

**OFFER FORM ACTED SOUTH SUDAN**

Tender N° (filled in by ACTED): **T/32MULTI/NATIONAL HEALTH INSURANCE/JUBA/LOG/06/12/2023**

Order ID (filled in by ACTED): **OF/ T/32MULTI/NATIONAL HEALTH INSURANCE/JUBA/LOG/20/09/2023/**

Date (filled in by Bidders):

**To be Filled by Bidder (COMPULSORY)**

<b>Company's Name</b> (as per registration documents)	
<b>Company Authorized Representative's Name</b> (as per registration documents or duly signed Power of Attorney)	
<b>Company Registration Number</b>	
<b>Registration body</b>	
<b>Company's mailing address</b> Shop/Office/Building No Street name City Governorate/province/district Country	
<b>Commercial representative for the bid</b> (if different from authorized representative)	
<b>Phone contact number</b> Landline Mobile No	
<b>Email address</b>	

I undersigned (to be filled in by Bidders) \_\_\_\_\_  
 agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.



**PLEASE FILL IN THE FOLLOWING TABLE:**

- If the tender is divided into lots, the Bidder must bid for all lots. Each lot may not be subject to a separate contract and the quantities indicated for the different lots cannot be divided. [The Bidder must offer all Service indicated for each lot. Bids for part of a lot only will not be considered.
- If the Bidder is awarded more than one lot, a single contract may be concluded including all lots.
- The Bidder must submit offer for the entirety of the Services indicated in the call for tender.

UNIT AND TOTAL PRICES MUST BE INCLUSIVE OF ALL COSTS (ACCOMMODATION, TRAVEL, PER DIEM, APPLICABLE TAXES, ETC.).

PLEASE ATTACH ANY TECHNICAL PROPOSAL AS PER ATTACHED TERMS OF REFERENCE.

**A) MEDICAL INSURANCE SERVICES FOR 3 MONTHS**

Provision of Outpatient and Inpatient Medical Services @100 USD/Per month permium <span style="border: 1px solid black; padding: 2px;">coverage for (3) months</span>						
DESCRIPTION	UNIT	QUANTITY	OUTPATIENT UNIT COST (USD) (a)	IN PATIENT UNIT COST (USD) (b)	INSURANCE LEVY (c)	TOTAL Monthly AMOUNT (USD) (a + b + c)
Employee + 3 dependents (Spouse/children/parents/siblings "as per staff choice") Including <b>Elderly person aged up to 65.</b>	Month	3				

INPATIENT DETAILED BENEFIT LIMITS	
INPATIENT BENEFITS	BENEFIT LIMITS
Overall inpatient benefit limit	
Hospital accommodation - Bed limit	
Service Provider panel access in South Sudan, Kenya, Uganda, Rwanda, Ethiopia, Egypt, Sudan, India	
Pre-existing, chronic conditions and HIV/AIDS related illnesses excluding congenital conditions	
Maternity cover for child normal delivery, pregnancy	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
related complications, elective CS and 2nd & onwards non-elective CS	
1st Emergency Caesarean Section Operation	
including Ectopic pregnancy	
Last Expense or funeral cover for principal members/dependents. (Payable within 48Hrs)	
Psychiatry / Psychotherapy treatment	
Accident caused dental and optical expenses	
Non-accident maxillofacial and dental surgery	
subject to written pre-authorization	
Post Hospitalization Benefit for accident and surgical admissions within thirty days after Discharge	
Professional fee for specialist doctors (Physicians, Surgeons, and anesthetists).	
Theatre charges - surgical, ICU / HDU charges.	
In-patient prescribed physiotherapy, chemotherapy, and radiotherapy.	
In-patient prescribed drugs/medicines and dressings (including prescription on discharge).	
Internal & external surgical implants, appliances, joint replacements and prostheses.	
External aids on prescription(Wheel chair, corsets/walking frames, crutches	
Inpatient diagnostic tests for therapeutic purposes (X-rays, pathology, ECGs, MRI scans)	
Gynecological surgery.	
Day case surgery for minor surgical treatment that may not necessarily require admission, subject to preauthorization.	
Major organ transplant excluding the cost of securing an organ donor.	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
Neo natal/ Congenital conditions/Neonatal Care	
Overseas Referral Treatment where treatment is not available locally subject to pre- authorization.	
Oncology/Cancer treatment covered to full cover limit at first diagnosis admission but subsequently as a sub-limit to the overall cover.	
Acute Renal Dialysis during hospitalization covered to full cover limit for first diagnosis admission but subsequent treatments subject to sub-limits as shown (Chronic maintenance dialysis excluded)	
Road Ambulance evacuation leading to hospitalization	
Basic accommodation cost for one resident mother or guardian during admission of children under 10 years of age.	
Air tickets on commercial, Economy class, WFP and UNHAS flights for urgent referrals for treatment not available in South Sudan	

