

## **TERMS OF REFERENCE**

### **QUEZON CITY PLANTILLA EMPLOYEES HEALTH INSURANCE PROGRAM**

#### **I. RATIONALE**

In consonance with the current Administration's Executive Agenda (14-point agenda) to "Provide Better Health Care" to Quezon City Citizens, the Quezon City Government will enter into an agreement with a bidder for the supply and delivery of the required services that will cater to the needs of medical care for Quezon City Hall Officials and employees under the January 1, 2025 to December 31, 2025 Health Insurance Program.

The Quezon City Government, conformably under the Quezon City Employees Health Insurance Program, agrees to continue the program effective 01 January to December 31, 2025 in the amount of Pesos: **One Hundred Twenty-Five Million Four Hundred Ninety-Five Thousand Four Hundred Twenty-Seven Pesos and Twenty Centavos only (Php 125,495,427.20).**

#### **II. PROJECT DESCRIPTION**

The Quezon City Government Plantilla Employee's Health Insurance Program, as approved and reflected in the Human Resource Management Department's Project Procurement Management Plan (PPMP) for FY 2025.

#### **III. MEMBERSHIP**

Quezon City Government (QCG) plantilla employees who are in active service as of the date of effectivity of the Healthcare and Insurance coverage include:

- a. The City Mayor, City Vice Mayor, elective officials, regular members of the City Council, temporary appointees and other plantilla personnel;
- b. Employees who enter the service after the execution of the contract but within the contract period shall be covered effective on the date of their appointment or hiring as certified by the Human Resources Management Department (HRMD) of the Quezon City Government;
- c. Employees who are separated due to retirement, resignation, transfer to another office, or dismissal for cause, shall be covered up to the end of the contract year when he/she is separated from the service;
- d. Enrollment is limited to employees who are at least eighteen (18) up to sixty-five (65) years old;
- e. New employees as endorsed for coverage by the HRMD; and
- f. The list of covered personnel occupying plantilla positions provided by the HRMD is the single reference list of covered personnel and may be updated or amended.

#### **IV. SERVICES AND BENEFITS**

*Section 1.* Each employee is entitled to a Maximum Benefit Limit (MBL) of **One Hundred Thousand Pesos (Php 100,000.00) per illness per member.** The benefits shall be on top of Philhealth benefits.

The package of benefits under the QCG Health Insurance Program shall include the following:

**A. Annual Physical Examination**

1. Complete Blood Count (CBC);
2. Urinalysis;
3. Fecalalysis;
4. Chest X-ray; and
5. Routine check-up / physical examination and history taking.

**B. Out- Patient Services**

Out-patient services shall cover professional fees and charges for consultation and management by accredited doctors, specialist and sub-specialist/s;

Referrals and the corresponding fees/charges for prescribed special diagnostic procedures and other modern modalities of treatment up to the such as, but not limited to the following:

1. All prescribed diagnostic procedures such as but not limited to X-ray, ECG, Hematology, Blood Chemistries, including Pap Smear for women and PSA for men;
2. Adrenocortical Function;
3. Diagnostic and therapeutic ultrasound;
4. 2D-Echo, Doppler, Digestive and Urinary Systems, Abdomen, and Deep Vein Thrombosis ultrasonic scanning;
5. Myelogram;
6. Neuroscan (professional fee on reimbursement basis);
7. Audiograms and Tympanograms;
8. Diagnostic Radiographs:
  - a. Face (including sinuses) Head and Neck
  - b. X-ray of the spine (cervical, thoracic, lumbo-sacral)
  - c. Chest, ribs, sternum and clavicle
  - d. Biliary tract, Cholecystogram and Cholangiograms
  - e. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series
  - f. Urinary: KUB Pyelograms and cystograms
  - g. X-ray of the extremities and pelvis
9. Rhinoscopic, Bronchoscopic and/or Endoscopic procedures;
10. 3D Imaging, CT scan and/or MRI and/or PET Scan of body organs or regions, Magnetic Resonance Angiography, Microscopic Examinations
11. Impedance Plethysmography;
12. Lung Function Studies;
13. All forms of Echocardiography and Treadmill Stress Test and other cardiac Stress tests (Thallium Scintigraphy and Dipyridamole Stress Tests, and Nuclear Cardiac Perfusion Scan/Study and Angiography, Fluorescein Angiogram/Angiography;
14. Electroencephalogram;
15. Lead Electrocardiogram;
16. Electromyography with Nerve Conduction Tests;
17. Mammography and Sonomammogram;
18. Peritoneal or Hemodialysis up to MBL;
19. Anti-nuclear Antibody, C-reactive Protein, Lupus Cell Exam;
20. Nuclear Radioactive Isotope Scans and Function studies:
  - a. Thyroid Scans
  - b. Liver
  - c. Renal
  - d. GI – Gastro Intestinal
  - e. Cardiac
  - f. Parathyroid Bone, Pulmonary (Perfusion / Ventilation Lung Scans)
21. Cancer treatment to include biopsy, radiotherapy and chemotherapy (whether oral or intravenous) brachytherapy, and others up to the MBL;
22. Eye, ear, nose and throat treatment;
23. Coverage for cataract extraction except lens;
24. Eye Laser Therapy for retinal hole, retinal detachment and Glaucoma laser

treatment up to the MBL prescribed by an Affiliated Physician/Specialist.

25. Treatment of minor injuries and illnesses;
26. Minor surgeries not requiring confinement (e.g., excision of cysts and other superficial masses);
27. Speech Therapy up to 12 sessions subject to MBL;
28. Physiotherapy (Physical Therapy and Occupational Therapy);
29. Cauterization of warts up to a maximum of P2,000 per member per contract period; and
30. Administration and cost of vaccine charged against MBL up to Php18,000.00 per member per contract period in accredited hospitals / clinics:
  - a. Anti-tetanus;
  - b. Anti-venom;
  - c. Anti-Rabies; and
  - d. Covid 19 Virus Antigen Tests, RT-PCR.
31. Psychiatric care/consultation is covered up to Fifteen Thousand Pesos and may only be availed after initial assessment of health insurance provider and HRMD. The member/patient shall then be referred to accredited specialist for consultation.

**C. Pre-Natal and Post-Natal Care**

Pre-natal care shall include 12 consultations and laboratory examinations. Laboratory examinations for purposes of pre-natal care once in the contract period shall include all of the following:

1. Complete Blood Count;
2. Blood typing;
3. Urinalysis; and
4. Plain Pelvic Ultrasound
5. Additional tests in this case, only the initial test shall be covered) may form part of pre-natal care, as may be determined by the attending OB-GYN, which shall include tests for Covid 19 antigen tests, RTP-CR VDRL, and/or Oral Glucose challenge test and/or oral glucose tolerance test.

**D. Emergency Care Services (Out-patient or In-Patient)**

Emergency care services shall be provided for a member who is in severe pain or suffers a serious illness or injury due to sudden and unexpected occurrence which requires immediate medical or surgical intervention to alleviate the pain or to prevent the loss of life or limb or any vital part of the body. Emergency care services shall not be limited to the emergency room and shall include:

1. Emergency doctor or specialist services;
2. Emergency room fees, as well as fees of other hospital facilities used in the emergency treatment.
3. Surgery or treatment of lacerations and other injuries;
4. Medicines and/or drugs for emergency treatment;
5. X-ray, laboratory examinations and all diagnostic procedures necessary for the emergency management of the patient;
6. Oxygen, intravenous fluids, blood transfusions and human blood products;
7. Dressings, sutures and plaster casts;
8. Active and passive immunization/vaccines against tetanus, snake venoms, human and animal bites, rabies (initial and subsequent doses shall be covered);
9. Skin – Prick Allergy / Allergen Tests (inclusive of food and inhalant allergens)
10. Ambulance service covered up to Php 2,500.00 per conduction subject to reimbursement (hospital transfers only);
11. Ground ambulance service from the patient's residence or his/her location, to the nearest hospital;
12. All other services, items and supplies necessary for the emergency management of the patient;
13. If at the time of the emergency, the accredited hospital has no room available corresponding to the member's room and board category room

and board may be upgraded to the next higher room (except suite room). The Supplier shall cover the difference in the room rates and other room-based charges or incremental costs for the first 24 hours. Includes the use of ambulance if the condition of the patient requires it;

