TERMS OF REFERENCE (TOR)

PROCUREMENT OF SERVICE PROVIDER FOR HOSPITALIZATION AND HEALTH CARE INSURANCE TO THE OFFICIALS AND EMPLOYEES OF THE PROVINCIAL GOVERNMENT OF BOHOL (PGBh)

INTRODUCTION

One of the main thrusts of the Provincial Government is to uphold the welfare of its employees. The health of our human resources is one of our top priorities to promote a sound body and mind for better productivity. Currently, our Provincial Government workers are enjoying the benefits of standard Philhealth coverage for hospitalization. However, reality is, employees still shell out for check up, laboratory and other healthcare procedures.

In 2019, Governor Arthur C. Yap launched the program ART CARES which stands for Comprehensive Quality Health Care Program Accessible to PGBh Officials and Employees Responsive to the Health Needs of All Equitable Healthcare Benefits Sustainable Health Reforms that Result in a High Institutional Capacity. This program is designed to meet the maximum healthcare needs of employees and enjoy the widest selection of health plans.

Under the said program, all Provincial Government employees shall receive healthcare benefits to pay for the cost of supplement health benefits which shall cover services from preventive and curative, inpatient and outpatient and other medical expenses in excess of PhilHealth contributions.

Recently, our world is challenged by the evident dangers brought about by the Corona Virus Disease 19 which endangers lives of people from all over the globe. However, this viral phenomenon teaches us a valuable lesson that everybody is vulnerable to the disease regardless of age, sex, race or even economic status. Hence, the need for a health program becomes a top priority as of the moment.

With this program, Provincial Government employees are insured to receive quality health care particularly during emergent times and amidst the occurrence of the COVID-19 pandemic which lead us to conclude that the more we invest on health care and the preservation of the well-being of our people, the greater positive impact it will bring in nurturing the future of our community in particular and our country in general.

PROJECT DESCRIPTION

The medical group insurance is aimed at providing quality health care for our employees. The program covers in-patient benefits, out-patient benefits, basic life insurance and accidental death and disablement for regular Provincial Government employees. The program also includes Annual Physical Examination and Dental Care benefits.

OBJECTIVES

To provide comprehensive quality health care services accessible to PGBh Officials and employees which is responsive to the collective health needs of all, giving emphasis to the promotion of equitable healthcare benefits and sustainable health reforms which eventually result to a higher institutional capacity.

SCOPE OF SERVICES

This Program provide the following benefits for any covered disability, viz

- Annual Physical Examination
 - Physical Examination
 - Complete Blood Count
 - Chest X-ray
 - Urinalysis
 - Fecalysis
 - ECG (for all ages)
 - Pap smear and mammogram for females (for all ages)
 - Prostate test for male employees

Basic Medical Benefit: Room and Board consists of charges from room accommodation and subsistence for number of days the individual is confined in a hospital. Special hospital services generally provides for payment of hospital services which covers operating room including aesthetics and oxygen and their administration, X-ray examinations and echocardiography, laboratory examinations and drugs, medicines, dressing and blood transfusion, surgical fee, anesthesiologist's fee.

2. In-Patient Benefits

- Maximum limit: P75,000.00 per annum
- Room and board limit, Max of 31 days: Private up to P2,500.00
- Hospital Miscellaneous Services: As charged
- Surgical Fee based on schedule of operation: 35,000.00
- Anesthesiologist's fee, 50% eligible surgical fee: P7,000.00
- Doctor's fee, Max of 31 days: P2,000.00 per day
- Specialist fee, Max of 7 days: P2,000.00 per day
- Ambulance: P2,000.00

Out-Patient Benefit covers medical treatment on an out patient basis which includes consultation fee, X-rays and laboratory examinations.

