

## DEPARTMENT OF FOREIGN AFFAIRS

BIDS AND AWARDS COMMITTEE  
2330 Roxas Boulevard, Pasay City  
Tel. Nos. 834-4823; Fax No. 831-9584  
Email: [bac.secretariat@dfa.gov.ph](mailto:bac.secretariat@dfa.gov.ph)

### SUPPLEMENTAL / BID BULLETIN No. 1

Project : Procurement for the 2018 Local Healthcare Coverage  
Reference No. : PB-GS-10-2017  
ABC : PhP 145,000,000.00  
Date : 02 November 2017

This supplemental/bid bulletin is issued to provide information to the prospective proponents/bidders on the following changes to the Bidding Documents:

#### I. Invitation to Bid (Section I)

1. The DFA-BAC has scheduled the following activities for the said Project:

Pre-bid	Deadline for Submission and Receipt of Bids	Bid Opening
<b>25 October 2017,</b> Wednesday, 10:00 a.m.	<b>10 09 November 2017,</b> <del>Friday</del> <del>Thursday</del> , 12:00 n.n.	<b>10 09 November 2017,</b> <del>Friday</del> <del>Thursday</del> , 2:00 p.m.
Venue: Bids and Awards Committee (BAC) Conference Room, 12th Floor, DFA Main Building, Roxas Boulevard, Pasay City		

The DFA-BAC will hold a Pre-Bid Conference on the above-stated date, which shall be open to all interested bidders.

#### II. Bid Data Sheet (Section III)

The Bid Data Sheet (Section III) of the Bidding Documents is superseded by **ANNEX 1** of this Supplemental/Bid Bulletin No. 1.

#### III. Technical Specifications (Section VII)

The Technical Specifications (Section VII) of the Bidding Documents is superseded by **ANNEX 2** of this Supplemental/Bid Bulletin No. 1.

#### IV. Standard Checklist of Eligibility, Technical Documents and Financial Component of the Department's Public Bidding (For Goods or General Support Services)

The Standard Checklist Eligibility, Technical Documents and Financial Component of the Department's Public Bidding (For Goods or General Support Services) of the Bidding Documents is superseded by **ANNEX 3** of this Supplemental/Bid Bulletin No.

The Bidding Documents is amended accordingly.

For the information and guidance of all concerned.

**(Sgd.)**  
**MARIA TERESA L. TAGUIANG**  
BAC Chairperson

# Annex 1

## Bid Data Sheet

ITB Clause	
1.1	The Procuring Entity is the <b>Department of Foreign Affairs (DFA)</b> .
1.2	The lot and reference is:  <b>Procurement for the 2018 and Local Healthcare Coverage</b>
2	The Funding Source is: The Government of the Philippines (GOP) through the authorized appropriations under the General Appropriations Act, in the amount of <b>One Hundred Forty-Five Million (PhP 145,000,000.00)</b> only. The name of the project is " <b>Procurement for the Local Healthcare Coverage</b> ".
3.1	No further instructions.
5.1	No further instructions.
5.2	None of the circumstances mentioned in the <b>ITB</b> Clause exists in this Project. Foreign bidders, except those falling under <b>ITB</b> Clause 5.2(b), may not participate in this Project.
5.4	The Bidder must have completed, within the period specified in the Invitation to Bid and <b>ITB</b> Clause 12.1 (a) (iii), a single contract that is similar to this Project, equivalent to at least fifty percent (50%) of the ABC.  For this purpose, similar contracts shall refer to contracts which are of similar nature and complexity to the contract to be bid.
7	No further instructions other than those already stated in Clause 7 of the <b>ITB</b> .
8.1	Subcontracting is not allowed.
8.2	Not applicable.
9.1	No further instructions.
10.1	The Procuring Entity's address is Department of Foreign Affairs Main Building 2330 <i>Roxas Blvd., Pasay City</i> Contact person: Adrian G. Miras (Head, BAC Secretariat) Tel. no. 834-3660 or Fax no. 831-9584. E-mail address: <a href="mailto:bac.secretariat@dfa.gov.ph">bac.secretariat@dfa.gov.ph</a>
12.1(a)	<del>No further instructions.</del> <b>Refer to and use Annex A - Standard Checklist of Eligibility, Technical Documents and Financial Component of the Department's Public Bidding (For Goods or General Support Services)</b>
12.1(a)(i)	No other acceptable proof of registration is recognized.
12.1(a)(iii)	The statement of all ongoing government and private contracts as well as a single largest completed contract similar to the contract to be bid, shall include all such contracts within five (5) years prior to the deadline for submission and receipt of bids* <b>*Amended pursuant to GPPB Resolution No. 29-2012, effective 9 September 2013.</b>  Contracts covered by Non-Disclosure Clause shall be presented to the DFA for evaluation purposes. The DFA shall endeavor to treat the information provided in such contracts as confidential.
13.1	No additional requirements.
13.1(b)	No further instructions.
13.2	The ABC is <b>One Hundred Forty-Five Million (PhP 145,000,000.00)</b> only. Any bid with a financial component exceeding this amount shall not be accepted.

