

## **PROVISION OF IN-PATIENT AND OUT-PATIENT MEDICAL INSURANCE FOR WORLD VISION SOMALIA-TERMS OF REFERENCE**

### **I. MANDATORY REQUIREMENTS**

The Underwriter must provide and ensure the following conditions are met:

1. **Bid Security of USD 10,000.00** in form of a **Bank Guarantee. Only a Bank Guarantee from Dahabishil Bank will be accepted**
2. Submit certificate of registration as an insurance underwriter and proof of authorization to underwrite medical insurance in Somalia. **Must attach a copy.**
3. Submit audited accounts for the last three (3) years 2016, 2017 and 2018. **(Certified by auditor)**
4. Attach last six months bank statements-**Signed by the issuing Bank**
5. List and locations of your current health providers **(e.g. hospitals, clinics, specialist's pharmacies etc.)**
6. A list and contacts of your **current** corporate/INGOs clients receiving similar services (Medical Insurance) from your company. **(Attach at least three reference letters)**
7. Attach evidence of at least one **current** clients with minimum annual premium value of USD 450,000. **(Attach LPOs/Award Letter/contracts)**
8. Submit a certified copy of certificate of Incorporation/Registration. **(Attach a current copy from your Regional Government/Authority)**
9. Submit a copy of current tax compliance certificate from the respective Regional/Government Tax Agency/Department. **Attach current copy**
10. Must Fill the Price Schedule in the format provided.
11. Properly bound, paginated document. **(Document should be arranged in the order of No. 1-11 (above))**

## 2. TECHNICAL REQUIREMENTS

The Technical Proposal shall provide the following information as a minimum but not limited to the below, bidders are allowed to give more information of their products:

**Bidders must meet all the mandatory requirements (above) to qualify technically**

### TECHNICAL EVALUATION CRITERIA

No	Criteria
1.	A brief description of your company with an outline of your experience in providing similar services ( <b>MUST</b> attach Registration certificate with the relevant Insurance Regulator for the last five years(2014-2019)
2.	Submit recommendation letters from at least three (3) <b>current</b> INGOs and/or corporate clients served in a similar assignment (Medical Insurance).  Attach evidence of at least one <b>current</b> clients with minimum annual premium value of USD 450,000. ( <b>Attach LPOs/Award Letter/contracts</b> )
3.	Provide Signed Audited Accounts for three years 2016, 2017, and 2018 with Gross Premiums in the year 2018 of not less than USD. 1,000,000  Provide the last six months bank statements- <b>Signed by the issuing Bank</b>
4.	Demonstrate capacity to provide administrative services across all regions within Somalia and Somaliland (branch network) <b>Clearly indicate your area of operations and location of offices</b>
5.	List of Health Providers and their geographical distribution in Somalia and Somaliland. Give a schedule of approved hospitals, Doctors and pharmacies per region and physical location of each facilities.
6.	Proposed supervisory team engaged with this assignment - CVs, profiles and role of each member and expected communication protocols
7.	Comply with World Vision Somalia minimum requirements for inpatient, outpatient, maternity, dental and optical cover (As attached)
8.	Proposed methodology or process flow of claim settlement. (Describe the process of settling a claim with expected time lines at each stage of the process)
9.	<b>Describe Deductibles/Excess in your technical proposal (if any).</b>
10	<b>Please give details of any Riders in your technical proposal. Each Rider must be described in detail. Each rider <b>MUST</b> clearly show if it will be offered for free or it will be charged (if chargeable, the cost should be indicated against the rider):</b>
11	<b>Please describe additional Benefit Limit (if any) giving clear description of each benefit and its application:</b>

## 3. BENEFITS LIMITS

### STAFF MEDICAL SCHEME – INPATIENT AND OUT PATIENT

**SCHEME POPULATION: 360**

#### **A. OUTPATIENT COVER (INSURED)**

- I. Overall Scheme Cover Limit:
  - USD 800.00 per family per annum general OP cases
  - USD 250.00 (Dental Stand Alone) per family per annum

