

BIDS AND AWARDS COMMITTEE FOR GOODS AND SERVICES (SC-BAC-GS)

BIDDING DOCUMENTS

Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years



Table of Contents

Glossa	ry of Acronyms, Terms, and Abbreviations	2
Section	ı I. Invitation to Bid	5
Section	II. Instructions to Bidders	7
1.	Scope of Bid	7
2.	Funding Information	7
3.	Bidding Requirements	7
4.	Corrupt, Fraudulent, Collusive, and Coercive Practices	7
5.	Eligible Bidders	7
6.	Origin of Goods	8
7.	Subcontracts	8
8.	Pre-Bid Conference	8
9.	Clarification and Amendment of Bidding Documents	9
10.	Documents comprising the Bid: Eligibility and Technical Components	9
11.	Documents comprising the Bid: Financial Component	9
12.	Bid Prices	9
13.	Bid and Payment Currencies	10
14.	Bid Security	10
15.	Sealing and Marking of Bids	10
16.	Deadline for Submission of Bids	10
17.	Opening and Preliminary Examination of Bids	11
18.	Domestic Preference	11
19.	Detailed Evaluation and Comparison of Bids	11
20.	Post-Qualification	12
21.	Signing of the Contract	12
Section	n III. Bid Data Sheet	13
Section	n IV. General Conditions of Contract	20
1.	Scope of Contract	20
2.	Advance Payment and Terms of Payment	20
3.	Performance Security	20
4.	Inspection and Tests	20
5.	Warranty	21
6.	Liability of the Supplier	21
Section	N. Special Conditions of Contract	22
Section	No. Schedule of Requirements	23
Section	NII. Technical Specifications	25
Section	NIII. Checklist of Technical and Financial Documents	62

Glossary of Acronyms, Terms, and **Abbreviations**

ABC – Approved Budget for the Contract.

BAC – Bids and Awards Committee.

Bid – A signed offer or proposal to undertake a contract submitted by a bidder in response to and in consonance with the requirements of the bidding documents. Also referred to as *Proposal* and *Tender*. (2016 revised IRR, Section 5[c])

Bidder - Refers to a contractor, manufacturer, supplier, distributor and/or consultant who submits a bid in response to the requirements of the Bidding Documents. (2016 revised IRR, Section 5[d])

Bidding Documents – The documents issued by the Procuring Entity as the bases for bids, furnishing all information necessary for a prospective bidder to prepare a bid for the Goods, Infrastructure Projects, and/or Consulting Services required by the Procuring Entity. (2016 revised IRR, Section 5[e])

BIR – Bureau of Internal Revenue.

BSP – Bangko Sentral ng Pilipinas.

Consulting Services – Refer to services for Infrastructure Projects and other types of projects or activities of the GOP requiring adequate external technical and professional expertise that are beyond the capability and/or capacity of the GOP to undertake such as, but not limited to: (i) advisory and review services; (ii) pre-investment or feasibility studies; (iii) design; (iv) construction supervision; (v) management and related services; and (vi) other technical services or special studies. (2016 revised IRR, Section 5[i])

CDA - Cooperative Development Authority.

Contract – Refers to the agreement entered into between the Procuring Entity and the Supplier or Manufacturer or Distributor or Service Provider for procurement of Goods and Services; Contractor for Procurement of Infrastructure Projects; or Consultant or Consulting Firm for Procurement of Consulting Services; as the case may be, as recorded in the Contract Form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.

CIF – Cost Insurance and Freight.

CIP – Carriage and Insurance Paid.

CPI – Consumer Price Index.

DDP – Refers to the quoted price of the Goods, which means "delivered duty paid."

DTI – Department of Trade and Industry.

EXW - Ex works.

FCA – "Free Carrier" shipping point.



FOB – "Free on Board" shipping point.

Foreign-funded Procurement or Foreign-Assisted Project- Refers to procurement whose funding source is from a foreign government, foreign or international financing institution as specified in the Treaty or International or Executive Agreement. (2016 revised IRR, Section 5[b]).

Framework Agreement – Refers to a written agreement between a procuring entity and a supplier or service provider that identifies the terms and conditions, under which specific purchases, otherwise known as "Call-Offs," are made for the duration of the agreement. It is in the nature of an option contract between the procuring entity and the bidder(s) granting the procuring entity the option to either place an order for any of the goods or services identified in the Framework Agreement List or not buy at all, within a minimum period of one (1) year to a maximum period of three (3) years. (GPPB Resolution No. 27-2019)

GFI – Government Financial Institution.

GOCC – Government-owned and/or –controlled corporation.

Goods – Refer to all items, supplies, materials and general support services, except Consulting Services and Infrastructure Projects, which may be needed in the transaction of public businesses or in the pursuit of any government undertaking, project or activity, whether in the nature of equipment, furniture, stationery, materials for construction, or personal property of any kind, including non-personal or contractual services such as the repair and maintenance of equipment and furniture, as well as trucking, hauling, janitorial, security, and related or analogous services, as well as procurement of materials and supplies provided by the Procuring Entity for such services. The term "related" or "analogous services" shall include, but is not limited to, lease or purchase of office space, media advertisements, health maintenance services, and other services essential to the operation of the Procuring Entity. (2016 revised IRR, Section 5[r])

GOP – Government of the Philippines.

GPPB – Government Procurement Policy Board.

INCOTERMS – International Commercial Terms.

Infrastructure Projects – Include the construction, improvement, rehabilitation, demolition, repair, restoration or maintenance of roads and bridges, railways, airports, seaports, communication facilities, civil works components of information technology projects, irrigation, flood control and drainage, water supply, sanitation, sewerage and solid waste management systems, shore protection, energy/power and electrification facilities, national buildings, school buildings, hospital buildings, and other related construction projects of the government. Also referred to as *civil works or works*. (2016 revised IRR, Section 5[u])

LGUs – Local Government Units.

NFCC – Net Financial Contracting Capacity.

NGA – National Government Agency.

PhilGEPS - Philippine Government Electronic Procurement System.

Procurement Project – refers to a specific or identified procurement covering goods, infrastructure project or consulting services. A Procurement Project shall be described, detailed, and scheduled in the Project Procurement Management Plan prepared by the agency



which shall be consolidated in the procuring entity's Annual Procurement Plan. (GPPB Circular No. 06-2019 dated 17 July 2019)

PSA – Philippine Statistics Authority.

SEC – Securities and Exchange Commission.

SLCC – Single Largest Completed Contract.

Supplier – refers to a citizen, or any corporate body or commercial company duly organized and registered under the laws where it is established, habitually established in business and engaged in the manufacture or sale of the merchandise or performance of the general services covered by his bid. (Item 3.8 of GPPB Resolution No. 13-2019, dated 23 May 2019). Supplier as used in these Bidding Documents may likewise refer to a distributor, manufacturer, contractor, or consultant.

UN – United Nations.

Section I. Invitation to Bid

- 1. The **Supreme Court**, through the amount allotted for Other Maintenance and Operating Expenses under the General Appropriations Act on the year the expense will be incurred, intends to apply the sum of Two Hundred Million Pesos (₱200,000,000.00) inclusive of Value-Added Tax, being the Approved Budget for the Contract (ABC) to payments under the contract for the Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years - ITB No. 2021-22. Bids received in excess of the ABC shall be automatically rejected at bid opening.
- 2. The **Supreme Court** now invites bids for the above Procurement Project. Delivery of the Goods is required and must be in accordance with Section VI. Schedule of Requirements of the Bidding Documents. Bidders should have completed, within five (5) years from the date of submission and receipt of bids, a contract similar to the Project. The description of an eligible bidder is contained in the Bidding Documents, particularly, in Section II (Instructions to Bidders).
- 3. Bidding will be conducted through open competitive bidding procedures using a non-discretionary "pass/fail" criterion as specified in the 2016 revised Implementing Rules and Regulations (IRR) of Republic Act (RA) No. 9184.
 - Bidding is restricted to Filipino citizens/sole proprietorships, partnerships, or organizations with at least sixty percent (60%) interest or outstanding capital stock belonging to citizens of the Philippines, and to citizens or organizations of a country the laws or regulations of which grant similar rights or privileges to Filipino citizens, pursuant to RA No. 5183.
- 4. Prospective Bidders may obtain further information from SC-BAC-GS Secretariat and inspect the Bidding Documents at the address given below during office hours from Mondays to Fridays at 9:00 AM to 3:00 PM.
- 5. A complete set of Bidding Documents may be acquired by interested Bidders starting August 30, 2021 from the given address and website(s) below and upon payment of the applicable fee for the Bidding Documents, pursuant to the latest Guidelines issued by the GPPB, in the amount of Thirty Three Thousand Pesos (₱33,000.00). The Procuring Entity shall allow the bidder to present its proof of payment for the fees in person, by facsimile, or through electronic means.
- 6. The Supreme Court will hold a Pre-Bid Conference on September 7, 2021, 1:00 p.m. within its premises and/or through video conferencing or webcasting via Microsoft Teams, which shall be open to prospective bidders. Prospective bidders are advised to send a letter of intent containing the names and email addresses of interested participants on or

before September 7, 2021, 10:00 a.m. Kindly coordinate with the SC-BAC-GS Secretariat prior to said date for further details and instructions.

- 7. Bids must be duly received by the SC-BAC-GS Secretariat through manual submission at the office address indicated below on or before September 21, 2021, 10:00 a.m. Late bids shall not be accepted.
- 8. All Bids must be accompanied by a bid security in any of the acceptable forms and in the amount stated in **ITB** Clause 14.
- 9. Bid opening shall be on September 21, 2021, 2:00 p.m. at the given address below and/or via Microsoft Teams. Bids will be opened in the presence of the bidders' representatives who choose to attend the activity, via video-conferencing.
- 10. The **Supreme Court** reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.
- 11. For further information, please refer to:

Bids and Awards Committee for Goods and Services (SC-BAC-GS) Secretariat Office of Assistant Court Administrator Lilian C. Barribal-Co 3rd Floor, Supreme Court Old Building, Taft Ave., Manila. E-mail address: scbacgs2010@gmail.com; bacgs.sc@judiciary.gov.ph Telephone No. (02) 8536-9233

12. For downloading of Bidding Documents, you visit: may https://sc.judiciary.gov.ph/bids-and-awards/

August 30, 2021

Sgd. LILIAN C. BARRIBAL-CO Assistant Court Administrator and Chairperson, SC-BAC-GS

Section II. Instructions to Bidders

1. **Scope of Bid**

The Procuring Entity, Supreme Court of the Philippines, wishes to receive Bids for the Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years, with identification number ITB No. 2021-22.

The Procurement Project (referred to herein as "Project") is composed of one lot, the details of which are described in Section VII (Technical Specifications).

2. **Funding Information**

- 2.1. The GOP through the source of funding as indicated below in the amount of Two Hundred Million Pesos (₱200,000,000.00) inclusive of Value-Added Tax.
- 2.2. The source of funding is the amount allotted for Other Maintenance and Operating Expenses under the General Appropriations Act on the year the expense will be incurred, pursuant to CAF No. 2021-15/OTHERS dated 10 June 2021.

3. Bidding Requirements

The Bidding for the Project shall be governed by all the provisions of RA No. 9184 and its 2016 revised IRR, including its Generic Procurement Manuals and associated policies, rules and regulations as the primary source thereof, while the herein clauses shall serve as the secondary source thereof.

Any amendments made to the IRR and other GPPB issuances shall be applicable only to the ongoing posting, advertisement, or **IB** by the BAC through the issuance of a supplemental or bid bulletin.

The Bidder, by the act of submitting its Bid, shall be deemed to have verified and accepted the general requirements of this Project, including other factors that may affect the cost, duration and execution or implementation of the contract, project, or work and examine all instructions, forms, terms, and project requirements in the Bidding Documents.

4. Corrupt, Fraudulent, Collusive, and Coercive Practices

The Procuring Entity, as well as the Bidders and Suppliers, shall observe the highest standard of ethics during the procurement and execution of the contract. They or through an agent shall not engage in corrupt, fraudulent, collusive, coercive, and obstructive practices defined under Annex "I" of the 2016 revised IRR of RA No. 9184 or other integrity violations in competing for the Project.

5. **Eligible Bidders**

Only Bids of Bidders found to be legally, technically, and financially capable 5.1. will be evaluated.

- 5.2. Foreign ownership limited to those allowed under the rules may participate in this Project.
- 5.3. Pursuant to Section 23.4.1.3 of the 2016 revised IRR of RA No.9184, the Bidder shall have an SLCC that is at least one (1) contract similar to the Project the value of which, adjusted to current prices using the PSA's CPI, must be at least equivalent to:

The Bidder must have completed a single contract that is similar to this Project, equivalent to at least fifty percent (50%) of the ABC.

5.4. The Bidders shall comply with the eligibility criteria under Section 23.4.1 of the 2016 IRR of RA No. 9184.

6. Origin of Goods

There is no restriction on the origin of goods other than those prohibited by a decision of the UN Security Council taken under Chapter VII of the Charter of the UN, subject to Domestic Preference requirements under ITB Clause 18.

7. **Subcontracts**

7.1. The Bidder may subcontract portions of the Project to the extent allowed by the Procuring Entity as stated herein, but in no case more than twenty percent (20%) of the Project.

The Procuring Entity has prescribed that subcontracting is not allowed.

- 7.2. [If Procuring Entity has determined that subcontracting is allowed during the bidding:] The Bidder must submit together with its Bid the documentary requirements of the subcontractor(s) complying with the eligibility criteria stated in ITB Clause 5 in accordance with Section 23.4 of the 2016 revised IRR of RA No. 9184 pursuant to Section 23.1 thereof.
- 7.3. [If subcontracting is allowed during the contract implementation stage:] The Supplier may identify its subcontractor during the contract implementation stage. Subcontractors identified during the bidding may be changed during the implementation of this Contract. Subcontractors must submit the documentary requirements under Section 23.1 of the 2016 revised IRR of RA No. 9184 and comply with the eligibility criteria specified in ITB Clause 5 to the implementing or end-user unit.
- 7.4. Subcontracting of any portion of the Project does not relieve the Supplier of any liability or obligation under the Contract. The Supplier will be responsible for the acts, defaults, and negligence of any subcontractor, its agents, servants, or workmen as fully as if these were the Supplier's own acts, defaults, or negligence, or those of its agents, servants, or workmen.

8. **Pre-Bid Conference**

The Procuring Entity will hold a pre-bid conference for this Project on the specified time and either its physical address at videoconferencing/webcasting} as indicated in paragraph 6 of the IB.

Clarification and Amendment of Bidding Documents

Prospective bidders may request for clarification on and/or interpretation of any part of the Bidding Documents. Such requests must be in writing and received by the Procuring Entity, either at its given address or through electronic mail indicated in the IB, at least ten (10) calendar days before the deadline set for the submission and receipt of Bids.

10. Documents comprising the Bid: Eligibility and Technical Components

- The first envelope shall contain the eligibility and technical documents of the Bid as specified in Section VIII (Checklist of Technical and Financial Documents).
- 10.2. The Bidder's SLCC as indicated in **ITB** Clause 5.3 should have been completed within five (5) years prior to the deadline for the submission and receipt of bids.
- If the eligibility requirements or statements, the bids, and all other documents for submission to the BAC are in foreign language other than English, it must be accompanied by a translation in English, which shall be authenticated by the appropriate Philippine foreign service establishment, post, or the equivalent office having jurisdiction over the foreign bidder's affairs in the Philippines. Similar to the required authentication above, for Contracting Parties to the Apostille Convention, only the translated documents shall be authenticated through an apostille pursuant to GPPB Resolution No. 13-2019 dated 23 May 2019. The English translation shall govern, for purposes of interpretation of the bid.

11. Documents comprising the Bid: Financial Component

- The second bid envelope shall contain the financial documents for the Bid as specified in Section VIII (Checklist of Technical and Financial Documents).
- If the Bidder claims preference as a Domestic Bidder or Domestic Entity, a 11.2. certification issued by DTI shall be provided by the Bidder in accordance with Section 43.1.3 of the 2016 revised IRR of RA No. 9184.
- 11.3. Any bid exceeding the ABC indicated in paragraph 1 of the IB shall not be accepted.
- For Foreign-funded Procurement, a ceiling may be applied to bid prices provided the conditions are met under Section 31.2 of the 2016 revised IRR of RA No. 9184.

