



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS



BIDS AND AWARDS COMMITTEE

2330 Roxas Boulevard, Pasay City
Tel. Nos.: 834-4823; Fax No.: 831-9584
Email: bac.secretariat@dfa.gov.ph

SUPPLEMENTAL / BID BULLETIN No. 1

Project : Procurement of the Department of Foreign Affairs'
Local Healthcare Coverage for 2025
Reference : PB-GS-14-2024
ABC : PhP 217,099,025.28
Date : 06 November 2024

This **Supplemental/Bid Bulletin** is issued to provide prospective bidders with the amended Technical Specifications for the above mentioned project (copy attached), specifically addressing the following:

1. Section VI, g
Change the name of the hospital from "Trinity Medical Center" to "**Tricity Medical Center**"
2. Section VI, g
Deletion of the following hospitals in the list:
 - a. Philippine Heart Center
 - b. National Transplant and Kidney Institute
3. Section VI, k
"For Metro Manila, **shall have existing arrangements** for teleconsultation services with **at least two (2)** of the following major hospitals commonly used by Department personnel (see Annex L)"
4. Section IX, m
Added the following: "**provided that the member has given, within thirty (30) calendar days from the availment or purchase, written notice to the Provider's liaison officer that a claim is forthcoming.**"
5. Annex E, Price Breakdown Form, A. Premium Schedule
Updated Column C on the number of Indicative Number of Home-based and Contractual Personnel to be enrolled in 2025

For the information and guidance of all concerned.


ARIEL R. PEÑARANDA

Assistant Secretary and BAC Chairperson



Technical Specifications
2025 Local Healthcare Coverage
ANNEX A

Proposed budget:

Two Hundred Seventeen Million Ninety Nine Thousand Twenty Five and Twenty Eight Cents (Php 217,099,025.28)

I.	<p>BACKGROUND</p> <p>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 a comprehensive healthcare coverage.</p> <p>This is an Early Procurement Activity.</p>	
II.	<p>SCOPE</p> <p>Provision of comprehensive local healthcare coverage to all Home Office personnel and their qualified dependents from 01 January 2025 to 31 December 2025.</p>	<p>Statement of Compliance</p>
III.	<p>DEFINITION OF TERMS</p>	
	<p>a. Home Office Personnel – employees of the Department in the DFA Home Office and DFA Consular Offices which include permanent, casual, contractual and home-based personnel</p> <p>b. Principal Member – an employee who is primarily covered by the policy, subject to the requisites of membership eligibility</p> <p>c. Secondary Member – a dependent of the principal, subject to requisites of membership eligibility as defined herein</p> <p>d. Home-Based Personnel – employees who are given regular <i>plantilla</i> positions. Such employees are considered permanent upon assumption of duty.</p> <p>e. Healthcare Coverage Provider (Provider) – an entity duly authorized by the Insurance Commission to provide comprehensive healthcare coverage and</p>	



	<p>insurance plans to the public, which shall include health maintenance organizations (HMO) that offer insurance products provided by a licensed insurance company, as part of a bundled package, as provided under Section 3-g of the Insurance Commission Circular Letter 2017-19.</p> <p>f. Comprehensive Healthcare Coverage – 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:</p> <ol style="list-style-type: none">1. Directly paid by the Provider to medical and health professionals/ institutions; or2. Reimbursed to members in case of payment to non-accredited health and medical professionals/ institutions, subject to the reimbursement rules in Item IX hereof. <p>g. Co-Insurance – a set percentage of the covered costs paid by the member.</p> <p>h. Maximum Out-of-Pocket Limit (MOPL) – accumulated amount in co-insurance paid by a member before the Provider pays one hundred percent (100%) of the health and medical expenses</p> <p>i. Annual Benefit Limit (ABL) – maximum amount paid by the Provider for a member’s health and medical expenses</p> <p>j. In-patient Services – 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</p> <p>k. Out-patient Services – consultation, treatment, laboratory and other procedures from a health and/or medical professional/institution, without need of confinement</p> <p>l. Teleconsultation Services – remote consultation done for the purpose of providing diagnostic or</p>	
--	---	--



	<p>therapeutic advice on an electronic network</p> <p>m. Pre-existing Condition – 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.</p>									
IV.	PREMIUM PAYMENT CATEGORIES									
	<p>For purposes of premium payments, the following categories shall be used:</p> <table border="1" data-bbox="365 891 1208 1487"> <thead> <tr> <th data-bbox="365 891 619 1041">Member Category</th> <th data-bbox="619 891 1208 1041">Definition</th> </tr> </thead> <tbody> <tr> <td data-bbox="365 1041 619 1191">Single</td> <td data-bbox="619 1041 1208 1191">principal member with no dependent spouse/ children</td> </tr> <tr> <td data-bbox="365 1191 619 1341">Duo</td> <td data-bbox="619 1191 1208 1341">principal member with one dependent spouse/ child</td> </tr> <tr> <td data-bbox="365 1341 619 1487">Group/ Family</td> <td data-bbox="619 1341 1208 1487">principal member with more than one dependent spouse/ children</td> </tr> </tbody> </table>	Member Category	Definition	Single	principal member with no dependent spouse/ children	Duo	principal member with one dependent spouse/ child	Group/ Family	principal member with more than one dependent spouse/ children	
Member Category	Definition									
Single	principal member with no dependent spouse/ children									
Duo	principal member with one dependent spouse/ child									
Group/ Family	principal member with more than one dependent spouse/ children									
V.	<p>MEMBERSHIP ELIGIBILITY</p> <p>The following persons shall be eligible as principal and secondary members:</p> <p>a. Principal Members</p> <ol style="list-style-type: none"> 1. All permanent employees at the Home Office and Consular Offices, including newly-assumed Foreign Service Officers, 2. Home-based, Casual and contractual employees who are covered in the previous 									