-USD 250.00 (Optical Stand Alone) per family per annum

-USD 600.00 (Maternity Stand Alone) principal/Spouse per annum

<b>OUT PATIENT BENEFITS</b>	
Consultation with a General Practitioner	Covered within Outpatient Limit up to USD 30 for GP
Consultation with a Specialist upon referral by a General Practitioner up to the specialist's charge	Covered Limit up to USD 50 for Specialist
Prescription Drugs and Dressings up to a maximum of 30 days Dosage	Covered
Gynaecological illness and Treatment	Covered
Pre-existing, chronic, cancer, Psychiatric, congenital conditions and HIV/AIDS and related treatment	Covered
Examination, Diagnostic and Treatment services by authorized General Practitioners, Specialists and Consultants	Covered
Laboratory test services carried out in the authorized facility assigned to treat the insured person	Covered
Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person	Covered
MRI, CR scans and Endoscopies in case of medical non-emergency (require pre authorization)	Covered
Medical expenses arising from Terrorism	Covered
Vaccines (required pre authorization)	Covered

### **Optical Benefits**

<b>OPTICAL BENEFITS (Stand Alone-Out-patient)</b>	
Outpatient Ophthalmologists Expenses	Covered
Prescribed Frames and Lenses	Covered
Frames and lenses are limited to one pair every one year unless otherwise Medically Necessary	Covered
Medication	Covered
Contact Lenses	Covered
Visions tests for errors of refraction	Covered
Laser Correction of Eyesight	Covered
Prescribed Plano (flat)/Non degree lenses for Photophobia/Photosensitivity diseases	Covered

## Dental Benefits

<b>DENTAL BENEFITS (Stand Alone-Out-Patient)</b>	
Consultation	Covered
Medication	Covered
Tooth Extractions (Simple & Surgical)	Covered
Tooth Fillings (Amalgam, Resin Plastic & Composite)	Covered
Prescribed Scaling	Covered
X-rays	Covered
Root Canal Treatment (R.C.T)	Covered
Crown (If Followed by R.C.T)	Covered
Dentures ( If in the Event of An Accident)	Covered

## Maternity Benefits

<b>MATERNITY BENEFITS -- Principal/spouse only (stand Alone)</b>	
Out-patient Ante-natal services	Covered
In-patient Maternity services	a) Covered for Normal Delivery and pregnancy related complications and for medically necessary elective and subsequent C-section, complications and medically necessary termination within Maternity Limits b) All claims from pre-existing pregnancies will be payable under the maternity benefit
New born/Neonatal conditions, Premature babies and Birth trauma	Covered under congenital and neonatal conditions benefit.

## B. INPATIENT BENEFITS AND LIMITS

<b>IN-PATIENT BENEFITS</b>	
Hospital Accommodation/Room & Board Limit	Private Standard Room Limit up to USD 100 within Inpatient Limit
ICU/CCU/ICU/HDU Limit Per Confinement	Covered
Doctor's (Physician, Surgeon & Anaesthetist) Fees	Covered (Consultation fee limit up to USD 30 for GP and USD 50 for Specialist)
Tests, Diagnosis, Treatments and Surgeries	Covered
Prescribed Medicines and Drugs administered whilst in-patient day-care patient	Covered
Accommodation for a person accompanying an insured child up to L0 years of age, per night	Covered
Accommodation for a person accompanying an insured member in the same room in cases of medical necessity at the recommendation of the treating doctor, per night	Covered
Inpatient Physiotherapy	Covered
Day Care Surgery	Covered