12. Bid Prices

- Prices indicated on the Price Schedule shall be entered separately in the following manner:
 - For Goods offered from within the Procuring Entity's country:
 - The price of the Goods quoted EXW (ex-works, ex-factory, exwarehouse, ex-showroom, or off-the-shelf, as applicable);
 - The cost of all customs duties and sales and other taxes already ii. paid or payable;

- iii. The cost of transportation, insurance, and other costs incidental to delivery of the Goods to their final destination; and
- iv. The price of other (incidental) services, if any, listed in e.
- b. For Goods offered from abroad:
 - Unless otherwise stated in the **BDS**, the price of the Goods shall be quoted delivered duty paid (DDP) with the place of destination in the Philippines as specified in the BDS. In quoting the price, the Bidder shall be free to use transportation through carriers registered in any eligible country. Similarly, the Bidder may obtain insurance services from any eligible source country.
 - ii. The price of other (incidental) services, if any, as listed in **Section** VII (Technical Specifications).

13. Bid and Payment Currencies

- 13.1. For Goods that the Bidder will supply from outside the Philippines, the bid prices may be quoted in the local currency or tradeable currency accepted by the BSP at the discretion of the Bidder. However, for purposes of bid evaluation, Bids denominated in foreign currencies, shall be converted to Philippine currency based on the exchange rate as published in the BSP reference rate bulletin on the day of the bid opening.
- Payment of the contract price shall be made in Philippine Pesos.

14. Bid Security

- The Bidder shall submit a Bid Securing Declaration or any form of Bid Security in the amount indicated in the **BDS**, which shall be not less than the percentage of the ABC in accordance with the schedule in the **BDS**.
- The Bid and bid security shall be valid until one hundred twenty (120) calendar days from the bid opening. Any Bid not accompanied by an acceptable bid security shall be rejected by the Procuring Entity as non-responsive.

15. Sealing and Marking of Bids

Each Bidder shall submit one copy of the first and second components of its Bid.

The Procuring Entity may request additional hard copies and/or electronic copies of the Bid. However, failure of the Bidders to comply with the said request shall not be a ground for disqualification.

If the Procuring Entity allows the submission of bids through online submission or any other electronic means, the Bidder shall submit an electronic copy of its Bid, which must be digitally signed. An electronic copy that cannot be opened or is corrupted shall be considered non-responsive and, thus, automatically disqualified.

16. Deadline for Submission of Bids

16.1. The Bidders shall submit on the specified date and time and either at its physical address or through online submission as indicated in paragraph 7 of the **IB**.

17. Opening and Preliminary Examination of Bids

The BAC shall open the Bids in public at the time, on the date, and at the place specified in paragraph 9 of the **IB**. The Bidders' representatives who are present shall sign a register evidencing their attendance. In case videoconferencing, webcasting or other similar technologies will be used, attendance of participants shall likewise be recorded by the BAC Secretariat.

In case the Bids cannot be opened as scheduled due to justifiable reasons, the rescheduling requirements under Section 29 of the 2016 revised IRR of RA No. 9184 shall prevail.

17.2. The preliminary examination of bids shall be governed by Section 30 of the 2016 revised IRR of RA No. 9184.

18. Domestic Preference

The Procuring Entity will grant a margin of preference for the purpose of comparison of Bids in accordance with Section 43.1.2 of the 2016 revised IRR of RA No. 9184.

Detailed Evaluation and Comparison of Bids

- The Procuring BAC shall immediately conduct a detailed evaluation of all Bids rated "passed," using non-discretionary pass/fail criteria. The BAC shall consider the conditions in the evaluation of Bids under Section 32.2 of the 2016 revised IRR of RA No. 9184.
- If the Project allows partial bids, bidders may submit a proposal on any of the lots or items, and evaluation will be undertaken on a per lot or item basis, as the case maybe. In this case, the Bid Security as required by ITB Clause 15 shall be submitted for each lot or item separately.
- The descriptions of the lots or items shall be indicated in Section VII (Technical **Specifications**), although the ABCs of these lots or items are indicated in the **BDS** for purposes of the NFCC computation pursuant to Section 23.4.2.6 of the 2016 revised IRR of RA No. 9184. The NFCC must be sufficient for the total of the ABCs for all the lots or items participated in by the prospective Bidder.
- The Project shall be awarded as one (1) project having several items that shall be awarded as one contract.
- Except for bidders submitting a committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation, all Bids must include the NFCC computation pursuant to Section 23.4.1.4 of the 2016 revised IRR of RA No. 9184, which must be sufficient for the total of the ABCs for all the lots or items participated in by the prospective Bidder. For bidders submitting the committed Line of Credit, it must be at least equal to ten percent (10%) of the ABCs for all the lots or items participated in by the prospective Bidder.

20. Post-Qualification

Within a non-extendible period of five (5) calendar days from receipt by the Bidder of the notice from the BAC that it submitted the Lowest Calculated Bid, the Bidder shall submit its latest income and business tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS) and other appropriate licenses and permits required by law and stated in the BDS.

21. Signing of the Contract

The documents required in Section 37.2 of the 2016 revised IRR of RA No. 9184 shall form part of the Contract. Additional Contract documents are indicated in the **BDS**.

Section III. Bid Data Sheet

	T			
ITB Clause				
5.3	For this pu	this purpose, contracts similar to the Project shall be:		
	a. Pro	curement of healthcare plans		
		repleted within five (5) years prior to the deadline for the mission and receipt of bids.		
7.1	Subcontra	cting is not allowed.		
10	Instructions regarding indexing of Eligibility and Technical Components: The bidding shall make use of the two-envelope system; i.e., the first envelope for the Technical Component and the second envelope for the Financial Component of the bid. The first envelope (Technical Component) shall contain the eligibility and technical documents. The bidder shall submit the documents provided in Section VIII (Checklist of Technical and Financial Documents) that must be indexed as follows:			
	ENVELOPE NO. 1 TECHNICAL COMPONENT			
		CLASS "A" DOCUMENTS		
	INDEX TABS	LEGAL DOCUMENTS		
	I-1	Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages) Or, in lieu of the Platinum PhilGEPS Certificate: I-1.a Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives or its equivalent document, I-1.b Mayor's or Business permit issued by the city or		



	I-1.c Tax clearance per E.O. No. 398, s. 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR).
	TECHNICAL DOCUMENTS
I-2	Statement of the prospective bidder of all its ongoing government and private contracts, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid.
	The statement shall be supported by the following documents:
	1. Copies of the Contracts; and
	(If there is no contract, the purchase order (P.O.) may be submitted as long as the terms and conditions are included therein.)
	 Copies of the Notice of Award (NOA) or Notice to Proceed (NTP) (For private contracts, NOA or NTP shall not be required.)
	(See sample Form VIII-A in Section VIII)
I-3	Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the contract to be bid, except under conditions provided for in Sections 23.4.1.3 and 23.4.2.4 of the 2016 revised IRR of RA No. 9184, within five (5) years prior to the date of bid submission. The SLCC must be at least fifty percent (50%) of the approved budget for the contract (ABC) or ₱100,000,000.000.
	Supporting Document/s:
	The statement shall be supported by a copy/(ies) of the End-User's Acceptance or Official Receipt/(s) Issued for the Contract/(s)therein.)
	(See sample Form VIII-B in Section VIII)
I-4	Original copy of Bid Security. If in the form of a Surety Bond, submit also a certification issued by the Insurance Commission; or
	Original copy of Notarized Bid Securing Declaration (use Form VIII-C in Section VIII)



I-5	Conformity with the Schedule of Requirements (Accomplish/use form in Section VI)
I-6	Conformity with the Technical Specifications, which may include production/delivery schedule, manpower requirements, and/or after-sales/parts, if applicable (use (Accomplish/use form in Section VII)
I-6-a, I- 6-b, I- 6-c, etc.	Corresponding to each set of supporting documents in relation to the Bidder's conformity with the technical specifications as enumerated and specified in Sections VI and VII, if any.
I-7	Original duly signed Omnibus Sworn Statement (OSS) (use Form VIII-D in Section VIII);
	Note: The Omnibus Sworn Statement needs to be submitted under oath. The Community Tax Certificate is no longer considered competent evidence of identity. In accordance with a Resolution of the Supreme Court, the phrase "competent evidence of identity" refers to the identification of an individual based on any of the following:
	"at least one current identification document issued by an official agency bearing the photograph and signature of the individual, such as but not limited to, passport, driver's license, Professional Regulations Commission ID, National Bureau of Investigation clearance, police clearance, postal ID, voter's ID, Barangay Certification, Government Service and Insurance System (GSIS) e-card, Social Security System (SSS) card, Philhealth card, senior citizen card, Overseas Workers Welfare Administration (OWWA) ID, OFW ID, seaman's book, alien certificate of registration/immigrant certificate of registration, government office ID, National Council for the Welfare of the Disabled Persons (NCWDP) certification; xxx"
	and if applicable, Original Notarized Secretary's Certificate in case of a corporation, partnership, or cooperative; or Original Special Power of Attorney of all members of the joint venture giving full power and authority to its officer to sign the OSS and do acts to represent the Bidder
I-8	Company profile which shall include information on the number of years in the HMO industry with experience of at least five (5) years in handling government or private accounts on a nationwide basis and the list of its officers, including names, addresses and location sketches of main office and branch office/s if any, and warehouse and service facilities with their respective telephone numbers including photo showing the company's business name.
I-9	Authority of the representative/signatory.
I-10	Latest Certificate of Registration issued by the Insurance Commission to operate as a Health Maintenance Organization (HMO) or an affiliate of HMO



THE		
	I-11	Updated List of accredited hospitals and clinics, with the corresponding list of accredited doctors nationwide.
	I-12	Certificate of good standing from at least five (5) accredited major hospitals.
	I-13	Statement identifying at least one (1) EXISTING contract with an annual premium equivalent to at least fifty percent (50%) of the approved budget for the contract (ABC) of \$\mathbb{P}\$200,000,000.00 or \$\mathbb{P}\$100,000,000.00.
		The statement shall be supported by the following documents:
		1. Copy of the contracts; and
		(If there is no contract, the purchase order [P.O.] may be submitted as long as the terms and conditions are included therein.)
		2. Copy of the Certificate of Acceptance or Official Receipt of the last payment received.
	I-14	Certification/s of at least "Very Satisfactory" Performance from at least two (2) current clients of similar nature to the contract to be bidded
		FINANCIAL DOCUMENTS
	I-15	The Supplier's 2020 Audited Financial Statements, showing, among others, the Supplier's total and current assets and liabilities, stamped "received" by the BIR or its duly accredited and authorized institutions
	I-16	The prospective bidder's computation of Net Financial Contracting Capacity (NFCC);
		NFCC = [(Current Assets minus Current Liabilities) x 15] minus the value of all outstanding or uncompleted portions of the projects under ongoing contracts, including awarded contracts yet to be started coinciding with the contract to be bid.
		The values of the bidder's current assets and current liabilities shall be based on the data submitted to the Bureau of Internal Revenue (BIR), through its Electronic Filing and Payment System (EFPS).
		(The NFCC shall be based on the 2020 Audited Financial Statement. Bidders shall attach the Audited Financial Statement to the NFCC Computation.)

		<u>or</u>
		A committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation
		Class "B" Document
	I-17	If applicable, a duly signed joint venture agreement (JVA) in case the joint venture is already in existence;
		<u>or</u>
		duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.
11	Instructio	ns regarding indexing of financial documents:

The second envelope shall contain documents comprising the financial component of the bid indexed as follows:

INDEX TABS	FINANCIAL DOCUMENTS
II-1	Original of duly signed and accomplished Financial Bid Form (see Form VIII-E in Section VIII).
II-2	Original of duly signed and accomplished Bid Price Schedule (s) (original Form VIII-F found in Section VIII must be submitted, no recopying or retyping shall be allowed)

- 14.1 The bid security shall be in the form of a Bid Securing Declaration, or any of the following forms and amounts:
 - a. The amount of not less than ₱4,000,000.00 [two percent (2%) of ABC], if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit; or
 - b. The amount of not less than ₱10,000,000.00 [five percent (5%) of *ABC]* if bid security is in Surety Bond.

Instructions re: Sealing and Marking of bids:

15

Each bidder shall submit three (3) copies of the technical and financial components of its bid: one (1) certified true copy of the original documents and two (2) photocopies thereof.

The bidders shall enclose the technical components (eligibility and technical documents) in one sealed envelope and the financial component in another sealed envelope with the following markings on each of the two envelopes:

TECHNICAL COMPONENT

BID FOR THE

Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years

> [COMPANY NAME] [COMPANY ADDRESS] [E-MAIL ADDRESS]

HON. LILIAN C. BARRIBAL-CO Chairperson SUPREME COURT BIDS AND AWARDS COMMITTEE FOR GOODS AND SERVICES (SC-BAC-GS)

DO NOT OPEN BEFORE 2:00 p.m., 21 September 2021

_			_			
('n	00	Ŀ	$^{\circ}$	n	ρ,

- ☐ Original Technical Component
- ☐ Copy No. 1 Technical Component☐ Copy No. 2 Technical Component

FINANCIAL COMPONENT

BID FOR THE

Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years

> [COMPANY NAME] [COMPANY ADDRESS] [E-MAIL ADDRESS]

HON. LILIAN C. BARRIBAL-CO Chairperson SUPREME COURT BIDS AND AWARDS COMMITTEE FOR GOODS AND SERVICES (SC-BAC-GS)

DO NOT OPEN BEFORE 2:00 p.m., 21 September 2021

Check one:

- Original Financial Component
- Copy No. 1 Financial Component
- Copy No. 2 Financial Component

The two envelopes shall be enclosed and sealed in one single envelope containing the following marking:

BID FOR THE

Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years

> [COMPANY NAME] [COMPANY ADDRESS] [E-MAIL ADDRESS]

HON. LILIAN C. BARRIBAL-CO Chairperson SUPREME COURT BIDS AND AWARDS COMMITTEE FOR GOODS AND SERVICES (SC-BAC-GS)

DO NOT OPEN BEFORE 2:00 p.m., 21 September 2021

- Original Bid Copy No. 1
- Copy No. 2

17 Bid opening shall be conducted at 2:00 p.m. on September 21, 2021 within the Supreme Court, Taft Avenue, City of Manila. The following are the rules to be observed:

- Pursuant to the Supreme Court Workplace Protocol, prospective bidders submitting their respective bids shall be invited to attend the opening of bids via video conferencing thru Microsoft Teams application.
- Only one (1) e-mail address is required and shall be submitted by the prospective bidder. Only the declared e-mail address shall be allowed access to the video conference.
- The access link for the video conference will be sent to the declared e-mail address.

The bidders shall be notified and invited by the Secretariat on the day of the opening of the bids via videoconferencing thru the declared e-mail address.

The Opening of the Bids shall be conducted via video-conferencing and actual face to face meeting. Named members of the SC-BAC-GS shall be physically present during the opening of the bids to physically assess and evaluate the bids submission of the bidders while the bidders as well as the other members of the SC-BAC-GS shall be in attendance through videoconferencing to ensure transparency of the proceedings.

- 19.3 One (1) Lot - Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years
- 20.2 For purposes of post-qualification, the **Procuring Entity** requires the Bidder with the Lowest Calculated Bid (LCB) to submit the following documentary requirements within a non-extendible period of five (5) calendar days from receipt by the bidder of the notice the SC-BAC-GS that it submitted the LCB:
 - 1. The latest income tax returns and business tax returns filed and paid through the BIR Electronic Filing and Payment System (EFPS):

Note: The latest income and business tax returns are those within the last six (6) months preceding the date of bid submission.

- Valid and subsisting Platinum Certificate PhilGEPS Registration or PhilGEPS Registration Number if the procuring entity is a Philippine foreign office or post, provided that participating bidders should register with the PhilGEPS prior to bid opening.
- 3. Other appropriate licenses and permits required by law.

Section IV. General Conditions of Contract

1. **Scope of Contract**

This Contract shall include all such items, although not specifically mentioned, that can be reasonably inferred as being required for its completion as if such items were expressly mentioned herein. All the provisions of RA No. 9184 and its 2016 revised IRR, including the Generic Procurement Manual, and associated issuances, constitute the primary source for the terms and conditions of the Contract, and thus, applicable in contract implementation. Herein clauses shall serve as the secondary source for the terms and conditions of the Contract.

This is without prejudice to Sections 74.1 and 74.2 of the 2016 revised IRR of RA No. 9184 allowing the GPPB to amend the IRR, which shall be applied to all procurement activities, the advertisement, posting, or invitation of which were issued after the effectivity of the said amendment.

Additional requirements for the completion of this Contract shall be provided in the Special Conditions of Contract (SCC).