	<p>insurance year, and</p> <p>3. Newly hired home-based personnel, casual and contractual employees upon the validation of their appointment by the Civil Service Commission.</p> <p>b. Secondary Members</p> <p>Dependents of principal members of eligible permanent employees at the Home Office and Consular Offices, including newly-assumed Foreign Service Officers, shall be considered as secondary members, provided that the following requirements are met:</p> <p>1. Spouse – Principal member’s legal husband or wife. In the case of Muslim marriages where the principal member has more than one (1) wife, the elected wife.</p> <p>2. Child – a person with whom the principal member has legal parental obligations to fulfill, which includes the following:</p> <ul style="list-style-type: none">● Unmarried children twenty-three (23) years old and below, and those who turn 24 years old during the effectivity of the contract shall still be covered;● Children over twenty-three (23) years old who are mentally, physically, or developmentally incapacitated, and primarily dependent on the principal member for their support; and● Children who are born during the effectivity of the contract. <p>3. Parents of Single Principal Members – father and/or mother of single principal members up to the age of seventy (70) years old whose benefits shall be limited only to the following:</p> <ul style="list-style-type: none">● Indemnity for loss of life by accident;● Accident disability and dismemberment benefit;	
--	---	--



	<ul style="list-style-type: none"> • In-patient benefits; and • Onsite benefits, e.g. onsite Annual Physical Examination (APE), onsite vaccinations i.e. COVID-19 vaccination, flu/pneumococcal and other vaccinations; onsite dental services (dental consultation only) and other onsite events organized for the Department by the local health insurance provider. <p>The premium for the single principal member remains the same, under the single category.</p> <p>Married couples who are both employees of the DFA shall be individually considered as principal members.</p>	
--	--	--

<p>VI.</p>	<p>QUALIFICATIONS OF THE PROVIDER</p> <p>The Provider shall:</p> <p>a. Be a well-established Provider, as defined in Part III of these Technical Specifications, with an extensive network, that has been operating for at least five (5) years prior to the opening of bids.</p>	
	<p>b. Have affiliates able to, or a mechanism that allows the health and/ or medical professionals/ institutions 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 professionals/ institutions.</p>	
	<p>c. Have direct billing system arrangements with local hospitals for in-patient expenses and, where applicable, out-patient expenses.</p>	
	<p>d. Have the following arrangements in places where it has no affiliates:</p> <ol style="list-style-type: none"> 1. Reimburse the coverable consultation and treatment fees when the health and/ or medical professionals/ institutions do not accept letters of guarantee subject to IX(d); or 	



	<p>2. Secure arrangements with other providers to facilitate access to and provision of necessary health and medical services and the processing and reimbursement of claims.</p>	
	<p>e. Have existing affiliations, in good standing, and with a direct billing arrangement, with at least One Thousand Five Hundred (1,500) major hospitals and clinics throughout the country (see Annex G).</p>	
	<p>f. Have existing affiliations, and remain in good standing, with at least Ten Thousand (10,000) doctors and specialists throughout the country (see Annex H).</p>	
	<p>g. For Metro Manila, the Provider shall have existing affiliations with at least Two Hundred Fifty (250) major hospitals and clinics, which shall include, but not limited to the following major hospitals commonly used by Department personnel:</p> <ul style="list-style-type: none">● Adventist Medical Center Manila● Allied Care Experts (ACE) Medical Center-Pateros, Inc.● Asian Hospital and Medical Center● Capitol Medical Center, Inc.● Cardinal Santos Medical Center● Chinese General Hospital and Medical Center● Christ the King Medical Center Unihealth Las Pinas, Inc.● Diliman Doctors Hospital● FEU-NRMF Medical Center● Las Pinas City Medical Center● Makati Medical Center● Manila Doctors Hospital● Manila East Medical Center● Marikina Valley Medical Center	



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS



	<ul style="list-style-type: none">● Martinez Memorial Hospital● Medical Center Manila● Metropolitan Medical Center● Our Lady of Lourdes Hospital● Pinehurst Medical Services, Inc.● Protacio Hospital● Salve Regina General Hospital, Inc.● San Juan de Dios Educational Foundation, Inc. Hospital● St. Luke's Medical Center Global City● St. Luke's Medical Center Quezon City● Sta. Lucia Health Care Centre● The Medical City● Tricity Medical Center, Inc.● University of the East Ramon Magsaysay Memorial Medical Center, Inc.● University of the Philippines-Philippine General Hospital● University of Perpetual Help Dalta Medical Center, Inc.● UST Hospital● Valenzuela Citicare Medical Center● Victor R. Potenciano Medical <p>The provider shall provide proof of good standing with all of the above listed hospitals. (see Annex I)</p>	
	<p>h. For Metro Manila, shall have existing offices in at least three (3) of the following major hospitals commonly used by Department personnel (see Annex J):</p> <ul style="list-style-type: none">● Asian Hospital and Medical Center	



