

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 2022, Governor Erico Aristole C. Aumentado launched his Health Care Plan for the officials and employees of the Provincial Government of Bohol (PGBh). 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 officials and 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 and other disasters 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 and out-patient care benefits, therapeutic procedures, common laboratory procedures, special diagnostic procedures and among other special procedures, annual physical examination, emergency care, preventive care, life insurance in the form of financial assistance, accidental death and dismemberment, dental benefits, pre-existing conditions and other special benefits basic life insurance and accidental death and disablement for all Provincial Government officials and employees.

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.

Prospective bidders are invited to bid on the approved budget for this project which is **Php 15,000,000.00 (inclusive of VAT)**. The approved budget is based on the actual number of all employees estimated at **1,400** (filled positions) as of **January, 2022**. Payment shall be on an **ANNUAL basis**.

COVERAGE

1. Regular employees, Elected Officials and Co-Terminus Personnel of the Provincial Government of Bohol are eligible for membership under this Health Care Plan;
2. Enrollment of members shall be done at the start of contract year for all.
Coverage shall be until the end of the contract year;
3. All employees who enter the service after the execution of the contract shall be covered effective on the date of their appointment or hiring as certified. The corresponding premium shall be prorated;
4. All employees who are separated due to retirement, resignation, transfer to another office, or dismissal for cause, will be removed from the list of membership effective on the last working day of the member.

CRITERIA FOR THE SERVICE PROVIDERS:

1. Insurance companies registered with the Insurance Commission with Healthcare products or license from IC to operate as a Health Maintenance Organization (HMO) or an affiliate of HMO;
2. At least five (5) years of experience in handling government accounts on nationwide basis;
3. With at least one (1) existing contract with an annual premium equivalent to at least fifty (50) percent of the total ABC of this account; and
4. With a functioning network of at least 700 hospitals and 400 clinics nationwide.

SCOPE OF SERVICES:

This healthcare plan shall include the following:

I BENEFITS

A. IN-PATIENT CARE	
1. Professional Fees of attending doctor/s	Covered
2. X-ray, laboratory tests and other diagnostic procedures	Covered
3. Anesthesia and its administration	Covered
4. Whole blood/human blood products and intravenous fluids	Covered
5. Oxygen and its administration	Covered
6. Drugs and medicines for use in the hospital	Covered
7. Dressings, conventional casts (plaster of Paris) and sutures	Covered
8. Use of operating and recovery rooms	Covered
9. Use of the Intensive Care Unit (ICU)	Covered
10. Standard Nursing Services	Covered
11. Standard Admission kit (including ice cap, wee bag, name tag)	Covered
12. All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered

B. OUT-PATIENT CARE	
1. Medically necessary consultations during regular clinic hours	Covered
2. Pre and Post Natal consultations excluding lab & diagnostics	Covered up to 14 sessions
3. Treatment for minor injuries such as lacerations, mild burns & sprains	Covered
4. Eye, ear, nose and throat (EENT) treatment	Covered
5. X-Ray, lab examinations, routine, diagnostic and therapeutic procedures	Covered
6. Minor surgery not requiring confinement	Covered
7. Wart Cauterization except genital warts & condyloma acuminata	up to Php 1,000 except for aesthetic purposes
8. Allergy Testing/ allergy screening and other related examinations	Covered up to Php 1,200
9. Tuberculin test	Covered up to Php 600
10. Sclerotherapy for varicose veins	Covered up to Php 5,000 per leg
B.1. THERAPEUTIC PROCEDURES	
1. Eye Laser Therapy for retinal hole, retinal detachment, and glaucoma, excluding eye correction such as Lasik, PRK and the like	Covered up to Php 10,000 per eye
2. Speech therapy	Covered up to 12 sessions subject to MBL
3. Physiotherapy (Physical Therapy/Occupational Therapy)	Covered up to 12 sessions subject to MBL
4. Chemotherapy	Covered up to 12 sessions subject to MBL
5. Dialysis	Covered up to 12 sessions subject to MBL
6. Radiotherapy	Covered up to 12 sessions subject to MBL
B.2. COMMON LABORATORY PROCEDURES	
1. Blood Chemistries	Covered
2. Complete Blood Count (CBC)	Covered
3. Diagnostic Radiographs	
a. Face (including sinuses), Head and Neck	Covered
b. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered
c. Chest, ribs, sternum, and clavicle	Covered
d. Biliary tract: Cholecystogram and Cholangiograms	Covered
e. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series	Covered
f. Urinary: KUB Pyelograms and cystograms	Covered
g. X-ray of the extremities and pelvis	Covered
4. Electroencephalogram	Covered
5. 12 Lead Electrocardiogram	Covered
6. TMST-Treadmill Stress Test	Covered
7. Pap smear	Covered
8. Urinalysis	Covered
B.3. SPECIAL DIAGNOSTIC PROCEDURES	
1. Adrenocortical Function	Covered
2. Ambulatory Cardiac Monitoring (Holter)	Covered
3. Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered
4. Arterial Blood Gas	Covered