15.4(a)(iii) )	No incidental services are required.
15.4(b)	Not applicable. No incidental services are required.
16.1(b)	The Bid prices may be quoted in Philippine Pesos.
16.3	Payment shall be made in Philippine Pesos.
17.1	Bids will be valid until <i>12 February 2018</i> .
18.1	The bid security shall be: 1. Two percent (2%) of the ABC if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit; 2. Five percent (5%) of the ABC if bid security is in Surety Bond; 3. Any combination of the foregoing proportionate to the share of form with respect to total amount of security; OR 4. Bid Securing Declaration which states, among others, that the bidder shall enter into contract with procuring entity and furnish the required performance security within ten (10) calendar days, or less, as indicated in the Bidding Documents, from receipt of the Notice of Award, and committing to pay the corresponding fine and be suspended for a period of time from being qualified to participate in any government procurement activity in the event it violates any of the conditions stated therein as required in the guidelines issued by the GPPB. The prescribed guidelines for the use of the Bid Securing Declaration are provided under GPPB Resolution No. 03-2012 attached herein.
18.2	The bid security shall be valid until <i>12 February 2018</i> .
20.3	Each Bidder shall submit one (1) original (or certified true copy) and four (4) photocopies of the first and second components of its bid which shall be signed, and each and every page thereof shall be initialed, by the duly authorized representative/s of the Bidder as designated in the Secretary's Certificate.
21	Bids must be delivered to the BAC Secretariat, 12 <sup>th</sup> floor, DFA Main Building, Pasay City. <b>The deadline for submission of bids is on 10 09 November (Friday Thursday) at 12:00 n.n .</b>
24.1	The place of bid opening is at the BAC Conference Room, 12 <sup>th</sup> Floor DFA Main Building, Roxas Blvd. Pasay City. <b>The date and time of bid opening is on 10 09 November (Friday Thursday) at 2:00 p.m.</b> The DFA-BAC shall only allow a <b>maximum of three (3) representatives</b> for each prospective bidder during the Opening of Bids.
24.2	No further instructions.
27.1	No further instructions.
28.3	The goods are grouped in a single lot and the lot not be divided into sub-lots for the purpose of bidding, evaluation, and contract award.
28.3(b)	Bid modification is not allowed.
28.4	No further instructions.
29.2(a)	No further instructions.
29.2(a)	Only tax returns filed and taxes paid through the BIR Electronic Filing and Payment System (EFPS) shall be accepted. NOTE: The latest income and business tax returns are those within the last six months preceding the date of bid submission.
29.2(c)	No other licenses required by law.

32.4(g)	The DFA-BAC reserves the right to require additional contract documents relevant to the Project.
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**ANNEX 2**  
**Technical Specifications**  
**2018 Local Healthcare Coverage**

<b>I.</b>	<b>BACKGROUND</b>  The Department intends to procure Local Healthcare Coverage for the benefit of the Home Office personnel and their dependents to ensure their access to health and medical services under comprehensive healthcare coverage.	
<b>II.</b>	<b>SCOPE</b>  Provision of comprehensive local healthcare coverage to all Home Office personnel and their dependents from 01 January to 31 December 2018.	<b>Statement of Compliance</b>
<b>III.</b>	<b>DEFINITION OF TERMS</b>  The following terms shall be defined as follows:  <ul style="list-style-type: none"> <li>a. <b>Home Office Personnel</b> – employees of the Department in the Main Office, Regional Consular Offices and Satellite Offices</li> <li>b. <b>Principal Member</b> – an employee who is primarily covered by the policy, subject to the requisites of membership eligibility</li> <li>c. <b>Secondary Member</b> – a dependent of the principal, subject to requisites of membership eligibility as defined herein</li> <li>d. <b>Healthcare Coverage Provider (Provider)</b> – an entity that provides access to health and medical services to members under a comprehensive healthcare coverage</li> <li>e. <b>Comprehensive Healthcare Coverage</b> – a type of healthcare coverage that provides access to comprehensive health and medical services through its local networks, wherein claims for health and medical expenses of members are: <ul style="list-style-type: none"> <li>1. Directly paid by the Provider to medical and health professionals/institutions; or</li> <li>2. Reimbursed to members in case of payment to non-accredited health and medical professionals/ institutions</li> </ul> </li> <li>f. <b>Co-Insurance</b> – a set percentage of the covered costs paid by the member after the deductible has been paid</li> <li>g. <b>Maximum Out-of-Pocket Limit (MOPL)</b> – accumulated amount in co-insurance paid by a member before the Provider pays one hundred percent (100%) of the health and medical expenses</li> <li>h. <b>Annual Benefit Limit (ABL)</b> – maximum amount paid by the Provider for a member’s health and medical expenses</li> <li>i. <b>In-patient Services</b> – confinement in a health and/or medical institution for monitoring, treatment and/or recovery, including any treatment arising from or related to an illness or a condition requiring hospitalization such as, but not limited to, dialysis and chemotherapy</li> <li>j. <b>Out-patient Services</b> – consultation, treatment, laboratory and other procedures from a health and/or medical professional/institution, without need of confinement</li> <li>k. <b>Pre-existing Condition</b> – any illness or health condition, including known/unknown and diagnosed/undiagnosed congenital anomalies and conditions existing prior to and after the writing and signing of the Contract, and its complications</li> </ul>	