	<ul style="list-style-type: none">• Chinese General Hospital and Medical Center• Makati Medical Center• Manila Doctors Hospital• Medical Center Manila• Metropolitan Medical Center• St. Luke's Medical Center Global City• St. Luke's Medical Center Quezon City• The Medical City	
--	--	--

	<p>i. Outside Metro Manila, shall have affiliations, and/ or with existing offices in at least two (2) major hospitals in the following locations of Consular Offices (see Annex K):</p> <p><i>CAR</i></p> <ul style="list-style-type: none">• Baguio City <p><i>Region I</i></p> <ul style="list-style-type: none">• San Nicolas• Calasiao (Dagupan)• Candon City• La Union <p><i>Region II</i></p> <ul style="list-style-type: none">• Tuguegarao City• Santiago City <p><i>Region III</i></p> <ul style="list-style-type: none">• Malolos City• San Fernando City• Angeles City• Paniqui• Olongapo	
--	---	--



	<ul style="list-style-type: none">● Balanga City <p><i>Region IV-A</i></p> <ul style="list-style-type: none">● Dasmariñas City● Lipa City● Lucena City● San Pablo City● Antipolo City <p><i>Region IV-B</i></p> <ul style="list-style-type: none">● Puerto Princesa City <p><i>Region V</i></p> <ul style="list-style-type: none">● Legazpi City <p><i>Region VI</i></p> <ul style="list-style-type: none">● Bacolod City● Iloilo City● Antique <p><i>Region VII</i></p> <ul style="list-style-type: none">● Dumaguete City● Cebu● Tagbilaran <p><i>Region VIII</i></p> <ul style="list-style-type: none">● Tacloban City <p><i>Region IX</i></p> <ul style="list-style-type: none">● Zamboanga City● Pagadian <p><i>Region X</i></p> <ul style="list-style-type: none">● Cagayan de Oro City● Clarin <p><i>Region XI</i></p>	
--	---	--



	<ul style="list-style-type: none">• Davao City• Tagum City <p><i>Region XII</i></p> <ul style="list-style-type: none">• Kidapawan City• General Santos City <p><i>CARAGA</i></p> <ul style="list-style-type: none">• Butuan City	
	<p>j. Have arrangements for teleconsultation services with major hospitals and medical centers throughout the country, particularly in the Metro Manila area, and locations of Consular Offices.</p>	
	<p>k. For Metro Manila, shall have existing arrangements for teleconsultation services with at least two (2) of the following major hospitals commonly used by Department personnel (see Annex L):</p> <ul style="list-style-type: none">• Asian Hospital• Chinese General Hospital and Medical Center• Makati Medical Center• Manila Doctors Hospital• Medical Center Manila• Metropolitan Medical Center• St. Luke's Medical Center Global City• St. Luke's Medical Center Quezon City• The Medical City• Victor R. Potenciano Medical Center• University of Perpetual Help Dalta Medical Center, Inc. <p>The Provider shall provide proof of existing teleconsultation service arrangements with at least two (2) of the above listed major hospitals.</p>	



	<p>l. Have an accreditation system for medical professionals providing teleconsultation services, throughout the country, in accordance with current regulations and issuances of the Department of Health and the National Privacy Commission.</p>				
	<p>m. Have at least one (1) accredited psychologist under a direct billing arrangement to handle referrals for counseling by the Department.</p>				
	<p>n. Have an existing 24-hour employee assistance program that provides counseling, professional and referral support services by phone, online, and in person.</p>				
	<p>o. Have an existing free and secure mobile software application, other than a website, accessible to all members which will allow all members to, among others, locate accredited health and medical professionals/ institutions.</p>				
	<p>p. Have wellness programs to complement the Department's wellness programs.</p>				
	<p>q. Have an online platform that may be used in the submission of reimbursement claims.</p>				
VII.	<p>COVERAGE</p> <p>Annual Benefit Limits – The local coverage shall have the following limits:</p>				
	<table border="1"> <thead> <tr> <th>Member Category</th> <th>Annual Benefit Limit</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td> <p>Php1,500,000.00</p> <p>(shared limit; in-patient benefit limit for parents is Php100,000)</p> </td> </tr> </tbody> </table>	Member Category	Annual Benefit Limit	Single	<p>Php1,500,000.00</p> <p>(shared limit; in-patient benefit limit for parents is Php100,000)</p>
Member Category	Annual Benefit Limit				
Single	<p>Php1,500,000.00</p> <p>(shared limit; in-patient benefit limit for parents is Php100,000)</p>				



Duo	Php2,000,000.00 (shared limit; individual limit is Php1,500,000.00)
Group/Family	Php3,000,000.00 (shared limit; individual limit is Php1,500,000.00)
<p>Pre-existing Conditions – 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> <p>Benefits – The following are the major categories of healthcare and medical services under the Schedule of Benefits (Annex B) of the DFA Healthcare Coverage:</p> <ul style="list-style-type: none"> A. Support to DFA Clinics B. Mental Health and Wellness Services C. In-patient Benefits D. Maternity Benefits E. Out-patient Benefits F. Annual Physical Exam (APE)* G. Vaccination* H. Out-patient Prescribed Medicines I. Emergency Care (including professional ambulance service) J. Dental Benefits (minor and major) K. Optical Benefits L. Life Insurance (for principal members) <ul style="list-style-type: none"> 1. Loss of Life Indemnity 2. Additional Indemnity for Loss of Life by Accident 	