2. **Advance Payment and Terms of Payment**

- 2.1. Advance payment of the contract amount is provided under Annex "D" of the revised 2016 IRR of RA No. 9184.
- 2.2. The Procuring Entity is allowed to determine the terms of payment on the partial or staggered delivery of the Goods procured, provided such partial payment shall correspond to the value of the goods delivered and accepted in accordance with prevailing accounting and auditing rules and regulations. The terms of payment are indicated in the SCC.

3. **Performance Security**

Within ten (10) calendar days from receipt of the Notice of Award by the Bidder from the Procuring Entity but in no case later than prior to the signing of the Contract by both parties, the successful Bidder shall furnish the performance security in any of the forms prescribed in Section 39 of the 2016 revised IRR of RA No. 9184. [Include if Framework Agreement will be used:] In the case of Framework Agreement, the Bidder may opt to furnish the performance security or a Performance Securing Declaration as defined under the Guidelines on the Use of Framework Agreement.}

4. **Inspection and Tests**

The Procuring Entity or its representative shall have the right to inspect and/or to test the Goods to confirm their conformity to the Project {[Include if Framework Agreement] will be used: or Framework Agreement specifications at no extra cost to the Procuring Entity in accordance with the Generic Procurement Manual. In addition to tests in the SCC, Section IV (Technical Specifications) shall specify what inspections and/or tests the Procuring Entity requires, and where they are to be conducted. The Procuring Entity shall notify the Supplier in writing, in a timely manner, of the identity of any representatives retained for these purposes.



All reasonable facilities and assistance for the inspection and testing of Goods, including access to drawings and production data, shall be provided by the Supplier to the authorized inspectors at no charge to the Procuring Entity.

5. Warranty

- 5.1 In order to assure that manufacturing defects shall be corrected by the Supplier, a warranty shall be required from the Supplier as provided under Section 62.1 of the 2016 revised IRR of RA No. 9184.
- 5.2 The Procuring Entity shall promptly notify the Supplier in writing of any claims arising under this warranty. Upon receipt of such notice, the Supplier shall, repair or replace the defective Goods or parts thereof without cost to the Procuring Entity, pursuant to the Generic Procurement Manual.

6. Liability of the Supplier

The Supplier's liability under this Contract shall be as provided by the laws of the Republic of the Philippines.

If the Supplier is a joint venture, all partners to the joint venture shall be jointly and severally liable to the Procuring Entity.



Section V. Special Conditions of Contract

GCC Clause	
1	In addition to the provisions of Section VI (Schedule of Requirements), Section VII (Technical Specifications) provide the Goods and Services to be provided.
3	No further instructions.
4	None.
5.1	Not applicable.
5.2	Not applicable.
6	No additional provision.



Section VI. Schedule of Requirements

This form itself must be submitted. Recopying is not allowed and may be a ground for disqualification.

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item	Description	Quantity	Total	Delivered,
Number				Weeks/Months
1	Supreme Court Comprehensive Health Care Plan Coverage, Benefits, and Services as defined in Section VII – Technical Specifications containing the Terms of Reference	For each of the enrolled members	For each of the enrolled members	Two (2) Years
2	Utilization Report (III.13.1 of the Terms of Reference)	One (1) report every semester	Four (4) reports in two (2) years	Within sixty (60) days counted from the end of every semester
3	Updated list of Healthcare provider coordinators, accredited hospitals, clinics, physicians, dentists including centers accredited for special services such as but not limited to dialysis, eye care, animal bites or poisoning management, slimming and biometric programs. (III.13.2 of the Terms of Reference)	A copy of the list to the SC- OAS	As required	Within thirty (30) days from execution of the contract with the Court
4	Announcements/Pamphlets/ Member Guideline Booklets for proper information and dissemination to the members	For each of the enrolled members through the SC-OAS	Based on the submitted number of enrolled members	Within thirty (30) days from the execution of the contract with the Court
5	Orientation for incumbent Justices, officials, and employees	One for incumbent Justices and court officials; one for court personnel	At least two (2) orientation /lectures	Within thirty (30) days after the issuance of the Notice to Proceed



Lectures /seminars on pertinent Within each quarter Eight (8) 6 One per from the effectivity health topics/issues quarter lectures/ of the contract seminars At least one (1) Liaison Officer 7 At the start of the stationed within the Supreme effectivity of the Court premises, Padre Faura St., contract Ermita, Manila. Monday to Friday from 8AM to 5PM.

I hereby certify to com	ply and deliver all the above require	ments:
Name of Company/Bidder	Signature over Printed Name of Representative	Date

Section VII. Technical Specifications

(The Technical Bid Form [Conformity with the Technical Specifications] can be found after the Terms of Reference)

TERMS OF REFERENCE FOR THE COMPREHENSIVE HEALTHCARE PLAN OF THE SUPREME COURT FOR TWO YEARS

PRE-QUALIFICATION CRITERIA (FOR BIDDERS):

- 1. Must be duly registered with the National Health Insurance Commission and licensed to operate as HMO; or, an affiliate of HMO.
- 2. At least five (5) years experience in handling government or private accounts on nationwide basis; and,
- 3. With at least one (1) existing contract with an annual premium equivalent to at least fifty (50) percent of the total approved budget for this contract.

I. **COVERAGE**

- 1. The following are eligible for membership under the Supreme Court (SC) Healthcare Plan:
 - 1.1. The Chief Justice and Associate Justices of the Court, herein after referred to as "Justices".
 - 1.2. All other officials and employees of the Supreme Court and the Presidential Electoral Tribunal (PET) whether holding a permanent, temporary, coterminous or casual appointment who are in the service as of the date of effectivity of the Contract, hereinafter referred to as "Employees".
 - 1.3. Contractual employees of Supreme Court and PET may be enrolled under this plan on voluntary basis.
 - The (a) respective spouses of the incumbent Justices of the 1.4. Supreme Court; (b) qualified dependents (as defined by PhilHealth) of incumbent Justices, (c) compulsorily retired Justices up to the last day of age 74 and, compulsorily retired employees up to the last day of age 69, shall be accorded the privilege of enrolling under the Healthcare Plan, on voluntary <u>basis</u>, provided that they shall pay the corresponding premium directly to the HEALTH CARE PROVIDER within two (2) months from the start of the contract.

- 1.5. SC Officials and employees who retire optionally are eligible to enroll under this plan, on voluntary basis, provided their age at time of retirement is not below 60 (sixty) years, and provided further that they shall pay their corresponding premium;
- 1.6. Qualified dependents of Supreme Court officials and employees (as <u>defined by Philhealth</u>) may be enrolled in this Plan, <u>on voluntary</u> basis, provided the official employee shall pay the corresponding premium for each qualified dependent.
- 2. Enrollment for membership shall be done at the start of the contract year for all incumbent Justices and Employees. Coverage shall be until the end of the contract year.
- 3. Enrollment for membership for those covered under Sections 1.3 1.4, 1.5 and 1.6 shall be done within two months from the start of the contract year. Coverage shall be until the end of the contract year unless they reach the age limits under Section 1.3 at an earlier date.
- 4. Justices and Employees who enter the service after the execution of the contract but within the contract period shall be covered effective on the date of their appointment or hiring as certified by the Supreme Court -Office of Administrative Services (SC-OAS). The corresponding premiums shall be pro-rated accordingly.
- 5. Justices and Employees who are separated due to retirement, resignation, transfer to another office, or dismissal for cause, shall be covered up to the end of the contract year when he/she is separated from the service. He/she shall pay his/her part of the premium for the remaining period within 60 days from the date of separation from the service. He/she shall, within the same period, refund the counterpart premium paid by the Court for such remaining period.

II. **SERVICES AND BENEFITS**

1. The package of benefits under the SC Healthcare Plan shall include the following:

Out-Patient Services shall include: A.

A.1 Professional fees and charges for consultation and management by accredited doctors, specialist/s and subspecialist/s;

- A.2 Referrals and the corresponding fees/charges for prescribed special diagnostic procedures and other modern modalities of treatment up to the Maximum Coverage Limits (MCL) (please refer to Annex A hereof) such as, but not limited to, the following:
 - A.2.1All prescribed diagnostic procedures such as but not limited to x-ray, ECG, Hematology, Blood Chemistry, including Pap Smear for women and PSA for men, and Real Time Polymerase Chain-Reaction Test (RT-PCR), Rapid Antibody Test, Rapid Antigen Test, Saliva Test for Covid19, if medically prescribed;
 - Diagnostic and Therapeutic Ultrasound; A.2.2
 - A.2.3Radiographic studies;
 - Rhinoscopic, Bronchoscopic and/or endoscopic A.2.4exams;
 - A.2.53D Imaging, CT scan and/or MRI and/or Pet Scan of body organs or regions;
 - All forms of Echocardiography and Treadmill A.2.6 Stress Test and other cardiac diagnostic, such as Cardiac Perfusion Nuclear study angiography;
 - A.2.7Electromyography with Nerve Conduction Tests;
 - A.2.8Mammography;
 - A.2.9Peritoneal or Hemodialysis up to the maximum coverage limits;
 - A.2.10 Cancer treatment to include radiotherapy and chemotherapy (whether oral or intravenous), bone marrow transplant and brachytherapy, and others, up to the maximum coverage limits;
 - A.2.11 Eye, ear, nose and throat treatment; and,
 - A.2.12 Coverage for cataract extraction or glaucoma laser treatment up to the MCL. Entitlement to the lens shall be in an amount not exceeding **P**10,000.00 per eye.
- A.3 Pre-natal and Post-natal care. Pre-natal care shall include consultation and laboratory examinations. examinations for purposes of pre-natal care shall include all of the following:
 - A.3.1 Complete Blood Count;
 - A.3.2 Blood typing;
 - A.3.3 Urinalysis;
 - A.3.4 Plain Pelvic Ultrasound; and,
 - A.3.5 Additional tests (in this case, only the initial test shall be covered) may form part of pre-natal care, as may be determined by the attending OB-GYN,

which shall include tests for Hepatitis B antigen, VDRL, and/or Oral Glucose challenge test and/or oral glucose tolerance test.

- A.4 Treatment of minor injuries and illnesses;
- A.5 Minor surgeries not requiring confinement (e.g. excision of cysts and other superficial mass/es);
- A.6 Speech and physical therapy up to 12 sessions per member per contract year;
- A.7 Pulmonary Rehabilitation Therapy (post Covid19) up to 10 sessions.
- A.8 Cauterization of warts up to a maximum of \mathbf{P} 5,000.00 per member per contract year;
- A.9 Excision of moles (malignant or suspected to be malignant) up to maximum of $\underline{210,000.00}$ per member per contract year;
- A.10 All expenses for OUT-PATIENT SERVICES rendered in accredited hospitals or clinics and done by an accredited physician, specialist or sub-specialist shall be on a "no cash-out basis" and shall be covered up to the Maximum Coverage Limits based on the HEALTH CARE **PROVIDER'S**prevailing Relative Value Units (RVU) rates;
- A.11 In case it becomes inevitable or necessary for an accredited physician or specialist to refer the member to a nonaccredited physician, specialist, or sub-specialist, 100% of the actual professional fees shall be settled by the **HEALTH CARE PROVIDER**directly with the non-accredited In case the patient prefers a non-accredited physician or specialist of his or her choice, the professional fees shall be settled first by the patient subject to reimbursement by the HEALTH CARE PROVIDER based on prevailing RVU (Relative Value Unit) rates.
- A.12 Expenses in non-accredited hospitals shall be reimbursed based on the HEALTH CARE PROVIDER'S existing RVU rates;
 - A.12.1Payment in excess of what is allowed shall be shouldered by the patient; and,

A.12.2 Information on the HEALTH CARE PROVIDER'S prevailing surgical and hospital rates shall be provided in advance by the HEALTH CARE PROVIDER for the information of the members.

В. Preventive Services shall include:

- B.1 Administration of anti-influenza vaccine, once a year, and single shot of any one of the vaccines specified below, charged against the MCL, should be subject to previling medical and health guidelines and protocols.
 - B.1.1. Pneumonia;
 - B.1.2. Varicella;
 - B.1.3. Hepatitis B;
 - B.1.4. Cervical Cancer;
 - B.1.5. Typhoid; and
 - B.1.6. Dengue
- B.2 Lectures and seminars on pertinent health topics/issues per quarter; and,
- B.3 Health (diet, exercise and nutrition) habits and family planning counseling.
- C. Emergency Care Services shall be provided for 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:
- Emergency Doctor or Specialist services; C.1
- Emergency room fees, as well as fees of other hospital C.2 facilities used in the emergency treatment;
- Surgery or treatment of lacerations and other injuries; C.3
- Medicines and/or drugs for emergency treatment; C.4
- X-ray, laboratory examinations and all diagnostic procedures C.5 necessary for the emergency management of the patient;
- Oxygen, intravenous fluids, blood transfusions and human C.6 blood products;
- C.7 Dressings, sutures and plaster casts;
- C.8 Active and passive immunization/vaccines against tetanus, snake venoms, human bites, rabies (Initial and subsequent doses shall be covered up to $\blacksquare 30,000.00.$);
- C.9 Ground ambulance service from the patient's residence or his/her location, to the nearest hospital;
- All other services, items and supplies necessary for the C.10emergency management of the patient;

C.11 All expenses for emergency care services, enumerated in this Section C (except C.8), 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 Maximum Coverage Limits (please refer to Annex A) and provided on a "no cash-out basis."

- C.11.1 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 HEALTH suite room). The PROVIDERshall cover the difference in the room rates and other room-based charges or incremental costs for the first 24 hours.
- C.12All expenses for the emergency care services, enumerated in this Section C, which were used in the emergency treatment of the patient in a non-accredited hospital or clinic and by a nonaccredited physician, specialist and/or sub-specialist shall be covered and will be reimbursed as follows:
 - C.12.1 where the HEALTH CARE In areas PROVIDERhas no accredited hospital or clinic, **CARE PROVIDER** HEALTH reimburse all expenses including doctor's fees incurred by the patient up to the Maximum Coverage Limits;
 - C.12.2 areas where the **HEALTH CARE** In PROVIDERhas an accredited hospital or clinic, **PROVIDER** HEALTH CARE the reimburse all expenses including doctor's fees incurred by the patient based on the HEALTH CARE PROVIDER'S existing RVU rates as if the patient had been confined in the accredited hospital or clinic and/or seen by accredited physicians, specialists and/or sub-specialists.
 - C.13 The same rules, *viz*: C.11, C.11.1, C.12, C.12.1, and C.12.2, apply in case of emergency care services (enumerated in this Section) where rendered to a member while in a foreign country; and,
 - C.14 The transfer of a patient from a non-accredited hospital to an accredited hospital shall be covered by the HEALTH CARE PROVIDER up to the Maximum Coverage Limits in the following situations only:

- C.14.1 In serious or life-threatening cases where the immediate transfer of the patient is medically contraindicated, 100% of actual expenses shall be defrayed by the HEALTH CARE PROVIDER including ground ambulance transfer until transfer is eventually effected;
- C.14.2 In cases where the patient refuses to be transferred, 100% of the fees and charges shall be reimbursed by the HEALTH CARE PROVIDER based on the **HEALTH CARE PROVIDER'S** existing RVU rates as if the patient had been confined in an accredited hospital and/or seen by an accredited physician or specialist;
- In serious or life-threatening cases where the C.14.3 immediate transfer is an absolute necessity for the survival. HEALTH patient's the PROVIDER shall defray 100% of all related expenses until transfer is eventually effected.

Hospitalization/In-Patient Services shall include: D.

Room service: D.1

For the incumbent Justices and their respective D.1.1 spouses, the highest type of open private room (i.e. open large [big] private room) and board accommodation available within the One Million Pesos (₱1,000,000.00) limit;

> Spouses of incumbent Justices shall be accorded the same privilege as mentioned above should they opt to enroll under the Healthcare Plan.

- D.1.2 For the Employees and enrolled and qualified dependents, a regular private room and board accommodation;
- If the appropriate room and board accommodation is not available at the time of confinement in a nonemergency 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;
- D.1.4 Operating Room and Recovery Room Services and their charges up to the Maximum Coverage Limits; and,

D.1.5 Intensive Care Unit (ICU)/ Cardiac Care Unit (CCU) up to the Maximum Coverage Limits.

