

## QUEZON CITY BARANGAY OFFICIALS 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. 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 QCG barangay officials 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 Office of the City Mayor (OCM) proposes the creation of the Health Insurance Program which shall cover all Quezon City Government Barangay Officials.**

### **II. PROJECT DESCRIPTION**

The Health Insurance Program shall provide Barangay officials of the QCG up to P100,000.00 maximum benefit limit **per illness** covering the following benefits: (a) dental examination (b) emergency care services; (c) out-patient services; (d) hospitalization/in-patient services; (e) insurance for pre-existing and critical illness; and (f) life insurance.

### **III. COVERAGE**

To be eligible for membership under the Program, the QCG barangay official must be in the service as of the date of effectivity of the Contract, and must be an elected or appointed worker under any of the following categories:

- a) Punong Barangay - (1) per barangay
- b) Barangay Kagawad - (7) per barangay
- c) SK Chairman (1) - per barangay
- d) Barangay Secretary - (1) per barangay
- e) Barangay Treasurer - (1) per barangay

#### IV. BENEFITS

The package of benefits shall be on top of PhilHealth benefits. The package shall include the following:

##### A. Emergency Care Services (Out-patient or In-patient):

Emergency care services shall be provided to 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 bites, rabies (initial and subsequent doses shall be covered);
9. Ambulance service covered up to Php2,500.00 per conduction subject to reimbursement (hospital transfers only);
10. Ground ambulance service from the patient's residence or his/her location, to the nearest hospital;
11. All other services, items and supplies necessary for the emergency management of the patient;
12. 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 Healthcare provider 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;
13. 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, and;
14. The transfer of a patient from a non-accredited hospital to an accredited hospital shall be covered by the Healthcare provider.

**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 such as, but not limited to the following:

1. All prescribed diagnostic procedures such as but not limited to X-ray, ECG, Hematology, Blood Chemistry including Pap Smear for women and PSA for men;
2. Diagnostic and therapeutic ultrasound;
3. Radiographic studies;
4. Rhinoscopic, Bronchoscopic and/or endoscopic exams;
5. 3D Imaging, CT scan and or MRI and/or PET Scan of body organs or regions;
6. All forms of Echocardiography and Treadmill Stress Test and other cardiac diagnostic, such as Nuclear Cardiac Perfusion study and angiography;
7. Electromyography with Nerve Conduction Tests;
8. Mammography;
9. Peritoneal or Hemodialysis up to MBL;
10. Cancer treatment to include biopsy, radiotherapy and chemotherapy (whether oral or intravenous) brachytherapy, and others up to the MBL;
11. Eye, ear, nose and throat treatment;
12. Coverage for cataract extraction except lens;
13. Glaucoma laser treatment up to the MBL;
14. Treatment of minor injuries and illnesses;
15. Minor surgeries not requiring confinement (e.g. excision of cysts and other superficial masses);
16. Speech and physical therapy up to 12 sessions per member per contract period;
17. Cauterization of warts up to a maximum of P2,000 per member per contract period; and
18. Administration and cost of vaccine charged against MBL up to Php18,000.00 per member in accredited hospitals / clinics, and per request of an accredited Cocolife doctor.
  - a. Anti-tetanus;
  - b. Anti-venom; and
  - c. Anti-Rabies
  - d. Covid 19 Virus Antigen and RT-PCR test

**C. Pre-natal and Post-natal Care:**

Pre-natal care shall include consultations and laboratory examinations. Laboratory examinations for purpose of pre-natal care are once per year coverage shall include all of the following:

1. Complete Blood Count;
2. Blood typing;
3. Urinalysis; and
4. Plain Pelvic Ultrasound

**D. Hospitalization/In- Patient Services:**

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 the Maximum Benefit Limits;
4. Intensive Care Unit (ICU) / Cardiac Care Unit (CCU) up to the Maximum Benefit Limits;
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, 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; and
13. Standard nursing services

**E. Pre-existing and Critical Illnesses:**

All pre-existing conditions and critical illnesses of the insured members, except those more than eighty years old, enrolled in the Program shall be covered by the Health Insurance Provider from the date of effectivity of contract.

For purposes of this provision, pre-existing conditions shall mean those illnesses or injuries considered to be in existence prior to the effective date of

an Insured's insurance coverage. A disease is considered to be pre-existing if any of the following cases are present:

- 1) such illness or injury was in any way evident to the Insured before the effective date of the Insured's coverage;
- 2) any professional advises or treatment was obtained prior to the effective date of the Insured's coverage;
- 3) the illness or injury can be clinically determined to have started prior to the effective date of the Insured's coverage;
- 4) medical conditions disclosed in the application form.

In addition, the following conditions are considered pre-existing if occurring during the first year of an Insured's coverage: bronchial asthma, pulmonary tuberculosis, COPD, diabetes, thyroid diseases, systemic allergies, hernias, dysfunctional uterine bleeding, chronic EENT conditions requiring surgery, benign or malignant new growths, cardiovascular diseases, stroke/paralysis/epilepsy, hemorrhoids, anal fistula, gastric or duodenal ulcers, liver cirrhosis, kidney diseases, blood dyscrasia, immunologic and collagen diseases, endometriosis, cholecystitis, hallus valgus and lithiasis.