<p><b>IV.</b></p>	<p><b>PREMIUM PAYMENT CATEGORIES</b></p> <p>For purposes of premium payments, the following categories shall be used:</p> <table border="1" data-bbox="268 286 1201 461"> <thead> <tr> <th data-bbox="268 286 579 320"><b>Member Category</b></th> <th data-bbox="587 286 1201 320"><b>Definition</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="268 320 579 353">Single</td> <td data-bbox="587 320 1201 353">principal member with no dependent</td> </tr> <tr> <td data-bbox="268 353 579 387">Duo</td> <td data-bbox="587 353 1201 387">principal member with one dependent</td> </tr> <tr> <td data-bbox="268 387 579 461">Group/Family</td> <td data-bbox="587 387 1201 461">principal member with more than one dependent</td> </tr> </tbody> </table>	<b>Member Category</b>	<b>Definition</b>	Single	principal member with no dependent	Duo	principal member with one dependent	Group/Family	principal member with more than one dependent	
<b>Member Category</b>	<b>Definition</b>									
Single	principal member with no dependent									
Duo	principal member with one dependent									
Group/Family	principal member with more than one dependent									
<p><b>V.</b></p>	<p><b>MEMBERSHIP ELIGIBILITY</b></p> <p>The following persons shall be eligible as principal and secondary members:</p> <p><b>a. Principal Members</b></p> <ol style="list-style-type: none"> <li>1. All permanent employees at the Home Office, Regional Consular Offices and Satellite Offices</li> <li>2. Casual and contractual employees</li> <li>3. Newly hired casual and contractual employees after six (6) months of continuous service</li> </ol> <p><b>b. Secondary Members</b></p> <p>Dependents of principal members shall be considered as secondary members, provided that the following requirements are met:</p> <ol style="list-style-type: none"> <li>1. <b>Spouse</b> – Principal member’s legal husband or wife. In the case of Muslim marriages where the principal member has more than one (1) legal wife, the elected legal wife.</li> <li>2. <b>Child</b> – a person with whom the principal member has legal parental obligations to fulfill, which includes the following: <ol style="list-style-type: none"> <li>i. Unmarried children twenty-one (21) years old and below, and those who turn 22 years old during the effectivity of the contract shall still be covered;</li> <li>ii. Children over twenty-one (21) years old who are mentally, physically, or developmentally incapacitated, and primarily dependent on the principal member for their support; and</li> <li>iii. Newly born children who shall be considered enrolled from the date of birth.</li> </ol> </li> </ol> <p><b>e.</b> Married couples who are both employees of the DFA shall each be considered as a principal member.</p>									
<p><b>VI.</b></p>	<p><b>QUALIFICATIONS OF THE PROVIDER</b></p> <p>They shall include, but shall not be limited to, the following:</p> <ol style="list-style-type: none"> <li>a. The Provider shall be a well-established health insurance company and provider of health and medical services for at least five (5) years.</li> </ol>									