- D.2 Professional services of accredited physician/s, specialist/s, sub-specialist/s and/or consultant/s. More consultants or specialists may be called in when necessary;
- D.3 Drugs and medicines for use in the hospital;
- D.4 Whole blood and human blood products, transfusions and intravenous fluids, including blood screening and cross matching;
- D.5 X-ray and laboratory examinations;
- D.6 Complete coverage of all diagnostic procedures and examinations including but not limited to MRI, CT Scan, EEG, Ultrasound, Holter monitoring, cardiac catheterization and other state of the art diagnostic and therapeutic procedures deemed necessary, Covid19 tests, whenever necessary;
- D.7 Anesthesia and its administration;
- D.8 Oxygen and its administration;
- D.9 Dressings, sutures, plaster casts and other miscellaneous supplies necessary for treatment;
- D.10 Standard nursing services;
- D.11 Hospital admission kit;
- D.12 Complete coverage of the following modalities of treatment and diagnostic procedures up to the MCL, unless otherwise specified, to include:

D.12.1	3D Imaging;
D.12.2	Acquired (Adult) Hernia;
D.12.3	Angiography;
D.12.4	Venography;
D.12.5	Angioplasty;
D.12.6	24 hours ambulatory blood pressure
	monitoring;
D.12.7	Arthroscopic Knee Surgery;
D.12.8	Chemotherapy (whether oral or
	intravenous);
D.12.9	Cryosurgery;
D.12.10	Dialysis;

SUPREME COURT OF THE PHILIPPINES

Page 33 of 81

BAC-GS (Bidding Documents: Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two [2] Years)

D.12.11	Echocardiography with Doppler and		
D.12.12	contrast study; Electromyelography with nerve		
2112112	conduction;		
D.12.13	Endoscopic Procedure;		
D.12.14	Eye, ear, nose and throat care		
	including:		
	D.12.14.1 Cataract surgery; Cost of		
	lens shall not exceed ₽		
	10,000 per eye;		
	D.12.14.2 Laser eye treatment except		
	to correct error of		
	refraction;		
	D.12.14.3 Endoscopic sinus surgery;		
	D.12.14.4 Laser Tonsillectomy;		
D.12.15	Flourescein Angiogram;		
D.12.16	Hyperalimentation;		
D.12.17	Hysterescopic Myoma Resection;		
D.12.18	Laparoscopic Cholecystectomy;		
D.12.19	Laser Treatment for Retinal		
D.12.20	Detachment and Glaucoma;		
D.12.20 D.12.21	Lithotripsy;		
D.12.21 D.12.22	Mammography; M. Mode Echocardiogram:		
D.12.23	M-Mode Echocardiogram; MRA (Magnetic Resonance		
D.12.23	Angiogram)		
D.12.24	Neuroscan;		
D.12.21			
	·		
	Nuclear/Radioactive Isotope Scans		
	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and		
	Nuclear/Radioactive Isotope Scans		
	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and		
D.12.25	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of		
D.12.25	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds);		
D.12.26	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy;		
	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions		
D.12.26 D.12.27	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year		
D.12.26 D.12.27 D.12.28	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy;		
D.12.26 D.12.27	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of		
D.12.26 D.12.27 D.12.28 D.12.29	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\mathbb{P}80,000.00\$ per member per year;		
D.12.26 D.12.27 D.12.28	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\mathbb{P}80,000.00\$ per member per year; Bone Narrow and other organ		
D.12.26 D.12.27 D.12.28 D.12.29	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\mathbb{P}80,000.00\$ per member per year; Bone Narrow and other organ transplant		
D.12.26 D.12.27 D.12.28 D.12.29 D.12.30	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\mathbb{P}80,000.00\$ per member per year; Bone Narrow and other organ transplant up to MCL.		
D.12.26 D.12.27 D.12.28 D.12.29 D.12.30	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\mathbb{P80,000.00}\$ per member per year; Bone Narrow and other organ transplant up to MCL. Sleep Study		
D.12.26 D.12.27 D.12.28 D.12.29 D.12.30	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of P80,000.00 per member per year; Bone Narrow and other organ transplant up to MCL. Sleep Study Speech Therapy up to 12 sessions per		
D.12.26 D.12.27 D.12.28 D.12.29 D.12.30 D.12.31 D.12.32	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\maxstrule{P}80,000.00\$ per member per year; Bone Narrow and other organ transplant up to MCL. Sleep Study Speech Therapy up to 12 sessions per member per year;		
D.12.26 D.12.27 D.12.28 D.12.29 D.12.30 D.12.31 D.12.32 D.12.33	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of P80,000.00 per member per year; Bone Narrow and other organ transplant up to MCL. Sleep Study Speech Therapy up to 12 sessions per member per year; Thallium Scintigraphy;		
D.12.26 D.12.27 D.12.28 D.12.29 D.12.30 D.12.31 D.12.32	Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular and other organ systems) ultrasound and brachytherapy (except the cost of radioactive pellets called seeds); Orthopedic surgery excluding cost of surgically implanted internal devices; Pelvic Laparoscopy; Physical Therapy; up to 12 sessions per member per year Radiotherapy; Sclerotherapy up to a maximum of \$\maxstrule{P}80,000.00\$ per member per year; Bone Narrow and other organ transplant up to MCL. Sleep Study Speech Therapy up to 12 sessions per member per year;		

and,

D.12.36 D.12.37

Pulmonary Therapy (up to 10 sessions) All other special modalities/Sophisticated laboratory and diagnostic procedures that are new in the market and are available, including RT-PCR test, Swab test, Saliva test for Covid19, among others, shall be covered if medically prescribed.

D.13.

Other Hospitalization/In-Patient benefits shall include:

- D.13.1 For each congenital disease up to a maximum of Seventy Thousand Pesos (**\P70,000.00**) per member;
- D.13.2 Maternity assistance benefit for female members, whether single or married, up to one (1) pregnancy per contract year (one (1) live birth the only), to up maximum amount **¥50,000.00** per event for spontaneous normal delivery, up to the maximum amount **₽75,000.00** per event for Caesarian Section, and **\$\mathbb{P}20,500** for D & C regardless of the underlying cause;
- D.13.3 Expenses due to any complication which may arise by reason of the deliveries, whether normal or caesarian, or intra-operative complication of D & C up to the MCL.

Ε. **Dental Care Services** shall include:

- E.1 Oral prophylaxis (Bi-Annual);
- E.2 Ordinary tooth extractions and drainage of abscess;
- E.3 Temporary restorations (unlimited fillings, pain management);
- E.4 Permanent fillings of four (4) teeth;
- E.5 Treatment of mouth lesions, wounds and burns;
- E.6 Recementation of fixed bridges, loose jackets, crowns, inlays and onlays;
- E.7 Restorative Prosthodontic Treatment (including cost of Plastic dentures up to 25 cases per year for the whole institution, each case shall not exceed the amount of Two Thousand Pesos ($\cancel{=}2,000.00$);
- E.8 Simple adjustment of dentures;
- E.9 Orthodontic and Temporo Mandibular Joint (TMJ) consultations;
- E.10. Two (2) Root Canal Treatments.

F. Annual Physical Examination

- F.1 Annual Physical Examinations shall include a standard battery/array of physical examination and laboratory tests;
- F.2 The various array of examinations/tests are packaged in accordance with age category as follows:

Age Category	Examinations	Laboratory Tests
Ages	History, BMI	CBC, Urinalysis, Fecalysis, Blood
18 - 35	measurement,	Chemistry: Fasting Blood Sugar, Hgb
	and P.E.,	A1C, BUN, Creatinine, Uric Acid,
	including	Cholesterol, Triglyceride, HDL, LDL,
	ophthal-mologic	HDL/LDL ratio, Liver Function:
	and ENT tests	SGPT(ALT), SGOT (AST), Chest X-
		ray, EKG (Optional).
Ages	History, BMI	CBC, Urinalysis, Fecalysis, Blood
36 - 50	measurement,	Chemistry: Fasting Blood Sugar, Hgb
	and P.E.,	A1C, BUN, Creatinine, Uric Acid,
	including	Cholesterol, Triglyceride, HDL, LDL,

	ophthal-mologic	HDL/LDL ratio, Liver Function:
	and ENT tests	SGPT(ALT), SGOT (AST), total
		Bilirubin, B1B2 Albumin, Globulin,
		A/G ratio, Alkaline Phosphatase,
		Serum electrolytes: Sodium,
		Potassium, Calcium; Chest x-ray;
		Cardiac Work-up: 12-lead ECG or
		Treadmill Stress Test plus 2D
		Echocardiography (plain);
		Mammography (for females); Pap
		Smear (for females); Digital Rectal
		Examination + PSA (for males);
		abdominal and pelvic ultrasound (if
		indicated); Proctoscopy (if indicated);
		Pulmonary test (if indicated).
Ages	History, BMI	CBC, Urinalysis, Fecalysis, Blood
50 & above	measurement,	Chemistry: Fasting Blood Sugar, Hgb
	and P.E.,	A1C, BUN, Creatinine, Uric Acid,
	including	Cholesterol, Triglyceride, HDL, LDL,
	ophthal-mologic	HDL/LDL ratio, Liver Function:
	and ENT tests	SGPT(ALT), SGOT (AST), total
		Bilirubin, B1B2 Albumin, Globulin,
		A/G ratio, Alkaline Phosphatase,
		Serum electrolytes: Sodium,
		Potassium, Calcium; Chest x-ray;
		Cardiac Work-up: 12-lead ECG or
		Treadmill Stress Test plus 2D
		Echocardiography with Doppler
		studies); Mammography (for females);
		Pap Smear (for females); Digital Rectal
		Examination + PSA (for males);
		abdominal and pelvic ultrasound (if
		indicated); Proctoscopy and Barium
		Studies; Pulmonary Function Tests.

- The annual physical examinations of the Justices and their F.3 spouses who are enrolled in the Plan may be done either as an in-patient or out-patient service, at an accredited hospital/clinic of their choice. The attending physician shall recommend the array of tests to be done. The coverage thereof shall not be subject to age category mentioned in F.2.;
- F.4 The annual physical examinations of all other officials and employees shall be done as an out-patient service at an accredited hospital/clinic. A separate guideline on this shall be provided; and,
- F.5 Drug testing shall be included as part of the annual physical examination on random basis.

G. Reimbursement for prescribed medicines and vaccines not covered under Section B.1 and C.8

- G.1 Reimbursement of up to Seven Thousand (₱ 7,000.00) per member per contract year for prescribed medicines and vaccines not covered under Section B.1 and C.8 (excluding vitamins, supplements, tonic products, soap after out-patient shampoo), whether prescribed consultation, emergency treatment, hospitalization, dental services, annual physical examination or preventive service; and.
- G. 2 Reimbursement of oral chemotherapy medicines shall be up to the maximum coverage limit.

H. **Optical Benefit:**

Reimbursement for Lens and Frames not exceeding Seven Thousand Pesos (₱7,000.00) per member per year.

I. **Death Benefit**

- I.1 Financial assistance in the amount of Fifty Thousand Pesos (₱ 50,000.00) shall be given regardless of the cause of death of the member.
- I.2 The package of benefits and the corresponding premium payments for (a) the retired Justices and (b) the spouses of incumbent Justices shall be the same as that of the incumbent Justices.
- I.3 The package of benefits and the corresponding premium payments for (a) the qualified dependents of the incumbent Justices, and (b) the retired Employees shall be the same as that of the active Employees.

III. TERMS AND CONDITIONS

- 1. The **HEALTH CARE PROVIDER** shall provide for all the services necessary to manage and/or administer the Supreme Court Healthcare Plan in accordance with the requirements and conditions set herein.
- 2. The **HEALTH CARE PROVIDER** guarantees to deliver efficient and effective service consistent with the objectives and purposes of the contract.

3. All Pre-existing Conditions and Illnesses including Dreaded and Non-Dreaded Illnesses (please refer to Annex B) shall be waived or shall be covered immediately upon effective date of coverage. The list of Exclusions is indicated in Annex C.

- All expenses for EMERGENCY CARE SERVICES enumerated in Section II (C) used in the emergency treatment of the patient and rendered in an accredited hospital or clinic and by an accredited physician, specialist and/or sub-specialist shall be covered up to the Maximum Coverage Limits (please refer to Annex A) and provided on a "no cash-out basis."
- 5. All expenses for EMERGENCY CARE SERVICES enumerated in Section II (C) used in the emergency treatment of the patient and rendered 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 as follows:
 - 5.1. In areas where the HEALTH CARE PROVIDER has no accredited hospital or clinic, the HEALTH CARE PROVIDER shall reimburse all expenses including doctor's fees incurred by the patient up to the Maximum Coverage Limits;
 - 5.2. In areas where the **HEALTH CARE PROVIDER** has an accredited hospital or clinic, the HEALTH CARE PROVIDER shall reimburse all expenses including doctor's fees incurred by the patient based on the HEALTH CARE PROVIDER'S existing RVU rates as if the patient had been confined in the accredited hospital or clinic and/or seen by accredited physicians, specialists and/or sub-specialists.
- All expenses for HOSPITALIZATION/IN-PATIENT SERVICES such as, but not limited to, professional fees, laboratory and other diagnostic services, referrals, medicines and other drugs used in the treatment of the patient and rendered in an accredited hospital or clinic and by an accredited physician/s, specialist/s and/or sub-specialist/s shall be covered up to the Maximum Coverage Limits.
- 7. The professional services of a non-accredited physician, specialist or sub-specialist, rendered to a member while hospitalized for nonemergency treatment in a non-accredited hospital will be reimbursed based on the **HEALTH CARE PROVIDER'S** existing RVU rates.
 - Expenses in excess of what is allowed shall be shouldered by the patient;
 - Information on the HEALTH CARE PROVIDER'S 7.2 prevailing surgical and hospital rates shall be provided within thirty (30) days from execution of contract by the HEALTH CARE PROVIDER for the information of the members.

- All expenses for OUT-PATIENT SERVICES rendered in any 8. accredited hospital or clinic and done by an accredited physician, specialist and sub-specialist shall be on a "no cash-out basis" and will be covered up to the Maximum Coverage Limits based on the **HEALTH CARE PROVIDER'S** existing RVU rates.
- In case it becomes inevitable or necessary for an accredited physician 9. or specialist to refer the member to a non-accredited physician, specialist, or sub-specialist, 100% of the actual professional fees based on existing RVU rates shall be settled by the HEALTH CARE PROVIDER directly with the non-accredited physician. In case the patient prefers a non-accredited physician, the professional fees shall be settled first by the patient subject to reimbursement by the **HEALTH CARE PROVIDER** based on prevailing RVU rates.
- 10. Expenses in non-accredited hospitals shall be reimbursed in accordance with No. 7 above. However, the transfer of a patient from a non-accredited hospital to an accredited hospital shall be covered by the HEALTH CARE PROVIDER up to the Maximum Coverage Limits in the following situations only:
 - In serious or life-threatening cases where the immediate transfer of the patient is medically contraindicated, 100% of actual expenses shall be defrayed by the HEALTH CARE PROVIDER including ground ambulance transfer until transfer is eventually effected;
 - 10.2 In cases where the patient refuses to be transferred, 100% of the fees and charges shall be reimbursed by the HEALTH CARE PROVIDER based on the HEALTH CARE PROVIDER'S existing RVU rates as if the patient had been confined in an accredited hospital and/or seen by an accredited physician or specialist;
 - 10.3 In serious or life-threatening cases where the immediate transfer by any means is an absolute necessity for the patient's survival, the HEALTH CARE PROVIDER shall defray 100% of all related expenses until transfer is eventually effected.
- 11. All claims for reimbursement must be submitted to the HEALTH CARE PROVIDER within thirty (30) working days from the date of discharge or consultation and shall be paid within twenty (20) working days from submission of claim provided all necessary supporting documents are submitted.
- 12. The HEALTH CARE PROVIDER shall provide liaison officers, coordinators (preferably hospital-based), and hotline services as follows:

- Liaison officers, coordinators (preferably hospital-based), and hotline services for EMERGENCY CARE SERVICES and HOSPITALIZATION/IN-PATIENT SERVICES shall be made available on a 24-hour 7-day basis;
- Designated Medical Coordinators and/or accredited doctors and dentists in hospitals and/or clinics for OUT-PATIENT SERVICES shall be available from 8AM to 5PM and from Mondays through Saturdays. The designated Medical Coordinator must be a physician who shall be responsible for coordinating and overseeing the required healthcare services and benefits of the patient. He/she will initially examine, treat or refer patients to a specialist/s and/or sub-specialist/s, order diagnostic tests, prescribe the medicines and/or drugs, and arrange for the hospital confinement of the member whenever necessary;
- 12.3 At least one (1) liaison officer at the Supreme Court premises at Padre Faura St., Ermita, Manila, shall be provided to attend to availment concerns from Monday to Friday from 8AM to 5PM.
- 13. The **HEALTH CARE PROVIDER** shall be required to submit the following:
 - 13.1. A **Utilization Report** containing the following information, among others: Services (Emergency Care, Hospitalization/In-Patient, Out-Patient, Reimbursements, Dental Care, Annual Physical Examination, Burial etc.) and benefits availed of and amount of utilization, the census of cases according to illness, age, sex, and duration of hospitalization. These reports shall be submitted on a semestral basis to the SC-OAS within sixty (60) days counted from the end of every semester;
 - 13.2. An updated list of Healthcare Provider coordinators, accredited hospitals, clinics, physicians, dentists including centers accredited for special services such as but not limited to dialysis, eye care, animal bites or poisoning management, slimming and biometric programs. These informational materials shall be submitted, within thirty (30) days from execution of the contract to the Court, through the SC-OAS;
 - 13.3. Announcements/Pamphlets/Member Guideline Booklets for proper information and dissemination to the members to the Court, through the SC-OAS within thirty (30) days from execution of the contract.

