



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

<b>Project:</b>	USAID AHEC And ASAP II Project	
<b>RFQ Number:</b>	RFQ: 2104	
<b>For the Procurement Of:</b>	Staff Medical & Group Life Insurance Cover.	
<b>Issuance Date:</b>	16 <sup>th</sup> August, 2024	
<b>Due Date and Time for Receipt of Offers</b>	27 <sup>th</sup> August, 2024	Time 04:00pm

Dear Sir/Madam:

You are kindly requested to submit quotations for the following items/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 submission 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. The number of Staff is 62 and the scheme is for 1 Member and 4 Dependants (M+4) from October 01, 2024 to April 30, 2024.*

*Instructions: Below table provides a breakdown of the number of staff to be covered and their period of cover. The Premium you quote should be based on this information.*

Staff of Number	Period of Cover	Amount of Premium
1	3 Months	Quote the Premium
8	4 Months	Quote the Premium
1	4.5 Months	Quote the Premium
1	5 Months	Quote the Premium
9	5.5 Months	Quote the Premium
29	6 Months	Quote the Premium
13	7 Months	Quote the Premium



***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 inpatient and outpatient
- Optical cover both inpatient and outpatient
- Surgical services (minor and Major)
- Laboratory and other investigations
- Radiological services.
- 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).
- Air Ambulance Evacuation service Premium for each staff.
- Other benefits that may not have been listed above that the company is able to provide.

**THE SCOPE OF COVER FOR THE 7 MONTHS IS AS PER THE DETAILS BELOW**

S/N	In Patient Overall Cover Benefit	Indicate the maximum dollar amount per Family.
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	Air evacuation Commercial flights Local and Oversea.	<b>15 slots</b>
12	Air Ambulance Evacuation service Premium for each staff Locally and Oversea.	<b>Indicate the premium per staff</b>
13	Road ambulance evacuation (Local & International)	Full Cover
14	Visits and consultation by a GP and specialists	Full Cover
15	Radiology, Ultrasound scans MRI and CT scans (when requested by a specialist)	Full Cover
16	Physiotherapy	Full Cover
17	Intensive care and high dependency units	Full Cover
18	Organ transplant excluding donor fees	Full Cover
19	Medical equipment including wheel chairs, clutches and walking frames (Pre-Authorization)	<b>Indicate the maximum cover amount per family.</b>
20	Prescribed medicines within scope of coverage	Full Cover
21	Hospitalization following an accident/ Trauma/ Illnes	Full Cover
22	Intensive Care Unit/High Dependence Unit and Theatre Charges	Full Cover
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	Road Ambulance (Local & International Evacuations)	Full Cover
29	Referrals to Egypt, Ethiopia, Kenya, Sudan, India & Mauritius	Full Cover
30	Pathology, X-Ray, Ultra Sound Scans, ECG, CT, MRI, angiography and PET scans	Full Cover
31	Inpatient dental illness	Full Cover
32	Inpatient non accidental ophthalmology illness	Full Cover
33	Impatient Prescribed Physiothcrapy	Full Cover
34	Annual wellness check-up (Pap smear, prostate screening, Thyroid, Sar test charges and no chronic Medical refills	Full Cover
35	Funeral costs for deceased member paid to family (paid as a Lump sum within 48 hour of proof of death)	<b>Indicate the maximum cover amount per family.)</b>
36	Pescribe medicines within scope of coverage	Full Cover
37	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>		
38	Professional fees	Full Cover
39	Theatre fees	Full Cover
40	General Surgery	Full Cover
41	Neurosurgery	Full Cover
42	Urology	Full Cover
43	ENT	Full Cover
44	Anesthetics for surgery	Full Cover
<b>MATERNITY</b>		
<b>Maternity Limit</b>		<b>Indicate the maximum cover amount per family.</b>
45	Normal Delivery and/or Caesarean Section	
46	Emergency Caesarean Section (Stand Alone)	
47	Other related ailments and complications including ectopic Pregnancies and miscarriage	
48	Ectopic pregnancies & miscarriage	
49	Hospitalization and meal	
50	Premature deliveries	
51	Nursing care	
52	Delivery in a fully equipped labor ward with standard drugs	
53	Professional fees	
54	1" postnatal and first pediatric check for baby	
55	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>
56	Outpatient Specialists & G.P consultation costs	Full Cover
57	Pre-existing, chronic conditions that are declared (during application or renewal), psychiatric, HIV/AIDS and cancer	Full Cover
58	Prescription drugs & dressings	Full Cover
59	Pathology, X-Ray, Ultrasound Scans, ECG, CT, MRI, angiography and PET scans	Full Cover
60	Prescribed Outpatient Physiotherapy	Full Cover



