

WORLD VISION SOMALIA

TENDER NOTICE

World Vision International (WVI) is a Relief and Development Organization working to promote the well-being of children. WVI invites tenders for the provision of Medical Insurance Services for a period of one (1) year as from 1st August 2025 – 30th September 2026 (Renewable), for its staff.

Eligible insurance firms are invited to apply for the tenders for medical insurance for the under mentioned insurance covers:

Application Process

All interested bidders are requested to submit their **Technical Proposals** and **Financial Proposals** in Separate documents as attachments (Bidders who will combine both technical and financial proposals shall be disqualified) via email somo_supplychain@wvi.org on or before **26th February 2025**. Bids received after deadline shall not be considered.

Email title should be; **WVSO-FY25-STAFF MEDICAL INSURANCE**

Your financial proposal should be as per schedule on the TOR document. Financial proposal should not be part of the technical proposal, it should be a separate document. Each tender must be accompanied with a **Bid Security** of **USD 10,000.00** in form of a **Bank Guarantee from Dahabshiil Bank**. 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

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 from Dahabshiil Bank**
2. A brief description of your company with an outline of your experience in provided similar services (**attach registration for the last three years 2022-2024**)
3. Submit audited accounts for the last three (3) years 2021, 2022 and 2023. (**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, specialists' pharmacies etc.**)
6. A list and contacts of your clients receiving similar services from your company. **Attach at least five reference letters from your clients (INGO'S) on Medical Insurance**
7. Provide evidence of at least one client with minimum annual premium value of USD 400,000 and above
8. Submit a certified copy of certificate of Incorporation/Registration. (**Attach a copy**)
9. Submit a copy of current tax compliance certificate from the respective Regional/Government Tax Agency/Department. **Attach current copy**
10. Submit a copy of Tax Certificate the respective Regional/Government regional Tax Agency/Department.
11. Must Fill the Price Schedule in the format provided.
12. Detailed scope of the medical cover you propose to provide (as per the format provided below) **Must be as per the attached format**
13. Properly arranged/paginated/serialized document. (**Document should be arranged as per this numbers1-13) in PDF**

Note: Bidders who will not adhere to mandatory requirements will automatically be disqualified.

2. TECHNICAL REQUIREMENTS

The Technical Proposal shall provide the following information (but not limited to the below):

Bidders must meet all the mandatory requirements to qualify technically

TECHNICAL EVALUATION CRITERIA

No	Criteria
1.	Submit recommendation letters from at least Five (5) INGOs and/or corporate clients served in a similar assignment in the last three (3) years (2022, 2023 and 2024).
2.	Attach evidence of at least one client with minimum annual premium value of USD 400,000(attach LPOS/award letters/Contracts.
3.	Provide Audited Accounts for three years 2021, 2022, and 2023 with Gross Premiums in the year 2023 of not less than USD. 1,000,000
4.	Provide the last six months bank statement signed by issuing bank
5.	Demonstrate capacity to provide administrative services across all regions within Somalia and Somaliland (branch network) Clearly indicate your area of operations and location of offices
6.	List of Health Providers and their geographical distribution in the region. Give a schedule of approved hospitals and Doctors and region located
7.	Proposed supervisory team engaged with this assignment - CVs, profiles and role of each member and expected communication protocols
8.	Comply with the minimum requirements for inpatient, outpatient, maternity, dental and optical cover as provided below.
9.	Propose Methodology or process of claim settlement (Describe the process of settling a claim with expected timeline)
10	Describe any additional benefits/riders (if any) give a clear description of each benefit and its application. Each additional benefit/riders must be describe in detail and clearly show if offered for free or chargeable. If charged, clearly indicate cost against it

3. BENEFITS LIMITS

STAFF MEDICAL SCHEME – INPATIENT AND OUT PATIENT

A. OUTPATIENT COVER (INSURED)

- I. Overall Scheme Cover Limit:
- USD 1500.00 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

Optical Benefits

OUT PATIENT BENEFITS

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 charges	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 (Stand Alone-Out-patient)

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

DENTAL BENEFITS (Stand Alone-Out-Patient)

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

MATERNITY BENEFITS -- Principal/spouse only (stand Alone)	
Out-patient Ante-natal services	Covered
In-patient Maternity services	<p>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</p> <p>b) All claims from pre-existing pregnancies will be payable under the maternity benefit</p>
New born/Neonatal conditions, Premature babies and Birth trauma	Covered under congenital and neonatal conditions benefit.

B. INPATIENT BENEFITS AND LIMITS

IN-PATIENT BENEFITS	
Hospital Accommodation/Room & Board Limit	Private Standard Room Limit up to USD 100 within Inpatient Limit
ICU/CCUIHDU 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"> • Pre-existing Diseases, Chronic, Cancer & HIV/AIDS (subject to Disclosure/Declared of Earlier to Contract) • Radiotherapy & Chemotherapy [subject to pre-authorization] • Newly Diagnosed HIV, Cancer and Chronic Conditions 	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.

COVID – 19 INSURANCE COVER – USD 2,500/= SUB LIMIT WITHIN INPATIENT LIMIT		
1	Hospital Accommodation/Room & Board limit	Private Standard Room Limit up to USD 50 within Inpatient limit
2	ICU/CCU/HDU Limit per confinement	Covered
3	Doctor's (Physician, Surgeon & Anesthetist) Fees	Covered (Consultation fee limit up to USD 30 for GP and USD 50 for Specialist)
4	Tests, Diagnosis, Treatments	Covered
5	Prescribed medicines and drugs administered whilst in-patient & day-care patient	Covered
6	Ground transportation local road ambulance to designated COVID-19 hospitals	Covered

EVALUATION OF PROPOSALS

Bids shall be subjected to evaluation as follows;

- I. Mandatory Requirements evaluation
- II. Technical Evaluation-For bidders who have met the mandatory requirements
- III. Financial Evaluation-Only bidders who have qualified technically

PRICE SCHEDULES

a). Out-Patient

Out-Patient Limit	Family Size					PREMIUM PAYABLE (USD)
	Office	Principal Members	Spouses	Children	Total Population	
	TOTALS					

b). In-Patient

Out-Patient Limit	Family Size					PREMIUM PAYABLE (USD)
	Office	Principal Members	Spouses	Children	Total Population	
	TOTALS					