

NATIONAL FOOD AUTHORITY

3rd Floor Philsugin Building
North Avenue., Diliman,
Quezon City

REQUEST FOR QUOTATION

(SEALED CANVASS)

19 February 2019

Dear Sir/Madam:

Please quote your lowest price on the item listed on the attached Tender form. Please submit your sealed quotation / Tender Form and Conformity to Technical Specifications for the Small Value Method of Procurement in accordance with Section 53.9 of the Implementing Rules and Regulations of RA 9184 for the **PROVISION OF 2019-2020 NFA's EXECUTIVE HEALTH CARE PROGRAM (EHCP) TO FIVE (5) EXECUTIVES FROM MARCH 1, 2019 TO FEBRUARY 29, 2020 (SEE THE ATTACHED TOR FOR THE REFERENCE).**

Hereunder is the schedule of bidding activities:

ACTIVITY	DATE, TIME & PLACE
1. Posting of RFQ/Tender Form at PhilGEPS, NFA eBPS & conspicuous places	February 20, 2019 to February 26, 2019
2. Sending of RFQ/Tender Form	February 20, 2019 to February 26, 2019
3. Submission of RFQ/Tender Form	February 26, 2019 at 9 a.m.
4. Opening of RFQ/Tender Form	February 26, 2019 at 11 a.m.

Please submit the **certified photocopies** of the following documents or attach a Cover Letter certifying that the same are certified true copy of the original duly signed by the authorized representative together with your quotation/proposal:

1. Business Permit for the year 2019 (Proof of payment)
2. Annual Income Tax Return 2017 and Tax Clearance
3. PhilGEPS Organization / Registration Number for the year 2019 (Proof of payment)

The NFA shall have the right to inspect the goods to confirm their conformity to the Technical Specifications hereto attached.

The NFA reserves the right to accept or reject any or all quotations and to impose additional terms and conditions as it may deem proper.


ANGEL G. IMPERIAL, JR.

Department Manager (GSD)

Chairman, Committee on Shopping and Small Value Procurement

TENDER FORM

TO: MR. ANGEL G. IMPERIAL, JR.
 Department Manager, GSD
 Chairman, Committee on Shopping and Small Value Procurement

NATIONAL FOOD AUTHORITY
 General Services Department
 Philsugin Bldg. North Ave., Diliman, Quezon City

After having carefully read and accepted your requirements, we quote you on the items at prices below:

DESCRIPTION	QUANTITY	ABC	OFFER	
			UNIT COST	AMOUNT
PROVISION OF 2019-2020 NFA's EXECUTIVE HEALTH CARE PROGRAM (EHCP) TO FIVE (5) EXECUTIVES FROM MARCH 1, 2019 TO FEBRUARY 29, 2020 (SEE ATTACHED TOR FOR THE REFERENCE)	FIVE (5) EXECUTIVES	P 250,880.00		

Supplier's Name:	TIN:
Address:	E-mail Address:
Telephone No.	Fax No.
Supplier's Authorized Representative:	Date:
Signature over Printed Name:	Note: <i>See attached TOR for the reference.</i>
Mode of Payment: 30 Working Days (Government Terms)	
Terms of Delivery: See attached TOR.	
Validity of Offer: 120 days from opening of sealed offer	
Warranty Period:	
Price offered is inclusive of VAT.	

NATIONAL FOOD AUTHORITY
Quezon City

**TECHNICAL SPECIFICATIONS OF
2019 TO 2020 NFA's EXECUTIVE HEALTH CARE PROGRAM (EHCP)
(March 1, 2019 to February 29, 2020)
RE-BIDDING**

I. PROJECT TITLE:

The procurement of the **2019-2020 NFA's Executive Health Care Program (EHCP)** to provide health care and health maintenance services to five (5) NFA executives (per attached list), from March 1, 2019 to February 29, 2020.

II. PROJECT DESCRIPTION:

The procurement of the **2019-2020 NFA' Executive Health Care Program (EHCP)** is one of the corporate benefits extended to qualified officials/executives, to provide them with health care and health maintenance services.

III. PROJECT SCOPE:

Provision of health care and health maintenance services to five (5) NFA Executives who are beneficiaries of the EHCP from March 1, 2019 to February 29, 2020.

IV. APPROVED BUDGET FOR THE CONTRACT (ABC):

The Approved Budget for the Contract (ABC) is **TWO HUNDRED FIFTY THOUSAND EIGHT HUNDRED EIGHTY PESOS (P250,880.00).**

V. TECHNICAL SPECIFICATIONS:

1. Health Care Program, which is full Health Maintenance Organization (HMO) contract type, hospital-based (nationwide access to all accredited hospitals/clinics including 6 Major Hospitals [The Medical City, Makati Medical Center, St. Luke's Global City, St. Luke's Quezon City, Cardinal Santos Medical Center and Asian Hospital]), full risk, for NFA qualified executives, with the following hospitalization benefits.

- a. Maximum Benefit Limit (MBL): **P100,000.00 per illness, per year, net of Philhealth deductions.**
- b. Out-patient Benefits: **No-cash-out availment** of unlimited number of consultation and follow-up consultations, diagnostic and laboratory examinations, emergency treatment and minor surgeries not requiring hospitalization, etc. Consultation with a non-accredited physician or to a non-accredited medical clinic/hospital shall be on a **reimbursement basis**.

