

**TERMS OF REFERENCE**  
**QUEZON CITY NON-PLANTILLA EMPLOYEES HEALTH INSURANCE PROGRAM**

**I. RATIONALE**

As enshrined under Article II, Section 15 of the 1987 Constitution, “[t]he State shall protect and promote the right to health of the people and instill health consciousness among them.” Likewise, the Civil Service Commission Memorandum Circular No.38, s. 1992 mandates the adoption and integration of the Physical and Mental Fitness Programs for Personnel in the entire bureaucracy.

In addition, every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare.(Sec 16. LGC)

These legal provisions warrant the adoption of inclusive and effective employee health care programs in the Quezon City Government (QCG), consistent with the QCG 14-point agenda, and owing to the workers’ significant role in the City’s sustainable growth and development.

All employees, and workers of the QCG face the same health risks when they come to work, such as the COVID-19 disease which targets all persons regardless of their status in life. It becomes more imperative; therefore, that the QCG endeavors to protect the health of all its workers notwithstanding the positions they hold, if only to ensure their continued and effective delivery of public services despite any threat to their own health.

Thus, the Human Resources Management Department (HRMD) proposes the creation of the Quezon City Non-Plantilla Workers Health Insurance Program (herein after referred to as “the Program”), which shall cover all full-time Contract of Service, Job order and Consultant employees of the executive and legislative branch under non-plantilla positions.

**II. PROJECT DESCRIPTION**

The Health Insurance Program shall provide full-time non-plantilla workers of the QCG with the following health insurance benefits: (a) emergency care services; (b) hospitalization/in-patient and outpatient services; (c) insurance for pre-existing and critical illness; and (d) life insurance.

**III. COVERAGE**

To be eligible for membership under the Health Insurance Program for Non Plantilla Workers, they must comply with the following requisites:

- 1) Non-plantilla workers must have rendered at least six (6) months of continuous and uninterrupted service.

- 2) Must have renewed his/her existing contract for the duration of another six months;
- 3) Full-time teaching non-plantilla workers
- 4) General age requirement is 18 – 65 years old, however, the health insurance provider may modify the coverage for workers more than 65 years old; provided, the premium rate shall remain the same as the general population. Thus, senior citizen workers of the executive and legislative departments numbering around 270 individuals **and not exceed 85 years old** shall be covered.
- 5) **Contractual/Job Order/Consultant**–workers who may not qualify due to the lack of months of residency shall automatically qualify for the preceding semester of his/her contract, until he/she has fulfilled the six (6) months residency period. Thereafter, enrollment with the program **shall be on January 2025 and July 2025**.
- 6) Total eligible members as of **October 2024: 10,958**. Estimated members by the end of the contract period **December 2025: 11,985**. The Quezon City Government shall allocate Nine Thousand Two Hundred Sixty-Six Pesos and Forty Centavos (Php 9,266.40) per worker for a corresponding aggregate benefit limit of One Hundred Thousand Pesos (Php 100,000.00) per member. The benefits shall be on top of Philhealth benefits.

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

##### **A. In-Patient Care**

1. Professional Fees of attending doctor/s
2. X-ray, laboratory tests and other diagnostic procedures
3. Anesthesia and its administration
4. Whole blood/human blood products and intravenous fluids
5. Oxygen and its administration
6. Drugs and medicines for use in the hospital
7. Dressings, conventional casts (plaster of Paris) and sutures
8. Use of operating and recovery rooms
9. Use of the Intensive Care Unit (ICU)
10. Standard Nursing Services
11. Standard Admission kit (including ice cap, wee bag, name tag)
12. All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician

##### **B. Out-Patient Care (50% ABL)**

1. Medically necessary consultations during regular clinic hours
2. Pre and Post Natal consultations excluding lab & diagnostics covered up to 14 sessions
3. Treatment for minor injuries such as lacerations, mild burns & sprains
4. Eye, ear, nose and throat (EENT) treatment
5. X-ray, lab examinations, routine, diagnostic and therapeutic procedures
6. Minor surgery not requiring confinement
7. Wart Cauterization covered up to Php 1,000.00 except for aesthetic purposes, genital warts & condyloma acuminata

8. Allergy testing/ allergy screening and other related examinations covered up to Php 1,200.00
9. Tuberculin Test covered up to Php. 600.00
10. Sclerotherapy for varicose veins covered up to Php 5,000 per leg

