**Request for Quotation: Framework Agreement Health Insurance for NRS LP-ADE-20-034**

Medair within its programs implemented in Yemen invites Service Provider to submit a quotation for Framework Agreement for Health Care Insurance for Medair National Recruited Staff in Yemen.

Medair Yemen intends to award a Framework Agreement **for the provision of Health Care Insurance for National Recruited Staff** in the framework of its humanitarian programs funded by all Medair donors, to a trustful and reliable Service Provider.

Currently Medair has around 40 National Recruited Staff in Yemen and 80 dependents.

Through requesting the quotations, Medair will select one or multiple Service Providers with whom a yearly Framework agreement/contract will be signed.

**TECHNICAL OFFER**

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| **Inpatient & Day care** |  |  | |  |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual Maximum Limit Per Person |  |  |  | |
| Annual Maximum Limit Per Case Per Person |  |  |  | |
| Hospital Accommodation & Services, Room and Board, ICU, Consultant's, Physician's, Surgeon's, Anesthetist's &Surgery's fees, Physiotherapy Charges, Diagnostic procedures, Dressings, General nursing care, Recovery room charges, All kinds of endoscopy. |  |  |  | |
| Nursing at Home, for recovery and in lieu of a hospital stay |  |  |  | |
| Ambulance service |  |  |  | |
| Parent Accommodation for accompanying an Insured Child under 14 years of age |  |  |  | |
| Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government |  |  |  | |
| Hospital |  |  |  | |
| Organ Transplantation |  |  |  | |
| Prosthesis and medical appliances |  |  |  | |
| Birth defects and Hereditary Conditions |  |  |  | |
| Prescriptions, Vitamins, mineral supplements |  |  |  | |
| Type of Accommodation at hospital |  |  |  | |
| Cost of referral, if a hospital does not have a service |  |  |  | |
|  |  |  |  | |
| **Outpatient Services** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual Maximum Limit Per Person |  |  |  | |
| Consultations, Diagnostics (x-ray, MRI, CT scan, ultrasound, etc.), Laboratory, Prescriptions, MRI Diagnostics |  |  |  | |
| Physiotherapy |  |  |  | |
| Psychiatric Disorders Treatment |  |  |  | |
| Hearing Aids |  |  |  | |
| Bandages, splints, crutches and plaster casts only if Medically necessary and prescribed by a Physician |  |  |  | |
| Skin disorders |  |  |  | |
| External Doctor's Consultation |  |  |  | |
| Prescriptions, Vitamins, mineral supplements |  |  |  | |
| Vaccination |  |  |  | |
|  |  |  |  | |
| **Pre-existing / Chronic Conditions** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual Maximum Limit Per Person |  |  |  | |
| Any pre-existing or chronic condition and its curative and maintenance treatments. |  |  |  | |
| Any chronic or pre-existing condition/illness that is diagnosed during the Policy period and requires regular Maintenance treatment. |  |  |  | |
|  |  |  |  | |
| **Maternity** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual maximum limit for Maternity benefits per spouse |  |  |  | |
| Pregnancy associated laboratory tests and ultrasound |  |  |  | |
| Normal Delivery including pre & post-natal |  |  |  | |
| Caesarean Section/Complications including pre and post-natal |  |  |  | |
| (A) ‐ Legal Abortion / Miscarriage including pre-natal |  |  |  | |
| Circumcision |  |  |  | |
| Newborn examination and care if needed to be hospitalized |  |  |  | |
| Vaccination of Mother and child as per WHO recommendation |  |  |  | |
| Vitamins and supplements prescribed by doctors to pregnant women and cases covered by policy |  |  |  | |
| Accommodation on Maternity ward |  |  |  | |
|  |  |  |  | |
| **Dental** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual Maximum Limit Per Person |  |  |  | |
| Dentist’s Consultation |  |  |  | |
| Related prescription |  |  |  | |
| Extractions |  |  |  | |
| Amalgam filling |  |  |  | |
| composite filling |  |  |  | |
| Glass lonomer |  |  |  | |
| Root canal treatment |  |  |  | |
| Gum Treatment |  |  |  | |
|  |  |  |  | |
| **Optical and Ophthalmological Diseases** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual Maximum Limit Per Person |  |  |  | |
| Diagnose Hyperopia |  |  |  | |
| Diagnose Myopia |  |  |  | |
| Diagnose Astigmatism |  |  |  | |
| Diagnose anisometropia |  |  |  | |
| Diagnose presbyopia |  |  |  | |
| Plain lenses only for the correction of the above-mentioned errors of refraction and Spectacle frames |  |  |  | |
| Cataract, Glaucoma operations and high eye pressure |  |  |  | |
| Retinal Detachment |  |  |  | |
|  |  |  |  | |
| **Work and Non-Work Accident Expenses** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Annual Maximum Limit Per Person |  |  |  | |
| Work Accidents |  |  |  | |
| Non work accidents |  |  |  | |
|  |  |  |  | |
| **Additional benefits** |  |  |  | |
| Benefits | Coverage Yes/No | Limits | condition of the coverage | |
| Osteoporosis treatment |  |  |  | |
| Treatment of renal stones by ESWL |  |  |  | |
| Mammography |  |  |  | |
| Benign neoplasm and its treatment |  |  |  | |
| vaccination for travel |  |  |  | |
| CVA and its complications. |  |  |  | |
| Dermatological diseases unless being cosmetic cases |  |  |  | |
| Allergies |  |  |  | |
| Piles, fistula and anal fissure |  |  |  | |
| Tonsillectomy, Adenoidectomy, symptomatic DNS and sinuses surgery |  |  |  | |
| Treatments of epilepsy |  |  |  | |
| Fibroid surgery, hysterectomy and endometriosis |  |  |  | |
| Varicose vein, varicocele and Hydrocele |  |  |  | |
| Surgical and nonsurgical treatment for LBP and |  |  |  | |
| therapeutic Arthroscopy for knee joint diseases |  |  |  | |
| Strokes and complications |  |  |  | |
| Hemorrhoids, hemorrhoids and anal sphincter. |  |  |  | |
| Tonsillitis, musculoskeletal, therapeutic deviation and nasal sinuses. |  |  |  | |
| Needs and treatments related to headache. |  |  |  | |
| Fibroids, hysterectomy and uterine lining. |  |  |  | |
| Varicose veins, varicose veins and pelvis |  |  |  | |
| back pain treatment and its surgery. |  |  |  | |
| Cancer treatment |  |  |  | |
| All pervious insurance cases will be covered and psychiatric treatment for all current and subsequent employees and chronic diseases. |  |  |  | |
| Heart diseases and coronary arteries |  |  |  | |
| Genetic hereditary diseases such as sickle cell anemia and thalassemia. |  |  |  | |
| Glands disorders such as thyroid disorders. |  |  |  | |
| Endocrine diseases such as diabetes. |  |  |  | |
| Bleeding disorders such as: platelet deficiency and hemophilia. |  |  |  | |
| Liver diseases and inflammation A and B. |  |  |  | |
| Non communicable and communicable disease |  |  |  | |
| Emergency Treatment Worldwide: Maximum period of days 45 days duration for any single |  |  |  | |
| journey once abroad during Business Trips and holidays |  |  |  | |
| Repatriation of Mortal Remains Abroad to the Country of Domicile |  |  |  | |
| Aids |  |  |  | |
| Treatment Outside Country of Residence (in territorial limit) for critical cases if not available in Yemen |  |  |  | |
| Prescriptions, Vitamins, mineral supplements |  |  |  | |
| Economy return Air tickets for the insured member with a companion for critical cases and under inpatient treatment and subject to inpatient limit. |  |  |  | |
| Other additional benefits (please specify) |  |  |  | |