	<p>b. The Provider shall have affiliates able to, or a mechanism that allows the health and/or medical professional/institution to, directly bill the Provider so that members shall not be billed except for the applicable co-insurance which the member shall pay directly to the health and/or medical professional/institution.</p>									
	<p>c. The Provider shall have direct billing system arrangements with local hospitals for in-patient expenses and, where applicable, out-patient expenses.</p>									
	<p>d. In places where the Provider has no affiliates, it shall:</p> <ol style="list-style-type: none"> <li>1. Reimburse the coverable consultation and treatment fees when the health and/or medical professional/institution do not accept letters of guarantee subject to IX(d); or</li> <li>2. Secure arrangements with other providers to facilitate the access to and provision of necessary health and medical services and the processing and reimbursement of claims.</li> </ol>									
	<p>e. The Provider shall have affiliations with and/or existing offices in major hospitals and medical centers, all over the country, particularly in the Metro Manila area and Regional Consular Offices locations.</p> <p>For Metro Manila, affiliations shall include, but shall not be limited to, the following: Asian Hospital and Medical Center, St. Luke's Medical Center Global City, St. Luke's Medical Center Quezon City, Adventist Medical Center Manila, Makati Medical Center, The Medical City, Cardinal Santos Medical Center, Sta. Lucia Health Care Centre, Our Lady of Lourdes Hospital, Capitol Medical Center, Inc., Manila Doctors Hospital, University of the East Ramon Magsaysay Memorial Medical Center, Inc., FEU-NRMF Medical Center, UST Hospital, Manila East Medical Center, San Juan de Dios Educational Foundation, Inc. Hospital, Chinese General Hospital and Medical Center, Victor R. Potenciano Medical Center.</p>									
<p><b>VII.</b></p>	<p><b>COVERAGE</b></p> <p><b>Annual Benefit Limits</b> – The local coverage shall have the following limits:</p> <table border="1" data-bbox="268 1570 1204 1868"> <thead> <tr> <th>Member Category</th> <th>Annual Benefit Limit</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>PhP 1,500,000.00</td> </tr> <tr> <td>Duo</td> <td>PhP 2,000,000.00* (shared limit; individual limit is PhP 1,700,000.00)</td> </tr> <tr> <td>Group/Family</td> <td>PhP 3,000,000.00 (shared limit; individual limit is PhP 1,700,000.00)</td> </tr> </tbody> </table> <p><b>Pre-existing Conditions</b> – All pre-existing illnesses or conditions of a member, either known/unknown or diagnosed/undiagnosed prior to and during the effectivity of the contract, shall be covered.</p>	Member Category	Annual Benefit Limit	Single	PhP 1,500,000.00	Duo	PhP 2,000,000.00* (shared limit; individual limit is PhP 1,700,000.00)	Group/Family	PhP 3,000,000.00 (shared limit; individual limit is PhP 1,700,000.00)	
Member Category	Annual Benefit Limit									
Single	PhP 1,500,000.00									
Duo	PhP 2,000,000.00* (shared limit; individual limit is PhP 1,700,000.00)									
Group/Family	PhP 3,000,000.00 (shared limit; individual limit is PhP 1,700,000.00)									



	<p><b>Benefits</b> – The following are the major categories of healthcare and medical services under the Schedule of Benefits (<b>Annex B</b>) of the DFA Healthcare Coverage:</p> <ul style="list-style-type: none"> <li>A. In-patient Benefits</li> <li>B. Maternity Benefits</li> <li>C. Out-patient Benefits</li> <li>D. Annual Physical Exam*</li> <li>E. Out-patient Prescribed Medicines</li> <li>F. Emergency Care (including professional ambulance service)</li> <li>G. Dental Benefits (minor and major)</li> <li>H. Optical Benefits</li> <li>I. Financial Assistance (for principal members) <ul style="list-style-type: none"> <li>1. Loss of Life Indemnity</li> <li>2. Additional Indemnity for Loss of Life by Accident</li> <li>3. Accident Disability and Dismemberment Benefit</li> </ul> </li> <li>J. Other Benefits (Maximum Benefit Utilization)</li> </ul> <p>Unless explicitly stated in the Exclusion List (<b>Annex C</b>), all healthcare and medical services are included in the DFA Local Healthcare Coverage.</p> <p><b>* The specifics and implementation of Annual Physical Exam are indicated in ANNEX F</b></p>	
<p><b>VIII.</b></p>	<p><b>CO-PAYMENT TERMS</b></p> <p>The following co-payment provisions shall operate in a sequential order:</p> <ul style="list-style-type: none"> <li>a. <b>Co-Insurance</b> – A member shall be subject to a ten percent (10%) co-insurance on in- patient healthcare and medical expenses.</li> <li>b. <b>Maximum-Out-of-Pocket Limit</b> – In no case shall a member pay for more than Php 50,000.00 in accumulated co-insurance.</li> </ul>	
<p><b>IX.</b></p>	<p><b>RIGHTS AND DUTIES</b></p> <p>They shall include, but shall not be limited to, the following:</p>	
	<ul style="list-style-type: none"> <li>a. Members shall be issued new membership cards indicating validity for the duration of the contract to facilitate access to services. The membership cards will be processed upon receipt by the Provider of the Notice to Proceed (NTP) based on the master list provided by the Department and issued within thirty (30) calendar days upon receipt of the master list and subsequent updates thereto.</li> </ul> <p>In case a member’s card has not been issued, the policy number shall be sufficient proof of membership.</p>	
	<ul style="list-style-type: none"> <li>b. Members may directly access any accredited hospital, physician, specialist, or appropriate care provider, for health and medical services without prior consultation with or approval of the Provider.</li> </ul>	

