option A: India-only coverage — comprehensive coverage across India (Tier 1, Tier 2, and Tier 3 cities).

Option B: Worldwide coverage — comprehensive global coverage including India, Africa, Europe, Asia-Pacific, Americas, and the Middle East, suitable for expatriate staff and staff whose dependents reside overseas.

Bidders are encouraged to propose both options, or a combined plan with India as primary coverage and international coverage as a built-in add-on for internationally-based dependents.

3. Minimum Benefit Requirements

3.1 Hospitalisation (Inpatient) Benefits

Benefit	Requirement
Hospitalisation Coverage	100% of admissible expenses (no co-pay)
Room Category by Designation	See Section 3.1.1 below — grade-based room entitlement
ICU / Critical Care	100% covered
Surgical Procedures	100% — surgeon, anaesthetist, OT charges
Specialist Consultation (Inpatient)	100% covered
Pre- and Post-Hospitalisation	60 days pre, 90 days post
Daycare Procedures	All IRDAI-listed daycare procedures covered
Domiciliary Hospitalisation	Covered where hospitalisation not possible

3.1.1 Room Entitlement by Designation

Room category entitlement shall be linked to the official grade/designation level of the GBA staff member, as detailed below. Bidders must confirm their ability to honour this entitlement at all empanelled hospitals across India and international network hospitals.

GBA Level	Designation	Room Entitlement	Remarks
Director-General / Secretary-General		Presidential Suite / Super Deluxe Single Room	With attendant accommodation
Director / Senior Director		Super Deluxe Single Room	With attendant accommodation
Deputy Director / Senior Manager (P4 equivalent and above)		Deluxe Single Room	Air-conditioned, single occupancy
Manager / Officer (P3 equivalent)		Standard Single Room (AC)	Single occupancy

Associate / Support Staff (GS equivalent)	Sharing / Twin-Sharing Room	As per hospital availability
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Note: In the event a hospital does not offer the entitled room category, the next available category shall apply with no additional charge to the staff member. If a staff member voluntarily opts for a higher room category, the differential cost shall be borne by the staff member.

3.2 Outpatient (OPD) Benefits

The following OPD benefits are mandatory. Importantly, hospitalisation must NOT be a prerequisite for high-value diagnostic investigations. These shall be covered on an outpatient basis, whether conducted independently or as a result of outpatient specialist consultation.

OPD Benefit	Coverage Requirement
General Practitioner / Specialist Consultations	Covered — cashless or reimbursable
MRI Scans	Fully covered on OPD basis — NO inpatient admission required
CT Scans	Fully covered on OPD basis — NO inpatient admission required
PET Scans	Fully covered on OPD basis — NO inpatient admission required
Ultrasound / X-Ray / ECG / Echocardiogram	Fully covered on OPD basis
Blood Tests, Pathology & Laboratory Tests	Covered on OPD basis
Physiotherapy Sessions	Covered, up to a limit proposed by bidder
Prescription Medications (OPD)	Covered when prescribed by a network physician
Preventive Health Check-ups	Annual health check-up package included for all staff
Vaccinations / Immunisations	Covered per IRDAI guidelines and WHO schedule

Bidders must explicitly confirm in their technical proposal that high-value diagnostic investigations (MRI, CT, PET, etc.) are reimbursable / cashless on an outpatient basis, without any mandatory inpatient admission.

3.3 Maternity and Newborn Benefits

Normal and complicated deliveries: 100% covered.

Caesarean section: 100% covered.

Pre-natal and post-natal consultations and tests: covered under OPD benefits.

Newborn care: covered from day of birth as part of the mother's policy for the first 90 days, thereafter enrolled as a dependent.

Waiting period for maternity benefits: Nil for new group enrollees; bidder to specify for mid-policy joiners.

3.4 Dental Benefits

Dental coverage is a mandatory requirement. Bidders must provide the following minimum dental benefits and specify the applicable annual/lifetime sub-limits clearly in their financial proposal:

Dental Procedure	Coverage	Indicative Annual Sub-Limit*
Routine check-up & cleaning (prophylaxis)	Covered	INR 5,000
Dental X-rays	Covered	Included in check-up limit
Fillings (composite & amalgam)	Covered	INR 8,000
Root Canal Treatment (RCT)	Covered	INR 15,000 per tooth
Dental Crown (PFM / Zirconia)	Covered	INR 20,000 per crown
Dental Bridge	Covered	INR 30,000 per bridge
Tooth Extraction (surgical & routine)	Covered	INR 5,000
Orthodontic Treatment (braces)	Optional — bidder to quote	INR 40,000
Dental Implants	Optional — bidder to quote	INR 50,000 per implant
TOTAL Annual Dental Sub-Limit	Bidder to specify	Minimum INR 75,000 / USD 2,500 per person

* Sub-limits in the table above are indicative minimum benchmarks. Bidders are encouraged to offer higher limits. All sub-limits must be explicitly stated in the financial bid.

3.5 Optical / Vision Benefits

Annual eye examination: Covered.