5. Audiograms and Tympanograms	Covered
6. Bone Densitometry Scan (Dexascan)	Covered
7. Bone Mineral Density Studies	Covered
8. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered
9. Computed Tomography Scans	Covered
10. Diagnostic Ultrasounds: 2D-Echo, Doppler, Ultrasound (except for maternity cases), Digestive and Urinary Systems, Abdomen, and Deep Vein Thrombosis ultrasonic scanning	Covered
11. Electromyography and Nerve Conduction Studies	Covered
12. Fluorescein Angiography	Covered
13. Impedance Plethysmography	Covered
14. Lung Function Studies	Covered
15. Magnetic Resonance Imaging	Covered
16. Magnetic Resonance Angiography	Covered
17. Mammography and Sonomammogram	Covered
18. Microscopic Examinations	Covered
19. Myelogram	Covered
20. Neuroscan (professional fee on reimbursement basis)	Covered
21. Nuclear Radioactive Isotope Scan	Covered
22. Perfusion Scan	Covered
23. Plasma Urinary Cortisol, Plasma Aldosterone	Covered
24. Polysomnograms (Sleep Study/Recording)	up to Php 10,000
25. Radionuclide Ventriculography	Covered
26. Radio-isotope Scans and Function Studies	
a. Thyroid Scans	Covered
b. Liver	Covered
c. Renal	Covered
d. GI – Gastro-Intestinal	Covered
e. Cardiac	Covered
f. Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	Covered
27. Thallium Scintigraphy	Covered
B.4. OTHER SPECIAL PROCEDURES	
1. Arthroscopic Procedures	Covered
2. Coronary Angiogram	up to Php 30,000
3. Angioplasty	up to Php 30,000
4. Coronary Artery Bypass Graft	up to Php 30,000
5. Open Heart Surgery	up to Php 30,000
6. Cryosurgery	up to 1,000 per area
7. Endoscopic procedures	Covered
8. Fluorescein Angiogram	up to Php 30,000
9. Gamma Knife Surgery (Based on cobalt/radiotherapy)	Covered
10. Hemorrhoidectomy (Conventional)	Covered
11. Hemorrhoidectomy (Scalpel)	Covered
12. Hemorrhoidectomy (Stapled)	up to Php 10,000
13. Herniorrhaphy (except cost of mesh)	Covered except congenital hernia
14. Hysteroscopic Myoma Resection	up to Php 40,000
15. Hysteroscopically-guided D&C	Covered
16. Laparoscopic Procedures	80% up to Php 40,000
17. Laparoscopic Cholecystectomy	80% up to Php 40,000
18. Lithotripsy	80% up to Php 40,000

19. New/Special modalities not specified	Covered up to MBL if without conventional counterparts; Covered up to Php10,000 if with conventional counterparts
20. Organ Transplant (except cost of organs & procedure for donor)	Covered
21. Percutaneous Ultrasonic Adrenalectomy	up to Php 30,000
22. Percutaneous Ultrasonic Nephrolithomy	up to Php 30,000
23. Stereotactic Brain Biopsy	up to Php 30,000
24. Testing involving Nuclear Technologies (Thallium Stress Testing, Radionuclide, Thyroid Scan, Pyrosphosphate Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning)	Covered
25. Transurethral Microwave Therapy of Prostate	up to Php 30,000
26. Video Gastroscopy	Covered
C. ANNUAL PHYSICAL EXAMINATION	
	To be availed at the designated Annual Physical Examination providers of the winning bidder
1. Routine Check Up	Covered
2. Physical Examination and History Taking	Covered
3. Complete Blood Count	Covered
4. Urinalysis	Covered
5. Fecalysis	Covered
6. Chest X-ray	Covered
7. Electrocardiogram (ECG)	Covered for 35 years old and up
8. Pap Smear	Covered for 35 years old and up
D. EMERGENCY CARE	
1. In Accredited Hospitals	
a. Doctor's services	Covered
b. Emergency Room Fees	Covered
c. Medicines used for immediate relief during treatment	Covered
d. Whole blood/human blood products	Covered
e. Oxygen and IV fluids	Covered
f. X-ray, laboratory tests and other diagnostic procedures	Covered
2. In Non-Accredited Hospitals	Reimbursement subject to the winning bidder's standard rates
a. Areas with Accredited Facilities within 50km Radius	Up to 80% of eligible expenses up to Php 30,000
b. Areas w/o Accredited Hospital outside 50km Radius	Up to 100% of eligible expenses up to Php 30,000
c. Outside the Philippines	Up to 100% of eligible expenses based on customary and reasonable costs
3. Room Upgrading Provision in case of unavailability of entitled room	Covered up to 24 hours (except Suite room)
a. Waiver of Room rate difference	Covered up to 24 hours
b. Waiver of Incremental charges (except suite room)	Covered up to 24 hours
E. PREVENTIVE CARE	
1. Health habits and Family Planning counseling	Covered
2. Anti-tetanus, Rabies, Venom	Covered up to 10,000
3. Periodic monitoring of health problems	Covered