C. Special Procedures

1. Adrenocortical Function
2. Ambulatory Cardiac Monitoring (Holter)
3. Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam
4. Arterial Blood Gas
5. Audiograms and Tympanograms
6. Bone Densitometry Scan (Dexascan)
7. Bone Mineral Density Studies
8. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)
9. Computed Tomography Scans
10. Diagnostic Ultrasounds: 2D-Echo, Doppler, Ultrasound (except for maternity cases), Digestive and Urinary Systems, Abdomen and Deep Vein Thrombosis Ultrasonic Scanning
11. Electromyography and Nerve Conduction Studies
12. Fluorescein Angiography
13. Impedance Plethysmography
14. Lung Function Studies
15. Magnetic Resonance Imaging
16. Magnetic Resonance Angiography
17. Mammography and Sonomammogram
18. Microscopic Examinations
19. Myelogram
20. Neuroscan (professional fee on reimbursement basis)
21. Nuclear Radioactive Isotope Scan
22. Perfusion Scan
23. Plasma Urinary Cortisol, Plasma Aldosterone
24. Polysomnograms (sleep study/recording) covered up to Php 10,000
25. Radionuclide Ventriculography
26. Radio-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)
27. Thallium Scintigraphy

D. Other Special Procedures

1. Arthroscopic Procedures
2. Coronary Angiogram, Angioplasty, Coronary Artery Bypass Graft, Open Heart Surgery covered up to Php 30,000.00
3. Cryosurgery covered up to Php 1,000.00 per area
4. Endoscopic Procedures
5. Fluorescein Angiogram covered up to Php 30,000.00
6. Gamma Knife Surgery (based on cobalt/radiotherapy)

7. Hemorrhoidectomy (Conventional)
8. Hemorrhoidectomy (Scalpel)
9. Hemorrhoidectomy (Stapled) covered up to Php 10,000.00
10. Herniorrhaphy covered except congenital hernia and cost of mesh
11. Hysteroscopic Myoma Resection covered up to Php 40,000.00
12. Hysteroscopic-guided D&C
13. Laparoscopic Procedures, Laparoscopic Cholecystectomy, Lithotripsy covered 80% up to Php 40,000.00
14. New/Special modalities not specified covered up to ABL if without conventional counterparts; Covered up to Php 10,000.00 if with conventional counterparts.
15. Organ Transplant (except cost of organs & procedure for donor)
16. Percutaneous Ultrasonic Adrenalectomy, Percutaneous Ultrasonic Nephrolithomy, Stereotactic Brain Biopsy covered up to Php 40,000.00
17. Testing involving Nuclear Technologies (Thallium Stress Testing, Radionuclide, Thyroid Scan, Pyrosposphate Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning)
18. Transurethral Microwave Therapy of Prostate covered up to Php 40,000.00
19. Video Gastroscopy

E. Emergency Care

1. In Accredited Hospitals
  - a. Doctor's services
  - b. Emergency Room Fees
  - c. Medicines used for immediate relief during treatment
  - d. Whole blood/human blood products
  - e. Oxygen and IV fluids
  - f. X-ray, laboratory tests and other diagnostic procedures
2. In Non-Accredited Hospitals (Reimbursement subject to RUV rates)
  - a. Areas with accredited facilities within 50km radius covered up to 80% of eligible expenses up to Php 30,000.00
  - b. Areas without accredited hospital outside 50km radius covered up to 100% of eligible expenses up to Php 30,000.00
  - c. Outside the Philippines covered up to 100% of eligible expenses based on customary and reasonable costs
3. Room Upgrading Provision in case of unavailability of entitled room (Covered up to 24 hours except suite room)
  - a. Waiver of room rate difference
  - b. Waiver of incremental charges (except suite room)

F. Life Insurance

1. Natural Death covered up to P10,000
2. Accidental Death covered up to Php 20,000
3. Accidental Death and Dismemberment  
When Injury result in any of the following losses within one hundred eighty (180) days after the date of accident, the company shall pay for the loss based on the Schedule below:

- a. Loss of life or two limbs, loss of both hands or all finger and both thumbs is covered up to 100% of principal sum
- b. Total loss of sight of both eyes covered up to 100% of principal sum
- c. Loss of arm at or above elbow covered up to 70% of principal sum
- d. Loss of arm between elbow and wrist, or leg or above knee covered up to 60% of principal sum
- e. Loss of a hand, a foot, a leg below the knee, or sight of eye covered up to 50% of principal sum
- f. Loss of four fingers covered up to 35% of principal sum
- g. Loss of thumb covered up to 15% of principal sum
- h. Loss of index finger covered up to 10% of principal sum
- i. Loss of middle finger covered up to 6% of principal sum
- j. Loss of ring finger, or big toe covered up to 5% of principal sum
- k. Loss of little finger covered up to 4% of principal sum
- l. Loss of metacarpals – first or second (additional) covered up to 3% of principal sum
- m. Loss of metacarpals - third or fifth (additional) covered up to 2% of principal sum
- n. Loss of toes all of one foot covered up to 25% of principal sum
- o. Loss of any toe other than the big toe, each covered up to 1% of principal sum
- p. Loss of hearing of each ear covered up to 25% of principal sum

#### G. Other Special Benefits

- 1. Ambulance Service (hospital transfer) covered up to Php 2,500.00 per conduction subject to reimbursement
- 2. Ambulance Service (if hospital has own ambulance facilities) covered up to ABL
- 3. Benign Prostatic Hypertrophy
- 4. Congenital Conditions
- 5. Cataract Extraction (except cost of lens)
- 6. Hernia (acquired)
- 7. Medico legal cases without violation with exclusion conditions
  - a. Motor vehicular accidents
  - b. Motorcycle Accident
  - c. Unprovoked Assault
- 8. Scoliosis, whether congenital, pre-existing, developmental or acquired
- 9. Slipped Disc, Spondylosis and Spinal Stenosis
- 10. Sports Related injuries
- 11. Work related conditions based on conditions covered by ECC
- 12. 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.

#### H. General Exclusions

- 1. Intentionally self-inflicted injury, suicide, death, self-destruction or any attempt thereat while sane or insane.

2. Illness, injury or death 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.
3. Unnecessary exposure to needless perils including firecracker injuries, hazardous sports and activities (such as aqualung diving, boxing, climbing, flying except air travel, football, hang-gliding, hunting, hurling, ice hockey, motor competitions, motorcycling in any form, parachuting, polo, pot-holing, power boating, racing, show jumping, skydiving, use of wood-working machinery, water ski-jumps and tricks, winter sports, wrestling and yachting beyond 5 kilometers of a coastline).
4. War, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or undeclared), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine or customs regulations; or nationalization by or under the order of any government or public or local authority; or any weapon or instrument employing atomic fission or radioactive force whether in time of peace or war.
5. Services in the armed forces of any country or international authority, whether in peace or war, participating in any political, police, investigative, firefighting, military or para-military activity; or any bodily injury or sickness contracted while in the military, naval or air service.
6. Murder or assault, homicide or any attempt thereof; or physical injuries, occasioned by provocation of the insured.
7. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
8. Mental, nervous or other functional disorders of the mind; congenital anomalies and conditions arising there from.
9. Treatment of any pre-existing medical conditions.
10. Hospitalization primarily for diagnosis, x-ray examinations, therapies, routine physical examinations, check-ups, dialysis, rest cures or non-surgical care for tuberculosis. Custodial, domiciliary, convalescent or intermediate care; long term rehabilitation. Treatment for neo-natal and post-natal abnormalities developing within 6 months and their complications.
11. Any dental work (except if dental benefits are covered in this Policy as indicated in the Schedule of Benefits), treatment or surgery; oral surgery, procedure for treatment of error of refraction, fitting of eye glasses or hearing aids; cosmetic including treatment for warts, plastic or reconstructive surgery, except to the extent that any of them are necessary for the repair and alleviation of damage to the Insured caused solely by accidental bodily injury covered under this Policy.
12. Treatment involving sophisticated procedures such as thallium scintigraphy, angiography, dialysis, hyperalimentation, allergy testing, radiotherapy, chemotherapy, brachytherapy, organ transplantation or open heart surgery or treatments where comparable traditional/conventional modes of treatment exist. Respiratory therapy, speech therapy, physical therapy, occupational therapy and the like.