#### **F. Life Insurance**

- |                                   |   |           |
|-----------------------------------|---|-----------|
| a) Loss of life natural death     | - | Php20,000 |
| b) Loss of life by accident       | - | Php20,000 |
| c) Total and Permanent Disability | - | Php20,000 |

#### **G. Dental Benefits**

- a) Dental consultation (dental exam, TMJ, ortho, aesthetic)
- b) Routine oral prophylaxis (simple scaling, once in the contract period)
- c) Simple tooth extraction temporary fillings
- d) Treatment of lesion, wounds and burns.
- e) Adjustment of dentures.
- f) Re-cementation of jacket crowns, in-lays and on-lays
- g) Emergency desensitization of hypersensitive teeth.
- h) Relief of acute dental pain (except prescribed medicines)
- i) Pre-natal check of teeth and gums

#### H. Reimbursement

Claims for reimbursement must be submitted within fifteen (15) working days from receipt of complete claim documents.

#### I. Fixed Premium Payment and Benefits Payable

The QCG shall not be made liable to pay more than the contract price notwithstanding the amount of actual utilization of the entire group. However, should the number of the Barangay officials exceed the indicated quantity in this Technical Specification, QCG shall pay the corresponding premium for any of the additional enrollment.

#### J. Exclusions and Limitations

This program is subject to the general exclusions as approved by the Insurance Commission. However, benefits specifically stated herein shall supersede any exclusion provision to the contrary.

### V. PROJECT STANDARDS AND REQUIREMENTS

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

*Section 2.* The Provider shall be a quality and reliable 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 contract value of P100,000,000.00

*Section 3.* Have **direct billing system arrangements** with local hospitals for in-patient expenses and, where applicable, out-patient expenses.

*Section 4.* 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.

*Section 5.* Have **existing affiliations**, and remain in good standing, with **at least 10,000 doctors and specialists throughout the country.**

*Section 6.* 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:
  - *St. Luke's Medical Center (QC)*
  - *De Los Santos Medical Center*
  - *UERM Memorial Medical Center*
  - *Pacific Global Medical Center*
  - *Diliman Doctors Hospital*
  - *Fairview General Hospital*
  - *Ace Medical Center (QC)*
  - *Capitol Medical Center*
  - *World Citi Hospital*
  - *FEU (Fairview) Hospital*
  - *Lung Center of the Philippines*
  - *Philippine Heart Center*
  - *National Kidney and Transplant Institute*
  - *Novaliches General Hospital;*
  - *Urology Center of the Philippines; and*
  - *Commonwealth Medical Center*

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 barangay officials **by giving them personal access to Virtual Infographics (mobile version).**

*Section 7.* The Provider shall be required to submit the updated lists of all the affiliated hospitals and clinics to the Human Resource Management Department including those affiliated hospitals and clinics whom they recently have a difficulty in maintaining a good standing rating.

*Section 8.* 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.

*Section 9.* 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 10.* 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 11.* 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 Global City*
- *St. Luke's Medical Center Quezon City*
- *The Medical City*
- *Victor R. Potenciano Medical Center*

*Section 12.* The Supplier shall provide liaison officers, coordinators, and hotline services shall be made available on a 24-hour/day basis.

*Section 13.* At least one (1) liaison officer at the QCG premises shall be provided by the Supplier to attend to servicing concerns from Monday to Friday, 8:00am to 5:00pm. The Provider must equip the assigned liaison officer with a mobile phone, laptop, printer, scanner and appropriate office supplies.

*Section 14.* 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 15.* 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 16.* 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. PROJECT DURATION

The Program shall be in effect for twelve months (12) starting January 1, 2025 until December 31, 2025.

## VII. APPROVED BUDGET OF THE CONTRACT:

*Section 1:* The Approved Budget for the Project is in the amount of Thirty Million Six Hundred Fifty-Five Thousand Five Hundred Pesos Only (P30,655,500.00) charged against the Office of the City Mayor's (OCM) fund.

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 barangay officials exceed 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.* Newly elected or appointed or replacement of barangay official/s as endorsed for coverage by BCRD, shall be billed a premium on a pro-rata basis.

## 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 premium shall be paid upon delivery of identification card for the newly enrolled members.

*Section 2.* Payment for new or replacement/additional barangay official/s 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 health insurance provider shall guarantee the full and faithful delivery of the contracted services herein and shall post a performance security as required by RA 9184.

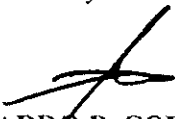
Failure to deliver the services according to the standards and requirements set by the City shall constitute an offense and shall subject the Contractor to penalties and/or liquidated damages pursuant to RA 9184 and its revised Implementing Rules and Regulations.

**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.

Submitted by:

  
**RICARDO B. CORPUZ**  
Head, Barangay Community and Relations Department