



**REQUEST FOR QUOTATION (RFQ)**  
**(COUNTRY/HQ DEPARTMENT-IntraHealth International Inc, South Sudan)**

<b>Project:</b>	<b>USAID AHEC And CDC SI Project</b>
<b>RFQ Number:</b>	<b>RFQ 0975</b>
<b>For the Procurement Of:</b>	<b>Staff Medical &amp; Group Life Insurance Cover.</b>
<b>Issuance Date:</b>	<b>20/07/2022</b>
<b>Due Date and Time for Receipt of Offers</b>	<b>08/08/2022      Time 04:00pm</b>

Dear Sir/Madam:

You are kindly requested to submit quotations for the following item(s) (list item/service) in accordance with the specifications listed below. Firms invited by IntraHealth to submit offers for the services described below are under no obligation to do so. Offerors shall not be reimbursed for any costs incurred in connection with the preparation and submissions of quotes.

**THIS IS NOT AN ORDER**

**ITEM NO 1: Medical Insurance:**

*Comprehensive Medical and Health Insurance Service to IntraHealth International South Sudan Staff and their dependants. Total number of Staff is 132 and the scheme is for 1 Member and 4 Dependants (M+4) from October 01, 2022 to September 30, 2023. The summary of services required include;*

- Inpatient cover and indicate all the specific benefits and limits
- Outpatient cover and indicate the benefits and its limits
- Maternity per family and the limits as per the quoted cover
- Dental both the inpatient and outpatient
- Optical cover both the inpatient and outpatient
- Surgical services (minor and Major)
- Laboratory and other investigations
- Radiological services.
- Treatment and Cover for COVID19 related illnesses.
- Evacuation/Repatriation of body in case of death.
- Funeral expense benefit

- Reimbursement of the costs incurred by staff both inpatient and outpatient
- Cost of premium per family
- Buffer
- Co-patient
- Emergency services (Number of flights for referrals or Ambulance services within or outside the country).
- Other benefits that may not have been listed above that the company is able to provide.

**SCOPE OF COVER FOR THE 12 MONTHS AS PER DETAILS BELOW**

<b>S/N</b>	<b>In Patient Overall Cover Benefit</b>	<b>Indicate the maximum dollar amount per Family.</b>
1	Ward Accomodation	Full Cover
2	Accidents & Illness (within the overall limit)	Full Cover
3	All Acute Illness	Full Cover
4	Inpatient dental illness (Pulpotomy, oral surgery if out of an accident)	<b>Indicate the maximum cover amount per family.</b>
5	Inpatient ophthalmology illness (Excluding refractive error surgery)	Full Cover
6	Psychiatric conditions	Full Cover
7	Pre-existing and Chronic conditions including HIV/AIDS & Oncology	Full Cover
8	Illness related maxillofacial and reconstructive surgery following an accident	Full Cover
9	Congenital, neonatal and premature conditions	Full Cover
10	Annual wellness check-up, once a year (As per scope)	Full Cover
11	Emergency Air Evacuations	<b>15 slots</b>
12	Road ambulance evacuation (Local & International)	Full Cover
13	Visits and consultation by a GP and specialists	Full Cover
14	Radiology, Ultrasound scans MRI and CT scans (when requested by a specialist)	Full Cover
15	Physiotherapy	Full Cover
16	Intensive care and high dependency units	Full Cover
17	Organ transplant excluding donor fees	Full Cover
18	Medical equipment including wheel chairs, clutches and walking frames (Pre-Authorization)	<b>Indicate the maximum cover amount per family.</b>
19	Prescribed medicines within scope of coverage	Full Cover
20	Hospitalization following an accident/ Trauma/ Illnes	Full Cover
21	Intensive Care Unit/High Dependence Unit and Theatre Charges	Full Cover
22	COVID-19 (Related illnesses)	<b>Indicate the maximum cover amount per family.</b>