	<p>c. In cases where the Provider's representative is not present to issue an LOA, the Provider shall have an online facility for its issuance or shall fully reimburse the fees of the accredited health and/or medical professional/institution.</p>	
	<p>d. Members who avail themselves of healthcare services from a specialist health professional, when none is accredited, shall be reimbursed fifty percent (50%) of the actual expenses or the industry standard, whichever is higher.</p> <p>For all other non-accredited health and/or medical professional/institution, members shall be reimbursed for coverable charges subject to industry standards.</p> <p>The Provider shall provide the list of accredited health and/or medical professional/institution upon award of the Contract.</p>	
	<p>e. In case of emergency confinement in a non-affiliated hospital, members shall be reimbursed for coverable charges.</p>	
	<p>f. In the event that the room prescribed under the coverage is unavailable upon admission for confinement, a member shall be admitted to the next higher-level room without additional expense until the prescribed room becomes available. This shall be applicable for both emergency and non-emergency cases requiring confinement.</p>	
	<p>g. Should reimbursement be necessary, bank charges and other related costs shall be borne by the Provider.</p>	
	<p>h. The Provider shall immediately notify the DFA of changes in the list of affiliated health and/or medical professional/institution, provided that none of the institutions listed in VI (e) shall be removed from the list for the duration of the contract.</p>	
	<p>i. The Provider shall furnish each principal member together with the membership card, a manual on the Department's health care and medical coverage, including information on the procedures for availing of benefits and claims.</p>	
	<p>j. The Provider shall settle claims for reimbursement within fifteen (15) calendar days from receipt of complete claim documents.</p>	
	<p>k. The Provider shall submit a quarterly Utilization and Claims Experience Report of the Department in a spreadsheet file, on or before the 15<sup>th</sup> day of the first month of the following quarter, which shall contain at least the following:</p> <ol style="list-style-type: none"> <li>1. Claims demographics including summary of un-enrolled members</li> </ol>	

<ol style="list-style-type: none"> <li>2. Summary of approved claims by member category</li> <li>3. Summary of disallowed claims and their bases</li> <li>4. Top fifteen (15) providers for out-patient and in-patient care by member category</li> <li>5. Top fifteen (15) illnesses by member category</li> <li>6. Top fifteen (15) utilizers by member category</li> <li>7. Claims for Loss of Life Indemnity</li> <li>8. Claims for additional Indemnity of Loss of Life by Accident</li> <li>9. Claims for accidental Disability and Dismemberment Benefit</li> <li>10. Any other information that may be required by the Department.</li> </ol>	
<p>I. The Provider shall submit monthly Raw Data of Utilization Reports in spreadsheet file, on or before the 15<sup>th</sup> day of the following month, following the prescribed format in ANNEX D.</p> <p>The reports in (k) and (l) above shall be the basis for the issuance by Human Resource Management Office (HRMO) of the monthly certificate of acceptance and completion. The monthly certificate is a condition to payment.</p> <p><b>Sample Utilization and Claims Experience Report and Raw Data of Utilization Reports shall be submitted as part of the Bid Documents for the reference of the Bids and Awards Committee.</b></p>	
<p>m. The Provider shall designate a company official who shall be the focal person for all matters related to the Department's policy.</p>	
<p>n. The Provider shall assign a liaison officer to be stationed at the DFA Main Building during office hours who can also be reached through mobile phone and by email 24/7. It shall also provide the liaison officer with the necessary office equipment and supplies.</p>	
<p>o. The Provider shall maintain a 24-hour hotline for verification of membership and inquiries on health and medical services.</p>	
<p>p. <b>The Provider shall assign one retainer physician at DFA-Office of Consular Affairs during hours as agreed upon by both parties.</b> The retainer physician may be an authorized representative to issue letters of authorization (LOAs) for DFA Employees and/or dependent members.</p>	
<p>q. In the event that a new Regional Consular Office or Satellite Office is opened during the validity of the Contract, the Provider shall provide the Department the names and contact details of all accredited health and/or medical professionals/institutions in the area of the new office within a period of thirty (30) calendar days from its opening.</p>	