**OUTPATIENT DETAILED BENEFIT LIMITS**

OUTPATIENT BENEFITS	BENEFIT LIMITS
Overall outpatient benefit limit	
Outpatient Consultation as per negotiated rates	
Prescription drugs.	
Prescribed routine laboratory tests	
Radiology (X-ray and Ultrasound) - CT Scan and MRI	
Pre-existing, chronic conditions including HIV/AIDS and related opportunistic conditions.	
Maternity cover– ANC & PNC	



OUTPATIENT DETAILED BENEFIT LIMITS	
OUTPATIENT BENEFITS	BENEFIT LIMITS
Psychiatry and psychotherapy	
Outpatient Oncology/Cancer treatment	
Congenital and genetic conditions defects	
Vaccinations- Baby Friendly Immunizations (UNEPI) -Indicate Age Limit	
Hepatitis B Vaccine Principal Member/Spouse	
Prescribed Physiotherapy	

**B) MEDICAL INSURANCE SERVICES FOR 6 MONTHS**

Provision of Outpatient and Inpatient Medical Services @100 USD/Per month permium <span style="border: 1px solid black; padding: 2px;">coverage for (6) months</span>						
DESCRIPTION	UNIT	QUANTITY	OUTPATIENT UNIT COST (USD) (a)	IN PATIENT UNIT COST (USD) (b)	INSURANCE LEVY (c)	TOTAL Monthly AMOUNT (USD) (a + b + c)
<b>Employee + 3 dependents</b> (Spouse/children/parents/siblings "as per staff choice") Including <b>Elderly person aged up to 65.</b>	Month	6				

INPATIENT DETAILED BENEFIT LIMITS	
INPATIENT BENEFITS	BENEFIT LIMITS
Overall inpatient benefit limit	
Hospital accommodation - Bed limit	
Service Provider panel access in South Sudan, Kenya, Uganda, Rwanda, Ethiopia, Egypt, Sudan, India	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
Pre-existing, chronic conditions and HIV/AIDS related	
illnesses excluding congenital conditions	
Maternity cover for child normal delivery, pregnancy	
related complications, elective CS and 2nd & onwards non-elective CS	
1st Emergency Caesarean Section Operation	
including Ectopic pregnancy	
Last Expense or funeral cover for principal members/dependents. (Payable within 48Hrs)	
Psychiatry / Psychotherapy treatment	
Accident caused dental and optical expenses	
Non-accident maxillofacial and dental surgery	
subject to written pre-authorization	
Post Hospitalization Benefit for accident and surgical admissions within thirty days after Discharge	
Professional fee for specialist doctors (Physicians, Surgeons, and anesthetists).	
Theatre charges - surgical, ICU / HDU charges.	
In-patient prescribed physiotherapy, chemotherapy, and radiotherapy.	
In-patient prescribed drugs/medicines and dressings (including prescription on discharge).	
Internal & external surgical implants, appliances, joint replacements and prostheses.	
External aids on prescription(Wheelchair, corsets/walking frames, crutches	
Inpatient diagnostic tests for therapeutic purposes (X-rays, pathology, ECGs, MRI scans)	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
Gynecological surgery.	
Day case surgery for minor surgical treatment that may not necessarily require admission, subject to preauthorization.	
Major organ transplant excluding the cost of securing an organ donor.	
Neo natal/ Congenital conditions/Neonatal Care	
Overseas Referral Treatment where treatment is not available locally subject to pre- authorization.	
Oncology/Cancer treatment covered to full cover limit at first diagnosis admission but subsequently as a sub-limit to the overall cover.	
Acute Renal Dialysis during hospitalization covered to full cover limit for first diagnosis admission but subsequent treatments subject to sub-limits as shown (Chronic maintenance dialysis excluded)	
Road Ambulance evacuation leading to hospitalization	
Basic accommodation cost for one resident mother or guardian during admission of children under 10 years of age.	
Air tickets on commercial, Economy class, WFP and UNHAS flights for urgent referrals for treatment not available in South Sudan	