3. Out-Patient Benefits

- Annual Benefit Limit: P7,000.00
- Consultation fee per day: As charged
- X-ray/Laboratory Test: As charged

- Consultation (for all ages)
- 4. Life Insurance
 - Basic Life: at least P50,000.00
 - Accidental Death and Disablement: at least P50,000.00
- 5. Dental Benefit
 - Oral examination/diagnosis
 - Oral prophylaxis every six (6) months (twice a year)
 - Gum problem consultation and treatment planning
 - Simple tooth extraction when indicated (excluding impaction)
 - Temporary fillings
 - Recementation of loose jacket crowns
 - Adjustment of dentures
 - Oral hygiene instruction
 - Dental health education and consultation
 - Orthodentic treatment consultation
 - Two (2) surfaces of permanent fillings annually
 - Desensitization of hypersensitive teeth (2 teeth annually)
- 6. For Pre-Existing Conditions: Employees are covered up to Maximum Limit (in excess of Philhealth benefits)

DELIVERABLES AND TIMELINES

The target for the implementation of the program is not later than the 3rd Quarter of CY 2020 or a period of 12 months.

QUALIFICATION REQUIREMENTS:

Eligibility Documents

Legal Documents

 Philgeps Certificate of Registration and Membership (Platinum) with Appendix "A" Note: Please attach latest copy of documents) specified in Appendix which has already expired.

Technical Documents

- Statement of the prospective bidder of all its ongoing government and private contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid.
- Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the
 contract to be bid must be at least 25% of the ABC to be bid. A contract similar to
 the project. The description of an eligible bidder is contained in the Bidding
 Documents, particularly in Section II. Instruction to Bidders.
- All of the above statements shall include all information required in the PBDs prescribed by the GPPB.
- The prospective bidder's computation for Net Financial Contracting Capacity (NFCC). However, in the case procurement of Goods, a bidder may submit a

committed Line of Credit from a Universal or Commercial Bank, in lieu of its NFCC computations.

Technical Envelope Requirements

- Approved Budget for the Contract
- Required Bid Security Form
 - Cash, Cashier's Check (Manager's Check issued by a Universal or Commercial Bank)
 - Bank Draft/Guarantee or Irrevocable Letter of Credit Issued by a Universal or Commercial Bank if issued by a foreign bank
 - Surety Bond (Validity Period 120 days from opening, Company, Number, Official Receipt No., Validity Period, Callable on Demand, Bid Security Amount)
- Bid Securing Declaration
 - Project Requirements which shall include the following: 1) Technical Specifications 2) production/delivery schedule/schedule requirements 3) manpower requirements 4) and/or after-sales service parts, if applicable other requirement:
 - Sworn statement by the prospective bidder or its duly authorized representative in the form prescribed by the GPPB, as to the following:
 - The signatory is the duly authorized representative of the prospective bidder and granted full power and authority to do, execute and perform any and all acts necessary and/or to represent the prospective bidder in the bidding, with the duly notarized Secretary's Certificate attesting to such fact, if the prospective bidder is a corporation, partnership, cooperative or joint venture.
 - If not "blacklisted" or barred from bidding by the GOP or any of its agencies, offices, corporations, or LGUs, including foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the GPPB.
 - Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete and all statements and information provided therein are true and correct
 - It is authorizing the Head of the Procuring Entity or his duly authorized representative/s to verify all the documents submitted
 - It complies with the disclosure provision under Section 47 of the Act in relation to other provisions of R.A. 3019
 - It complies with the responsibilities of a prospective or eligible bidder provided in the PBDs
 - It complies with existing labor laws and standards
 - It did not give or pay, directly or indirectly, any commission, amount, fee or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

BUDGETARY REQUIREMENTS:

Total Number of Employees (a)	Premium Cost (b)	Total Cost (a x b)
1,494	P 9,000.00	P 13,446,000.00

MODE OF PAYMENT BY THE PROCURING ENTITY:

One time payment

LIMITATIONS

Expenses for any hospital confinement brought about by a cause or causes enumerated hereunder shall not be reimbursed:

- 1. The hospital confinement and the charges and operation, if any, upon which a claim is based the continuation of such confinement during the entire period thereof not recommended and/or approved by a legally qualified physician or surgeon (M.D.).
- 2. Charges for nursing or any other charges, fees or expenses not mentioned in the Schedule of Benefits and the other provisions of the policy.
- 3. Charges for room, board general nursing care and special hospital services which are not related to the diagnosis and treatment of the conditions for which hospital confinement is required by the attending physician or surgeon.
- 4. Any doctor's fee except fees of the surgeon for performing any operation mentioned in the provisions of the policy.
- 5. Charges for the use or acquisition of prosthetic appliances, such as artificial limbs, hearing aids and others.
- 6. Hospital confinement or for charges or surgical fees incurred which result from:
- a. any bodily injury sustained by the insured which he is in or about any plane or aerial device except while traveling as a fare-paying passenger in a passenger airplane which is:
- 1. operated by a regular passenger airline;
- 2. operated by a duly licensed pilot; and
- 3. traveling on a scheduled passenger trip over an established passenger route.
- b. Any form of disability, injury, sickness or contracted in riot, civil commotion, insurrection, or war, or service in any military, naval or air force of any country while
- such country is engaged in war, or police duty and a member of any military, naval or
- air organization.
- c. Any bodily injury self-inflicted intentionally whether the insured is sane or insane as

the time of commission.

- d. Any dental treatment or surgery except dental operation resulting from an injury sustained by the insured in an accident.
- e. Treatment of any mental and nervous disease or disorder
- f. Any treatment, which is purely for physical therapy or for recuperative purposes or confinement in a hospital or sanitarium or convalescent home for rest cure.
- g. Any treatment for tuberculosis, except surgical operations for removal of diseased portions of organs afflicted with tuberculosis, e.g. caecum, kidney, spine.
- h. Any treatment or surgical operations for congenital deformities or defects, such as harelip, clubfoot, hernia, heart defect, birthmark, abnormal bone or muscular growth, cerebral palsy and others.
- i. Any confinement for physical checkup or diagnostic purposes.
- j. Any communicable disease in epidemic proportion as declared by the government and any form of venereal disease.
- k. Any cosmetic surgery except for treatment of injury sustained in an accident while insured.
- I. Sterilization of either sex, such as castration, vasectomy, tubectomy and tubal legation.
- m. Any process in determining the refractive errors of the eyes and their correction by glasses.
- n. Any plastic surgery for any condition present on the effective date of the individual insurance, such as bone or flesh transplanting.
- 7. Hospital confinement for charges or surgical fees incurred which result from pregnancy, resulting to childbirth, miscarriage or caesarian section, prenatal or postnatal care. This particular limitation shall be applicable only where maternity and obstetrical benefits are not indicated in the Schedule of Benefits.

- 8. Resulting from any services or supplies for which no reimbursement or payment is required on account of the insured person receiving them.
- 9. Any hospital confinement or charges incurred for the treatment of Acquired Immuno Deficiency Syndrome (AIDS) or charges incurred for the examination immunization, and detection of human deficiency of human immuno deficiency virus and other related viruses.
- 10. Any hospital confinement for sickness or injuries incurred in the commission of criminal acts.
- 11. Confinement for charges or surgical fees incurred for the treatment of a pre-existing illness. An illness or condition shall be considered pre-existing if, during the period prior to the Effective Date of the Master Policy or the approval date of reinstatement in case of lapse, any of the following conditions are present:
- a. any professional advice or treatment was given for such illness or conditions;b. such illness or condition was in any way evident to the member; or
- c. the pathogenesis of such illness or condition has started whether or not a member is aware of such illness or condition.

The following conditions, among others, shall be considered pre-existing:

- Cardio Vascular Disease
- Cerebro Vascular Accident
- Blood Dyscracias
- Cirrhosis of the liver
- Cancer
- Kidney Renal Failure
- Systematic Lupus Erythematous
- Multiple Sclerosis
- Hepatitis B Infection
- Decentral Nervous System Lesions

Pre-Existing conditions shall be covered only upon meeting the conditions stated below:

- a. after twelve (12) months of membership without interruption provided
- b. such conditions is properly declared on the application form and that no benefit were

recovered herein based on said condition, and

c. provided finally that the member concerned renews his memberships to another term immediately in the succeeding year without interruption