14. All expenses for the emergency care services, which were used in the emergency treatment of the patient in a non-accredited hospital or clinic and by a non-accredited physician, specialist and/or sub-specialist shall be covered and will be reimbursed.
15. The transfer of a patient from a non-accredited hospital to an accredited hospital shall be covered by the Supplier.

#### **E. Hospitalization/ In-Patient Services**

Room Service coverage:

1. A regular private room and board accommodation;
2. If the appropriate room and board accommodation is not available at the time of confinement in a non-emergency case, the patient has the option to avail of a higher room and board accommodation, but he/she shall pay the difference in the room rates and other room based charges or incremental costs;
3. Operating Room and Recovery Room Services and their charges up to MBL;
4. Intensive Care Unit (ICU) / Cardiac Care Unit (CCU) up to MBL;
5. Professional services or accredited physicians/specialist, sub-specialist and/or consultants or specialists may be called in when necessary;
6. Drugs and medicines for use in the hospitals;
7. Whole blood and Human blood products, transfusions and intravenous fluids, including blood screening and cross matching;
8. X-ray and Laboratory examinations;
9. Complete coverage of all diagnostic procedures and examinations including but not limited to MRI, CT Scan, EEG, Ultrasound, Ambulatory Cardiac Holter Monitoring, Cardiac catheterization, and other diagnostic and therapeutic procedures deemed necessary;
10. Anesthesia and its administrations;
11. Oxygen and its administrations;
12. Dressings, sutures, plaster casts and other miscellaneous supplies necessary for treatment;
13. Standard Nursing services
14. Other Special Procedures (Covered up to Maximum Benefit Limit (MBL):
  - a. Arthroscopic Procedures
  - b. Coronary Angiogram
  - c. Angioplasty
  - d. Coronary Artery Bypass Graft
  - e. Open Heart Surgery
  - f. Cryosurgery
  - g. Endoscopic Procedures
  - h. Gamma Knife Surgery (based on cobalt / radiotherapy)
  - i. Hemorrhoidectomy (Conventional / Scalpel / Stapled)
  - j. Herniorrhaphy (except cost of mesh)
  - k. Hysteroscopic Myoma Resection
  - l. Hysteroscopically -- guided D & C
  - m. Laparoscopic Procedures / Laparoscopic Cholecystectomy
  - n. Lithotripsy

#### **F. Pre-existing and Critical Illnesses**

All pre-existing conditions and critical illnesses of employees enrolled in the program shall be covered by the Supplier from the date of effectivity of the contract.

#### **G. Maternity Assistance**

a. Caesarian Section	-	P45,000.00
b. Normal Delivery	-	P25,000.00
c. Home Delivery	-	P10,000.00
d. Miscarriage / Ectopic Pregnancy-		P10,000.00

**H. Dental Coverage**

1. Dental consultation (dental exam, TMJ, Ortho, aesthetic)
2. Routine Oral prophylaxis (simple scaling once in the contract period);
3. Simple Tooth extraction;
4. Temporary tooth fillings;
5. Routine gum consultations;
6. Adjustment of dentures
7. Recementation of jacket crowns, inlays and onlays
8. Relief of acute dental pain (except prescribed medicines)
9. Emergency care treatment following accidental injury to the teeth.
10. Pre-natal check of teeth and gums

**I. Life Insurance**

Loss of life natural death	Php 20,000
Loss of life by accident	Php 20,000
Total and Permanent Disability	Php 20,000

**J. Exclusions**

This program is subject to the general exclusions as approved by the Insurance Commission.