- c. Room and Board Accommodation: **Private**
- d. Annual Physical Examination (APE) in accredited hospitals/clinics nationwide:
 - d.1. OB Gyne clearance, for female members
 - Papsmear
 - Ultrasound of the female reproductive organ
 - Breast Ultrasound
 - d.2. Chest X-ray
 - d.3. Complete blood count, including Hepatitis B testing
 - d.4. Urinalysis
 - d.5. Fecalalysis
 - d.6. Electrocardiogram (ECG) for ages 35 and above
 - d.7. Blood Chemistry (Fasting Blood Sugar, Cholesterol, Blood Uric, BUN, Triglyceride, Creatinine, and Lipid, SGOT/SGPT
 - d.8. Digital Rectal Examination for male members

2. Other terms and conditions:

- a. Provisions on **"Pre-existing Conditions"** shall be waived.
- b. The provisions on **"Coordination of Benefits"** shall be waived.
- c. The NFA executives, who are in the Masterlist submitted by the NFA to the healthcare provider, **even if not actively at work**, shall be covered **24 hours a day, 7 days a week**, for the duration of the 1-year coverage.

Executive who are **not actively-at-work** shall refer to those who are in the NFA plantilla of personnel and are in any of the following situations:

- On leave of absence, with or without pay;
 - On study leave/grant;
 - Absent with or without approved leave;
 - Serving suspension; and
 - Other analogous situations.
- d. Any NFA executive who is in the Masterlist and whose Membership Fee to the EHCP has been paid by the NFA shall be covered by the Program, **even if he/she is separated from the service anytime during the period, MARCH 1, 2019 to FEBRUARY 29, 2020.**
 - e. **No Registration/Application Form** shall be required for each eligible NFA official/executive upon enrolment.
 - f. Aside from the regular members of the EHCP, "voluntary members" shall be accepted by the Health Care Program provider, under the same amount of membership fee, terms and conditions as those covering the regular members. ("Voluntary Members" shall mean NFA officials and employees who were hired/promoted to executive positions after June 30, 1989; including those who are currently designated as Heads of Division/Provincial Manager and above positions, whether in Acting or as Officer-in-Charge capacity. They shall not have any bearing in the bidding process because as voluntary members their premiums shall be charged to their respective personal account.

VI. ADDITIONAL QUALIFICATION REQUIREMENT OF BIDDERS:

1. Any firm or entity which is engaged for the last three (3) years in the business of providing medical coverage by acting as an intermediary between the purchaser of healthcare services and the healthcare providers (hospitals and clinics), for a fee.;

VII. TECHNICAL REQUIREMENTS:

1. Technical requirements will include the following data (as of July 31, 2018):
 - a. List of Corporate Clients (Annex A of EHCP Technical Requirements);
 - b. List of Accredited Hospitals/Clinics for In-Patient and Out-Patient Care (Annex B of EHCP Technical Requirements); and
 - c. List of Accredited Hospitals/Clinics for Annual Physical Examination (APE) - (Annex C of EHCP Technical Requirements).

VIII. DELIVERY

The delivery of health services, for the EHCP, covered the period from **MARCH 1, 2019 to FEBRUARY 29, 2020.**

IX. TERMS OF PAYMENT (Sec. 10 GCC)

The NFA shall pay the Insurance Provider the total amount of EHCP premium of regular members, subject to the usual accounting and auditing rules and regulations. The currency in which payment shall be made to the Insurance Provider under this contract is in Philippine Pesos.

X. OBLIGATIONS OF THE NFA

1. The *Notice to Proceed* shall be served within three (3) working days upon signing of the contract by the Head of Procuring Entity and the Insurance Provider.
2. The Human Resource Management Department (HRMD) shall provide the Insurance Provider the Masterlist of the NFA EHCP regular members, as of December 15, 2018, which shall be the basis of the Insurance Provider's acceptance and accommodation of the members to be provided health services, as contracted.
3. HRMD shall also provide the Insurance Provider a Masterlist of Voluntary Members, if any, which will be the basis of the issuance of a separate Statement of Account/Billing. The membership fee of voluntary members are charged to their personal account; but payment of membership fee to the Insurance Provider is thru NFA-HRMD.
4. After receipt of the Billing Statement from the Insurance Provider, the HRMD thru the Accounting Services Department (ASD) shall then issue the corresponding check payable to the Insurance Provider as payment for the insurance premium of the EHCP regular members. The premium payment (for regular members shall be

deducted 2% Expanded Tax and 5% Value Added Tax. The check may be picked up by the representative of the Insurance provider or be deposited to the bank account of the Insurance Provider.

5. HRMD shall coordinate with the Insurance Provider all the requests of Members, as to their Annual Physical Examination (APE) schedule and choice of Insurance Provider's accredited hospitals or clinics.
6. Premium payment should be made within **twenty (20) working days** after NFA's receipt of the Billing Statement.

XI. OBLIGATIONS OF THE WINNING BIDDER/INSURANCE PROVIDER

1. The Insurance Provider shall issue directly to HRMD the corresponding Statement of Account/Billing for the payment of insurance premium of the regular members. **The Statement of Account/Billing shall be based on the Masterlist provided by the HRMD.**
2. The Insurance Provider shall issue or mail directly to HRMD the corresponding Official Receipts within 5 working days after the receipt of the premium payment.
3. Provide every EHCP member, thru HRMD, their individual HMO-type card, list of accredited hospitals, clinics, and physicians nationwide, and the procedural guidelines in availing the HMO services.
4. Issue the corresponding Letter of Guarantee (LOG)/ Letter of Authorization (LOA), thru HRMD, on the scheduled APE of the EHCP members.
5. Ensure the provision and availability of healthcare services by its accredited hospitals/clinics to EHCP members, even without yet the individual HMO-type card, effective one (1) day after the issuance of Notice to Proceed (NTP), but not earlier than **MARCH 1, 2019**.
6. Guarantees the issuance of HMO-type identification card to all EHCP members, thru HRMD within one (1) month from the issuance of Notice to Proceed (NTP).


ATTY. ANNA KARINA A. CORONEL
Department Manager III, HRMD