- 14. To effectively monitor contract compliance and observations and concerns regarding the delivery of services and benefits under the Plan, the SC-OAS is designated as the Healthcare Plan Coordinator, and will be tasked with coordinating with the HEALTH CARE **PROVIDER** and/or his authorized representatives.
- 15. The benefits under the PhilHealth and/or Employees Compensation Commission (ECC) are deemed integrated with the benefits under this Plan. Hence, the HEALTH CARE PROVIDER shall not be required to pay or advance the cost of benefits under PhilHealth and/or ECC. In case of hospital confinements, members should accomplish and submit the required PhilHealth Claim Form. Otherwise, the **HEALTH CARE PROVIDER** shall not be required to pay the PhilHealth portion of the hospital bill. The member who fails to claim the benefit under the PhilHealth shall pay the cost of the unclaimed benefit.
- 16. If the member's bodily injuries are claimed to have been caused by an act or omission of a third party through a motor vehicle, the services and benefits shall be covered if the member executes an agreement to subrogate to the HEALTH CARE PROVIDER whatever rights the member may have by reason of the accident or event that gave rise to the claim.
- 17. The HEALTH CARE PROVIDER shall maintain a satisfactory standard of competency, conduct and integrity among its employees. In this regard, the HEALTH CARE PROVIDER shall act on complaints/feedbacks brought to its attention by the SC-OAS.

IV. **CONTRACT PERIOD**

- 1. The TERMS AND CONDITIONS of this CONTRACT shall cover two (2) contract years from July 8, 2021 up July 7, 2023.
- 2. However, notwithstanding any provisions to the contrary, the COURT shall have the right, power and privilege to terminate the services of the HEALTH CARE PROVIDER without the need of judicial action for violation of the provisions of the Contract, as may be determined by the SC-OAS by giving thirty (30) calendar days written notice to the HEALTH CARE PROVIDER. In which event, the COURT shall be entitled to proportionate return of the contract price based on the unutilized premium.

In case of pre-termination and/or termination of this **CONTRACT**, the HEALTH CARE PROVIDER shall continue to render the services herein provided until after the COURT has engaged the services of a new HMO.

3. In the event that there is a need for an extension of the contract within a limited period, the parties may negotiate with respect thereto and, as far as practicable, under the same terms and conditions.

V. CONTRACT PRICE

Given the actual number of incumbent Justices and Employees (1 Chief Justice, 16 Associate Justices, and 2,736 employees), as of 2020, the ABC for the two-year contract is December 31, **<u>P</u> 200,000,000.00**, inclusive of VAT.

Prospective bidders are **invited to bid** based the above ABC, while also indicating the corresponding Rate of Premium inclusive of VAT for each Justice and for each Employee.

Payment of the Court shall be based on the number of actually filledup positions at the start of the contract year multiplied by the corresponding rate of premium per member subject to existing accounting and auditing rules and regulations. The premium of newly appointed Justices and newly hired Employees shall be pro-rated accordingly.

VI. PERFORMANCE SECURITY

The **HEALTH CARE PROVIDER** shall, within ten (10) calendar days from receipt of Notice of Award, post a Performance Security which may be in cash or cashier's/manager's check or bank draft or guarantee issued by a Universal or Commercial Bank equivalent to five percent (5%) of the total amount of the Contract; or surety bond equivalent to thirty percent (30%) total amount of the Contract callable on demand and issued by the GSIS to guarantee the faithful performance of its duties and obligations under this Contract.

The contract shall be released upon receipt of the Performance Security. Such Performance Security will answer in the event of nondelivery or non-compliance with contractual obligation. The Performance Security must be valid for the duration of the contract.

VII. OBLIGATIONS OF THE COURT

The **COURT** undertakes to:

Release the corresponding CONTRACT upon receipt of the a) Performance Security.

Pay the HEALTH CARE PROVIDER the corresponding rate of b) premium per member on an annual basis computed in accordance with the number of actual filled-up positions subject to existing accounting and auditing rules and regulations. The premium of newly appointed Justices and Employees shall be pro-rated accordingly.

- Compulsorily Retired Justices and Employees, as well as spouses c) and dependents of incumbent Justices who are coverable under this Plan, and interested, shall be enrolled immediately after effectivity of this contract. The OAS shall endorse their names to the HMO. The HMO shall bill them separately and payment shall be made directly to the HMO.
- d) Authorize the SC-OAS to strictly monitor the implementation of the terms and conditions of the contract and submit any violation thereof to the Supreme Court Health and Welfare Plan Board for appropriate action.

VIII. PENALTY CLAUSES

- 1. In case accredited doctors/hospital/clinics as appearing in the list submitted by the HEALTH CARE PROVIDER delays, for any render medical whatsoever, to assistance to Justice/Employee whenever necessary, the HEALTH CARE PROVIDER shall pay the said Justice/Employee the full amount of his/her coverage and for all damages suffered and/or expenses incurred by reason of such delay and/or refusal.
 - In the event the HEALTH CARE PROVIDER fails and/or a. refuses to render medical assistance to any Justice/Employee in violation of the provisions of these Terms of Reference, the HEALTH CARE PROVIDER agrees to pay in favor of the Justice/Employee concerned, as liquidated damages, amount equivalent to one percent (1%) of the total coverage of the member for every day of delay.
 - b. The COURT shall approve the list of accredited hospitals, clinics and doctors and shall have the right to add more doctors/hospitals/clinics for accreditation. If the designated doctors/hospitals/clinics refuse accreditation, the HEALTH CARE PROVIDER shall be excused from complying with this provision.
- 2. The **HEALTH CARE PROVIDER** shall not assign or subcontract the services or any portion thereof covered by the Healthcare Plan except those connected to Title II, Section F.5 without the written approval of the Supreme Court. Violation of this provision shall be a ground for cancellation of the contract by the Court.

3. The HEALTH CARE PROVIDER agrees that any payment due and payable and/or may be due the HEALTH CARE PROVIDER shall be offset against any amount due to the Court under the Agreement, such as, but not limited to, liquidated damages.

IX. **OTHER CONDITIONS**

- 1. The Justices and Employees shall not be liable for unpaid bills of the HEALTH CARE PROVIDER.
- 2. In the event of fraudulent use of the membership card, such as, but not limited to, use of the membership card by another person, connivance of the member with the doctor, etc., the HEALTH CARE PROVIDER has the right to terminate the membership of the said member who perpetrated or participated in the fraudulent act.
- 3. In the event that the member exceeds his Maximum Coverage Limit, the excess amount shall be collected from the member by the **HEALTH CARE PROVIDER** with the assistance of the SC-OAS.

POINT OF SERVICE

All benefits under this Healthcare package are covered if availed outside the network except as provided in C.12, C.13 and C.14 on reimbursement basis not exceeding eighty percent (80%) of what it would have cost the HMO had the case been managed within the accredited hospital and doctors network. The provision on incremental rate difference shall apply when a room higher than the category enrolled is used. However, the following benefits are subject to the aforementioned eighty percent (80%) reimbursement and not exceeding the corresponding limits prescribed below:

POS table of limitations

A. In Patient Limits

> Professional Fees 80% HMO rates Hospital Bills 80% HMO rates

B. Out Patient

Professional Fees 80% HMO rates 80% HMO rates Lab. Exam

XI. **VENUE OF ACTIONS**

Any dispute arising from this Contract which cannot be resolved amicably by the contracting parties shall be tried in the proper court of the City of Manila only, to the exclusion of all other venues.



ANNEX A: Maximum Coverage Limits (MCLs)

The MCLs per member per illness/injury per contract year shall be as follows:

	Member	MCL
1)	Incumbent Justices	One Million Pesos $(\cancel{P}1,000,000.00)$
	Employees	Three Hundred Fifty
2)	(Permanent, Casual, Coterminous and	Thousand Pesos
,	Contractual)	(₽350,000.00)
1)	Spouses of incumbent Justices	One Million Pesos
1)	Spouses of incumbent justices	$(\mathbf{P}1,000,000.00)$
2)	Retired Justices up to the last day of	One Million Pesos
2)	age 74	$(\mathbf{P}1,000,000.00)$
	Patiral Employage up to the last day of	Three Hundred Fifty
3)	Retired Employees up to the last day of age 69*	Thousand Pesos
	age 09	(P 350,000.00)
		Three Hundred Fifty
4)	Qualified Dependents *	Thousand Pesos
	-	$(\cancel{P}350,000.00)$

Voluntary Membership and Self-enroll



ANNEX B: Categories of Illnesses

A. Pre-existing Conditions/Diseases

Pre-existing illnesses are medical conditions present before enrollment such as but not limited to the following:

- 1. Abnormalities of the nasal septum and turbinates
- 2. Allergies, hay fever
- 3. Anal Fistula
- 4. Anemia
- 5. Arthritis, Gout
- 6. Bronchial Asthma
- 7. Back injuries or persistent back pains (Scoliosis, Lumbago)
- 8. Benign tumors or cysts
- 9. Buergher's Disease
- 10. Calculi of the kidneys, urethra, bladder and other kidney diseases
- 11. Cataract, Glaucoma
- 12. Diabetes Mellitus
- 1. Diseased tonsils requiring surgery
- 2. Degenerative bone diseases, Hypertrophic bone diseases
- 3. Endometriosis, PID, Uterine Myoma and Ovarian Cysts
- 4. ENT tumors
- 5. Gastric or Duodenal Ulcers
- 6. Gallstones
- 7. Goiter
- 8. Hypo- and Hyperthyroidism
- 9. Disabling migraine and other headaches
- 10. Hemorrhoids, rectal bleeding
- 11. Hernia (all types)
- 12. Hypertension
- 13. Vaginal bleeding, whether dysfunctional or abnormal bleeding
- 14. Liver conditions such as jaundice, non-alcoholic cirrhosis, hepatitis, cancer, abscess
- 15. UTI, Urinary Incontinence (loss of urine control)
- 16. Persistent bowel disease
- 17. Prostate diseases, BPH
- 18. Sinus conditions requiring surgery, sinusitis, nasal deviations, adenoiditis
- 19. Tuberculosis, all forms
- 20. Varicose veins
- 21. Menieres disease, vertigo
- 22. Tumors of the skin, muscular tissue, breast, bone or malignancies of blood or bone marrow
- 23. Collagen diseases
- 24. Psoriasis and Vitiligo
- 25. Visual defects
- 26. Malignancies and blood dyscracias (cancer, leukemias, idiopathic Thrombocytopenic Purpura)

B. Dreaded Illnesses

Dreaded illnesses are considered serious, critical, or life threatening conditions such as but not limited to:

- 1. Accidents and burns
- Any ailment needing ICU/CCU care and its equivalent 2.
- Cerebrovascular accidents and/or complications 3.
- 4. Neurosurgical conditions such as previous craniotomy cases with sequalae
- 5. Poliomyelitis, Encephalitis, Meningitis
- Guillain-Barre Syndrome 6.
- 7. Hypertensive emergencies and other chronic cardiovascular, ischemic heart diseases to include open heart by-pass surgery
- 8. Endocrine Disorders, Diabetes Mellitus
- 9. Disorders of lipoprotein metabolism and other lipidaemias
- 10. **Chronic Pulmonary Diseases**
- 11. Chronic Renal Diseases to include serious conditions needing peritoneal or hemodialysis
- 12. All types of cancer to include therapeutic, palliative, diagnostic modalities
- 13. Chronic liver diseases, liver cirrhosis, Hepatitis B complications except those due to alcoholism, drug addictions, substance abuse
- 14. Chronic Gastrointestinal diseases which may require bowel resection and/or anastomosis
- Blood dyscrasia or infections (ex. Leukemia, Hemophilia, 15. Bacteremia, Septicemia)
- 16. Collagen diseases, Immunologic Disorders
- HIV, AIDS and AIDS-related diseases 17.
- Back injuries or persistent back pains (scoliosis, lumbago), slipped 18. disc, spinal stenosis, spondylosis and the like
- COVID-19, moderate to severe 19.

C. Non-dreaded Illnesses

Any illness or injury not covered under Dreaded Illnesses and those enumerated as Exclusions.

ANNEX C: Exclusions

The following conditions will be considered exclusions from the coverage:

- A. Cosmetic surgery and Oral surgery except for dermatological procedures contained under A.6 of the Terms of Reference and for reconstructive surgery to treat a dysfunctional defect due to disease, accident or injury
- Circumcision except for correction of Phimosis В.
- Experimental medical procedures, acupuncture, acupressure, reflexology and chiropractics
- Services to diagnose and/or reverse infertility or fertility and D. virility/potency (erectile dysfunction)
- Sexually transmitted diseases except HIV and AIDS Ε.
- F. caused by firecrackers lit/exploded by the Injuries himself/herself:
- G. Injuries/illnesses suffered under conditions of war, riots, other civil disturbances;
- Self-inflicted injuries or those resulting from attempted suicide, self-Н. destruction, participation in a crime/violation of ordinance, or attributable to the MEMBER's own misconduct or gross negligence, or use of alcohol and/or drugs; provided however, that a police report, although generally considered essential, shall not be used as sole basis for denying a member's benefits and shall merely be considered as a disputable presumption;
- Treatment of injuries sustained in a motor vehicle accident if the I. MEMBER or his guardian fails or refuses to sign the Deed of Subrogation;
- J. Rest cures, custodial, domiciliary, convalescent or intermediate care;
- Purchase or lease of durable medical equipment, oxygen dispensing equipment and oxygen except when prescribed and necessitated during hospital confinement
- Routine physical examination and diagnostic/screening test for obtaining L. or continuing employment, requirement in school, insurance or government licensing
- Professional fees of medico-legal officers M.
- Dermatological procedures for purposes of beautification N.
- O. Corrective eye surgery for error of refraction
- Vitamins, supplements, tonic products, soap and shampoo P.
- Screening tests for blood donors including all expenses incurred in the process of organ donation
- R. Screening tests for gynecological hormonal imbalance including for menopausal syndromes and its complications
- Custodial, domiciliary and convalescent care S.

TECHNICAL BID FORM

(TAB I-6: Conformity to the Technical Specifications / Terms of Reference)

[Bidders must state here either "Comply" or "Not Comply" against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of "Comply" or "Not Comply" must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder's statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the applicable laws and issuances.]

This form itself must be submitted. Recopying is not allowed and may be a ground for disqualification.