4. Wellness programs/lectures	Covered up to two (2) sessions
F. LIFE INSURANCE (employees only)	
1. Natural Death	Covered up to Php 25,000
2. Accidental Death Or	Covered up to Php 50,000
ACCIDENTAL DEATH AND DISMEMBERMENT	
<i>When injury results in any of the following losses within one hundred eighty (180) days after the date of accident, the Company shall pay for the loss based on the schedule below:</i>	
	Percentage of Principal Sum
Loss of life, or two limbs	100%
Loss of both hands, or all fingers and both thumbs	100%
Total loss of sight of both eyes	100%
Loss of arm at or above elbow	70%
Loss of arm between elbow and wrist, or leg or above knee	60%
Loss of a hand, a foot, a leg below the knee, or sight of eye	50%
Loss of four fingers	35%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger, or big toe	5%
Loss of little finger	4%
Loss of metacarpals - first or second (additional)	3%
third or fifth (additional)	2%
Loss of toes all of one foot	25%
Loss of any toe other than the big toe, each	1%
Loss of hearing of each ear	25%
G. DENTAL BENEFITS	
1. Dental consultation (Dental Exam, TMJ, Ortho, Aesthetic)	Unlimited
2. Routine Oral Prophylaxis (Simple Scaling)	Once (1) a year
3. Simple Tooth Extraction	Unlimited
4. Temporary Fillings	Unlimited
5. Treatment of Lession, Wounds and Burns	Unlimited
6. Adjustment of dentures	Unlimited
7. Recementation of Jacket Crowns, Inlays and Onlays	Unlimited
8. Emergency Desensitization of hypersensitive teeth	Unlimited
9. Relief of acute dental pain (Except Prescribed Medicines)	Unlimited
10. Pre-natal Check of Teeth and Gums	Unlimited
11. Other Dental Services (Outside of the dental benefits)	Discounted at least 10%
12. Permananent Fillings	Up to 2 surfaces only
H. OTHER SPECIAL BENEFITS	
Ambulance Service (hospital transfer)	Covered up to 2,500 per conduction subject to reimbursement
Ambulance Service (if hospital has own ambulance facilities)	Covered up to MBL
Benign Prostatic Hypertrophy	Covered up to Php 20,000
Congenital Conditions	Covered up to Php 20,000
Cataract Extraction (except cost of lens)	Covered up to Php 20,000
Hernia (Acquired)	Covered up to Php 20,000
Medicines	Covered only for Confinement and ER Cases
Out-Patient	Not Covered

