

PHILIPPINE BIDDING DOCUMENTS

(As Harmonized with Development Partners)

Procurement of Healthcare Services for CY 2018-2019 (2nd Public Bidding)

Government of the Republic of the Philippines

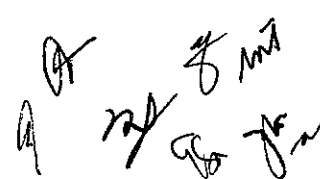
**Fifth Edition
August 2016**

**TIDCORP HEALTH CARE SERVICES
TERMS OF REFERENCE
2018 - 2019**

	Comply
<p>1. Preventive Health Care Services</p> <p>The following Preventive Health Care Services shall be provided, at no cost to TIDCORP Employees:</p>	
<p>A. Annual Physical Examination</p> <ul style="list-style-type: none"> ▪ Complete Blood Count ▪ Urinalysis ▪ Fecalalysis ▪ Chest X-Ray ▪ Electrocardiogram (for adults age 35 and above or if indicated) ▪ Pap Smear (for female TIDCORP Employees age 35 and above or if indicated) 	
<p>B. PSA-Prostatic Specific Antigen (as recommended by a member's attending physician and as a diagnostic procedure and not as a screening tool). Availment of PSA procedures shall be covered in any accredited hospital</p>	
<p>C. Eye check-up and treatment of an accredited ophthalmologist</p>	
<p>D. Records maintenance and availability of TIDCORP Employees medical history</p>	
<p>2. Out-Patient Services</p> <p>The following Out-Patient Services shall be provided in Medical Services Units or by Medical Services Teams, at no cost to the TIDCORP Employees:</p> <ul style="list-style-type: none"> A. Medical consultation at all accredited hospitals/clinics (no assignment of a particular hospital or clinic) B. Emergency room care for emergency cases only C. Treatment/Consultation for Eye, Ear, Nose & Throat (EENT or ENT) contingencies D. Treatment of minor injuries or illness not requiring confinement E. Laboratory, X-Ray, neurological and other diagnostic and therapeutic procedures, such as but not limited to chemotherapy, dialysis, and other procedures as prescribed by an affiliated doctor. 	


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<p>Chemotherapy covered up to MBL.</p> <p>Dialysis covered up to ten (10) sessions but not to exceed Maximum Benefit Limit (MBL).</p> <p>F. Sclerotherapy for varicose veins (except for cosmetic purposes), as prescribed by an accredited physician or vascular surgeon covered up to MBL.</p> <p>G. Warts except genital and sexually transmitted warts.</p> <p>H. Coverage of anti-rabies and anti-tetanus immunization.</p> <p>I. Referral to Specialists</p> <p>J. Any surgical procedure not requiring confinement</p> <p>K. Physical Therapy/ Rehabilitation up to 10 sessions per body part/per member/year and Speech Therapy up to 7 sessions per member/year. PT and Speech Therapy not to exceed MBL.</p> <p>L. Lipid Profile (Total Cholesterol, HDL, LDL & Triglycerides</p> <p>M. Blood Chemistry (FBS, Bun, Uric Acid & Creatinine)</p> <p>N. All other services and charges deemed necessary in the treatment of the TIDCORP Employees, including those prescribed by the accredited doctor/ physician.</p>	
<p>3 Hospitalization Confinement Benefits</p> <p>A. Room and Board benefits (Regular Private with a total coverage of P 180,000.00 per illness/per year including any dreaded/ and pre-existing conditions).</p> <p>B. Utilization of Operating Room Complex (ORC) and Recovery Room (RR) and facilities</p> <p>C. Intensive Care Unit (ICU) confinement shall be covered up to maximum of 15 days but not to exceed the MBL.</p> <p>D. Oxygen and its administration</p> <p>E. Anesthesia and other medications</p> <p>F. Blood transfusion(s) and administration of other intravenous fluids.</p> <p>G. Laboratory, X-ray and other diagnostic examinations</p> <p>H. Administration of medicines and/or drugs</p> <p>I. Dressings, plaster casts, sutures and other items directly related to the medical management of the TIDCORP Employees</p> <p>J. Provision for Standard Admission Kit (including ice cap and wee bag)</p> <p>K. All other hospital services and charges deemed</p>	



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<p style="text-align: center;">necessary in the treatment of the TIDCORP Employees, including those prescribed by the doctor/physician.</p>	
<p>4. Emergency Care Services</p> <p>The following emergency care services shall be provided, at no cost to the TIDCORP Employees:</p> <ul style="list-style-type: none"> A. Doctors' services B. Medicines/Drugs applied during treatment or for immediate relief C. Oxygen and intravenous fluids D. Dressing, casts and sutures E. Laboratory, X-ray and other diagnostic/neurological examinations directly related to the emergency management of the TIDCORP Employees F. Use of ambulance (based on HMO standard rates or Relative Unit Value (RUV). <p>Use of ambulance from Non-accredited to Accredited hospital/clinic covered up to P2,500.00per conduction on a reimbursement basis.</p>	
<p>5. Pre-natal and post-natal consultation in any accredited hospitals and clinic.</p>	
<p>6. Emergency Care in Foreign Territories</p> <p>Reimbursement on charges of medical care and services outside the territorial limits of the Philippines (PHL) as a result of emergency cases/confingencies, based on HMO standard rates or Relative Unit Value, up to P20,000 per member per illness.</p>	
<p>7. Reimbursement of Emergency Care in Non-Accredited Hospitals based on HMO standard rates or Relative Unit Value (RUV), up to P20,000 per member per illness or 80% whichever is lower.</p>	
<p>8. Treatment of Pre-Existing Conditions</p> <p>Automatic coverage of pre-existing conditions/illnesses upon enrollment as TIDCORP Employees, covered at P180,000.00.per illness per year.</p>	

