**(Tender Form Fees Rs.500/-(Non Refundable) TENDER FORM**

**TENDER INQUIRY NO. 17 /2016-17 DUE ON 09-06-2017**

***HEALTH INSURANCE OF SIOVS EMPLOYEES FOR THE YEAR 2016-17***

**Time of issuance of Tender form upto 08-06-2017 at 02:00 P.M**

**Time of Submission of Tender on 09-06-2017 at 11.00 A.M**

**Time of Opening of Tender on 09-06-2017 at 11.30 A.M**

**1. INTRODUCTION**

**Purpose of RFP**

**SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES (SIOVS)** invites single stage two envelopes tender under SPPRA Rules, 2010 for providing the services of Health Insurance from well reputed insurance companies who qualify eligibility criteria for the Calendar year 2017-18 for the following lives:

**1. Current Employees**

**2. Eligible following dependents of current employees:**

a. Spouse

b. Children

c. Parents

**The Scope of Services will be based on the following benefits:**

1. In Patient

2. Maternity

3. Out Patient

**Task to be performed by the Insurer**

To provide Medical Benefits across Pakistan in line with the Scope of Work mentioned in the technical proposal

To ensure that their concerned staff/representative shall behave properly and friendly with employees/staff/dependents of SIOVS, Hyderabad.

To co-ordinate say to say matters/affairs with the any authorized officer of SIOVS, Hyderabad regularly.

To provide two numbers of Health cards one for employee and one for SIOVS, Hyderabad

**Responsibility of SIOVS**

SIOVS will provide the scope of work outlining the under of employees and their dependents to be insured along with their required benefit structure and additional benefits to be covered. SIOVS will bear the cost of premium based on the details provided under scope of work.

**2. SCOPE OF WORK**

***The Hospitalization, Maternity and OPD benefit must include the following coverage:***

**ELIGIBILITY CRITERIA:**

 Employees and spouses are to be covered up to 65 years of age with full insured limits.

 Children Coverage: Sons are to be covered upto 25 years of age & Daughter till Marriage.

 Maternity: To be covered upto 45 years of age.

 Employees and spouses of category **“A”** are to be covered on complimentary executive medical check up at the hospital of their choice.

**BENEFITS TO BE COVERED:**

 Pre-existing conditions (undisclosed) to be covered fully with full limits.

 No requirement to fill Health Declaration Form.

**In Patient Benefit**

The In Patient benefit must cover all medical expenses incurred up to the specified limit while an insured is hospitalized due to illness, surgery or accident. Eligible medical expenses include:

|  |  |
| --- | --- |
| **HOSPITALIZATION:** | **DAY CARE SURGERIES / PROCEDURES** |
| Daily Room and Board charges  In-hospital consultations charges  Surgical Fees  Anesthetist’s Fee  Diagnostic Investigations  Operation Theatre Charges  Blood & Oxygen supplies  In-patient medicines expenses  ICU / CCU charges  Organ Transplant  Local ambulance services  Pre & post-hospitalization out-patient expenses, such as; consultation charges, cost of prescribed medicines and diagnostic tests before & after hospital confinement of 30 days, are to be covered. | Lithotripsy  Endoscopy  Excision Biopsy  Gastroscopy  Partial Mastectomy  Tonsillectomy/Adenoidectomy  Veins/Varicose  Non-malignant tumors/Abscess Cholecystectomy  Herniorraphy  Appendectomy  Cataract Surgery  Angiography  MRI  CT Scan  Thallium Scan  Kidney Dialysis  Treatment of cancer (including chemotherapy with pre & post-hospitalization expenses of chemotherapy) upto full hospitalization limit. Treatment of **Hepatitis B & C** such as, Inj. Interferon therapy/ Tab. Sovaldi along with all combination therapy, consultation & laboratory tests expenses) upto full hospitalization limit.  Treatment of all injuries/fractures and lacerated wounds (outpatient within 24 hours) Accidental Dental treatment (out-patient within 48 hours for pain relief only). |

**MATERNITY:**

 Follow-up visits of patients during or after pregnancy.