	Requirements (Paged on the Towns of Reference)		
T (10)	,	Based on the Terms of Reference)	Compliance
I. CO	VERAGE		
II OED	VICE AND DE		
	VICE AND BE		
		enefits under the SC Healthcare Plan shall include the	
101	lowing:	A. Out-Patient Services shall include:	
A 1	D C : 1 C		
A.1		ees and charges for consultation and management by	
4.0		ors, specialist/s and sub-specialist/s;	
A.2		the corresponding fees/charges for prescribed special	
	•	redures and other modern modalities of treatment up to the	
		erage Limits (MCL) (please refer to Annex A hereof) such	
	· ·	ted to, the following:	
	A.2.1	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, and	
		Real Time Polymerase Chain-Reaction Test (RT-PCR),	
		Rapid Antibody Test, Rapid Antigen Test, Saliva Test	
		for Covid19, if medically prescribed;	
	A.2.2	Diagnostic and Therapeutic Ultrasound;	
	A.2.3	Radiographic studies;	
	A.2.4	Rhinoscopic, Bronchoscopic and/or endoscopic exams;	
	A.2.5	3D Imaging, CT scan and/or MRI and/or Pet Scan of	
		body organs or regions	
	A.2.6	All forms of Echocardiography and Treadmill Stress	
		Test and other cardiac diagnostic, such as Nuclear	
		Cardiac Perfusion study and angiography;	
	A.2.7	Electromyography with Nerve Conduction Tests;	

	A.2.8	Mammography;	
	A.2. 9	Peritoneal or Hemodialysis up to the maximum coverage limits;	
	A.2.10	Cancer treatment to include radiotherapy and chemotherapy (whether oral or intravenous), bone marrow transplant and brachytherapy, and others, up to the maximum coverage limits;	
	A.2.11	Eye, ear, nose and throat treatment; and,	
	A.2.12	Coverage for cataract extraction or glaucoma laser treatment up to the MCL. Entitlement to the lens shall be in an amount not exceeding P10,000.00 per eye.	
A.3	and labo	al and Post-natal care. Pre-natal care shall include consultation oratory examinations. Laboratory examinations for purposes of all care shall include all of the following:	
	A.3.1	Complete Blood Count	
	A.3.2	Blood typing	
	A.3.3	Urinalysis	
	A.3.4	Plain Pelvic Ultrasound	
	A.3.5	Additional tests (in this case, only the initial test shall be covered) may form part of pre-natal care, as may be determined by the attending OB-GYN, which shall include tests for Hepatitis B antigen, VDRL, and/or Oral Glucose challenge test and/or oral glucose tolerance test.	
A.4	Treatme	ent of minor injuries and illnesses;	
A.5		surgeries not requiring confinement (e.g. excision of cysts and perficial mass/es);	
A.6	Speech a	and physical therapy up to 12 sessions per member per contract	
A.7	Pulmonary Rehabilitation Therapy (post Covid19) up to 10 sessions		
A.8	Cauterization of <u>warts</u> up to a maximum of ₽ 5,000.00 per member per contract year		
A.9	Excision of moles (malignant or suspected to be malignant) up to maximum of \$\frac{10,000.00}{200}\$ per member per contract year		
A.10	hospitals specialis Maximu	enses for OUT-PATIENT SERVICES rendered in accredited s or clinics and done by an accredited physician, specialist or substant shall be on a "no cash-out basis" and shall be covered up to the am Coverage Limits based on the HEALTH CARE DER's prevailing Relative Value Units (RVU) rates	



A.11 In case it becomes inevitable or necessary for an accredited physician or specialist to refer the member to a non-accredited physician, specialist, or sub-specialist, 100% of the actual professional fees shall be settled by the HEALTH CARE PROVIDER directly with the non-accredited physician. In case the patient prefers a non-accredited physician or specialist of his or her choice, the professional fees shall be settled first by the patient subject to reimbursement by the HEALTH CARE **PROVIDER** based on prevailing RVU (Relative Value Unit) rates. Expenses in non-accredited hospitals shall be reimbursed based on the A.12 **HEALTH CARE PROVIDER's** existing RVU rates Payment in excess of what is allowed shall be shouldered by the A.12.1 patient: A.12.2 Information the **HEALTH CARE PROVIDER's** on prevailing surgical and hospital rates shall be provided in advance by the HEALTH CARE PROVIDER for the information of the members **B.** Preventive Services shall include: **B**.1 Administration of anti-influenza vaccine, once a year, and single shot of any one of the vaccines specified below, charged against the MCL, should be subject to prevailing medical and health guidelines and protocols B.1.1 Pneumonia: B.1.2 Varicella: B.1.3 Hepatitis B; B.1.4 Cervical Cancer; B.1.5 Typhoid; and B.1.6 Dengue B.2 Lectures and seminars on pertinent health topics/issues per quarter; and B.3 Health (diet, exercise and nutrition) habits and family planning counseling C. Emergency Care Services **Emergency Care Services** shall be provided for 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: Emergency Doctor or Specialist services C.1C.2 Emergency room fees, as well as fees of other hospital facilities used in the emergency treatment Surgery or treatment of lacerations and other injuries C.3 C.4 Medicines and/or drugs for emergency treatment C.5 X-ray, laboratory examinations and all diagnostic procedures necessary for the emergency management of the patient;



	THE		
C.6	Oxygen,	intravenous fluids, blood transfusions and human blood products	
C.7	Dressing	gs, sutures and plaster casts	
C.8		nd passive immunization/vaccines against tetanus, snake venoms, pites, rabies (Initial and subsequent doses shall be covered up to 0.00.)	
C.9		ambulance service from the patient's residence or his/her to the nearest hospital	
C.10	All other services, items and supplies necessary for the emergency management of the patient		
C.11	All expe (except (in an ac specialis	enses for emergency care services, enumerated in this Section C C.8), which were used in the emergency treatment of the patient eccredited hospital or clinic and by an accredited physician, at and/or sub-specialist shall be covered up to the Maximum e Limits (please refer to Annex A) and provided on a "no cash-	
	C.11.1	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 HEALTH CARE PROVIDER shall cover the difference in the room rates and other room-	
C.12	C, which	based charges or incremental costs for the first 24 hours nses for the emergency care services, enumerated in this Section were used in the emergency treatment of the patient in a non- ed hospital or clinic and by a non-accredited physician, specialist	
	C.12.1	In areas where the HEALTH CARE PROVIDER has no accredited hospital or clinic, the HEALTH CARE PROVIDER shall reimburse all expenses including doctor's fees incurred by the patient up to the Maximum Coverage Limits	
	C.12.2	In areas where the HEALTH CARE PROVIDER has an accredited hospital or clinic, the HEALTH CARE PROVIDER shall reimburse all expenses including doctor's fees incurred by the patient based on the HEALTH CARE PROVIDER'S existing RVU rates as if the patient had been confined in the accredited hospital or clinic and/or seen by accredited physicians, specialists and/or sub-specialists.	
C.13	of emerg	gency care services (enumerated in this Section) where rendered aber while in a foreign country; and,	
C.14	The trans	sfer of a patient from a non-accredited hospital to an accredited shall be covered by the HEALTH CARE PROVIDER up to the m Coverage Limits in the following situations only:	
	C.14.1	In serious or life-threatening cases where the immediate transfer of the patient is medically contraindicated, 100% of actual expenses shall be defrayed by the HEALTH CARE PROVIDER including ground ambulance transfer until transfer is eventually effected;	



	C.14.2	In cases where the patient refuses to be transferred, 100% of the fees and charges shall be reimbursed by the HEALTH CARE PROVIDER based on the HEALTH CARE PROVIDER's existing RVU rates as if the patient had been confined in an accredited hospital and/or seen by an accredited physician or specialist;	
	C.14.3	In serious or life-threatening cases where the immediate transfer is an absolute necessity for the patient's survival, the HEALTH CARE PROVIDER shall defray 100% of all related expenses until transfer is eventually effected	
		D. Hospitalization / In-Patient Services shall include:	
D.1	Room So	ervice:	
	D.1.1	For the incumbent Justices and their respective spouses, the highest type of open private room (i.e. open large [big] private room) and board accommodation available within the One Million Pesos (\$\mathbb{P}\$1,000,000.00) limit.	
		Spouses of incumbent Justices shall be accorded the same privilege as mentioned above should they opt to enroll under the Healthcare Plan	
	D.1.2	For the Employees and enrolled and qualified dependents, a regular private room and board accommodation	
	D.1.3	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	
	D.1.4	Operating Room and Recovery Room Services and their charges up to the Maximum Coverage Limits; and,	
	D.1.5	Intensive Care Unit (ICU)/ Cardiac Care Unit (CCU) up to the Maximum Coverage Limits.	
D.2	specialis	onal services of accredited physician/s, specialist/s, subst/s and/or consultant/s. More consultants or specialists may be when necessary	
D.3		nd medicines for use in the hospital	
D.4		blood and human blood products, transfusions and intravenous neluding blood screening and cross matching	
D.5	X-ray an	nd laboratory examinations	
D.6	Complete coverage of all diagnostic procedures and examinations including but not limited to MRI, CT Scan, EEG, Ultrasound, Holter monitoring, cardiac catheterization and other state of the art diagnostic and therapeutic procedures deemed necessary, including Covid19 tests, whenever necessary		
D.7	Anesthe	sia and its administration	



D.8	Oxygen a	and its administration		
D.9	_	s, sutures, plaster casts and other miscellaneous supplies for treatment		
D.10		nursing services		
D.11	Hospital	admission kit		
D.12	_	•	ollowing modalities of treatment and ne MCL, unless otherwise specified, to	
	D.12.1	3D Imaging;		
	D.12.2	Acquired (Adult) Her	rnia;	
	D.12.3	Angiography;		
	D.12.4	Venography;		
	D.12.5	Angioplasty;		
	D.12.6	24 hours ambulatory	blood pressure monitoring;	
	D.12.7	Arthroscopic Knee S		
	D.12.8	Chemotherapy (whet	her oral or intravenous);	
	D.12.9	Cryosurgery;		
	D.12.10	Dialysis;		
	D.12.11		th Doppler and contrast study;	
	D.12.12	, , ,	with nerve conduction;	
	D.12.13	Endoscopic Procedur		
	D.12.14			
	Including:			
		D.12.14.1	Cataract surgery; Cost of lens shall not exceed ₱ 10,000 per eye;	
		D.12.14.2	Laser eye treatment except to correct error of refraction;	
		D.12.14.3	Endoscopic sinus surgery;	
		D.12.14.4	Laser Tonsillectomy	
	D.12.15	Flourescein Angiogra	am;	
	D.12.16	Hyperalimentation;		
	D.12.17	Hysterescopic Myom	a Resection;	
	D.12.18	Laparoscopic Cholec	ystectomy;	
	D.12.19	Laser Treatment for 1	Retinal Detachment and Glaucoma;	
	D.12.20	Lithotripsy;		
	D.12.21	Mammography;		
	D.12.22	M-Mode Echocardio		
	D.12.23	MRA (Magnetic Res	onance Angiogram)	
	D.12.24	Neuroscan;		
			Isotope Scans (thyroid, bone,	
			other organ systems) ultrasound and pt the cost of radioactive pellets called	
	D.12.25	internal devices;	excluding cost of surgically implanted	
	D.12.26	1 17		
	D.12.27	Physical Therapy; up	to 12 sessions per member per year	

~			
	D.12.28		
	D.12.29	Sclerotherapy up to a maximum of \$\mathbb{P}80,000.00 per member per	
		year;	
	D.12.30	Bone Narrow and other organ transplant up to MCL	
	D.12.31	Sleep Study	
	D.12.32	Speech Therapy up to 12 sessions per member per year;	
	D.12.33	Thallium Scintigraphy;	
	D.12.34	Treadmill stress test;	
	D.12.35	Transurethral Microwave Therapy; and,	
	D.12.36		
	D.12.37	All other special modalities/Sophisticated laboratory and	
		diagnostic procedures that are new in the market and are	
		available, including RT-PCR test, Swab test, Saliva test for	
		Covid19, among others, shall be covered if medically	
		prescribed.	
D.13	Other Ho	ospitalization/In-Patient benefits shall include	
2.10	D.13.1	For each congenital disease up to a maximum of Seventy	
	2.12.1	Thousand Pesos (P70,000.00) per member	
	D.13.2	Maternity assistance benefit for female members, whether	
	D.13.2	single or married, up to one (1) pregnancy per contract year	
		(one (1) live birth only), up to the maximum amount of	
		P50,000.00 per event for normal spontaneous delivery, up to	
		the maximum amount of P75,000.00 per event for Caesarian	
		Section, and P20,500 for D & C regardless of the underlying	
		cause;	
	D.13.3	,	
	D.13.3	Expenses due to any complication which may arise by reason	
		of the deliveries, whether normal or caesarian, or intra-	
		operative complication of D & C up to the MCL	
		E. Dental Care Services shall include:	
E.1	Oral prop	phylaxis (Bi-Annual);	
		, , , , , , , , , , , , , , , , , , ,	
E.2	Ordinary	tooth extractions and drainage of abscess;	
		and the state of t	
E.3	Tempora	ry restorations (unlimited fillings, pain management);	
		-,	
E.4	Permanei	nt fillings of four (4) teeth;	
		, and the same of	
E.5	Treatmen	nt of mouth lesions, wounds and burns;	
2.0		work of mount to find, would be und burns,	
E.6	Recemen	tation of fixed bridges, loose jackets, crowns, inlays and onlays;	
2.0		number of fined offuges, roose judicies, erowins, may build offuges,	
E.7	Restorati	ve Prosthodontic Treatment (including cost of Plastic dentures	
٠.,		cases per year for the whole institution, each case shall not exceed	
	-	ant of Two Thousand Pesos (P2,000.00);	
	the amou	int of 1 wo 1 nousand 1 csos (1 2,000.00),	
E.8	Simple a	djustment of dentures;	
ட.0	Simple at	ajustinent of dentures,	
E.9	Orthodor	ntic and Temporo Mandibular Joint (TMJ) consultations;	
ப. /	Orthodol	ine and rempore mandicular some (11913) consultations,	
E.10.	Two (2) 1	Root Canal Treatments.	
L.1U.	1 WU (2)	Noot Canal Heatments.	



		F. Annual Physics	al Examination	
F.1	Annual P	hysical Examinations shall include		
		examination and laboratory tests	• •	
F.2		us array of examinations/tests are j	packaged in accordance with	
		ory as follows:	<u> </u>	
	Age	Examinations	Laboratory Tests	
	Category			
	Ages 18 – 35	History, BMI measurement, and P.E., including ophthal-mologic and ENT tests	CBC, Urinalysis, Fecalysis, Blood Chemistry: Fasting Blood Sugar, Hgb A1C, BUN, Creatinine, Uric Acid, Cholesterol, Triglyceride, HDL, LDL, HDL/LDL ratio, Liver Function: SGPT(ALT), SGOT (AST), Chest X-ray, EKG (Optional).	
	Ages 36 – 50	History, BMI measurement, and P.E., including ophthal-mologic and ENT tests	CBC, Urinalysis, Fecalysis, Blood Chemistry: Fasting Blood Sugar, Hgb A1C, BUN, Creatinine, Uric Acid, Cholesterol, Triglyceride, HDL, LDL, HDL/LDL ratio, Liver Function: SGPT(ALT), SGOT (AST), total Bilirubin, B1B2 Albumin, Globulin, A/G ratio, Alkaline Phosphatase, Serum electrolytes: Sodium, Potassium, Calcium; Chest x-ray; Cardiac Work-up: 12-lead ECG or Treadmill Stress Test plus 2D Echocardiography (plain); Mammography (for females); Pap Smear (for females); Digital Rectal Examination + PSA (for males); abdominal and pelvic ultrasound (if indicated); Proctoscopy (if indicated).	
	Ages 50 & above	History, BMI measurement, and P.E., including ophthal-mologic and ENT tests	CBC, Urinalysis, Fecalysis, Blood Chemistry: Fasting Blood Sugar, Hgb A1C, BUN, Creatinine, Uric Acid, Cholesterol, Triglyceride, HDL, LDL, HDL/LDL ratio, Liver Function: SGPT(ALT), SGOT (AST), total Bilirubin, B1B2 Albumin, Globulin, A/G ratio, Alkaline Phosphatase,	