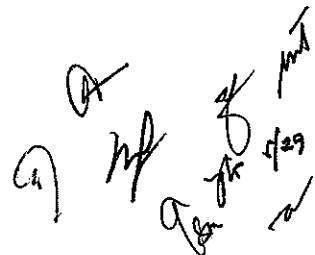


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<p>9. Treatment of Diseases/Illnesses of Congenital, Catastrophic, Major or Dreaded in Nature</p> <p>Automatic coverage of congenital, catastrophic, major or dreaded conditions/illnesses upon enrollment as TIDCORP Employee.</p> <p>Congenital diseases covered up to MBL.</p> <p>Catastrophic, Major or Dreaded in Nature covered up to Maximum Benefit Limit</p>	
<p>10. Oral Care in any Accredited Dental Clinics</p> <ul style="list-style-type: none"> A. Prophylaxis once every six (6) months B. Consultations and oral examinations C. Simple tooth extraction (No limit) D. Light cure permanent fillings (at least two surfaces) E. Gum treatment and adjustment of dentures F. Re-cementation of loose jackets, crowns, in-lays and on-lays G. Periodic consultations on dental problems including but not limited to lesions, wounds, burns and gum problems 	
<p>11. Insurance Coverage for Death Cases</p> <ul style="list-style-type: none"> A. Natural Death - covered up to P 10,000.00 B. Accidental Death - covered up to P 20,000.00 C. Dismemberment - based on HMO standard insurance schedule or rates 	
<p>12. Assignment of Regular HMO Coordinator or Liaison Officer based in HMO Head Office, to provide required information and effective company assistance to members for both administrative and medical requirements and needs.</p>	
<p>13. Direct access to Accredited Hospitals, including but not limited to the following tertiary institutions:</p> <ul style="list-style-type: none"> A. Makati Medical Center B. Asian Hospital and Medical Center C. St. Luke's Medical Center (Quezon City and BGC, Taguig) 	

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<p>D. The Medical City (Ortigas, Pasig City) E. Cardinal Santos Medical Center F. Capitol Medical Center G. Manila Doctor's Hospital H. Manila Medical Center I. UST Hospital J. All tertiary government hospitals accepting HMOs.</p>	
<p>14. Direct access to any satellite clinics of Accredited Hospitals or clinics located in commercial establishments.</p>	
<p>15. Direct access to modalities of Accredited Hospitals, including but not limited to the following:</p> <p>A. CT Scan - MBL B. Magnetic Resonance Imaging (MRI) - MBL C. Laparoscopy/Cholecystectomy procedure covered up to MBL. D. Lithotripsy - MBL E. Hysteroscopy - MBL F. Endoscopy - MBL G. Colonoscopy - MBL H. Mammography - MBL I. Sonogram - MBL J. Ultrasound - MBL K. Angiogram/Magnetic Resonance Angiogram - MBL L. Other new/latest modalities of treatment - MBL</p>	
<p>16. Continuous Coverage</p> <p>Upon effectivity of contract, the HMO provider shall assume coverage of all pre-existing conditions, dreaded diseases, and/or congenital anomalies of TIDCORP Employees, provided the congenital anomalies is covered up to MBL.</p>	
<p>17. Exclusions and Limitations</p> <p>Only the attached list of exclusions and limitations shall be allowed. (TOR-Annex A)</p>	
<p>18. Miscellaneous Provisions</p> <p>Annual mode of payment</p>	
<p>19. Point of Service Benefit:</p> <p>Only for the President and CEO of TIDCORP/PhilEXIM</p>	



EXCLUSION AND LIMITATIONS

Only the following general exclusions and limitations will be allowed.

1. Psychiatric care and/or psychological illness and conditions including neurotic and psychotic behavior disorders; anxiety disorders;
2. Functional disorder of the mind, such as Attention-Deficit Disorder (ADD) or Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders, Bipolar Disorders, Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation.
3. Aesthetic, cosmetic and reconstructive surgery or any consultation or treatment for any beautification purposes.
4. Care, treatment and procedures related to fertility or infertility, sterilization or reversal of such procedures and their complications.
5. Treatment for injury and its complications resulting from self-inflicted injuries.
6. Treatment of self-inflicted injuries attributable to the Insured's own misconduct, gross negligence, intemperate or under the influence of drugs or alcohol, vicious or immoral habits; participation in the commission of a crime, violation of law or ordinance.
7. Murder or assault, homicide or any attempt thereof; or physical injuries, occasioned by provocation of the Insured.
8. Purchase or use of durable medical equipment, oxygen dispensing unit except rental for use only when confined; expenses for corrective/prosthetic appliances, artificial aids, surgically implanted external devices and orthopedic hardware.

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