Take Home	Not Covered
Medico Legal Cases without violation with Exclusion Conditions	Subject to exclusion conditions and police report
Motor Vehicular Accidents	Covered
Motorcycle Accident	Covered
Unprovoked Assault	Covered
Scoliosis, whether congenital, pre-existing, developmental or acquired	Covered up to Php 20,000
Slipped Disc, Spondylosis and Spinal Stenosis	Covered
Sports Related Injuries	Covered except professional and extreme sports
Work Related Conditions based on conditions covered by ECC	Covered up to MBL
I. PRE-EXISTING CONDITIONS	
Pre-existing medical conditions of employees	Covered up to MBL
J. ELIGIBILITY PROVISIONS	
Employees	All regular and full-time employees (18 years old up to 65 years old)
K. OTHER PROVISIONS	
Maximum Benefit Limit (MBL)	The aggregate of all benefits covered under all of the benefits provisions shall be as specified in the Schedule of Benefits under Dreaded Disease Limit. The maximum limit shall be for one complete Policy year and applicable on a per disability basis.
Bill-back Arrangement	Medical expenses, which are not covered under the policy, which is advanced by the Company, shall be billed back to the Policyholder. The Policyholder commits to reimburse the Company within 15 working days from the billed amount advise, inclusive of a service fee of 12 %. Interest at the rate of 3 % per month shall be charged to the Policyholder counted from the date the Billing Notice was received for any amount not paid within 15 working days. And for the purpose of interest charging a fraction of a month shall be considered as one full month. The use of the Company's network of accredited service providers may be suspended by the Company should any Bill not withstanding that such amount in full or in part is being contested or subject to further scrutiny by giving 5 days notice to the Policyholder.

Philhealth (Required to be filed at the hospital)	The plan pays benefits up to its limits after Philhealth Benefits have been exhausted
Additional Premium Option for non-Philhealth members	Php 3,300.00 per individual
Provider Access:	
All Accredited Hospitals	Yes
All Accredited Clinics	Yes
Exceptions:	
Healthway Medical Center	Without access
Makati Medical Center	Without access
The New Medical City	Without access
St. Luke's Medical Center – Quezon City	Without access
St. Luke's Medical Center – Global City	Without access
Asian Hospital Medical Center	Without access
Cardinal Santos Medical Center	Without access
Capitol Medical Center	Without access
L. ADDITIONAL SERVICES:	
E-Guidebook and Provider Directory:	
a. Provision of Healthcare's Benefits Guidebook, Providers Directories, and Dental Directories. Download the files and have easy access through your mobile phone.	Covered
ID Processing and Enrollment Fee	Waived
Card Replacement Fee	Correction: Php 50; Lost ID: Php 200
Benefit Orientations	Covered upon request

II. CONTRACT PERIOD

1. The terms and conditions of the contract under this TOR shall cover a period of twelve (12) months.
2. Notwithstanding any provisions to the contrary, the company shall have the right, power and privilege to terminate the services of the contractor without the need of any judicial action for any violation of the provision of the contract, as may be determined by the Implementing by giving thirty (30) calendar days written notice to the contractor in which event the company shall be entitled to proportionate return of the contract price based on the supplier policy provision.

III. PERFORMANCE SECURITY

The winning supplier shall post the required Performance Security within ten (10) calendar days from receipt of Notice of Award, which may either be as follows:

Form of Security	Minimum amount in Percentage (%) of Total Contract Price
Cash, Manager's or Cashier's Check	Five Percent (5%)
Bank Guarantee	Ten Percent (10%)
Surety Bond Callable on demand	Thirty Percent (30%)

The Performance Security shall guaranty the faithful performance by the contractor of each obligations under the contract. The contract will be released upon receipt of the Performance Security. Such Performance Security will answer in the event of non-delivery or non-compliance with any of the contractual obligation. The Performance Security must be valid for the duration of the contract.

IV. OBLIGATIONS OF THE PROVINCIAL GOVERNMENT OF BOHOL AND THE SUPPLIER

A. The Provincial Government of Bohol

undertakes to:

Release the corresponding contract upon receipt of the Performance Security.

Pay the awarded bidder the corresponding annual premium based on the actual count of filled-up positions. The premium of newly appointed personnel shall be pro-rated accordingly.

B. The Supplier undertakes to:

Provide the members services and benefits based on the agreed provisions.

Will not assign or subcontract the services or any portion thereof covered by the Health Care Plan.

C. OTHER CONDITIONS

1. The personnel of the Provincial Government of Bohol shall not be liable for any unpaid bills of the contractor.
2. In the event of fraudulent use of the membership card by any member, such as, but not limited to, use of the membership card by another person, connivance of

the member with the doctor, etc., the Supplier has the right to terminate the membership of the said member who perpetrated or participated in the fraudulent act.

3. In the event that the member exceeds his Maximum Coverage Limit, the excess amount shall be settled by the member directly to the provider.

ANNEX A

MAXIMUM COVERAGE LIMITS (MCLS)

The MCLs per member per illness/injury per year shall be as follows:

Member	Coverage	Room
PGBh Employees (Regular, Elected Officials and Co- Terminus Employees)	Up to 75,000 per illness per year	Regular Private Room