	<p>3. Accident Disability and Dismemberment Benefit</p> <p>M. Limited accidental insurance (for secondary members and parents of single principal members)</p> <ol style="list-style-type: none"> 1. Additional Indemnity for Loss of Life by Accident (limited) 2. Accident Disability and Dismemberment Benefit (limited) <p>N. Limited benefits for parents up to seventy (70) years old of single personnel</p> <ol style="list-style-type: none"> 1. Additional Indemnity for Loss of Life by Accident (limited) 2. Accident Disability and Dismemberment Benefit (limited) 3. In-Patient Benefits 4. Onsite Benefits: onsite Annual Physical Examination (APE), onsite vaccinations i.e. COVID-19 vaccination and flu/pneumococcal vaccination, onsite dental services and other onsite events organized for the Department by the local health insurance provider <p>O. Other Benefits:</p> <ol style="list-style-type: none"> 1. Teleconsultation Benefits 2. Maximum Benefit Utilization <p>Unless explicitly stated in the Exclusion List (Annex C), all healthcare and medical services are included in the DFA Local Healthcare Coverage.</p> <p>*The specifics and implementation of the Annual Physical Exam (APE) and Vaccination are indicated in ANNEX F.</p>	
<p>VIII.</p>	<p>CO-PAYMENT TERMS</p> <p>The following co-payment provisions shall operate in a sequential order:</p> <ol style="list-style-type: none"> a. Co-Insurance – A member shall be subject to a fifteen percent (15%) co-insurance on in-patient healthcare and medical expenses 	



	<p>when utilizing major hospitals in the country, as outlined in Section VI.h.</p> <p>A ten percent (10%) co-insurance on in-patient healthcare and medical expenses shall be charged for members utilizing hospitals not listed in Section VI.h.</p> <p>b. Maximum-Out-of-Pocket Limit – In no case shall a member pay for more than Php 40,000.00 in accumulated co-insurance.</p>	
IX.	DUTIES OF THE PROVIDER	
	The Provider shall:	
	<p>a. Ensure that all members and dependents are given membership cards or access cards immediately after the effectivity of this contract. In case a member’s card has not been issued, the policy number shall be sufficient proof of membership when availing of the needed services.</p> <p>Otherwise, the Provider shall comply with the arrangement for updating existing membership cards as mutually agreed upon in writing by the Department and the Provider.</p>	
	<p>b. Furnish each principal member, together with the membership card, a manual specific on the Department’s health care and medical coverage, including information on the procedures for availing themselves of benefits and claims.</p>	
	<p>c. Ensure that members may directly access any accredited hospital, physician, specialist, or appropriate care provider, for health and medical services without prior verification with or without approval of the Provider.</p>	
	<p>d. Have an online facility for the issuance of Letter of Authorization (LOA) or shall fully reimburse the fees of the accredited health and/ or medical professional/ institution, in cases where the employee was not able to secure an LOA.</p>	
	<p>e. Issue LOAs that are valid for seven (7) calendar days from date of issuance.</p>	



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS



	<p>f. Guarantee that members who avail themselves of healthcare services from a specialist health professional, when none is accredited, is reimbursed eighty percent (80%) of the actual expenses or the industry standard as provided in published rates by relevant government bodies, whichever is higher.</p> <p>The Provider shall provide a list of accredited health and/ or medical professional/ institutions upon submission of bidding documents.</p>	
	<p>g. Reimburse members for coverable charges in case of emergency confinement and/or urgent medical tests in a non-affiliated hospital/clinic provided that there is no available accredited hospital/clinic who can provide the required emergency/urgent service.</p>	
	<p>h. Guarantee that, in the event that the room prescribed under the coverage is unavailable upon admission for confinement, a member is 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>i. Bear bank charges and other related costs should reimbursement be necessary.</p>	
	<p>j. Notify the Department of changes in the list of affiliated health and/ or medical professionals/ institutions, provided that none of the institutions listed in VI (e) shall be removed from the list for the duration of the contract. Notification to the Department shall include instances wherein the Provider may be temporarily suspended from accredited hospitals/facilities and shall be made as soon as the change occurs.</p>	
	<p>k. Expenses borne by a member due to the non-acceptance by an accredited hospital/facility of a LOA due to temporary suspension which was not communicated to the Department seven (7) days prior to suspension shall be reimbursed in full by the Provider.</p>	



	<p>l. Settle claims for reimbursement within fifteen (15) calendar days from receipt of complete claim documents. Provide an online facility that may be used in the submission of reimbursement claims.</p>	
	<p>m. Accept claims for reimbursement from a member for up to three (3) months from the availment of medical service or purchase of prescribed medicines, provided that the member has given, within thirty (30) calendar days from the availment or purchase, written notice to the Provider's liaison officer that a claim is forthcoming.</p>	
	<p>n. Submit a quarterly Utilization and Claims Experience Report of the Department in a spreadsheet file, on or before the 15th day of the first month of the following quarter, which shall contain at least the following:</p> <ol style="list-style-type: none">1. Claims demographics including summary of un-enrolled members2. Summary of approved claims by member category3. Summary of disallowed claims and their bases4. Top fifteen (15) providers for out-patient and in-patient care by member category5. Top fifteen (15) illnesses by member category6. Top fifteen (15) utilizers by member category7. Claims for Loss of Life Indemnity8. Claims for additional Indemnity of Loss of Life by Accident9. Claims for accidental Disability and Dismemberment Benefit10. Any other information that may be required by the Department.	
	<p>o. Submit monthly Raw Data of Utilization Reports in spreadsheet file, on or before the 15th day of the following month, following the prescribed format in ANNEX D.</p> <p>The reporting of monthly Incurred but Not Yet Reported (IBNR)</p>	