 Normal/Caesarean/Multiple Birth/Force/Complicated

 Pre & Post Natal Expenses are to be covered upto the maternity limit (subject to the availability of the Maternity Limit)

 Obstetrician’s Fee for delivery & Consultation during hospitalization

 Coverage of congenital birth defect/illness for all under all the benefits.

 Newly born babies are to be covered from very 1st day of birth.

 New born baby’s nursery care charges during mother’s hospitalization, including incubator facility.

 Miscarriage resulting into D&C or D&E

**OPD Benefits**

The Out Patient benefits are covered only under Pre & Post 30 days of related Inpatient/ Maternity benefit for the following services:

 Physicians’ or Consultants’ Fee

 Prescribed Medicines

 Prescribed Diagnostic tests

 Medical Emergencies not leading towards hospitalization.

**3. REQUIRED STRUCTURE**

Census structure as specified in annexure **A**

Benefit Structure as specified in annexure **A**

Age & Eligibility Structure as specified in annexure-**A**

**4. ELIGIBILITY CRITERIA OF INSURER**

1. Approved Insurer from SECP

2. Registered with Income Tax and Sales Tax authorities

3. Registered with Sindh Board of Revenue

4. Companies scoring minimum 80% marks in the technical evaluation criteria will be qualified for financial proposal

5. Up to 3 short-listed companies in the financial bid will be called for final presentation and/or negotiations

6. All those insurance companies black-listed by any Government Department, shall not be entertained.

7. Conditional tenders will not be accepted

8. Each paper of the tender document has to be stamped and signed by the authorized signatory of the insurance company

**5. SCORING CRITERIA FOR TECHNICAL EVALUATION**

|  |  |  |
| --- | --- | --- |
| **Q # 1** | **Years in Business of Health Insurance** | **Points** |
| 1 | Less than 5 years | 0 |
| 2 | More than 5 years | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 2** | **Existing Health Insurance Portfolio** | **Points** |
| 1 | Less than RS 750 Million | 7 |
| 2 | More than RS 750 Million | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 3** | **Credit Rating by PACRA/JCR-VIS** | **Points** |
| 1 | Less than BBB+ | 0 |
| 2 | More than BBB+ | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 4** | **No of Corporate Clients in Health Insurance** | **Points** |
| 1 | Less than 30 | 3 |
| 2 | More than 30 | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 5** | **No of Panel Hospitals under credit facility** | **Points** |
| 1 | Less than 250 | 3 |
| 2 | More than 250 | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 6** | **No of Panel Hospitals under credit facility in Karachi** | **Points** |
| 1 | Less than 50 | 3 |
| 2 | More than 50 | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 7** | **Strategic Partner/Alliance with international Health Insurer** | **Points** |
| 1 | NO | 0 |
| 2 | YES | 10 |

|  |  |  |
| --- | --- | --- |
| **Q #8** | **No of Out Patient discount Centers** | **Points** |
| 1 | Less than 150 | 3 |
| 2 | More than 150 | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 9** | **24/7 medical help-line** | **Points** |
| 1 | NO | 0 |
| 2 | YES | 10 |

|  |  |  |
| --- | --- | --- |
| **Q # 10** | **Full time medical doctor(s)for case management** | **Points** |
| 1 | NO | 0 |
| 2 | YES | 10 |

**6. SCORING CRITERIA FOR FINANCIAL EVALUATION**

|  |  |  |
| --- | --- | --- |
| **Q # 1** | **Premium quoted for by Insurers** | **Points** |
| 1 | Lowest Bid | 10 |
| 2 | 2nd Lowest Bid | 9 |
| 3 | 3rd Lowest Bid and other above quoted Bids | 8 |

|  |  |  |
| --- | --- | --- |
| **Q # 2** | **Paid up Capital of the insurance company** | **Points** |
| 1 | Less than RS 600 Million | 3 |
| 2 | More than RS 600 Million | 10 |

**7. TURN AROUND TIME (TAT)**

|  |  |  |
| --- | --- | --- |
| **Sr. #** | **Description** | **Working Days** |
| 1 | For policy document and health cards at inception | 10 |
| 2 | Routine health cards for additions, deletions & plan revision | 10 |
| 3 | Claim re-imbursement | 10 |
| 4 | Agreed MIS | 10 |
| 5 | Detailed Claims Analysis on Quarterly basis | 10 |

**8. OTHER REQUIRED SERVICES:**

Declared or un-declared Pre-Existing Conditions (PEC) are fully covered for all lives under all benefits

Health Questionnaire Forms are not required to declare any medical condition to the insurance company.