Prescription eyeglasses (frames + lenses): Covered up to INR 8,000 / USD 300 per year.

Contact lenses (corrective): Covered up to INR 5,000 / USD 200 per year.

Laser eye surgery (LASIK / PRK): Optional coverage — bidder to specify sub-limits.

3.6 Mental Health Benefits

Inpatient psychiatric treatment: 100% covered at network hospitals.

Outpatient psychological counselling / therapy sessions: Minimum 12 sessions per year per person.

Employee Assistance Programme (EAP): Preferred — telehealth-based mental health support including 24/7 crisis helpline.

No separate or higher deductibles for mental health claims compared to general medical claims.

3.7 Emergency Medical Evacuation & Repatriation

24/7 emergency medical evacuation to the nearest centre of medical excellence — worldwide.

Repatriation of mortal remains to the staff member's home country.

Medical escort where clinically indicated.

Applicable to staff and all covered dependents globally.

3.8 International Coverage (for Expatriate Staff & Overseas Dependents)

The following international coverage features are mandatory for GBA's internationally-recruited staff and for staff whose eligible dependents reside outside India:

Comprehensive inpatient, outpatient, maternity, dental, mental health, and emergency coverage outside India.

Active direct-billing / cashless network in key regions: Africa (East, West, Southern Africa), Europe, Southeast Asia, and the Americas.

Minimum international direct-billing network: 5,000 hospitals and clinics worldwide.

Coverage applicable in all countries except those under international sanctions.

Bidders must list the key countries in each region where direct-billing is available.

4. Service Level & Administrative Requirements

4.1 Cashless Facility

100% cashless treatment mandated at all empanelled hospitals in India.

Minimum hospital network in India: 10,000 hospitals across Tier 1, Tier 2, and Tier 3 cities.

No upfront payment by staff; all direct settlement between insurer and hospital.

Pre-authorisation for planned hospitalisations processed within 2 hours of request.

Emergency admissions: Immediate cashless access with retrospective pre-authorisation.

Cashless or direct-billing available at international network hospitals as specified in Section 3.8.

4.2 Claims Processing

Claim Settlement Ratio: Minimum 98% within stipulated timelines.

Reimbursement claims (where cashless not available): Settled within 15 working days of receipt of complete documentation.

All claims submitted digitally via mobile app or web portal.

Real-time claim status tracking for staff.

Dedicated escalation matrix for disputed or delayed claims.

4.3 Digital & Technology Platforms

Mobile application (iOS and Android) for: e-card access, claim submission, claim tracking, hospital locator, teleconsultation, and wellness tools.

Secure web portal for GBA HR/Admin: member management, reporting dashboard, claim analytics.

E-Health Card: Issued to all insured members within 5 working days of enrollment.
Physical health card: Issued within 10 working days (for India-based staff).

4.4 Customer Support

24/7 multilingual helpline (English mandatory; Hindi preferred for India operations).
Email support with response within 24 hours.
Dedicated Key Account Manager (KAM) assigned exclusively to GBA Secretariat.
On-site or virtual onboarding sessions for all staff at the time of enrollment.
Turnaround for general queries: within 48 hours.

4.5 Reporting & Governance

Quarterly claims utilisation and wellness reports submitted to GBA HR.
Annual premium review and benefit re-negotiation mechanism.
Strict adherence to IRDAI regulations (for India) and applicable international regulatory standards.
Full compliance with personal data protection laws including India's DPDP Act and GDPR (for international staff).

5. Vendor Eligibility & Qualification Criteria

All bidding entities must demonstrate compliance with the following minimum requirements. Non-compliant proposals will be rejected at the technical evaluation stage.

#	Criterion	Minimum Requirement
1	Experience	Minimum 10 years of continuous health insurance operations
2	International Organisation Experience	Demonstrated experience managing health plans for at least 2 international / multilateral organisations (UN system, World Bank, embassies, etc.)
3	Regulatory Licence (India)	Valid IRDAI licence (health/general insurance) for FY 2024-25 and 2025-26
4	Financial Strength	Minimum credit rating of A (national) or equivalent from ICRA, CRISIL, or international equivalents (S&P, AM Best)
5	Hospital Network India	Minimum 10,000 empanelled hospitals across India
6	International Network	Minimum 5,000 direct-billing facilities worldwide, with coverage in Africa, Europe, and the Americas
7	Claim Settlement Ratio	Published CSR of minimum 95% (IRDAI data or equivalent for past 2 years)
8	Data Protection	ISO 27001 certification or equivalent data security standard

6. Financial Proposal Structure

Bidders must submit a detailed financial proposal covering both India-only and Worldwide coverage options (quote separately). Premiums must be structured on the following family tier basis:

#	Coverage Tier	Annual Premium — India Only (INR)	Annual Premium — Worldwide (USD)
1	Individual (Employee Only)	[Bidder to quote]	[Bidder to quote]
2	Employee + Spouse / Partner	[Bidder to quote]	[Bidder to quote]
3	Employee + Spouse + Child/Children	[Bidder to quote]	[Bidder to quote]
4	Single Parent (Employee + Child/Children)	[Bidder to quote]	[Bidder to quote]

The financial proposal must also clearly disclose:

Annual Sum Insured per family / individual (proposed).