**FINANCIAL OFFER**

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| **N˚** | **Items / Description** | **Qty** | **Unit** | **price/ unit** | **total** |
| **1** | Health Care Insurance for Medair Yemen NRS for 12 months | **40** | **pcs** |  |  |
| **2** | Health Care Insurance for NRS dependents Spouse/unmarried children for 12 months | **80** | **pcs** |  |  |
|  |  | **TOTAL COST** | | |  |

|  |  |
| --- | --- |
| **Payment terms** |  |
| **Delivery terms** |  |
| **Currency** |  |
| **Quotation valid till** |  |

**The Quantity of NRS or dependents can change according to staffing needs or family situation**

**All prices shall be including all taxes and fees!**

The quotation shall be minimum valid until the 30 May 2020.

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| Special terms & conditions (if different from above): |

In addition to the Technical and Financial offer the service provider shall submit:

The quotation shall include:

* **Supplier Registration Form** duly completed, signed and stamped
* Copy of Valid Commercial **Registration Certificate** in Yemen
* Copy of Valid **Business License** for operations in Yemen
* Copy of **TIN Certificate**
* Copy of **VAT** Certificate
* Personnel **national** ID document of the supplier/company representative
* Status and registration of the supplier

**criteria to select a supplier are:**

* Authorisation to perform the market
* Financial and economic capacities
* Technical expertise
* Professional capacities

**criteria to award are:**

* Best value for money (price/quality ratio)

All qualified Service Provider can submit a quotation. Service provider shall send their quotation and additional documents not later than **Wednesday 22 April 2020** by email to:

[**psm-aden@medair.org**](mailto:psm-aden@medair.org)

With the Header:

**“LP-ADE-20-034 Framework agreement for Health Insurance for National Recruited Staff**”

For any query send an email to [psm-aden@medair.org](mailto:psm-aden@medair.org).

**Rules & Conditions:**

* Any service provider has to be legally licensed and registered in Yemen!
* Any quotation after the deadline will be not considered.
* **This is not a tender and no open tender meeting will be held. Medair will contact only short-listed service providers!**
* **Medair will reserve its right to choose a service provider not depending only on the lowest price. The quality of the benefits will be considered too.**
* According to requirements Medair reserves the right to accept or reject any or all expressions of interest or cancel the process without any obligation to inform the affected interested applicants reasoning for acceptance, rejection or cancellation.
* All Medair and its Donor terms, conditions and policies must be accepted by the service provider.
* Medair will not cover any cost related to the creation of the Quotation.
* Medair expects service providers with whom it partners to follow ethical business practices and be socially accountable. Those expectations are set out in Medair’s Code of Ethics, which, along with the associated policies listed below, are available on Medair’s website at <https://www.medair.org/our-accountability/>, and are subject to periodic updates.

|  |  |
| --- | --- |
|  | **Service Provider contact** |
| **Name of company** |  |
| **Name of contact person** |  |
| **Address** |  |
| **Phone number** |  |
| **E-mail address** |  |
| **Date** |  |
| **Signature and stamp** |  |

By signing I confirm I have understood the rules and conditions of this Quotation process!