Congenital Birth Defects (CBD) should be fully covered under basic hospitalization

Interferon/ Sovaldi along with all combination therapy with & PCR and other relevant lab tests for Hepatitis B & C should be fully covered under basic hospitalization limit.

Psychiatric treatments are covered.

Intra-Ocular lens implants of premium quality (up to maximum of Rs. 45,000/-) and Cataract Surgery/Phaco covered.

International treatments are covered on re-imbursements and in comparison to AKUH, Karachi rates.

Flexibility of getting treatment facility and any required tests from non-penal hospitals followed by re-imbursement.

Re-imbursement of claims of employees on panel and non-panel hospitals as per their agreed corporate rates

No deductions or comparison for re-imbursement on Pre & Post 30 days related hospitalization claims except non-medical items & medical equipment.

Complimentary 50% enhancement in the available limit of Basic Hospitalization in case of Accidental Hospitalization/Cancer treatment/ Hepatitis B & C.

All hospital services and supplies should be covered during confinement in the hospital.

No authorization is required from the insurance company for employees of SIOVS for panel hospitalization.

No authorization is required from the insurance company for the SIOVS employees’ in non-panel hospital.

Description / Benefits of Health Policy Period from 15-06-2017 to 14-06-2018 may be followed which are given in annexure “B”.

Ambulance charges should be covered from hospitalization benefit

Payment will be made subject to availability of funds on annual basis, if delayed due to any reason; no extra interest/mark up will be paid.

Mode of payment for endorsement premium is 100% and billed on quarterly basis.

Number of employees/lives can be increased/ decreased from time to time.

**9. REQUIRED DOCUMENTS FOR TECHNICAL PROPOSAL**

**Company Profile**

List of Panel Hospitals under credit facility in Pakistan with contact information

List of Out Patient Discount centers

List of complete current clients of health Insurance

List of at least 3 current clients for reference check with contact information

Name of Authorized person/Account Manager with full contact information.

Claim forms for In-Patient and Out-Patient

Endorsement forms for addition, deletion, revision or correction

List of Day-Care Procedures/Surgeries under hospitalization benefit.

List of Specialized Investigations under hospitalization benefit.

List of Coverage (Surgeries / Implants / Prosthesis).

List of Exclusions.

Flow chart for claim re-imbursement process of non-panel hospitalization.

Flow chart for credit facility of emergency admission process at panel hospitalization.

Flow chart for credit facility of elective admission processat panel hospitalization.

Processing of all settlements / disbursement of payment of claims must be at Karachi Regional head office.

Company’s web portal facility to enquire about employees’ OPD/ Hospitalization claim processing/update.

**10. FINANCIAL PROPOSAL**

 Premium should be quoted as follows:

|  |  |  |
| --- | --- | --- |
| **Sr. #** | **Description** | **Premium (Rs.)** |
| 1 | In Patient Premium |  |
| 2 | Maternity Premium |  |
| 3 | Total Premium |  |
| 4 | Additional fee i.e. Admin/FIF/FED/Taxes etc |  |
| 5 | **GROSS PREMIUM** |  |

**11. REQUIRED DOCUMENTS FOR FINANCIAL PROPOSAL**

1. Certificate of Incorporation with SECP

2. NTN Certificate

3. Registration with Sindh Board of Revenue

4. Pay Order/Call Deposit for 2 % earnest money in favour of Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Hyderabad

5. Validity for submitted proposal is 90 days

6. Affidavit from the CEO/CFO of the Insurer that the “Firm has never been black listed”

7. List of Board of Directors

8. List of Management Team

**RFP COMMUNICATION CONTACTS**

All communication regarding this RFP, whether written or oral, must be directed exclusively to the following authorized person(s):