	<p>r. The Provider shall organize at least two (2) wellness programs to address common and high-cost medical issues and concerns of the Department's personnel. The Department and the Provider shall agree on the details of the wellness programs.</p>	
	<p>s. The Provider shall submit all books, records and files relevant to the auditing of the Department's medical claims during scheduled and spot visits of the Department's representatives to the Provider's office.</p>	
	<p><b>ENROLLMENT AND UN-ENROLLMENT OF MEMBERS</b></p> <p>The Department shall immediately notify the Provider through its designated representative in the Department of the date of effectivity of the enrollment and un-enrollment of members.</p> <p>The Provider shall notify HRMO of the designated representative for the enrollment and un-enrollment of members on the date of effectivity provided by the Department for billing purposes.</p>	
<b>X.</b>	<p><b>BID OFFERS</b></p> <p>The bid offer shall be quoted in Philippine pesos only. <b>The Provider shall also submit a price breakdown following the prescribed format in ANNEX E.</b></p>	
<b>XI.</b>	<p><b>TERMS OF PAYMENT</b></p> <p>a. The Provider shall submit twelve (12) equal monthly billings, based on the annual premiums of the enrollment at the beginning of the year, one week after receipt of the Notice to Proceed (NTP).</p> <p>b. The Department shall make monthly payments for the premiums by bank transfer from the Land Bank of the Philippines through a List of Due and Demandable Accounts Payable (LDDAP) <b>on the first week of the following month</b> subject to the following:</p> <ol style="list-style-type: none"> <li>1. The payment for January 2018 shall be upon the release of Notice of Cash Allocation (NCA) from the Department of Budget and Management (DBM).</li> <li>2. The billings for November and December 2018 shall be subject to adjustment based on the actual enrollment and un-enrollment of members to avoid over payment.</li> </ol>	
<b>XII.</b>	<p><b>SUSPENSION OF SERVICES</b></p> <p>a. The Provider shall not unilaterally suspend services due to late payment of premiums for reasons beyond the Department's control.</p> <p>b. The Provider shall give thirty (30) days' notice by registered mail to the Department of any intention to suspend services.</p> <p>c. In case of suspension, services shall be restored immediately after the payment of all past due premiums.</p>	
<b>XIII.</b>	<p><b>CONTRACT DURATION</b></p>	

	<p>This Local Healthcare Coverage of DFA Personnel shall be for a period of one (1) year, which shall begin on 01 January 2018 and end on 31 December 2018.</p> <p>Coverage becomes effective on the date of enrolment, but not before the effective date of the present contract.</p> <p>The contract enters into effect on 01 January 2018 at 00:00 hour for a period of twelve (12) months.</p>	
<b>XIV.</b>	<p><b>EXTENSION OF CONTRACT</b></p> <p>Should no new contract on local healthcare coverage for the following year be awarded by the end of this contract term, the Department has the option to extend the contract for three (3) months without any surcharge or extension fee. All other terms shall be applicable to the extended contract, except for the schedule of benefits which shall be applied on pro-rated terms.</p> <p>Under Republic Act 9184 otherwise known as the Government Procurement Act, no contract shall be extended for more than one (1) year.</p>	
<b>XV.</b>	<p><b>INTERPRETATION OF THE HEALTHCARE COVERAGE</b></p> <p>In case of conflict between the Terms of Reference of the Contract and the standard healthcare or insurance policy of the Provider, the Terms of Reference shall prevail.</p>	

**Note:**

Bidder must state compliance to each of the provisions in the Terms of Reference/Technical Specifications, as well as to the Schedule to Requirements. The **STATEMENT OF COMPLIANCE** must be signed by the authorized representative of the Bidder, with proof of authority to sign and submit the bid for and in behalf of the Bidder concerned. If the Bidder is a joint venture, the representative must have authority to sign for and in behalf of the partners to the joint venture.

Conformé:

[Signature/s]

[Name of Bidder's Authorized Representative/s]

[Position]

[Date]

**LOCAL HEALTHCARE COVERAGE**

**SCHEDULE OF BENEFITS**

**Annex B**

I.	<b>ANNUAL BENEFIT LIMIT (ABL)</b>		<b>REMARKS</b>
	<i>Single</i>	PhP 1,500,000.00	
	<i>Duo</i>	PhP 2,000,000.00	Shared limit; PhP 1,700,000.00 individual limit
	<i>Group/Family</i>	PhP 3,000,000.00	Shared limit; PhP 1,700,000.00 individual limit All benefits, except Financial Assistance and Maximum Benefit Utilization, shall be subject to ABL.
II.	<b>CO-PAYMENT TERMS</b>		
	Co-Insurance	90/10	All in-patient healthcare and medical expenses
	Maximum Out-of Pocket Limit	PhP 50,000.00	Cumulative; <b>per member</b>
III.	<b>BENEFITS</b>		<b>All benefits shall be subject to MOPL and ABL</b>
A.	<b>IN-PATIENT BENEFITS</b>		In addition to PhilHealth
	Room and Board	Open Private (single occupancy)	
	All Covered Medical Expense Limits	as charged	<b>In cases of organ transplant procedures, the medical expenses of donors (even if policy members) shall not be covered</b>
B.	<b>MATERNITY BENEFITS</b>	as charged	Subject to co-insurance; <b>applicable only to principal members (regardless of marital status) and dependent spouses</b> Includes out-patient services, such as pre- and post-natal consultations and laboratory tests Actual delivery
C.	<b>OUT-PATIENT BENEFITS</b>		In addition to PhilHealth, when applicable
	Annual Benefit (per person)	PhP 300,000.00	
D.	<b>ANNUAL PHYSICAL EXAM</b>		Principal members only; shall be availed at any hospital or clinic accredited by the Provider
E.	<b>OUT-PATIENT PRESCRIBED MEDICINES</b>	PhP 150,000.00	Shared limit; includes prescribed vitamins and minerals