	<p>claims shall follow the formula below:</p> <p style="text-align: center;"><u>IBNR = average monthly utilization X 2</u></p> <p>The reports in (l) and (m) above shall be the basis for the issuance by the Human Resource Management Office (HRMO) of the monthly certificate of acceptance and completion. The monthly certificate is a condition to payment.</p> <p>Submit an updated Utilization and Claims Experience Report and Raw Data of Utilization Report six (6) months after the end of the contract year. Such report shall be the basis of the release of the Certificate of Final Acceptance and Completion for the Contract.</p> <p>Ensure the accuracy of the reports submitted to the DFA. Submitting reports which are false, forged, altered, or otherwise lacking in authenticity, with or without the intent to create false impression by such reports, shall be a basis for blacklisting the Provider in future DFA biddings.</p> <p>Samples of Utilization and Claims Experience Report and Raw Data of Utilization Report shall be submitted as part of the Bid Documents for the reference of the Bids and Awards Committee during the Post-Qualification Conference.</p>	
	<p>p. Designate a company officer who shall be the focal person for all matters related to the Department's policy. The company officer must have sufficient authority to decide policy issues for the company. The Provider shall indicate its recommended company officer in the Bidding Documents for the approval of the Department.</p>	
	<p>q. Assign a liaison officer to be stationed at the DFA Main Office, during office hours who can also be reached through mobile phone and by email 24/7, especially during cases of emergency. In cases when the assigned liaison officer is unable to report onsite, the Provider shall assign a temporary reliever.</p> <p>It shall also provide the liaison officer with the necessary office equipment and supplies. The liaison officer shall be authorized to issue LOA valid for seven (7) calendar days from date of issuance for DFA employees and/or dependent</p>	



	members.	
	q. Maintain a 24/7 hotline for verification of membership and inquiries on health and medical services.	
	r. Assign at least one (1) retainer physician and one (1) nurse at the Department during hours as agreed upon by both parties. The retainer physicians shall be authorized to issue LOAs valid for seven (7) calendar days from date of issuance for Department employees and/ or dependent members. In cases when the assigned retainer physician or nurse is unable to report onsite, the Provider shall assign a temporary reliever/s.	
	s. In case of absence of the <i>plantilla</i> doctor/nurse, assign a reliever. The Provider may also be requested by the Department to provide an additional physician and/or nurses on a temporary basis.	
	t. In the event that a new Consular Office is opened during the validity of the Contract, 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 the time it is informed of the opening.	
	u. Organize at least two (2) on-site annual physical examinations. The APE provider shall have multiple branches in Metro Manila to enable personnel who were not able to undergo all tests onsite to continue their APE at a convenient location. The specifics and implementation of the on-site APEs are indicated in Annex F.	
	v. Organize at least two (2) on-site vaccinations within the contract period. The specifics and implementation of the on-site vaccinations are indicated in Annex F.	
	w. Organize at least one (1) on-site dental service per month. If the onsite check up is not possible due to venue	



	<p>limitations, the Provider shall conduct a health and wellness event subject to the Department’s approval, the cost of which shall be borne by the local health insurance provider.</p>	
	<p>x. Organize or support at least four (4) health and wellness activities exclusive to Department personnel and dependents, excluding item v. as part of the Schedule of Benefits.</p>	
	<p>y. 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>X.</p>	<p>ENROLLMENT AND UN-ENROLLMENT OF MEMBERS</p> <p>The Department shall immediately notify in writing the Provider through its designated representative in the Department of the date of effectivity of the enrollment and un-enrollment of members. However, the Provider shall accept the temporary pre-deletion of members which may be canceled due to unforeseen circumstances.</p> <p>The Provider shall confirm in writing the date of effectivity of such enrollment and un-enrollment of members for billing purposes.</p> <p>Newborn child/ren of enrolled parents shall be covered on the date of birth of the child/ren whether a written advice is made by DFA or not. For this purpose, the formal advice/endorsement shall be made as soon as practicable.</p> <p>The Provider shall notify the Department of any principal members and dependents who exceed the age limits, including principal members over 65 years old, children over 24 years old, and parents over 70 years old, in order to obtain confirmation from the Department prior to un-enrollment.</p> <p>Death of a member terminates the membership on the recorded date of death and the expired member is automatically unenrolled on the date of death regardless of the date of advice.</p> <p>The Provider shall ensure data privacy of members’ information. The DFA will only provide the required member data and will have no obligation to submit additional</p>	



	irrelevant information.	
XI.	BID OFFERS The bid offer shall be quoted in Philippine pesos only. The Provider shall also submit a price breakdown following the prescribed format in Annex E.	
XII.	CONTRACT AMENDMENT The Parties acknowledge that the rotation of personnel within the Department may affect the actual number of personnel to be insured under this contract. Thus, the Department reserves the right to reassess the insurance coverage and amend this contract to consider an increase in the number of DFA personnel that are qualified to be covered within the contract year, provided that such increase does not exceed ten percent of the total contract price. Such adjustment shall be formally communicated by the Department to the Provider only once within the contract period.	
XIII.	TERMS OF PAYMENT <ul style="list-style-type: none">a. The Provider shall submit ten (10) 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).b. The billings for November and December 2025 shall be subject to adjustment based on the actual enrollment and un-enrollment of members to avoid overpayment, based on the audited billing by the Department, to be acknowledged by the Provider.c. 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) within thirty (30) working days upon submission of complete documents, and subject to the following additional conditions:<ul style="list-style-type: none">1. The payment for the 2nd Quarter of the year shall be upon the release of Notice of Cash Allocation (NCA) from the Department of Budget and Management (DBM).	