23	On admission In a private ward, per night bed charge	Full Cover
24	Pre-existing, chronic conditions that are declared (during application or renewal including HIV/AIDS	<b>Indicate the maximum cover amount per family.</b>
25	Oncology and newly diagnosed Cancer sentiments	Full Cover
26	Congenital, neo-natal & premature conditions	<b>Indicate the maximum cover amount per family.</b>
27	Psychiatry and Psychotherapy	Full Cover
28	Air evacuation (Emergency Evacuations) Commercial (Rights (Local and Oversea	Full Cover
29	Road Ambulance (Local & International Evacuations)	Full Cover
30	Referrals to Egypt, Ethiopia, Kenya, Sudan, India & Mauritius	Full Cover
31	Pathology, X-Ray, Ultra Sound Scans, ECG, CT, MRI, angiography and PET scans	Full Cover
32	Inpatient dental illness	Full Cover
33	Inpatient non accidental ophthalmology illness	Full Cover
34	Impatient Prescribed Physiotherapy	Full Cover
35	Annual wellness check-up (Pap smear, prostate screening, Thyroid, Sar test charges and no chronic Medical refills	Full Cover
36	Funeral costs for deceased member paid to family (paid as a Lump sum within 48hour Qf proof of death)	<b>Indicate the maximum cover amount per family.)</b>
37	Prescribe medicines within scope of coverage	Full Cover
38	Overnight bed and meals hospital cost for a guardian admitted with a child of less than 15 years	Full Cover
	<b>SURGICAL OPERATIONS AND PROCEDURES (MINOR AND MAJOR)</b>	
39	Professional fees	Full Cover
40	Theatre fees	Full Cover
41	General Surgery	Full Cover
42	Neurosurgery	Full Cover
43	Urology	Full Cover
44	ENT	Full Cover
45	Anesthetics for surgery	Full Cover
<b>MATERNITY</b>		
<b>Maternity Limit</b>		
46	Normal Delivery and/or Caesarean Section	<b>Indicate the maximum cover amount per family.</b>
47	1" Emergency Caesarean Section (Stand Alone)	
48	Other related ailments and complications including ectopic Pregnancies and miscarriage	

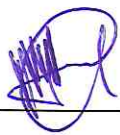
49	Ectopic pregnancies & miscarriage	
50	Hospitalization and meal	
51	Premature deliveries	
52	Nursing care	
53	Delivery in a fully equipped labor ward with standard drugs	
54	Professional fees	
55	1" postnatal and first pediatric check for baby	
56	UNEPI immunization (for the newly born)	
<b>OUT PATIENT OVERALL COVER BENEFIT</b>		
<b>Overall Cover Benefit Limit Per Family</b>		<b>Indicate the maximum cover amount per family.</b>
57	Outpatient Specialists & G.P consultation costs	Full Cover
58	Pre-existing, chronic conditions that are declared (during application or renewal), psychiatric, HIV/AIDS and cancer	Full Cover
59	Prescription drugs & dressings	Full Cover
60	Pathology, X-Ray, Ultrasound Scans, ECG, CT, MRI, angiography and PET scans	Full Cover
61	Prescribed Outpatient Physiotherapy	Full Cover
62	Antenatal and post-natal check ups	Full Cover
63	First Aid services	Full Cover
64	Psychiatry condition linked to inpatient	Full Cover
65	Vaccination	Full Cover
66	Prescribe medicines with scope coverage	Full Cover
67	Simple OPD procedures	Full Cover
68	Laboratory exams	Full Cover
69	Congenital and genetic conditions	Full Cover
70	Physiotherapy (up to 10 Sessions)	Full Cover
71	Psychiatry and Psychotherapy	Full Cover
<b>Optical Benefits : Per Family</b>		
<b>Optical Benefit Limit per family</b>		<b>Indicate the maximum cover amount per family.</b>
72	Treatment of infections	Full Cover
73	Visual acuity tests	Full Cover
74	Frames and lenses, replacement of lenses and other optical prescriptions	Full Cover
75	Optical Prescriptions & Surgical Procedure	Full Cover
<b>Dental Benefits Per family</b>		