<b>F.</b>	<b>EMERGENCY CARE</b>	as charged	Includes all items and services as needed in the treatment of the patient
<b>G.</b>	<b>DENTAL BENEFITS (minor and major)</b>	PhP 5,000.00	Shared limit
<b>H.</b>	<b>OPTICAL BENEFITS</b>	PhP 5,000.00	Shared limit; error of refraction, eyeglasses and contact lens as prescribed
<b>I.</b>	<b>FINANCIAL ASSISTANCE (for principal members)</b>		
	Loss of Life Indemnity	PhP 1,000,000.00	
	Additional Indemnity for Loss of Life by Accident	PhP 1,000,000.00	
	Accidental Disability and Dismemberment (long scale)	PhP 1,000,000.00	Maximum amount
<b>J.</b>	<b>OTHER BENEFITS</b>		
	Maximum Benefits Utilization	PhP 500,000.00	First 10 members to exceed ABL are entitled to additional benefit of PhP 500,000.00

# Exclusion List (Local Coverage)

## Annex C

### **EXCLUSIONS**

#### **FINANCIAL ASSISTANCE**

#### **For Loss of Life Indemnity, Additional Indemnity for Loss of Life by Accident, and Accidental Disability and Dismemberment Benefit**

No benefits are payable if the death or loss results from suicide or intentionally self-inflicted injury, while sane or insane

#### **BENEFITS (In-patient, Out-patient)**

Subject to the Terms of Reference, no benefits are payable for the following:

- treatment arising from or is in any way connected with attempted suicide or any injury or illness inflicted upon one's self
- treatment in nature clinics, health spas and nursing homes
- charges for residential stays in a hospital, which are arranged wholly or partially for domestic reasons, where treatment is not required, or where the hospital has effectively become the place of domicile or permanent abode
- treatment needed because of, or relating to, infertility or any type of fertility treatment, including complications arising out of such treatment, with the exception of the investigation of infertility to the point of diagnosis
- treatment by way of the intentional termination of pregnancy, unless two medical practitioners certify in writing that the pregnancy was to endanger the life or mental ability of the mother
- sex change operations or any treatment needed to prepare for or recover from these operations (e.g., psychological counselling) including complications arising out of such treatment
- treatment that arises from, or is any way connected with injury, sickness or disability as a result of taking part in a sporting activity on a professional basis, solo scuba-diving, or scuba-diving at depths below 30 meters unless the diver is PADI qualified (or equivalent) for that depth
- expenses relating to any form of plastic, cosmetic or reconstructive surgery treatment, including aesthetic dental and medical procedures, unless it is of medical necessity as a direct result of the patient having an accident or because of other surgery, which in itself would have been covered under the policy.
- Developmental disorders including functional disorders of the mind, such as but not limited to Attention-Deficit Disorder (ADD)/Attention-Deficit Hyperactivity Disorder (ADHD), Autism



Spectrum Disorders, Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation.

- Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases.
- Illness, injury or death attributable to the member's own misconduct, gross negligence, intemperance or participation in the commission of a crime, violation of law or ordinance.
- Any treatment which are not recommended and performed by a Physician as being medically necessary including any charges for non-medical services such as telephone, radio, television, extra be, extra food, toilet articles and the like, private duty nurse or physician.
- Except when conducting official business or in the line of duty, the following cases are also excluded in the coverage:
  - Injuries arising from war, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or undeclared), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine or customs regulations; or nationalization by or under the order of any government or public or local authority; or any weapon or instrument employing atomic fission or radioactive force whether in time of peace or war.
  - Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.



# PRICE BREAKDOWN FORM

## ANNEX E

<b>Premium Category</b>	<b>Indicative Number of Members</b>	<b>Monthly Premium Per Member</b>	<b>Total Monthly Premiums</b>	<b>Gross Annual Premium</b>
Single	742			
Duo	249			
Group	521			
<b>TOTAL</b>	1,512	XXX	XXX	

## SCHEDULE OF APE BENEFITS ANNEX F

	<b>Who may avail</b>	<b>Covered Tests</b>	<b>Indicative Number</b>
<b><i>Mandatory Annual Physical Exam</i></b>	Regular employees who will be evaluated for foreign assignment	<ul style="list-style-type: none"> <li>a. Physical Examination</li> <li>b. Complete Blood Count</li> <li>c. Electrocardiogram</li> <li>d. Chest X-Ray</li> <li>e. Urinalysis</li> <li>f. Fecalysin</li> <li>g. Pap Smear</li> <li>h. Blood Chemistry</li> <li>i. Hepatitis B Antigen Exam</li> </ul>	195
<b><i>Voluntary Annual Physical Exam</i></b>	Other employees	<ul style="list-style-type: none"> <li>a. Physical Examination</li> <li>b. Complete Blood Count</li> <li>c. Electrocardiogram</li> <li>d. Chest X-Ray</li> <li>e. Urinalysis</li> <li>f. Fecalysin</li> <li>g. Pap Smear</li> </ul>	1,317