*Section 2.* All expenses for out-patient services rendered in accredited hospitals or clinics done by an accredited physician, specialist or sub-specialist shall be on a "no cash-out basis" and shall be covered up to the MBL based on the Supplier's prevailing Relative Value Units (RVU) rates. Expenses in non-accredited hospitals shall be reimbursed based on the Supplier's existing RVU rates.

*Section 3.* All expenses for emergency care services, which were used in the emergency treatment of the patient in an accredited hospital or clinic and by an accredited physician, specialist and/or sub-specialist shall be covered up to the MBL.

*Section 4.* The insurance coverage shall be for one (1) year from the date specified in this Memorandum of Agreement.

*Section 5.* Should there be conflict in the provisions of the insurance policy issued by the Supplier, the specific benefits stated in this Memorandum of Agreement shall prevail.

**V. PROJECT STANDARDS AND REQUIREMENTS**

*Section 1.* The Supplier guarantees to deliver efficient and effective service consistent with the objectives of the program.

- a) Have direct billing system arrangements with local hospitals for in-patient expenses and, where applicable, out-patient expenses.
- b) Have affiliates able to, or a mechanism that allows the health and/or medical professional/institution to, directly bill the Provider so that members shall not be billed except for the applicable co-insurance which the member shall pay directly to the health and/or medical professional/institution.
- c) Have existing affiliations, and remain in good standing, with at least 10,000 doctors and specialists throughout the country.

*Section 2.* For Metro Manila, the provider shall have existing affiliations with at least 250 major hospitals and clinics, which shall include, but not limited to the following major hospitals, commonly used by city personnel. The Supplier shall submit a list of accredited providers and shall endeavor to maintain a good standing rating in all affiliated hospitals nationwide including, but

not limited to, the following tertiary hospitals and their extension clinics. The Bidder should be able to submit at least 10 certificate of good credit standing from the following hospitals:

- a. Makati Medical Center
- b. St. Luke's Medical Center (BGC)
- c. The Medical City
- d. Manila Doctors Hospital
- e. Cardinal Santos Medical Center
- f. Asian Hospital and Medical Center, and
- g. Key hospitals in Quezon City which **must** include the following:
  1. St. Luke's Medical Center (QC)
  2. De Los Santos Medical Center
  3. UERM Memorial Medical Center
  4. Pacific Global Medical Center
  5. Diliman Doctors Hospital
  6. Fairview General Hospital
  7. Ace Medical Center (QC)
  8. Capitol Medical Center
  9. World Citi Hospital
  10. FEU (Fairview) Hospital
  11. Lung Center of the Philippines
  12. Philippine Heart Center
  13. National Kidney and Transplant Institute
  14. Novaliches General Hospital; and
  15. Urology Center of the Philippines
  16. Commonwealth Medical Center

*Section 3.* The Bidder must have completed within the last three (3) years a Single Largest Completed Contract (SLCC), the value of which, adjusted if necessary, must be equal to at least Fifty percent (50%) of the Approved Budget for the Contract;

*Section 4.* The bidder shall present their Securities and Exchange Commission (SEC), or Department of Trade and Industry (DTI) registrations showing that they are registered as Health Insurance Service Providers;

*Section 5.* The Bidder shall be a Quality Health insurance provider for more than 10 years of service in the Philippines with superior services. The bidder must present a certification of at least "Very Satisfactory Performance" from at least one (1) ~~current major LGU, NGA or private company client~~ for a similar contract to this project. For this purpose, the major client refers to those contracts with a minimum value of P100,000,000.00.

*Section 6.* The Health Insurance Provider shall be required to submit to the Human Resource Management Department Quarterly Actual Utilization Reports. These reports shall be promptly and strictly submitted every fourth week of every three months (quarterly) or whenever required;

*Section 7.* The Prospective bidder must present a duly issued Certificate of Authority issued by the Insurance Commission authorizing **it to operate as a health insurance company**;

*Section 8.* The list shall be made an integral part of this Memorandum of Agreement as Annex "**A**" A copy of the list of hospitals, clinics and dental clinics together with their addresses, contact persons and contact information shall be given to the covered employee by giving them personal access to **Virtual Infographics (mobile version)**.