<b>Dental Benefit Limit</b>		<b>Indicate the maximum cover amount per family.</b>
76	Dental consultation	Full Cover
77	Extraction	Full Cover
78	Fillings (Except precious metals)scaling,	Full Cover
79	Dental x-ray, dental prescription	Full Cover
80	Root canal & braces	Full Cover
<b>Out Patient Optical Benefit</b>		<b>Indicate the maximum cover amount per family.</b>
81	Cover benefit for routine optical consultations, prescription	Full Cover
82	Frames and lenses, replacement of lenses and other optical prescriptions	Full Cover
<b>other Benefits required</b>		
83	Funeral Cover per Member	<b>Indicate the maximum cover amount per family.</b>
84	Free Health Education	Full Cover
85	<i>Please indicate other benefits that may not have been listed above but your company is able to provide.</i>	
<b>ITEM NO 2 Group life insurance</b>		
<i>Group Life Insurance Service to IntraHealth International South Sudan Staff. Total number of Staff is 132 and the scheme is for only the Member from October 01, 2022 to September 30, 2023.</i>		
<i>The summary of services required include;</i>		
<ol style="list-style-type: none"> <li>1. Group Personal Accident</li> <li>2. Temporary disability</li> <li>3. Permanent disability</li> <li>4. Long term illness</li> <li>5. Death</li> <li>6. Burial expenses.</li> <li>7. Medical expenses.</li> <li>8. Evacuation/Repatriation of patient and body in case of death.</li> <li>9. Mobility/Artificial appliances/limbs</li> <li>10. Any other services that are not included in the above list.</li> </ol>		
<b>Others:</b>		
• List of Hospitals		
• Current list of Clients		
• Scope of coverage within South Sudan and Outside South Sudan		

	<b>CRITERIA FOR SELECTION:</b>	
1	Competitive prices for the medical and Group life insurance cover.	
2	Evidence of Previous good performance in delivering similar services (Recommendations).	
3	Scope of coverage within South Sudan and Outside South Sudan	
4	Prove of financial capacity by submitting 2 years Bank statements stumped by the Bank.	
5	Valid Legal Documents (Company Certificate of Incorporation, Operation Lienees, Tax Registration Certificate and Tax Clearance Certificates)	

<b>CONDITIONS REQUIREMENTS</b>	
<b>DELIVERY OF QUOTATION</b>	<ul style="list-style-type: none"> <li>• Due to the bulckness of documents involved, hard copy deliver to IntraHealth USAID AHEC Project office is recommended.</li> <li>• Vendors shall deposited their bids in the LockableTenderbox.</li> <li>• Vendors should register on delivering the bid documents.</li> </ul> <p><b>OR:</b> For those who would prefer sending by Email, please send your bids to <a href="mailto:AHECTender@intrahealth.org">AHECTender@intrahealth.org</a>.</p>
<b>VALIDITY OF QUOTATION</b>	60 days
<b>DELIVERY AND INSTALLATION N/A</b>	
<b>DELIVERY PLACE</b>	<b>IntraHealth International Inc' South Sudan USAID AHEC Project office.</b> <b>PHONE NUMBER: 0920005012</b>
<b>DETAILS ON AFTER SALE AND POST-WARRANTY SERVICE</b>	
<b>DETAILS ON WARRANTY</b>	
<b>GENERAL TERMS AND CONDITIONS</b>	<p>Unless otherwise requested, quote on each item separately. Quotations should clearly state unit price and total price. Quotations must be typewritten or in ink and submitted on company letterhead.</p> <p>IntraHealth reserves the right to a) reject any and all offers, in whole or in part, for any reason whatsoever, b) waive immaterial requirements,</p>

	<p>and c) pursue purchasing in a manner that is in the best interest of IntraHealth.</p> <p>United States law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. The supplier must ensure compliance with these laws in any resultant contract from this RFQ.</p>
<b>LIST ANY DISCOUNT THAT APPLIES</b>	
<b>PAYMENT TERMS: 100% UPON DELIVERY AND VERIFICATION OF ITEMS</b>	
<b>OTHER: LIST ANY ACCESSORIES, PARTS OR ADDITIONAL OFFERS, ETC.</b>	

<p>NAME, FUNCTIONAL TITLE: <b>Abraham Ayom-Director of Finance and Administration-USAID AHEC Project</b></p>	
<p>SIGNATURE AND DATE: 20/7/2022</p>	
<p>CONTACT ADDRESS TO SUBMIT QUOTATION:</p> <p><b>IntraHealth International Inc' South Sudan USAID AHEC Project office.</b></p> <p><b>PHONE NUMBER:</b> 0920005012.</p> <p><b>EMAIL:</b> <a href="mailto:AHECTender@intrahealth.org">AHECTender@intrahealth.org</a></p> <p><b>SUBMISSION DTE AND TIME:</b> <b>08/08/2022</b> <b>Time 4:00pm</b></p>	

IntraHealth will respond to any question received prior to the due date for the quotes, and may, at its sole discretion, respond to requests received later than the due date. The question(s) and response(s) will be sent to all vendors who have requested the RFQ documents. IntraHealth may extend the closing date to ensure offerors have adequate time to consider answers and reply accordingly. Late quotes **will not** be accepted or considered.