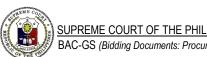
***	D THE COM	
		Serum electrolytes: Sodium,
		Potassium, Calcium; Chest
		x-ray; Cardiac Work-up:
		12-lead ECG or Treadmill
		Stress Test plus 2D
		Echocardiography with
		Doppler studies);
		Mammography (for
		females); Pap Smear (for
		females); Digital Rectal
		Examination + PSA (for
		males); abdominal and
		pelvic ultrasound (if
		indicated); Proctoscopy and
		Barium Studies; Pulmonary
		Function Tests.
F.3	The annual physical examinations of the Ju	astices and their spouses who
	are enrolled in the Plan may be done either	_
	service, at an accredited hospital/clinic of	
	physician shall recommend the array of te	sts to be done. The coverage
	thereof shall not be subject to age category	
F.4	The annual physical examinations of all of	
	shall be done as an out-patient service at an	2 V
	separate guideline on this shall be provided	•
F.5	Drug testing shall be included as part of the	
1.5	on random basis.	difficult physical examination
	on <u>random basis</u> .	
	G. Reimbursement for Prescr	ihad Madicines and Vaccines
		der Section B.1 and C.8
G.1		
0.1	Reimbursement of up to Seven Thousand Po	<u> </u>
	per contract year for prescribed medicines a	
	Section B.1 and C.8 (excluding vitamins,	
	soap and shampoo), whether prescribed a	
	emergency treatment, hospitalization, den	tal services, annual physical
	examination or preventive service; and	
G.2	Reimbursement of oral chemotherapy m	edicines shall be up to the
	maximum coverage limit	
	H. OPTICAL	L BENEFIT
H.1	Reimbursement for Lens and Frames not	exceeding Seven Thousand
	Pesos (₱7,000.00) per member per year	
	I. DEATH	BENEFIT
I.1	Financial assistance in the amount	of Fifty Thousand Pesos
	(₽ 50,000.00) shall be given regardless of	of the cause of death of the
	member.	
I.2	The package of benefits and the correspond	ing premium payments for (a)
ĺ		
	the retired justices and (b) the spouses of it	icumbent justices shan be the
	the retired Justices and (b) the spouses of in same as that of the incumbent Justices.	leumbent Justices shan be the
	same as that of the incumbent Justices.	leumbent Justices shan be the
I.3	same as that of the incumbent Justices.	
I.3	same as that of the incumbent Justices. The package of benefits and the correspond	ing premium payments for (a)
I.3	same as that of the incumbent Justices. The package of benefits and the correspond the qualified dependents of the incumbent	ing premium payments for (a) t Justices, and (b) the retired
I.3	same as that of the incumbent Justices. The package of benefits and the correspond	ing premium payments for (a) t Justices, and (b) the retired



TTT	TEDMC AND CONDITIONS	
111.	TERMS AND CONDITIONS The HEALTH CARE PROVIDER shall provide for all the services.	
1	The HEALTH CARE PROVIDER shall provide for all the services	
	necessary to manage and/or administer the Supreme Court Healthcare Plan in accordance with the requirements and conditions set herein.	
	Fian in accordance with the requirements and conditions set herein.	
2	The HEALTH CARE PROVIDER guarantees to deliver efficient and	
2	effective service consistent with the objectives and purposes of the	
	contract.	
	contract.	
3	All Pre-existing Conditions and Illnesses including Dreaded and Non-	
	Dreaded Illnesses (please refer to Annex B) shall be waived or shall be	
	covered immediately upon effective date of coverage. The list of	
	Exclusions is indicated in Annex C.	
4	All expenses for EMERGENCY CARE SERVICES enumerated in	
	Section II (C) used in the emergency treatment of the patient and rendered	
	in an accredited hospital or clinic and by an accredited physician,	
	specialist and/or sub-specialist shall be covered up to the Maximum	
	Coverage Limits (please refer to Annex A) and provided on a "no cash-	
	out basis."	
	All	
5	All expenses for EMERGENCY CARE SERVICES enumerated in	
	Section II (C) used in the emergency treatment of the patient and rendered	
	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 as follows:	
	Tollows.	
	5.1 In areas where the HEALTH CARE PROVIDER has no	
	accredited hospital or clinic, the HEALTH CARE PROVIDER	
	shall reimburse all expenses including doctor's fees incurred by	
	the patient up to the Maximum Coverage Limits;	
	5.2 In areas where the HEALTH CARE PROVIDER has an	
	accredited hospital or clinic, the HEALTH CARE PROVIDER	
	shall reimburse all expenses including doctor's fees incurred by	
	the patient based on the HEALTH CARE PROVIDER'S	
	existing RVU rates as if the patient had been confined in the	
	accredited hospital or clinic and/or seen by accredited	
	physicians, specialists and/or sub-specialists.	
	A11 C. HOODITALIZATION/DI DATENTA CEDIMORO	
6	All expenses for HOSPITALIZATION/IN-PATIENT SERVICES such as,	
	but not limited to, professional fees, laboratory and other diagnostic	
	services, referrals, medicines and other drugs used in the treatment of the	
	patient and rendered in an accredited hospital or clinic and by an	
	accredited physician/s, specialist/s and/or sub-specialist/s shall be	
	covered up to the Maximum Coverage Limits.	
7	The professional services of a non-accredited physician, specialist or sub-	
_ ′	specialist, rendered to a member while hospitalized for non-emergency	
	treatment in a non-accredited hospital will be reimbursed based on the	
	HEALTH CARE PROVIDER'S existing RVU rates.	
	TELETTI OTHE I NO TIDEN & CARRING IN O Taics.	



		<u>, </u>	
	7.1	Expenses in excess of what is allowed shall be shouldered by the patient	
0	7.2	Information on the HEALTH CARE PROVIDER'S prevailing surgical and hospital rates shall be provided within thirty (30) days from execution of contract by the HEALTH CARE PROVIDER for the information of the members	
8	hospital specialis Maximu	l or clinic and done by an accredited physician, specialist and subset shall be on a "no cash-out basis" and will be covered up to the um Coverage Limits based on the HEALTH CARE IDER'S existing RVU rates.	
9	specialis sub-specialis RVU ra with the accredit patient s	it becomes inevitable or necessary for an accredited physician or ast to refer the member to a non-accredited physician, specialist, or ecialist, 100% of the actual professional fees based on existing ates shall be settled by the HEALTH CARE PROVIDER directly the non-accredited physician. In case the patient prefers a non-ted physician, the professional fees shall be settled first by the subject to reimbursement by the HEALTH CARE PROVIDER on prevailing RVU rates	
10	with No accredit	es in non-accredited hospitals shall be reimbursed in accordance to. 7 above. However, the transfer of a patient from a non-ted hospital to an accredited hospital shall be covered by the TH CARE PROVIDER up to the Maximum Coverage Limits in owing situations only:	
	10.1	In serious or life-threatening cases where the immediate transfer of the patient is medically contraindicated, 100% of actual expenses shall be defrayed by the HEALTH CARE PROVIDER including ground ambulance transfer until transfer is eventually effected	
	10.2	In cases where the patient refuses to be transferred, 100% of the fees and charges shall be reimbursed by the HEALTH CARE PROVIDER based on the HEALTH CARE PROVIDER'S existing RVU rates as if the patient had been confined in an accredited hospital and/or seen by an accredited physician or specialist	
	10.3	In serious or life-threatening cases where the immediate transfer by any means is an absolute necessity for the patient's survival, the HEALTH CARE PROVIDER shall defray 100% of all related expenses until transfer is eventually effected	
11	PROVI	ms for reimbursement must be submitted to the HEALTH CARE IDER within thirty (30) working days from the date of discharge ultation and shall be paid within twenty (20) working days from sion of claim provided all necessary supporting documents are red	



	P THE STATE OF THE		
12		EALTH CARE PROVIDER shall provide liaison officers, ators (preferably hospital-based), and hotline services as follows:	
	12.1	Liaison officers, coordinators (preferably hospital-based), and hotline services for EMERGENCY CARE SERVICES and HOSPITALIZATION/IN-PATIENT SERVICES shall be made available on a 24-hour 7-day basis;	
	12.1	Designated Medical Coordinators and/or accredited doctors and dentists in hospitals and/or clinics for OUT-PATIENT SERVICES shall be available from 8AM to 5PM and from Mondays through Saturdays. The designated Medical Coordinator must be a physician who shall be responsible for coordinating and overseeing the required healthcare services and benefits of the patient. He/she will initially examine, treat or refer patients to a specialist/s and/or sub-specialist/s, order diagnostic tests, prescribe the medicines and/or drugs, and arrange for the hospital confinement of the member whenever necessary;	
	12.3	At least one (1) liaison officer at the Supreme Court premises at Padre Faura St., Ermita, Manila, shall be provided to attend to availment concerns from Monday to Friday from 8AM to 5PM.	
13	The HE following	CALTH CARE PROVIDER shall be required to submit the g:	
	13.1	A Utilization Report containing the following information, among others: Services (Emergency Care, Hospitalization/In-Patient,Out-Patient, Reimbursements, Dental Care, Annual Physical Examination, Burial etc.) and benefits availed of and amount of utilization, the census of cases according to illness, age, sex, and duration of hospitalization. These reports shall be submitted on a semestral basis to the SC-OAS within sixty (60) days counted from the end of every semester	
	13.2	An updated list of Healthcare Provider coordinators, accredited hospitals, clinics, physicians, dentists including centers accredited for special services such as but not limited to dialysis, eye care, animal bites or poisoning management, slimming and biometric programs. These informational materials shall be submitted, within thirty (30) days from execution of the contract to the Court, through the SC-OAS	
	13.3	Announcements/Pamphlets/Member Guideline Booklets for proper information and dissemination to the members to the Court, through the SC-OAS within thirty (30) days from execution of the contract	
14	the SC-C	ctively monitor contract compliance and observations and s regarding the delivery of services and benefits under the Plan, DAS is designated as the Healthcare Plan Coordinator, and will be with coordinating with the HEALTH CARE PROVIDER and/or prized representatives.	



X.

XI.

POINT OF SERVICE

VENUE OF ACTIONS

ANNEXES (A, B, C)

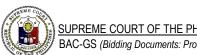
BAC-GS (Bidding Documents: Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two [2] Years) 15 The benefits under the PhilHealth and/or Employees Compensation Commission (ECC) are deemed integrated with the benefits under this Plan. Hence, the **HEALTH CARE PROVIDER** shall not be required to pay or advance the cost of benefits under PhilHealth and/or ECC. In case of hospital confinements, members should accomplish and submit the required PhilHealth Claim Form. Otherwise, the HEALTH CARE PROVIDER shall not be required to pay the PhilHealth portion of the hospital bill. The member who fails to claim the benefit under the PhilHealth shall pay the cost of the unclaimed benefit If the member's bodily injuries are claimed to have been caused by an act 16 or omission of a third party through a motor vehicle, the services and benefits shall be covered if the member executes an agreement to subrogate to the HEALTH CARE PROVIDER whatever rights the member may have by reason of the accident or event that gave rise to the 17 The **HEALTH CARE PROVIDER** shall maintain a satisfactory standard of competency, conduct and integrity among its employees. In this regard, the HEALTH CARE PROVIDER shall act on complaints/feedbacks brought to its attention by the SC-OAS. IV. CONTRACT PERIOD V. **CONTRACT PRICE** VI. PERFORMANCE SECURITY VII. **OBLIGATIONS OF THE COURT** VIII. PENALTY CLAUSES OTHER CONDITIONS IX.

	deliver all the above Technical Spec eference and requirements:	ifications / Ter	ms
Name of Company/Bidder Representative	Signature over Printed Name of	Date	



Section VIII. Checklist of Technical and Financial Documents

		ENVELOPE 1: TECHNICAL COMPONENT						
CLASS "A" DOCUMENTS								
Checklist	INDEX TABS	LEGAL DOCUMENTS						
	I-1	Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages)						
		Or, in lieu of the Platinum PhilGEPS Certificate:						
		I-1.a Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives or its equivalent document,						
		I-1.b Mayor's or Business permit issued by the city or municipality where the principal place of business of the prospective bidder is located, or the equivalent document for Exclusive Economic Zones or Areas I-1.c Tax clearance per E.O. No. 398, s. 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR).						
		TECHNICAL DOCUMENTS						
	I-2	Statement of the prospective bidder of all its ongoing government and private contracts, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid.						
		The statement shall be supported by the following documents:						
		1. Copies of the Contracts; and						
		(If there is no contract, the purchase order (P.O.) may be submitted as long as the terms and conditions are included therein.)						
		2. Copies of the Notice of Award (NOA) or Notice to Proceed (NTP) (For private contracts, NOA or NTP shall not be required.)						
		(See sample Form VIII-A in Section VIII)						
	I-3	Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the contract to be bid, except under conditions provided for in Sections 23.4.1.3 and 23.4.2.4 of the 2016 revised IRR of RA No. 9184, within five (5) years prior to the date of bid submission. The SLCC must be at least fifty percent (50%) of the approved budget for the contract (ABC) or \$\mathbb{P}\$100,000,000.00.						
		Supporting Document/s:						
		The statement shall be supported by a copy/(ies) of the End-User's Acceptance or Official Receipt/(s) Issued for the Contract/(s)therein.)						
		(See sample Form VIII-B in Section VIII)						



I-4	Original copy of Bid Security. If in the form of a Surety Bond, submit also a certification issued by the Insurance Commission; or Original copy of Notarized Bid Securing Declaration (use Form VIII-C in Section VIII)
I-5	Conformity with the Schedule of Requirements (Accomplish/use form in Section VI)
I-6	Conformity with the Technical Specifications, which may include production/delivery schedule, manpower requirements, and/or after-sales/parts, if applicable (use (Accomplish/use form in Section VII)
I-6-a, I-6-b, I-6-c, etc.	Corresponding to each set of supporting documents in relation to the Bidder's conformity with the technical specifications as enumerated and specified in Sections VI and VII, if any.
I-7	Original duly signed Omnibus Sworn Statement (OSS) (use Form VIII-D in Section VIII);
	Note: The Omnibus Sworn Statement needs to be submitted under oath. The Community Tax Certificate is no longer considered competent evidence of identity. In accordance with a Resolution of the Supreme Court, the phrase "competent evidence of identity" refers to the identification of an individual based on any of the following: "at least one current identification document issued by an official agency bearing the photograph and signature of the individual, such as but not limited to, passport, driver's license, Professional Regulations Commission ID, National Bureau of Investigation clearance, police clearance, postal ID, voter's ID, Barangay Certification, Government Service and Insurance System (GSIS) e-card, Social Security System (SSS) card, Philhealth card, senior citizen card, Overseas Workers Welfare Administration (OWWA) ID, OFW ID, seaman's book, alien certificate of registration/immigrant certificate of registration, government office ID, National Council for the Welfare of the Disabled Persons (NCWDP) certification; xxx"
	and if applicable, Original Notarized Secretary's Certificate in case of a corporation, partnership, or cooperative; or Original Special Power of Attorney of all members of the joint venture giving full power and authority to its officer to sign the OSS and do acts to represent the Bidder
I-8	Company profile which shall include information on the number of years in the HMO industry with experience of at least five (5) years in handling government or private accounts on a nationwide basis and the list of its officers, including names, addresses and location sketches of main office and branch office/s if any, and warehouse and service facilities with their respective telephone numbers including photo showing the company's business name.
I-9	Authority of the representative/signatory.
I-10	Latest Certificate of Registration issued by the Insurance Commission to operate as a Health Maintenance Organization (HMO) or an affiliate of HMO
I-11	Updated List of accredited hospitals and clinics, with the corresponding list of accredited doctors nationwide.
I-12	Certificate of good standing from at least five (5) accredited major hospitals.
I-13	Statement identifying at least one (1) EXISTING contract with an annual premium equivalent to at least fifty percent (50%) of the approved budget for the contract (ABC) of ₱200,000,000.00 or ₱100,000,000.00.
	The statement shall be supported by the following documents:
	1. Copy of the contracts; and
	(If there is no contract, the purchase order [P.O.] may be submitted as long as the terms and conditions are included therein.)
	2. Copy of the Certificate of Acceptance or Official Receipt of the last payment received.



Certification/s of at least "Very Satisfactory" Performance from at least two (2) current I-14 clients of similar nature to the contract to be bidded FINANCIAL DOCUMENTS I-15 The Supplier's 2020 Audited Financial Statements, showing, among others, the Supplier's total and current assets and liabilities, stamped "received" by the BIR or its duly accredited and authorized institutions I-16 The prospective bidder's computation of Net Financial Contracting Capacity (NFCC); NFCC = [(Current Assets minus Current Liabilities) x 15] minus the value of all outstanding or uncompleted portions of the projects under ongoing contracts, including awarded contracts yet to be started coinciding with the contract to be bid. The values of the bidder's current assets and current liabilities shall be based on the data submitted to the Bureau of Internal Revenue (BIR), through its Electronic Filing and Payment System (EFPS). (The NFCC shall be based on the 2020 Audited Financial Statement. Bidders shall attach the 2020 Audited Financial Statement to the NFCC Computation.) <u>or</u> A committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation Class "B" Document I-17 If applicable, a duly signed joint venture agreement (JVA) in case the joint venture is already in existence; or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

	ENVELOPE 2: FINANCIAL COMPONENT									
Checklist	INDEX TABS									
	II-1	C		duly E in Sec	signed etion VIII).	and	accomplished	Financial	Bid	Form
	II-2	_	Form \	VIII-F fa			Bid Price Schedule II must be submit	* *	ving or r	retyping

Note: Please cross-reference with Section III. Bid Data Sheet for the updated/additional requirements and instructions for the submission of bids (tabbing, indexing and sealing)

FORM VIII-A

Sample form only.

