**Annex A.1 – Technical Bid Form**

**Provision of Health Insurance Services**

## **Technical Evaluation**

To be technically acceptable, the bid shall meet or exceed the stipulated requirements and specifications in the RFP. A Bid is deemed to meet the criteria if it confirms that it meets all mandatory conditions, procedures and specifications in the RFP without substantially departing from or attaching restrictions with them. If a Bid does not technically comply with the RFP, it will be rejected.

The technical criteria are stipulated in Annex F – Terms of Reference (ToR).

**Please complete the Technical Bid below.**

**Section 1 – Policy Information**

The supplier should provide as much information as possible in response to each question, ***adding additional supporting documentation if required***. If a question is not relevant to a supplier’s service, please advise that the service is not provided.

No waiting period should be applied for existing or the newly insured and their dependents, including maternity benefits. For any new employee, coverage for pre-existing cases shall also be provided with no waiting period.

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| **#** | **Technical Criteria** |
| **General Service Level Agreement (SLA) and Administration** | |
| 1.1 | **Clear Reimbursement Process (10% weighting)** |
|  | Advise the modality, process and timeline for reimbursement of claims. |
|  |  |
| 1.2 | **Communication between Parties (10% weighting)** |
|  | What channels of communication will be provided for DRC to contact the supplier? What are the hours of service? |
|  |  |
| 1.3 | **Invoicing (10% weighting)** |
|  | Describe the process for the provision of invoices. |
|  |  |
| 1.4 | **Service Ceiling (10% weighting)** |
|  | Please fill the service ceiling table (in Section 2 – Service Ceilings) |
| **Network** | |
| 2.1 | **Medical Providers and Pharmacies (10% weighting)** |
|  | Provide locations of associated medical providers and pharmacies within DRC areas of operation (Tripoli, Benghazi, Sebha) – attach separate document if required. |
|  |  |
| 2.2 | **Coverage (10% weighting)** |
|  | What services are available if the staff member is outside the area of coverage? |
|  |  |
| **Services Provided** | |
| 3.1 | **Advise if the following services are provided (please give detail):** |
|  | Online file submission? (7% weighting) |
|  |  |
|  | Health care solutions? (7% weighting) |
|  |  |
|  | Claim resolution/tracking? (6% weighting) |
|  |  |
| **Previous Experience / References** | |
| 4.1 | **Provide details of provision of coverage to organisations of a similar size to DRC.**  **Please include 2x positive client references (submit as separate documents) (20% weighting)** |

**Section 2 – Service Ceilings**

Please provide value in USD of service ceilings for each coverage. If a listed service is one that is not offered by the Provider, please respond with “N/A” in “Ceiling Amount” column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Ceiling** | | **Ceiling Amount (USD)** | | **Variations / Limits / Restrictions** | |
| 1. **Hospitalisation** | | | | | |
| 1.1 | Accommodation costs –if an insured dependent under the age of 18 is hospitalised, include cost for 1x parent | |  | |  | |
| 1.2 | Intensive care (including Covid) | |  | |  | |
| 1.3 | Surgery, anaesthesia, and surgical room costs | |  | |  | |
| 1.4 | Medication during hospitalization | |  | |  | |
| 1.5 | Day-care treatment | |  | |  | |
| 1.6 | Analyses and diagnostic examinations during hospitalization | |  | |  | |
| 1.7 | Transportation and/or medical evacuation when treatment is not available locally | |  | |  | |
| 1.8 | Psychiatry and Psychotherapy | |  | |  | |
| 1.9 | Treatment for full or partial disability | |  | |  | |
| 1. **Outpatient & Hospital Care** | | | | | |
| 2.1 | Day hospitalisation | |  | |  | |
| 2.2 | Exams, tests and assessments (including covid tests) per year | |  | |  | |
| 2.3 | Treatment for full of partial disability | |  | |  | |
| 1. **Common Medicine** | | | | | |
| 3.1 | Annual limit per beneficiary | |  | |  | |
| 3.2 | General practitioner and specialist consultations | |  | |  | |
| 3.3 | Prescribed drugs (Pharmacy) | |  | |  | |
| 3.4 | Medical analyses and examinations including annual check up | |  | |  | |
| 3.5 | Vaccinations | |  | |  | |
| 3.6 | Pharmaceutical prescription (including vitamins & supplements) upon prescription | |  | |  | |
| 3.7 | Coverage of Physiotherapy treatment | |  | |  | |
| 3.8 | Psychiatry and Psychotherapy | |  | |  | |
| 3.9 | Diagnostic tests | |  | |  | |
| 1. **Maternity** | | | | | |
| 4.1 | Maternity expenses | |  | |  | |
| 1. **Dental Care** | | | | | |
| 5.1 | Dental care including dental treatment and surgery, orthodontics, and periodontics. | |  | |  | |
| 1. **Vision Insurance** | | | | | |
| 6.1 | Eye tests | |  | |  | |
| 6.2 | Prescription eye ware (glasses, contact lenses) | |  | |  | |

Further to the above please consider the following:

No waiting period should be applied for existing or the newly insured and their dependents, including maternity benefits. For any new employee, coverage for pre-existing cases shall also be provided with no waiting period.

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| --- | --- |
| **Bid validity period**  ***At least 2 months*** |  |
| **Currency of the bid** | USD |
| **Company name** |  |
| **Name of the representative who completed the offer** |  |
| **Date of submission** |  |
| **Signature & Company stamp** |  |