	<p>2. The billings for November and December 2025 shall be subject to adjustment based on the actual enrollment and un-enrollment of members to avoid overpayment.</p>	
XIV.	<p>SUSPENSION OF SERVICES</p> <p>a. The Provider shall continue to provide, at no additional cost to the Department, the services stipulated under the Terms of Reference in case the utilization exceeds the contract price.</p> <p>b. The Provider shall not unilaterally suspend services due to late payment of premiums for reasons beyond the Department's control.</p> <p>c. The Provider shall give thirty (30) working days' notice by registered mail to the Department of any intention to suspend services.</p> <p>In case of suspension, services shall be restored immediately after the payment of all past due premiums.</p>	
XV.	<p>CONTRACT DURATION</p> <p>This Local Healthcare Coverage of DFA Personnel shall be for a period of twelve (12) months, which shall begin on 01 January 2025 and end on 31 December 2025.</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 2025 at 00:00 hour for a period of twelve (12) months.</p>	
XVI.	<p>EXTENSION OF CONTRACT</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 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</p>	



	for more than one (1) year.	
XVII.	<p>CONFLICT BETWEEN TECHNICAL SPECIFICATIONS/ TERMS OF REFERENCE AND INSURANCE POLICY</p> <p>In case of conflict between the Technical Specifications/ Terms of Reference of the Contract and the standard healthcare or insurance policy of the Provider, the Technical Specifications/ 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 on behalf of the Bidder concerned. If the Bidder is a joint venture, the representative must have authority to sign for and on behalf of the partners to the joint venture. All documentary requirements should be submitted on or before the deadline for the submission of bids.

Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of a statement that is not supported by evidence and is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder's statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the provisions of ITB Clause 3.1 (a)(ii) and/or GCC Clause 2.1 (a)(ii)

Conformé:

[Signature/s]

[Name of Bidder's Authorized Representative/s] [Position]

[Date]



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS





LOCAL HEALTHCARE COVERAGE

SCHEDULE OF BENEFITS

Annex B

I.	MEMBERSHIP CATEGORY	ANNUAL BENEFIT LIMIT (ABL)	REMARKS
	<i>Single</i>	Php1,500,000.00	(Shared limit; in-patient benefit limit for parents is Php100,000) In case a single personnel enrolls a parent or both parents to the local health insurance, the shared limit for a parent or both parents is Php100,000 and deducted from the principal member's limit.
	<i>Duo</i>	Php2,000,000.00	Shared limit; PhP 1,500,000.00 individual limit
	<i>Group/Family</i>	Php3,000,000.00	Shared limit; PhP 1,500,000.00 individual limit All benefits, except Life Insurance and Maximum Benefit Utilization, shall be subject to ABL.
II.	CO-PAYMENT TERMS		
	Co-Insurance	85%/15%	All in-patient healthcare and medical expenses
	Maximum Out-of-Pocket Limit (MOPL)	PhP40,000.00	Cumulative; per member
III.	BENEFITS		All benefits shall be subject to MOPL and ABL



<p>A. SUPPORT TO DFA CLINICS (Home Office and DFA-ASEANA)</p>	<p>Php 10,000.00</p>	<p>Monthly supply of medical supplies and/ or equipment of up to Php10,000.00</p>
<p>B. MENTAL HEALTH AND WELLNESS SERVICES</p>		
<p>Health and Wellness Activities</p>		<p>Organize or support at least four (4) health and wellness programs for the Department, as mentioned under Article IX, Item w of Annex A, the cost of which shall be borne by the local health insurance provider.</p>
<p>Psychological/ Psychiatric Counseling, including prescribed medicines and psychological examination/ psychiatric evaluation</p>	<p>Php25,000</p>	<p>The benefit limit for psychological counseling, including prescribed medicines, costs for psychological examination/ psychiatric evaluation for clearance purposes, is Php25,000, and may only be availed upon referral of the Department to an accredited psychologist/psychiatrist provided by the local health insurance provider.</p>
<p>C. IN-PATIENT BENEFITS</p>		<p>In addition to PhilHealth coverage</p>
<p>Room and Board</p>	<p>Open Private (single occupancy)</p>	
<p>All Covered Medical Expense Limits</p>	<p>as charged</p>	<p>In cases of organ transplant procedures, the medical expenses of donors (even if policy members) shall not be covered</p>



	D. MATERNITY BENEFITS	as charged	Subject to co-insurance; applicable only to principal members (regardless of marital status) and dependent spouses
			Includes out-patient services, such as pre- and post-natal consultations and laboratory tests
			Actual delivery
	E. OUT-PATIENT BENEFITS		In addition to PhilHealth coverage when applicable
	Annual Benefit (per person)	PhP300,000.00	Includes the issuance of LOA and reimbursement of required out-patient services such as laboratory tests, diagnostics procedures, etc. whether or not the ordering physician is accredited by the provider
	Dialysis	PhP7,000.00	Per session; in addition to PhilHealth rate
	Therapy (including speech, occupational and physical therapy) for Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders	Php 55,000	Shared limit