13. Human blood products; human anti-rabies or anti-tetanus vaccine (excluding first dose); other vaccines; out-patient benefits such as take home drugs and medicines.
14. Any treatment in connection to pregnancy or resulting childbirth or miscarriage or complications there from (except if maternity benefits are covered in this Policy as indicated in the Schedule of Benefits); sterilization of either sex or reversal of such, artificial insemination, sex transformation or care of infertility; treatment of venereal diseases and other sexually transmitted diseases and Acquired Immune Deficiency Syndrome (AIDS); treatment of cataract, benign prostatic hypertrophy, scoliosis, guillain-barre syndrome, chronic glomerulonephritis, spinal stenosis or vitiligo, epilepsy, cardiac valvula or rheumatic heart disease and chronic dermatoses
15. Any charges where expenses are provided or covered by law or government including PhilHealth or treatment where charges are provided free of charge by any local or national government or treatment for any communicable disease declared by any government agency or entity as causing a state of emergency in an area.
16. Any treatment which are not recommended and performed by a Physician as being medically necessary including any charges for non-medical services such as telephone, radio, television, extra bed, extra bed, extra food, toilet articles and the like, private duty nurse or physician.
17. Purchase or use of durable medical equipment, oxygen dispensing unit except rental for use only while confined; expenses for corrective/prosthetic appliances, artificial aids, surgically implanted external devices and orthopedic hardware.

## V. PROJECT STANDARDS AND REQUIREMENTS

- a) 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. The Medical City
  - c. Manila Doctors Hospital
  - d. Cardinal Santos Medical Center
  - e. 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

b) The supplier guarantees to deliver efficient and effective service consistent with the objectives of the contract;

- i. Have direct billing system arrangements with local hospitals for in-patient expenses and, where applicable, out-patient expenses.
- ii. 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.
- iii. Have existing affiliations, and remain in good standing, with at least 10,000 doctors and specialists throughout the country

c) The provider shall provide liaison officer, coordinators and hotline services shall be made available on a 24-hour / 7 days basis

At least one (1) liaison officer at the QCG premises shall be provided to attend availment concerns. The liaison officer must have a laptop, printer, scanner and appropriate office supplies. The QCG shall provide one office table, needed utilities and appropriate working space.

- d) All expenses for emergency 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 Aggregate Benefit Limits.
- e) Expenses in non-accredited hospitals shall be reimbursed based on Healthcare Provider’s existing RVU rates;
- f) 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 Aggregate Benefit Limits;
- g) 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;
- h) 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;



- i) 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 any 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**
- j) 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;
- k) The Prospective bidder must present a duly issued Certificate of Authority issued by the Insurance Commission authorizing **it to operate as health insurance company;**
- l) 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).**
- m) Prospective bidder must be in good standing in all affiliated hospitals nationwide. The provider must maintain its good standing status with the providers during the duration of the contract. It shall update the QCG of changes in its list of accredited providers. **St. Luke's Medical Center – Global City and Asian Hospital Medical Center – Alabang may not be included in the list of hospitals for this program.**

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

- i. Chinese General Hospital and medical Center
- ii. Makati Medical Center
- iii. St. Luke's Medical Center Quezon City
- iv. The Medical City
- v. Victor R. Potenciano Medical Center

## **VI. PROJECT DURATION**

The program shall be effective from January 2025 until December 2025, subject to the following conditions:

- 1.) Qualified workers shall be covered for the duration of the first semester, unless earlier terminated for valid or just causes.
- 2.) To qualify for the next semester of the program, the worker must be recommended for renewal and renewed.
- 3.) For workers to be continuously covered, they must be in active service during the first semester in good standing, and must maintain a satisfactory rating throughout the effectivity of the program.

- 4.) Workers that are terminated or those whose contracts have expired must surrender to the HRMD their health card as a requirement for proper exit.
- 5.) The office or department of the concerned worker shall report any movement, such as termination, resignation or end of contract of the worker to the HRMD for proper cancellation of health card.

## **VII. APPROVED BUDGET OF THE CONTRACT**

Proposed budget for the project is in the amount of **One Hundred Eleven Million Fifty-Seven Thousand Eight Hundred Four Pesos only (Php 111,057,804.00).**

## **VIII. TERMS OF PAYMENT**

Section 1. Procuring Entity shall pay the supplier fifteen percent (15%) of the total premium upon signing of the memorandum of Agreement. The balance of eighty-five percent (85%) of the total premium **shall be paid upon full delivery of the health cards of 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 guarantees 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 offence 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:

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