### Annex 3

#### STANDARD CHECKLIST OF ELIGIBILITY, TECHNICAL DOCUMENTS AND FINANCIAL COMPONENT OF THE DEPARTMENT'S PUBLIC BIDDING (FOR GOODS OR GENERAL SUPPORT SERVICES)

	<b>ELIGIBILITY AND TECHNICAL DOCUMENTS (TECHNICAL COMPONENT)</b>	<b>TAB/LABEL</b>
1	<p><b>OMNIBUS SWORN STATEMENT</b> (in the prescribed form, duly notarized in accordance with the 2004 Rules on Notarial Practice).</p> <p>In the case of a corporation, partnership, cooperative or joint venture, the Omnibus Sworn Statement shall be accompanied by a <b>notarized Secretary's Certificate (Authority of the Signatory)</b>.</p>	<p><b>A</b></p> <p><b>A.1</b></p>
2.	<b>Certificate of PhilGEPS Registration (Platinum Member)</b>	<b>B</b>
3	<b>Statement and Copy of all its ongoing government and private contracts</b> within the prescribed number of years, as indicated in the Invitation to Bid, including contracts awarded but not yet started, if any, as required in the Bidding Documents.	<b>C</b>
4	<p>Copy of the <b>SINGLE LARGEST COMPLETED CONTRACT (SLCC)</b> together with <u>Certificate of Final Acceptance/Completion</u> of the project from the bidder's client OR <u>official receipt(s)</u> of the bidder for the contract, as described and required in the Bidding Documents</p> <p>If the SLCC is covered by a non-disclosure agreement, the bidder shall submit, in lieu of the copy of the actual contract, an equivalent document which may include a letter or certification issued by the bidder's client(s) stating the existence of a non-disclosure agreement, name of the contract or the type of Goods delivered or Services performed, the duration of the contract, the indicative value of the contract and remaining obligation (if any), the duration of the contract, and whether such project or undertaking has been successfully delivered/performed by the bidder and accepted by the client.</p>	<p><b>D</b></p> <p><b>D.1</b></p>
5	<b>Net Financial Contracting Capacity (NFCC)</b> that is <i>at least equal</i> to the Approved Budget for the Contract (ABC).	<b>E</b>
6	<p>FOR JOINT VENTURES</p> <p><b>Notarized Joint Venture Agreement (JVA)</b> in case the joint venture is already in existence, specifying the extent of ownership or interest of each partner. Provided that Filipino ownership or interest of the joint venture concerned shall be at least sixty percent (60%). In case of corporations or partnerships, the person executing such sworn statement shall submit proof that he/she was duly authorized to sign and execute such sworn statement for and on behalf of the entity.</p> <p style="text-align: center;">or</p> <p><b>Duly Notarized Statements from all the potential joint venture partners</b> stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful and that they will</p>	<b>F</b>

	<p>enter into a JVA within 10 days from receipt of Notice of Award. In addition, such sworn statement must disclose the nationality and the location of the principal office as well as extent of ownership or interest of each partner entity. In case of corporations or partnerships, the person executing such sworn statement shall submit proof that he/she was duly authorized to sign and execute such sworn statement for and on behalf of the entity.</p>	
7	<p><b>Bid Security</b>, issued in favor of the DFA, valid for a period as stated in the BID DATA SHEET, in <u>any</u> of the acceptable forms:</p> <p>(a) <b>Cash or cashiers/manager's check</b> issued by a universal or commercial bank (<b>2% of the ABC</b>).;</p> <p style="text-align: center;">OR</p> <p>(b) <b>Bank draft/guarantee or irrevocable letter of credit</b> issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank (<b>2% of the ABC</b>);</p> <p style="text-align: center;">OR</p> <p>(c) <b>Surety bond callable upon demand</b> issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security (<b>5% of the ABC</b>)</p> <p style="text-align: center;">OR</p> <p>(d) <b>Any combination of the foregoing</b> (Proportionate to share of form with respect to total amount of security)</p> <p style="text-align: center;">OR</p> <p>(e) <b>BID SECURING DECLARATION</b> (in the prescribed form as contained in the Bidding Documents).</p>	<b>G</b>
8	<p><b>STATEMENT OF COMPLIANCE</b> with all the <u>Technical Specifications / Terms of Reference</u>, as described as well as the <u>Schedule of Requirements</u>. (As enumerated and specified in Sections VI and VII, respectively, of the Bidding Documents)</p>	<b>H</b>
	<b>FINANCIAL COMPONENT</b>	
1	<b>Financial Bid Form</b> (indicating the bidder's bid price)	<b>A</b>
2	<b>Price Schedule or Breakdown of Bidder's Financial Bid (Refer to and use Annex E- Price Breakdown Form of the Technical Specifications)</b>	<b>B</b>