<p>F. ANNUAL PHYSICAL EXAM</p>		<p>Principal members only; shall be availed at any hospital or clinic accredited by the Provider.</p> <p>For onsite Annual Physical Exam, the dependent parents of single principal members at the time of the Annual Physical Exam, shall be accommodated.</p>
<p>G. VACCINATION</p>		
<p>Vaccinations as may be required</p>	<p>As charged</p>	
<p>COVID-19 vaccine, including the administration of COVID-19 vaccine both as primary series and additional dose/ booster</p>	<p>As charged</p>	<p>The healthcare provider shall bear the cost of the COVID-19 vaccine and its administration both as a primary series and additional dose/booster, at vaccination events organized in the Department or availed at accredited medical facilities throughout the country.</p> <p>For onsite COVID-19 vaccination, the dependent parents of single principal members at the time of the onsite COVID-19 vaccination, shall be accommodated.</p>
<p>Onsite Flu/ Pneumococcal Vaccination</p>		<p>The healthcare provider shall organize at least two (2) onsite flu/ pneumococcal vaccination for primary members.</p> <p>For onsite vaccination, the dependent parents of single principal members at the time of the onsite vaccination, shall be accommodated.</p>
<p>H. OUT-PATIENT PRESCRIBED</p>	<p>PhP150,000.00</p>	<p>Shared limit; includes prescribed vitamins and minerals</p>



	MEDICINES		
	I. EMERGENCY CARE (including professional ambulance service)	as charged	Includes all items and services as needed in the treatment of the patient
	J. DENTAL BENEFITS (minor and major)	PhP15,000.00	<p>Shared limit; All procedures both minor and major shall be covered until the limit is exhausted.</p> <p>The healthcare provider shall organize at least one (1) onsite dental check up per month, the cost for which shall be borne by the health insurance provider, at no cost to the members. If the onsite check up is not possible due to venue limitations, the provider shall conduct a health and wellness event subject to the Department's approval, the cost of which shall be borne by the local health insurance provider.</p> <p>For onsite dental service, the dependent parents of single principal members at the time of the onsite dental service, shall be accommodated.</p>
	K. OPTICAL BENEFITS	PhP 6,000.00	Shared limit; error of refraction, eyeglasses and contact lens as prescribed
	L. LIFE INSURANCE (for primary members)		
	Loss of Life Indemnity	PhP 1,000,000.00	Fixed



	Additional Indemnity for Loss of Life by Accident	PhP 1,000,000.00	Fixed
	Accidental Disability and Dismemberment (long scale)	PhP 1,000,000.00	Maximum amount
	M. LIMITED ACCIDENTAL INSURANCE (for secondary members)		
	Additional Indemnity for Loss of Life by Accident	PhP 10,000.00	Fixed
	Accidental Disability and Dismemberment (long scale)	PhP 10,000.00	Fixed
	N. LIMITED BENEFITS FOR PARENTS OF SINGLE PERSONNEL		
	Additional Indemnity for Loss of Life by Accident	PhP 10,000.00	Fixed
	Accidental Disability and Dismemberment (long scale)	PhP 10,000.00	Fixed
	In-Patient Benefits	PhP100,000.00	(shared limit; in-patient benefit limit for parents is PhP100,000.00)
	Onsite Benefits: onsite Annual Physical Examination (APE), onsite		



	vaccinations i.e. COVID-19 vaccination and flu/pneumococcal vaccination, onsite dental services and other onsite events organized for the Department by the local health insurance provider		
	O. OTHER BENEFITS		
	Teleconsultation Benefits	as charged	Includes cost of availing of teleconsultation services, including, but not limited to professional fees
	Maximum Benefits Utilization	PhP250,000.00	First 20 instances wherein principal members exceed ABL are entitled to additional benefit of PhP 250,000.00



Annex C

Exclusion List

EXCLUSIONS

LIFE INSURANCE

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.

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 endangers 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 cuba-diving, or scuba-diving at depths below 30 meters unless the diver is Professional Association of Diving Instructors (PADI) qualified (or equivalent) for that depth;



- expenses relating to any form of plastic, cosmetic or reconstructive surgery treatment, including 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;
- Treatment for Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation;
- 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 bed, 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, 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.



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS





ANNEX E
PRICE BREAKDOWN FORM

A. Premium Schedule

A	B	C	D (B + C)	E	F (D x E)	G (F x 12)
Premium Category	Indicative Number of Regular, Casual and Contractual Personnel	Indicative Number of Home-based & Contractual Personnel to be enrolled in 2025	TOTAL Indicative Number of Members	Monthly Premium Per Member	Total Monthly Premiums	Gross Annual Premium
Single	827	135	962			
Duo	275	61	427			
Group	622	0	622			
	1,724	287	2,011			



B. Price Bid Breakdown

Item	Price
Projected Medical Expenses	
Life Insurance Premium	
Risk Premium (if applicable)	
Administrative Costs	
Applicable Taxes	
Agent's Fee (if applicable)	
Total Bid Price ¹	

¹ The Total Bid Price must be equal to the Gross Annual Premium.