Co-pay, deductibles, and out-of-pocket maximums (if any — GBA's preference is for zero co-pay and zero deductible for inpatient and outpatient benefits).

Sub-limits for each benefit category (dental, optical, maternity, OPD, etc.).

Premium guarantee period (minimum 12 months; 24 months preferred).

Loading factors and renewal methodology.

Separate premium quotation for Medical Evacuation & Repatriation, if not bundled.

7. Responsibilities

7.1 Responsibilities of the Selected Insurer

Design and administer the Group Health Insurance Scheme per this RFP and the agreed contract.

Issue digital and physical health cards to all enrolled members within the stipulated timelines.

Conduct onboarding and orientation sessions for GBA staff at the commencement of the policy.

Provide a dedicated Key Account Manager for day-to-day liaison with GBA HR.

Settle all claims (cashless and reimbursement) within the timelines specified in Section 4.2.

Submit quarterly reports to GBA HR covering: claims data, utilisation trends, grievance status, and wellness outcomes.

Maintain strict confidentiality of all staff medical data per applicable data protection laws.

Notify GBA HR of any material changes to network hospitals, policy terms, or regulatory requirements with a minimum of 60 days' notice.

7.2 Responsibilities of GBA

Provide accurate and complete staff enrollment data (names, designations, dates of birth, dependent details) at the commencement of the policy and for mid-year additions.

Facilitate communication between staff members and the insurer.

Pay policy premiums directly to the insurer on behalf of all enrolled staff (no salary deductions from staff).

Monitor insurer performance against the KPIs set out in Section 8.

Conduct an annual review of the policy, benefits package, and premium structure.

8. Key Performance Indicators

KPI	Minimum Standard	Target
Claim Settlement Ratio	95%	98%+
Pre-auth turnaround (planned admissions)	4 hours	2 hours
Pre-auth turnaround (emergency admissions)	Immediate	Immediate
Reimbursement claims settled (working days)	15 days	10 days
General query resolution	48 hours	24 hours
Staff satisfaction rate (annual survey)	85%	90%+
India hospital network size	10,000	15,000+
International direct-billing facilities	5,000	10,000+

9. Contractual Terms

Contract Duration: Initial contract of 2 (two) years, with the option to renew for up to 2 additional years based on satisfactory performance assessment.

Premium Payment: Paid by GBA directly to the insurer; no deductions from staff salaries.

Premium Guarantee: Bidders must specify their premium guarantee period (minimum 12 months; 24 months preferred).

Performance Review: Annual review of benefits, premiums, network, and service quality with the GBA Secretariat.

Termination for Cause: GBA reserves the right to terminate the contract with 90 days' notice if KPIs are consistently not met.

Governing Law: Laws of India; dispute resolution through arbitration in New Delhi.

10. Submission Requirements

10.1 Proposal Format

Proposals must be submitted as two separate, clearly labelled documents:

Technical Bid: Demonstrating alignment with Sections 3, 4, 5, and 7. Must include documentary evidence for all qualification criteria in Section 5.

Financial Bid: Structured per Section 6. Must be submitted in a sealed envelope (physical) or as a password-protected PDF (digital), with the password provided only upon request post-technical evaluation.

10.2 Mandatory Enclosures

Company registration certificate and IRDAI licence (for India coverage).

Audited financial statements for the last 3 years.

Credit rating certificate (issued within the last 12 months).

List of at least 2 reference international organisations for whom similar plans are currently administered (with contact details).

Sample policy wording / Schedule of Benefits document.

Hospital network list (India) — in searchable/digital format.

International network coverage map or directory.

Data privacy and security policy.

Signed declaration of no conflict of interest.

10.3 Submission Address

All proposals must be submitted via email to dir_operations@biofuelsalliance.com no later than 30 April 2026, with the subject line: 'RFP Response — GBA/RFP/2026/HEALTH-INS — [Name of Insurer]'.

10.4 Evaluation Criteria

Evaluation Criterion	Weight	Max Score
Technical compliance — benefits coverage completeness	30%	30
Hospital network (India & International)	20%	20
Experience with international organisations	15%	15
Service levels, technology & KAM support	15%	15
Financial proposal — value for money	20%	20
TOTAL	100%	100

11. General Conditions

The GBA reserves the right to accept or reject any or all proposals without assigning reasons.

The GBA is not bound to select the lowest financial bid.

All information submitted shall be treated as confidential and used solely for evaluation purposes.

Canvassing in any form shall result in disqualification of the bidder.

The GBA may seek clarifications from any bidder during evaluation without obligation to award the contract.

The submitted proposal shall remain valid for 90 days from the submission deadline.

This RFP does not constitute a commitment by the GBA to award a contract.

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