*Section 9.* The Supplier must maintain its good standing status with the providers during the duration of the contract. It shall update the Procuring Entity of changes in its list of accredited providers.

For Metro Manila, shall have existing offices in at least 3 of the following major hospitals commonly used by Department personnel:

- Chinese General Hospital and Medical Center

- Makati Medical Center
- St. Luke's Medical Center Quezon City
- The Medical City
- Victor R. Potenciano Medical Center

*Section 10.* The Supplier shall provide liaison officers, coordinators, and hotline services shall be made available on a 24-hour/day basis.

*Section 11.* At least one (1) liaison officer at the QCG premises shall be provided by the Supplier to attend to ailment concerns from Monday to Friday, 8:00am to 5:00pm. The liaison officer must have a mobile phone, laptop, printer, scanner and appropriate office supplies.

*Section 12.* Settlement of claims for reimbursement of covered losses shall be made within fifteen (15) working days upon submission of complete documentary requirements. The Supplier shall ensure the availability of the online submission of documentary requirements.

## **VI. THE PREMIUM**

*Section 1.* The premium shall be paid on a per individual basis at **Pesos: Seventeen Thousand Three Hundred Sixty-Two Pesos and Forty Centavos (P17,362.40)** or a total of Pesos: One Hundred Twenty-Five Million Four Hundred Ninety-Five Thousand Four Hundred Twenty-Seven Pesos and Twenty Centavos only (Php 125,495,427.20) for 7,228 plantilla positions.

The premium herein stated is inclusive of all applicable taxes.

*Section 2.* The Procuring Entity shall not be made to pay more than the contract price notwithstanding the amount of actual utilization of the entire group.

*Section 3.* Should the number of employees exceeds the indicated quantity specified in this Agreement, the Procuring Entity shall pay the corresponding premium for any additional enrollment pursuant to Section 2 of the Terms of Payment.

*Section 4.* New employees as endorsed for coverage by the HRMD of QCG shall be billed a premium on a pro-rata basis.

## **VII. PROJECT DURATION**

The Program shall be in effect for one (1) year starting **January 1, 2025 until December 31, 2025.**

## **VIII. TERMS OF PAYMENT**

*Section 1.* The Procuring Entity shall pay the Supplier fifteen percent (15%) of the total premium upon signing of this Memorandum of Agreement. The balance of eighty-five percent (85%) of the total premium shall be paid upon the full delivery of the health cards of the newly qualified / enrolled employees.

*Section 2.* Payment for new or additional employees shall be on per billing basis, whenever such billing is submitted by the Supplier.

*Section 3.* Pursuant to Presidential Decree No. 612, as amended, otherwise known as the Insurance Code of the Philippines, the insurance company shall not be bound to cover applicants without the payment of the corresponding premium.

**IX. GUARANTEE FOR COMPLIANCE AND PENALTIES FOR BREACH OF CONTRACT**

The healthcare provider shall guarantee the full and faithful delivery of the contracted services herein and shall post a performance security as required by RA 9184. Failure to deliver the services according to the standards and requirements set by the City shall constitute an offense and shall subject the Contractor to penalties and/or liquidated damages pursuant to RA 9184 and its revised Implementing Rules and Regulations.

**X. CANCELLATION OR TERMINATION OF CONTRACT**

The guidelines in RA 9184 and its revised IRR shall be followed in the "termination of any service contract in the event the City terminated the Contract due to default insolvency or for cause, it may enter into negotiated procurement pursuant to Section 53 (d) of RA 9184 and its IRR.

The pertinent provisions of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act and its implementing Rules and Regulations are deemed written and incorporated in this Terms of Reference. In case of any conflict between the provisions herein and those of RA 9184 and its IRR, the latter shall prevail.

Approved by:

  
**ATTY. NOEL R. DEL PRADO**  
Head, HRMD