

## Request for Quotation: Framework Agreement Health Insurance for NRS LP-ADE-22-66

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 125 National Recruited Staff in Yemen and 300 dependents.

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

## TECHNICAL OFFER

### Inpatient & Day care

Benefits	Coverage Yes/No	Limits	condition of the coverage
Annual Maximum Limit Per Person		25000 USD	
Annual Maximum Limit Per Case Per Person		10000 USD	
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		2500 USD	
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		IP = 10000 USD OP = 2500 USD	
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		2700 USD	
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		100 USD	
Dentist's Consultation			
Related prescription			
Extractions			
Amalgam filling			
composite filling			
Glass Ionomer			
Root canal treatment			
Gum Treatment			

## Optical and Ophthalmological Diseases

Benefits	Coverage Yes/No	Limits	condition of the coverage
Annual Maximum Limit Per Person		100 USD	
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		12500 USD	
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 previous 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			

Cost of Covid 19 PCR test when having symptoms			
Treatment of Covid 19 including admission in ICU			
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)			

<b>Co-insurance</b>	<b>percentage</b>
Inpatient claims	
Outpatient claims	
Pre-existing / Chronic Condition	
Maternity	
Dental	
Optical	
Treatment for work related accidents	
Treatment other than Emergency at non-designated Providers within territorial limit	
Treatment Emergency at non-designated Providers within territorial limit	

<b>Territorial Limits</b>	<b>Countries</b>

**FINANCIAL OFFER**

N°	Items / Description	Qty	Unit	Price / unit	total
1	Health Care Insurance for Medair Yemen NRS for 12 months	125	pcs		
2	Health Care Insurance for NRS dependents Spouse/unmarried children for 12 months	300	pcs		
<b>TOTAL COST</b>					

**Optional:**

N°	Items / Description	Qty	Unit	Price / unit
1	Health Care Insurance for Medair Yemen NRS for 24 months	125	pcs	
2	Health Care Insurance for NRS dependents Spouse/unmarried children for 24 months	300	pcs	

<b>Payment terms</b>	
<b>Delivery terms Based on South Banks Payment Terms and Dollar exchange Rate</b>	
<b>Currency</b>	
<b>Quotation valid till</b>	

**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 **31<sup>st</sup> August 2022.**

Special terms & conditions (if different from above):

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

- Network and Health provider list
- Draft agreement
- Company profile
- Contracts or reference with NGOs or companies in Yemen
- **Supplier Registration Form** duly completed, signed and stamped
- Terms & condition document 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
- Annex 3. Supplier Registration Form AR. EN
- Annex 4. Terms and conditions - Framework agreement.docx

**criteria to select a supplier are:**

- 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 **Thursday 30 June 2022 04:30 PM** by email to:

[procurement-yemen@medair.org](mailto:procurement-yemen@medair.org)





*each life matters*

With the Header:

“LP-ADE-21-066 Framework agreement for Health Insurance for National Recruited Staff” For any query send an email to: [procurement-yemen@medair.org](mailto:procurement-yemen@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/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!