61	Antenatal and post-natal check ups	Full Cover
62	First Aid services	Full Cover
63	Psychiatry condition linked to inpatient	Full Cover
64	Vaccination	Full Cover
65	Prescribe medicines with scope coverage	Full Cover
66	Simple OPD procedures	Full Cover
67	Laboratory exams	Full Cover
68	Congenital and genetic conditions	Full Cover
69	Physiotherapyn (up to 10 Sessions)	Full Cover
70	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>
71	Treatment of infections	Full Cover
72	Visual acuity tests	Full Cover
73	Frames and lenses, replacement of lenses and other optical prescriptions	Full Cover
74	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>
75	Dental consultation	Full Cover
76	Extraction	Full Cover
77	Fillings (Except precious metals)scaling,	Full Cover
78	Dental x-ray, dental prescription	Full Cover
79	Root canal & braces	Full Cover
<b>Out Patient Optical Benefit</b>		<b>Indicate the maximum cover amount per family.</b>
80	Cover benefit for routine optical consultations, prescription	Full Cover
81	Frames and lenses, replacement of lenses and other optical prescriptions	Full Cover
<b>other Benefits required</b>		
82	Funeral Cover per Member	<b>Indicate the maximum cover amount per family.</b>
83	Free Health Education	Full Cover
84	<i>Please indicate other benefits that may not have been listed above but your company is able to provide.</i>	



**ITEM NO 2 Group life insurance**

*Group Life Insurance Service to IntraHealth International South Sudan Staff. The number of Staff is 62 and the scheme is for only the Members from October 01, 2024 to April 30, 2025.*

*Total Staff Salary for the 7 Months is \$832,211.*

*The summary of services required include;*

1. Group Personal Accident
2. Temporary disability
3. Permanent disability
4. Long term illness
5. Death
6. Burial expenses.
7. Medical expenses.
8. Evacuation/Repatriation of patient and body in case of death.
9. Mobility/Artificial appliances/limbs
10. Any other services that are not included in the above list.

	<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	Prove of financial capacity by submitting 2 months Bank statement stumped by the Bank.	
3	Benefits provided by each insurance company.	
4	Evidence of Previous good performance in delivering similar services (Recommendations from the previous clients).	
5	Scope of coverage within South Sudan and Outside South Sudan.	



<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 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> <p><b>Note:</b> Kindly do not send by both email and hard copies.</p>
<b>VALIDITY OF QUOTATION</b>	40 days
<b>DELIVERY AND INSTALLATION</b> N/A	
<b>DELIVERY PLACE</b>	<p><b>IntraHealth International Inc' South Sudan USAID AHEC Project office.</b></p> <p><b>PHONE NUMBER:</b> 0920005012</p>
<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, 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>	



**OTHER: LIST ANY ACCESSORIES, PARTS OR ADDITIONAL OFFERS, ETC.**

NAME, FUNCTIONAL TITLE: **Abraham Ayom-Director of Finance and Administration-USAID AHEC Project**

SIGNATURE AND DATE: **16/8/2024**



CONTACT ADDRESS TO SUBMIT QUOTATION:

**IntraHealth International Inc' South Sudan USAID AHEC Project office.**

**PHONE NUMBER:** 0920005012.

**EMAIL:** [AHECTender@intrahealth.org](mailto:AHECTender@intrahealth.org)

**SUBMISSION DATE AND TIME:**

**27/08/2024**

**Time 4:00pm**

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.