Congenital infirmity and premature babies conditions	Covered up to USD 1,000 within inpatient limit per family
Psychiatric Disorders	Covered up to USD 1,000 within inpatient limit per family
Inpatient Optical Hospitalization resulting from an illness (excluding correction of refractive errors and laser treatment). This excludes outpatient optical costs and procedures e.g. frames & lenses.	Covered (up to USD 500 within inpatient limit per family)
Emergency Outpatient Optical Treatment by an Accident. This excludes outpatient optical costs and procedures e.g. frames & lenses.	
Inpatient dental Hospitalization resulting from an illness. This excludes outpatient procedures e.g. braces, crowns, bridges & other prosthesis.	Covered (up to USD 500 within inpatient limit per family)
Emergency Outpatient Dental Treatment by an Accident. This excludes outpatient procedures e.g. braces, crowns, bridges & other prosthesis	
<ul style="list-style-type: none"> <li>• Pre-existing Diseases, Chronic, Cancer &amp; HIV/AIDS (subject to Disclosure/Declared of Earlier to Contract)</li> <li>• Radiotherapy &amp; Chemotherapy [subject to pre authorization]</li> <li>• Newly Diagnosed HIV, Cancer and Chronic Conditions</li> </ul>	Covered (Up to S 3,500 within the inpatient limit and Full Outpatient Limit per family)
Post Hospitalization Treatment	Covered Up to USD 200 within Inpatient Limit for a maximum of 03 Weeks after Discharge
Discharge take Home Medication	Covered - up to 30 days after Discharge
Pre-Hospitalization Services (Diagnostic & Consultation)	Covered (Consultation fee limit up to USD 30 for GP and USD 50 for Specialist)
Funeral expenses (Sickness and Accident-Common Carrier Only)	Covered (up to USD 600 within inpatient limit per family)
Medical expenses arising from Terrorism	Covered within inpatient limit up to USD 4000
Ground transportation/ Local road ambulance to hospital services in the Territorial Limits provided for medical emergency cases	Covered within inpatient Limit up to USD 40
Commercial Air Evacuation out of Somalia and Somaliland (must be pre authorized) for treatment not available or not safe to undertake locally	Covered within inpatient limit subject to landing rights at the time of evacuation.

## EVALUATION OF PROPOSALS

Bids shall be subjected to evaluation as follows;

- I. Compliance with Mandatory Requirements evaluation and submission of ALL requested Mandatory documents
- II. Technical Evaluation-For bidders who have met the mandatory requirements

III. Financial Evaluation-Only bidders who have qualified technically

Completed Tender documents in plain sealed envelopes clearly stated **“WYS/OT/001/FY20: PROVISION OF IN-PATIENT AND OUT-PATIENT MEDICAL INSURANCE FOR WORLD VISION SOMALIA”** should be addressed to:

**The Secretary  
Tender Committee  
World Vision Somalia**

The complete tender documents should be delivered to the Tender Box in the Supply Chain and Administration Department in **any** of World Vision Somalia Offices in

- 1. Hargeisa: Behind Ambassador Hotel. Hargeisa, Somaliland**
- 2. Garowe: Alnasar Road, GAROWE, Puntland, SOMALIA.**
- 3. Baidoa Office: Located Off Main Road, Behind Doolow Local Authority Office**
- 4. Dollow; Located next to UNICEF Office and opposite to Horyaal Baidoa Hotel.**
- 5. Mogadishu-Contact Mohamed Anoy Ali. Email: [Mohamed.aali@wvi.org](mailto:Mohamed.aali@wvi.org)**

To be received on or before **2:30 Pm 26<sup>th</sup> December 2019**. Tenders will be opened immediately thereafter in the presence of bidders or representatives who wish to witness the opening. Tender prices must remain **valid for 90 days** from the date of tender closing.

Each tender must be accompanied with a **Bid Security of USD 10,000.00** in form of a **Bank Guarantee from Dahabishil Bank only**. The Bid Security must be valid for at least **120 Days** from the tender closing date.

***World Vision International Somalia reserves the right to accept or reject any bid and is not bound to give reasons for its decision***