**OUTPATIENT DETAILED BENEFIT LIMITS**

OUTPATIENT BENEFITS	BENEFIT LIMITS
Overall outpatient benefit limit	
Outpatient Consultation as per negotiated rates	
Prescription drugs.	



**OUTPATIENT DETAILED BENEFIT LIMITS**

OUTPATIENT BENEFITS	BENEFIT LIMITS
Prescribed routine laboratory tests	
Radiology (X-ray and Ultrasound) - CT Scan and MRI	
Pre-existing, chronic conditions including HIV/AIDS and related opportunistic conditions.	
Maternity cover– ANC & PNC	
Psychiatry and psychotherapy	
Outpatient Oncology/Cancer treatment	
Congenital and genetic conditions defects	
Vaccinations- Baby Friendly Immunizations (UNEPI) -Indicate Age Limit	
Hepatitis B Vaccine Principal Member/Spouse	
Prescribed Physiotherapy	

**C) MEDICAL INSURANCE SERVICES FOR 9 MONTHS**
**Provision of Outpatient and Inpatient Medical Services @100 USD/Per month permium coverage for (9) months**

DESCRIPTION	UNIT	QUANTITY	OUTPATIENT UNIT COST (USD) (a)	IN PATIENT UNIT COST (USD) (b)	INSURANCE LEVY (c)	TOTAL Monthly AMOUNT (USD) (a + b + c)





<b>Employee + 3 dependents</b> (Spouse/children/parents/siblings "as per staff choice") Including <b>Elderly person aged up to 65.</b>	<b>Month</b>	<b>9</b>				
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**INPATIENT DETAILED BENEFIT LIMITS**