Statement of all Ongoing Government and Private Contracts Including Contracts Awarded but not yet Started

Name of	Date of the	Contract	Owner's	Kinds of	Amount of	Value of
Contract	Contract	Duration	Name and	Goods	Contract	Outstanding
			Address			Contract
Name o	f Company	Signature	over Printed N	Name of Repro	esentative	Date



FORM VIII-B

Sample form only.

Statement of Single Largest Completed Contract Similar to the Contract to be Bid

Name of	Date of	Contract	Owner's	Kinds of	Amount of	Date of	End User's
the	the	Duration	Name	Goods	Completed	Delivery	Acceptance
Contract	Contract		and		Contract		or Official
			Address				Receipt or
							Sales
							Invoice

Name of Company	Signature over Printed Name of Representative	Date

FORM VIII-C

This form itself must be submitted. Recopying is not allowed and may be a ground for disqualification.

X	X
CITY OF MANILA) S.S.
REPUBLIC OF THE PHILIPPINES)

BID SECURING DECLARATION

ITB No. 2021-22: Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years

To : Supreme Court of the Philippines Padre Faura Street, Ermita, City of Manila

I/We, the undersigned, declare that:

- 1. I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid Securing Declaration.
- 2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting Order; and (b) I/we will pay the applicable fine provided under Section 6 of the Guidelines on the Use of Bid Securing Declaration, within fifteen (15) days from receipt of the written demand by the procuring entity for the commission of acts resulting to the enforcement of the bid securing declaration under Sections 23.1(b), 34.2, 40.1, and 69.1, except 69.1(f), of the IRR of RA 9184; without prejudice to other legal action the government may undertake.
- 3. I/We understand that this Bid Securing Declaration shall cease to be valid on the following circumstances:
 - (a) Upon expiration of the bid validity period, or any extension thereof pursuant to your request;
 - (b) I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right;

(c) I am/we are declared as the bidder with the Lowest Calculated and Responsive Bid, and I/we have furnished the performance security and signed the Contract.

day of	, 20 at	·	
 [Name/s ar	Affiant/s and Signature/s of the Bidder's Auth	norized Representative	
[rame, sa.	and his/her/their legal capaci	<u>*</u>	
	Name of Bidder Represen	ted	
20 at was/were identified by the 2004 Rules on No	AND SWORN to before me, Philippines. Affiant/s is me through competent evidentarial Practice (A.M. No. 02-betent Evidence of Identity.	/are personally know ence of identity/ies as	n to me and s defined in
Name	ID No.	Issued At	Issued On
		NOTARY PU	BLIC
Doc. No; Page No; Book No; Series of 20			

BAC-GS (Bidding Documents: Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two [2] Years)

FORM VIII-D

This form itself must be submitted. Recopying is not allowed and may be a ground for disqualification.

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES)							
CITY/MUNICIPALITY OF) S.S.							
AFFIDAVIT							
I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:							
sworn in accordance with law, do hereby depose and state that:							
I am the [1. sole proprietor; 2. duly authorized and designated representative] of [Name of Bidder] with office address at [Address of Bidder].							
execute and perform any and all acts necessary;][2. duly authorized and designated representative, I am granted full power and authority to do, execute, and perform any and all acts necessary as shown in the attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture), or Special Power of Attorney, whichever is applicable] to represent [Name of Bidder] in the bidding for the Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years;							
[Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;							

Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

a) Carefully examining all of the Bidding Documents;

Philippine Bidding Documents, which includes:

b) Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;

undertaken the following responsibilities as a Bidder in compliance with the

- c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
- d) Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years*.

NOTARY PUBLIC

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of 20 .

FORM VIII-E

Sample form only.

FINANCIAL BID FORM

Date:	
Project Identification No:	

To: [name and address of Procuring Entity]

Having examined the Bidding Documents including Bid Bulletin Numbers [insert numbers], the receipt of which is hereby duly acknowledged, we, the undersigned, offer to [supply/deliver/perform] [description of the Goods] in conformity with the said Bidding Documents for the sum of [total Bid amount in words and figures] or the total calculated bid price, as evaluated and corrected for computational errors, and other bid modifications in accordance with the Price Schedules attached herewith and made part of this Bid. The total bid price includes the cost of all taxes, such as, but not limited to: [specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (iv) other fiscal levies and duties], which are itemized herein or in the Price Schedules,

If our Bid is accepted, we undertake:

- a. to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements on the Bidding Documents;
- b. to provide a performance security in the form, amounts, and within the times specified in the Bidding Documents;
- c. to abide by the Bid Validity Period specified in the Bidding Documents and it shall remain binding upon us at any time before the expiration of that period.

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

We understand that you are not bound to accept the lowest or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements pursuant to the Bidding Documents.

	authorized to [name of bid [state the writt	der] as ev	idenced by		
We acknowledge that the including the attached Schedu Bid.	•		• • •		
Dated this	_ day of		_ 20		
[signature and printed name]	 	[in the cap	pacity of]		
Duly authorized to sign Bid for	or and on behalf	f of:			
	Name of Cor	npany		_	
Add	lress and Teleph	none Numbe	r	_	

FORM VIII - F

(The following form must be filled out and submitted; recopying/retyping this form is not allowed and may be a ground for disqualification)

Bid Price Schedule

COVERAGE	Maximum Coverage Limits (MCL)	QTY	Premium per individual	VAT	Total Premium
Chief Justice and Associate Justices	₱1,000,000.00	17			
Employees	₱350,000.00	2,736			
		TIOT 1	T C T7 1		
		IOIA	L for Year 1		
		CDA	ND TOTAL		
TOT	AL for Year 1 x				
Amount in Words:					
Name:					
Legal Capacity:					
Signature:					
Duly authorized	to sign the Bid f	or and i	n behalf of : _		

FORM VIII - G

Contract Agreement Form



Republic of the Philippines Supreme Court Manila

CONTRACT FOR THE COMPREHENSIVE HEALTHCARE PLAN FOR SUPREME COURT OFFICIALS AND EMPLOYEES FOR TWO (2) YEARS

KNOW ALL MEN BY THESE PRESENTS:
This agreement entered into and executed this day of 20 in the Cit of Manila by and between:
The SUPREME COURT OF THE PHILIPPINES , a government agency of the Republic of the Philippines, with principal office at Padre Faura Street, Ermita, Manila represented herein by ATTY.
-and-
CARE PROVIDER."
WHEREAS, the Supreme Court Bids and Awards Committee for Goods and Services (SC-BAC-GS) posted on an Invitation to Bid for the Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years. The Invitation to Bid was posted on the PhilGEPS, on the Supreme Court Website, and on the Supreme Court Bulletin Boards located in conspicuous places within the COURT'S premises;
WHEREAS, the SUPPLIER won in the public bidding conducted by the COURD and was recommended by the SC-BAC-GS, in its Memorandum date to be awarded the contract for the Comprehensive Healthcare Plance
for Supreme Court Officials and Employees for Two (2) Years, which recommendation was approved by the Court en banc through its Resolution date;

NOW THEREFORE, for and in consideration of the foregoing premises and the stipulations set forth, the COURT and the HEALTH CARE PROVIDER hereby agree on the following:

ARTICLE I CONTRACT DOCUMENTS

- 1.1 **OFFICIAL BID DOCUMENTS.** The **HEALTH CARE PROVIDER** shall perform its contractual obligation in accordance with the following Official Bid Documents which are made integral parts of this Contract:
 - 1.1.1 Proposal and Price Schedule submitted by the **HEALTH CARE PROVIDER**, including the eligibility requirements, technical and financial proposals, and all other documents or statements submitted;
 - 1.1.2 Bid Forms and all other documents submitted, including corrections to the bid,
 - 1.1.3 Schedule of Requirements;
 - 1.1.4 Technical Specifications;
 - 1.1.5 General and Special Conditions of the Contract;
 - 1.1.6 Supplemental Bid Bulletins, if any;
 - 1.1.7 Performance Security;
 - 1.1.8 Notification of Award and the **HEALTH CARE PROVIDER**'s conforme thereto;
 - 1.1.9 Other contract documents that may be required by existing laws and/or the COURT in the Bidding Documents. The HEALTH CARE PROVIDER agrees that additional documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.
- 1.2 **COMPLEMENTARY NATURE.** This Contract and the Official Bid Documents shall be complementary with each other, and what one prescribes shall be prescribed by all. In case of discrepancy between this Contract and the Official Bid Documents, the Official Bid Documents shall prevail.
- 1.3 **INCIDENTAL ITEMS.** This contract shall include all such items, although not specifically mentioned, that can be reasonably inferred as being required for its completion as if such items were expressly mentioned herein.

ARTICLE II OBLIGATIONS OF THE HEALTH CARE PROVIDER

- 2.1 The **HEALTH CARE PROVIDER** shall comply with the following Terms of Reference in Section VII (Technical Specifications):
- 2.2 **EFFECTIVITY DATE.** This Contract shall take effect upon receipt by the **SUPPLIER** of the Notice to Proceed or the effectivity date stated therein, whichever comes later. Performance of all obligations shall be reckoned from the effectivity date of the Contract.

2.3	CONTRA	ACT PI	RICE.	For	and	in consid	dera	tion of t	the full	and sa	tisfact	tory
	delivery	of the	goods	by	the	HEALT	ГН	CARE	PROV	IDER	and	the
	acceptane	ce there	of by th	e CC	UR	T, the Co	OUI	RT shall	pay the	e agreed	d cont	ract
	price of _				(₽).	No adv	ance pa	aymeı	nt is
	allowed.											

ARTICLE III REPRESENTATIONS/WARRANTIES

- 3.1 **PERFORMANCE WARRANTY**. The **HEALTH CARE PROVIDER** represents and warrants that it has the capacity to perform its obligations and undertakings according to the terms and conditions of this Contract and the Official Bid Documents and hereby agrees and warrants that it shall faithfully observe and comply therewith.
- 3.2 WARRANTY SECURITY. After acceptance by the COURT of the goods, a warranty security shall be required from the **HEALTH CARE PROVIDER** in the form of (1) retention money in the amount equivalent to one percent (1%) of every progress payment; or (2) a special bank guarantee equivalent to one percent (1%) of the total contract price which shall be valid for the entire period of the warranty from the date of acceptance. The warranty security shall answer for any loss, damage, injury or expense which may be incurred as a result of any defect in the goods. The said amount shall only be released after the lapse of the warranty period.

ARTICLE IV PERFORMANCE SECURITY

- 4.1 **AMOUNT AND FORM**. The **HEALTH CARE PROVIDER** shall, within ten (10) calendar days from receipt of Notice of Award, post a performance security as a condition precedent to the signing of this Contract to guarantee and secure the timely and complete performance of its commitment under this Contract and the Official Bid The performance security shall either be (1) in cash or Documents. cashier's/manager's check issued by a Universal or Commercial Bank equivalent to five percent (5%) of the total contract price; or (2) bank draft/ guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank, equivalent to five percent (5%) of the total contract price; or (3) a surety bond equivalent to thirty percent (30%) of the total contract price, callable on demand and issued by the GSIS or any of the bonding companies duly accredited by the Supreme Court; or (4) Performance Securing Declaration.
- 4.2 **DISCHARGE OF THE SECURITY**. The performance security shall be released to the HEALTH CARE PROVIDER upon the issuance of the Certificate of Final Acceptance by the **COURT**; Provided, however, that the performance security was not forfeited as a result of the delay or default in the performance of the obligations of the SUPPLIER.
- 4.3 **FORFEITURE**. The failure of the **HEALTH CARE PROVIDER** to comply with any of the requirements or undertakings hereof shall constitute sufficient ground for the forfeiture of its performance security.

ARTICLE V TERMINATION OF CONTRACT

5.1 **TERMINATION FOR DEFAULT**. The **COURT** shall have the right to preterminate this Contract in whole or in part for default of the HEALTH CARE



PROVIDER or breach or violation of the terms and conditions of this Contract for just cause to be determined by the COURT, which determination shall be final and binding to the **SUPPLIER**.

- 5.2 **TERMINATION FOR UNLAWFUL ACTS**. The **COURT** shall have the right to terminate this Contract, which termination shall take effect immediately upon receipt of the Notice of Termination, in case it is determined *prima facie* that the **HEALTH** CARE PROVIDER has engaged, before or during the implementation of this Contract, in unlawful deeds and behavior relative to the acquisition and implementation thereof.
- 5.3 **COMPLETED DELIVERY**. In the event of pre-termination or termination of this Contract by the **COURT**, the **COURT** shall pay the **HEALTH CARE PROVIDER** for the Project delivered up to the date of pre-termination or termination unless such pre-termination was due to the acts or omissions of the HEALTH CARE PROVIDER or breach of this Contract and the Official Bid Documents by the HEALTH CARE PROVIDER.
- 5.4 **REMEDIAL RIGHTS**. Any pre-termination or termination of this Contract shall be without prejudice to any other rights or remedies a party may be entitled to under this Contract and the Official Bid Documents, or under any law, and shall neither affect any accrual of rights or liabilities of either party nor the coming into or continuance in force of any provision hereof which is expressly or by implication intended to come into or continue in force on or after pre-termination or termination.

ARTICLE VI VENUE OF ACTIONS

6.1 Any dispute arising from this Contract which cannot be resolved amicably by the contracting parties *shall be tried* in the proper court of the City of Manila only, to the exclusion of all other venues.

IN WITNESS WHEREOF, the parties have signed this agreement on the date and place first above-stated.

SUPREME COURT OF THE
PHILIPPINES
(COURT)

(HEALTH CARE PROVIDER)

Represented by:	Represented by:
(Authorized	Representative)
SIGNED IN THE PRESEN	CE OF:
	(Witnesses)

ACKNOWLEDGMENT

Republic of the Phi	lippines)
City of Manila) S.S.
BEFORE M	IE personally appeared:
1) and	with Supreme Court Identification Card No;
2)	with Identification Card No
COMPREHENSI AND EMPLOYEI	we the same persons who executed the foregoing Contract for the VE HEALTHCARE PLAN OF SUPREME COURT OFFICIALS ESFOR TWO (2) YEARS and they acknowledged to me that the same untary act and deed.
page where the ac	the foregoing instrument, consisting of five (5) pages, including this knowledgment is written, was duly signed by the parties and their ses on each and every page thereof.
	MY HAND AND SEAL this day of, f Manila, Philippines.

NOTARY PUBLIC

FORM VIII - H

(The following form must be filled out and submitted; recopying/retyping this form is not allowed and may be a ground for disqualification)

REPUBLIC OF THE PHILIPPINES)	
CITY OF) S.S.

PERFORMANCE SECURING DECLARATION

ITB No. 2021-22: Procurement of Comprehensive Healthcare Plan for Supreme Court Officials and Employees for Two (2) Years

To : Supreme Court of the Philippines Padre Faura Street, Ermita, City of Manila

I/We, the undersigned, declared that:

- 1. I/We understand that, according to your conditions, to guarantee the faithful performance by the supplier / distributor / manufacturer / contractor / consultant of its obligations under the Contract, I/we shall submit a Performance Securing Declaration within a maximum period of (10) days form the receipt of the Notice of Award prior to the singing of the Contract.
- 2. I/We accept that: I/we will be automatically disqualified from the bidding for any procurement contract with any procuring entity for a period of one (1) year for the first offense, or two (2) years for the second offense, upon receipt of your Blacklisting Order If I/We have violated my/our obligations under the Contract;
- 3. I/We understand that this Performance Securing Declaration shall cease to be valid upon:
 - a. issuance by the Procuring Entity of the Certificate of Final Acceptance, subject to the following conditions:
 - i. Procuring Entity has no claims filed against the contract awardee;
 - ii. It has no claims for labor and materials filed against the contractor; and
 - iii. Other terms of the contract; or

b. replacement by the winning bidder of the submitted PSD with performance security in any of the prescribed forms under Section 39.2 of the 2016 revised IRR of RA No. 9184 as required by the end-user.

	COF, I/We have hereun	to set my/our hand/s this	day of
[Name/s and Si	Affiant/s gnature/s of the Bidder and his/her/their legal	's Authorized Represent	ative
	Name of Bidder Re	epresented	
20 at was/were identified by	, Philippines. Affianme through competent arial Practice (A.M. No	re me this day of t/s is/are personally know evidence of identity/ies of the control	wn to me and as defined in
Name	ID No.	Issued At	Issued On
Doc. No;		NOTARY P	UBLIC
Page No; Book No; Series of 20			