**Name :**

Designation : Address :

Tel :

Any oral communication from or with the authorized person(s) will be considered un-official and non-binding on SIOVS. The Insurance Company should rely only on written statements exchanges with the authorized person of SIOVS

**12. BID BOND**

A bid bond of 2% of the total amount quoted in the name of SIOVS Hyderabad in the shape of a Pay Order/Call must be deposited and placed in the Financial Proposal envelope. Proposal submitted without a bid bond will not be considered.

**13. SUBMISSION CRITERIA & SCHEDULE**

Two separate sealed envelopes each for technical and financial proposal should be submitted in one sealed envelope marked as **Tender Documents** and addressed to as under :

**DIRECTOR**

**SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES (SIOVS),**

**Hyderabad .**

Envelopes shall also bear the word “Confidential” and “Technical Proposal & Financial Proposal” for the respective bid. First, technical proposal shall be evaluated and financial proposal of only those bidders will be opened who score more than 80% marks in the technical evaluation criteria.

**14. EVALUATION OF BIDS**

First Technical bids will be opened and SIOVS will examine the same as per tender documents made by a committee constituted by the Director , SIOVS. Financial proposals of only those bidders will be opened who score more than 80% marks in the technical evaluation criteria. Then the technically qualified bidders will be given scores as per the financial evaluation criteria. Maximum 3 bidders with highest score will be called for presentation/meeting/negotiation. Bidders who do not qualify cannot challenge the findings of evaluation or ask for reasons thereof.

**15. TERM OF CONTRACT**

The contract period will be of one year but can be further renewed for 1 year based on excellent customer services and feedback of employees through the authorized officer.

**16. AWARD OF CONTRACT**

The successful bidder will have to sign and stamp every document submitted in the tender proposal as well as the policy document.

Annexure “A”

**DETAILS OF WORK:**

a) Details of Medical Insurance benefits required are mentioned at Annexure "A” & “B”.

b) Category-wise details of SIOVS Hyderabad Employees and their dependants is as under:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Employees** | **Employees** | **Spouse** | **Children** | **Parents** |
| **A-(BPS 20-21)** | **List is available at Finance Section SIOVS Hyderabad.** | | | |
| **B-(BPS 17-19)** |
| **C-(BPS 16)** |
| **D-(BPS 01-15)** |
| **TOTAL** |
| **Grand Total** | | | | |

Data of above referred employees is available in softcopy as well as hardcopy and can be obtained from the office of undersigned.

c) Financial Proposal should be submitted as per formats attached as Annexure “C” (with coverage of Hospitalization/dread disease of parents).

**Sealing and Marking of bids:**

Two separate sealed envelopes each for technical and financial proposal should be submitted in one sealed envelope marked as under

**DIRECTOR**

**SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES (SIOVS),**

**@ Eye Hospital, Hyderabad .**

**Annexure “B” Description /Benefits of Health Policy**

Period from 15-06-2017 to 14-06-2018

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Amount in Pak Rupees) **Description** | **A** | **B** | **C** | **D** |
| **Hospitalization Limit (Per Employee per Person)** | 650,000/- | 500,000/- | 350,000/- | 250,000/- |
| **Hospitalization Limit (Parents)** | 150,000/- | 125,000/- | 100,000/- | 80,000/- |
| **Room Rent** | 10,000/- | 6,000/- | 4,000/- | 3,000/- |
| **Maternity (Normal)** | 45,000/- | 30,000/- | 25,000/- | 20,000/- |
| **Maternity (Cesarean)** | 50,000/- | 45,000/- | 40,000/- | 30,000/- |
| **Circumcision** | 2,500/- | 2,000/- | 2,000/- | 2,000/- |
| **Out-Patient (Per Employee / Per Family)** | 24,000/- | 22,000/- | 19,000/- | 16,000/- |

**Director,**

Sindh Institute of Ophthalmology

& Visual Sciences, Hyderabad