<b>INPATIENT BENEFITS</b>	<b>BENEFIT LIMITS</b>
Overall inpatient benefit limit	
Hospital accommodation - Bed limit	
Service Provider panel access in South Sudan, Kenya, Uganda, Rwanda, Ethiopia, Egypt, Sudan, India	
Pre-existing, chronic conditions and HIV/AIDS related	
illnesses excluding congenital conditions	
Maternity cover for child normal delivery, pregnancy	
related complications, elective CS and 2nd & onwards non-elective CS	
1st Emergency Caesarean Section Operation	
including Ectopic pregnancy	
Last Expense or funeral cover for principal members/dependents. (Payable within 48Hrs)	
Psychiatry / Psychotherapy treatment	
Accident caused dental and optical expenses	
Non-accident maxillofacial and dental surgery	
subject to written pre-authorization	
Post Hospitalization Benefit for accident and surgical admissions within thirty days after Discharge	
Professional fee for specialist doctors (Physicians, Surgeons, and anesthetists).	
Theatre charges - surgical, ICU / HDU charges.	
In-patient prescribed physiotherapy, chemotherapy, and radiotherapy.	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
In-patient prescribed drugs/medicines and dressings (including prescription on discharge).	
Internal & external surgical implants, appliances, joint replacements and prostheses.	
External aids on prescription(Wheel chair, corsets/walking frames, crutches	
Inpatient diagnostic tests for therapeutic purposes (X-rays, pathology, ECGs, MRI scans)	
Gynecological surgery.	
Day case surgery for minor surgical treatment that may not necessarily require admission, subject to preauthorization.	
Major organ transplant excluding the cost of securing an organ donor.	
Neo natal/ Congenital conditions/Neonatal Care	
Overseas Referral Treatment where treatment is not available locally subject to pre- authorization.	
Oncology/Cancer treatment covered to full cover limit at first diagnosis admission but subsequently as a sub-limit to the overall cover.	
Acute Renal Dialysis during hospitalization covered to full cover limit for first diagnosis admission but subsequent treatments subject to sub-limits as shown (Chronic maintenance dialysis excluded)	
Road Ambulance evacuation leading to hospitalization	
Basic accommodation cost for one resident mother or guardian during admission of children under 10 years of age.	
Air tickets on commercial, Economy class, WFP and UNHAS flights for urgent referrals for treatment not available in South Sudan	



OUTPATIENT DETAILED BENEFIT LIMITS	
OUTPATIENT BENEFITS	BENEFIT LIMITS
Overall outpatient benefit limit	
Outpatient Consultation as per negotiated rates	
Prescription drugs.	
Prescribed routine laboratory tests	
Radiology (X-ray and Ultrasound) - CT Scan and MRI	
Pre-existing, chronic conditions including HIV/AIDS and related opportunistic conditions.	
Maternity cover– ANC & PNC	
Psychiatry and psychotherapy	
Outpatient Oncology/Cancer treatment	
Congenital and genetic conditions defects	
Vaccinations- Baby Friendly Immunizations (UNEPI) -Indicate Age Limit	
Hepatitis B Vaccine Principal Member/Spouse	
Prescribed Physiotherapy	

**D) MEDICAL INSURANCE SERVICES FOR 12 MONTHS**

**Provision of Outpatient and Inpatient Medical Services @100 USD/Per month permium coverage for (12) months**



DESCRIPTION	UNIT	QUANTITY	OUTPATIENT UNIT COST (USD) (a)	IN PATIENT UNIT COST (USD) (b)	INSURANCE LEVY (c)	TOTAL Monthly AMOUNT (USD) (a + b + c)
<b>Employee + 3 dependents</b> (Spouse/children/parents/siblings "as per staff choice") Including <b>Elderly person aged up to 65.</b>	<b>Month</b>	<b>12</b>				

INPATIENT DETAILED BENEFIT LIMITS	
INPATIENT BENEFITS	BENEFIT LIMITS
Overall inpatient benefit limit	
Hospital accommodation - Bed limit	
Service Provider panel access in South Sudan, Kenya, Uganda, Rwanda, Ethiopia, Egypt, Sudan, India	
Pre-existing, chronic conditions and HIV/AIDS related illnesses excluding congenital conditions	
Maternity cover for child normal delivery, pregnancy related complications, elective CS and 2nd & onwards non-elective CS	
1st Emergency Caesarean Section Operation including Ectopic pregnancy	
Last Expense or funeral cover for principal members/dependents. (Payable within 48Hrs)	
Psychiatry / Psychotherapy treatment	
Accident caused dental and optical expenses	
Non-accident maxillofacial and dental surgery subject to written pre-authorization	
Post Hospitalization Benefit for accident and surgical admissions within thirty days after Discharge	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
Professional fee for specialist doctors (Physicians, Surgeons, and anesthetists).	
Theatre charges - surgical, ICU / HDU charges.	
In-patient prescribed physiotherapy, chemotherapy, and radiotherapy.	
In-patient prescribed drugs/medicines and dressings (including prescription on discharge).	
Internal & external surgical implants, appliances, joint replacements and prostheses.	
External aids on prescription(Wheel chair, corsets/walking frames, crutches	
Inpatient diagnostic tests for therapeutic purposes (X-rays, pathology, ECGs, MRI scans)	
Gynecological surgery.	
Day case surgery for minor surgical treatment that may not necessarily require admission, subject to preauthorization.	
Major organ transplant excluding the cost of securing an organ donor.	
Neo natal/ Congenital conditions/Neonatal Care	
Overseas Referral Treatment where treatment is not available locally subject to pre- authorization.	
Oncology/Cancer treatment covered to full cover limit at first diagnosis admission but subsequently as a sub-limit to the overall cover.	
Acute Renal Dialysis during hospitalization covered to full cover limit for first diagnosis admission but subsequent treatments subject to sub-limits as shown (Chronic maintenance dialysis excluded)	
Road Ambulance evacuation leading to hospitalization	
Basic accommodation cost for one resident mother or guardian during admission of children under 10 years of age.	