ANNEX F

**SCHEDULE OF APE BENEFITS AND ONSITE FLU/
PNEUMOCOCCAL VACCINATION**

	Who may avail	Covered Tests	Indicative Number
<p>Mandatory</p> <p>Annual Physical Exam</p>	<p>Regular employees who will be evaluated for foreign assignment</p>	<p>a. Physical Examination</p> <p>b. Complete Blood Count</p> <p>c. Electrocardiogram</p> <p>d. Chest X-Ray</p> <p>e. Urinalysis</p> <p>f. Fecalysis</p> <p>g. Pap Smear</p> <p>h. Blood Chemistry</p> <p>i. Hepatitis B/ Surface Antigen Exam</p>	<p>300</p>
<p>Voluntary</p> <p>Annual Physical Exam</p>	<p>Employees who wish to avail of APE in the Provider's accredited hospital and clinics</p>	<p>a. Physical Examination</p> <p>b. Complete Blood Count</p> <p>c. Electrocardiogram</p> <p>d. Chest X-Ray</p> <p>e. Urinalysis</p> <p>f. Fecalysis</p> <p>g. Pap Smear</p> <p>h. Blood Chemistry</p>	<p>1,300</p>



<p>On-site Annual Physical Exam</p>	<p>Employees who have not availed of the mandatory and voluntary annual physical exam</p> <p>Dependent parents of single principal members at the time of the Annual Physical Exam</p>	<p>a. Physical Examination</p> <p>b. Complete Blood Count</p> <p>c. Electrocardiogram</p> <p>d. Chest X-Ray</p> <p>e. Urinalysis</p> <p>f. Fecalysis</p> <p>g. Pap Smear</p> <p>h. Blood Chemistry</p>	<p>400</p>
<p>Onsite Flu/Pneumococcal Vaccination</p>	<p>Employees who have not availed of flu/pneumococcal vaccine at the time of the onsite flu/pneumococcal vaccination</p> <p>Dependent parents of single principal members at the time of the onsite flu/pneumococcal vaccination shall be accommodated to fill up remaining slots</p>		<p>600</p>



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS





DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS



--	--	--	--



ANNEX I

**LIST OF ACCREDITED CLINICS/ HOSPITALS
IN METRO MANILA**

#	HOSPITAL/ CLINIC	ACCREDITATION YES/ NO	PROOF OF GOOD STANDING
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS



17			
18			
19			
20			
21			
22			
23			



ANNEX J

**LIST OF OFFICES IN ACCREDITED CLINICS/HOSPITALS
IN METRO MANILA**

#	ACCREDITED CLINIC/HOSPITAL	OFFICE (YES/NO)
1	Asian Hospital	
2	C.D.O. Polymedical Plaza	
3	Chinese General Hospital and Medical Center	
4	Makati Medical Center	
5	Manila Doctors Hospital	
6	Medical Center Manila	
7	Metropolitan Medical Center	
8	St. Luke's Medical Center Global City	
9	St. Luke's Medical Center Quezon City	
10	The Medical City	
11	University of Perpetual Help Delta Medical Center, Inc.	
12	Victor R. Potenciano Medical Center	



ANNEX K

**LIST OF ACCREDITED CLINICS/HOSPITALS
IN LOCATIONS WITH CONSULAR OFFICES**

#	REGION	LOCATION	ACCREDITED CLINICS/HOSPITALS
1	CAR	Baguio City	
2	REGION I	San Nicolas	
3		Calasiao (Dagupan)	
4		Candon City	
5		La Union	
6	REGION II	Tuguegarao City	
7		Santiago City	
8	REGION III	Malolos City	
9		San Fernando City	
10		Angeles City	
11		Paniqui	
12		Olongapo	
13		Balanga City	
14	REGION IV-A	Dasmaringas City	



#	REGION	LOCATION	ACCREDITED CLINICS/HOSPITALS
15		Lipa City	
16		Lucena City	
17		San Pablo City	
18		Antipolo City	
19	REGION IV-B	Puerto Princesa City	
20	REGION V	Legazpi City	
21	REGION VI	Bacolod City	
22		Iloilo City	
23		Antique City	
24	REGION VII	Dumaguete City	
25		Cebu	
26		Tagbilaran	
27	REGION VIII	Tacloban City	
28	REGION IX	Zamboanga City	
29		Pagadian	
30	REGION X	Cagayan de Oro City	
31		Clarin	
32	REGION XI	Davao City	
33		Tagum City	



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS



34	REGION XII	Kidapawan City	
35		General Santos City	
36	REGION CARAGA	Butuan City	



ANNEX L

**LIST OF TELECONSULTATION SERVICES IN ACCREDITED CLINICS/HOSPITALS
IN METRO MANILA**

#	ACCREDITED CLINIC/HOSPITAL	TELECONSULTATION SERVICES YES/NO
1	Asian Hospital	
2	Chinese General Hospital and Medical Center	
3	Makati Medical Center	
4	Manila Doctors Hospital	
5	Medical Center Manila	
6	Metropolitan Medical Center	
7	St. Luke's Medical Center Global City	
8	St. Luke's Medical Center Quezon City	
9	The Medical City	
10	University of Perpetual Help Delta Medical Center, Inc.	
11	Victor R. Potenciano Medical Center	



**LIST OF TELECONSULTATION SERVICES IN ACCREDITED CLINICS/HOSPITALS
IN LOCATIONS WITH CONSULAR OFFICES**

#	REGION	LOCATION (REFERS TO CONSULAR OFFICE LOCATION, i.e. Baguio City, SEE ANNEX K for reference)	ACCREDITED CLINICS/ HOSPITALS WITH TELECONSULTATION SERVICES YES/ NO
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			