**INPATIENT DETAILED BENEFIT LIMITS**

INPATIENT BENEFITS	BENEFIT LIMITS
Air tickets on commercial, Economy class, WFP and UNHAS flights for urgent referrals for treatment not available in South Sudan	

**OUTPATIENT DETAILED BENEFIT LIMITS**

OUTPATIENT BENEFITS	BENEFIT LIMITS
Overall outpatient benefit limit	
Outpatient Consultation as per negotiated rates	
Prescription drugs.	
Prescribed routine laboratory tests	
Radiology (X-ray and Ultrasound) - CT Scan and MRI	
Pre-existing, chronic conditions including HIV/AIDS and related opportunistic conditions.	
Maternity cover– ANC & PNC	
Psychiatry and psychotherapy	
Outpatient Oncology/Cancer treatment	
Congenital and genetic conditions defects	
Vaccinations- Baby Friendly Immunizations (UNEPI) -Indicate Age Limit	
Hepatitis B Vaccine Principal Member/Spouse	
Prescribed Physiotherapy	



**OUTPATIENT DETAILED BENEFIT LIMITS**

OUTPATIENT BENEFITS	BENEFIT LIMITS

**DELIVERY CONDITIONS:**

	DELIVERY CONDITIONS REQUESTED BY ACTED	DELIVERY CONDITIONS OFFERED BY THE BIDDER (if different)
<b>DELIVERY ADDRESS</b> Office/Building No, Street name, City Governorate/province/district, Country	<b>WITHIN ACTED SOUTH SUDAN</b>	
<b>DELIVERY DATE OF INSURANCE CARDS</b> (Either X days/months from contract signature or fixed date DD/MM/YYYY)	<b>10 DAYS MAXIMUM AFTER APPROVAL OF INSURED NUMBER OF STAFF</b>	
<b>CLAIM PROCESSING TIME</b>	<b>WITHIN 10 DAYS AFTER RECEPTION OF CLAIMS WITH CLEAR DOCUMENTS.</b>	
<b>IN CASE OF EMERGENCY TRANSPORTATION MEAN</b> Point of departure Expected travel distance (km/miles) Mode (road/air/sea) Vehicle brand, model & year	<b>AIR, VEHICLES</b>	

**BIDDER'S CONDITIONS:**

	GENERAL CONDITIONS RECOMMENDED BY ACTED	GENERAL CONDITIONS OFFERED BY THE BIDDER (if different)
<b>VALIDITY OF THE OFFER</b>	<i>Ideally 12 months</i>	
<b>TERMS OF PAYMENT</b>	<b>30 DAYS AFTER RECEPTION OF INVOICE QUARTERLY BILLED.</b>	

Name of Bidder's Authorized Representative: \_\_\_\_\_





Authorized signature and stamp: \_\_\_\_\_

Date: \_\_\_\_\_

