Health Insurance
REQUEST FOR BID PROPOSAL

Sealed bids for group health insurance will be received by IGAD Secretariat, until 20th January 2011 14:00 hours, and opened in the presence of the Procurement committee. Bids received after the stated time, postmarks notwithstanding, shall be rejected. The insurance to be provided will include coverage as shown in Plan Benefits.

Bids are to be submitted in accordance with specifications stipulated in the bid documents and on the forms contained in the package. They are to be sealed in an envelope and clearly marked "Sealed Bids for Group Health Insurance." IGAD Secretariat reserves the right to accept or reject any or all bids received.

BID SPECIFICATIONS

I. General Bid Specifications and Requirements for Health Insurance

Coverage shall be effective 1st February 2011 or on a later date requested, in writing, to the bidder by the Secretariat. Coverage shall be guaranteed for a minimum of 12 months from the effective date at the same premium rate quoted in the bid. It is IGAD's intent to renew the coverage after the initial coverage period by negotiation with the bidder. Such renewal process may be conducted annually. IGAD must be notified 45 days in advance of the contract anniversary date of any premium increases. If exceptions from coverage are made, exceptions must be clearly stated on each coverage. Envelopes containing the bids shall be sealed and marked "Sealed Bids for Group Health Insurance." The bidder is required to examine carefully the specifications and risks to be covered. It will be assumed that the bidder has made such investigations and is fully informed as to the extent and character of the hazards and requirements of the specifications. No warranty is made or implied as to information contained in these specifications. All bids shall show or conform to the following, in addition to other information required on the bid form:

- Name of proposed insurance company;
- Insurance company rating. Insurance Guide or appropriate financial documents to assure that the bidder is a stable, sound and responsible company.
- Insurance companies must be authorized to do business in their country.
- All bids shall have an attachment thereto giving a description of services to be supplied as part of the insurance coverage. A brief description of claims or adjustment service shall be included.
- Cancellation, termination or expiration of the policy by the insurer or insured shall require 90 days notice.
- All bidders must agree in writing to furnish IGAD Secretariat with a quarterly report of all incurred claims.
- All bidders must agree to furnish an annual statement of loss experience within 15 days following the anniversary of the policy, including a detailed analysis of pending claims.

- All policies are to cover any new employees under the same conditions as provided under initial implementation of the coverage.
- No oral interpretation will be made to any bidder as to the meaning of the bid specifications or any part thereof. Every request for interpretation shall be made in writing to the Executive secretary and the Director Administration and Finance.
- Any inquiry received seven or more days prior to the date fixed for opening of bids will be given consideration.
- Every interpretation made to a bidder will be in the form of an addendum to the bid specifications and, when issued, will be on file in IGAD Secretariat office at least three days before bids are opened. In addition, all addenda will be mailed to each person holding bid specifications, but it shall be the bidder's responsibility to make inquiry as to the addenda issued. All such addenda shall become part of the bid specifications, and all bidders shall be bound by such addenda, whether or not received by the bidders. Bidders must acknowledge in writing receipt of addenda and include this acknowledgment with their bids.
- No bid shall be withdrawn for a period of 90 days subsequent to the opening of the bids, without consent of the Management of IGAD Secretariat.
- Successful bidder shall be required to provide on-site training and a question-and-answer session for all IGAD employees. Also, the successful bidder shall be required to provide a toll-free customer service line between 8 a.m. and 5 p.m each work day for IGAD employee access to the insurance provider. User-friendly claim forms shall be furnished to IGAD with detailed instructions that can be provided to employees.
- IGAD secretariat gives award as soon as practicable to the best (lowest responsible) bidder, price and other factors considered. IGAD Secretariat reserves the right to reject or accept any or all bids received.

For additional information, contact the **Director Administration and Finance**:

Avenue Georges Clemenceau
P.O. box 2653, Djibouti
Tel: 253 35 40 50
Fax: 253 35 69 94/35 35 20
E-mail: igad@igad.int
IGAD Secretariat
Djibouti

II. General Information

A. Nature of the group to be insured:

IGAD Secretariat has approximately 50 employees in the present group Employees are stationed in Djibouti and Addis Ababa and their dependents are living in the Member states which includes Djibouti, Eritrea, Ethiopia, Kenya, Sudan, Somalia and Uganda.

Total number of Dependants:	
Spouse	34
Children	90
Total Number of lives	**174**

III. Proposed Plan Specifications

A. All bidders shall use the enclosed bid form.

B. All bids must provide the following:

1. Deductible and waiting period credit;
2. No lost benefits due to transfer of coverage;
3. Immediate maternity benefits for insured

C. Group Health Insurance

NOTE: It is IGAD's intent to seek bids for coverage equal to or exceeding the existing coverage provided by the current provider

The bidder shall provide coverage for the following:

1. Full-time employees working no less than 37.5 hours per week;
2. Dependents of covered employees, which include:
   a. Legally married spouse;
   b. Unmarried natural or adopted children up to 23 years of age,

D. Summary of Benefits

Following is a brief summary of the benefits the bidder is required to provide. Each bidder may bid on either or both options.

Benefit plan

I. Outpatient Benefit:

Medical practitioner Consultations	In full subject to the annual limit
Specialist Consultation	In full subject to the annual limit
Prescribed Medication	In full subject to the annual limit
Out-patient Laboratory x-rays and diagnostic services	In full subject to the annual limit
Out-patient psychiatric Treatment	In full subject to the annual limit (Indicate waiting period if any)
Out-patient physiotherapy Treatment	In full subject to the annual limit (Indicate waiting period if any)
Prescribed medical aid	In full subject to the annual limit (Indicate exclusions if any)
Accident dental treatment	In full subject to the annual limit

In-Patient Benefit

Annual Limit per insured	Please indicate
Hospital accommodation	Subject to the annual limit Minimum USD 250/day
In-hospital surgery, treatment and facilities including intensive care and other services	In full subject to the annual limit
Day surgery	In full subject to the annual limit
Hospital accommodation for one accompanying parent of under aged child	In full subject to the annual limit
Emergency ambulance services	In full subject to the annual limit
Emergency treatment outside area of cover	In full subject to the annual limit and minimum USD 250/day
In-patient physiotherapy treatment	In full subject to the annual limit
Out-patient and in-patient treatment for management of registered chronic conditions	In full subject to the annual limit
Emergency medical evacuation	Economy class fares annual limit
Maternity cover	Indicate waiting period
Necessary reconstructive surgery as a result of accident or illness arising after the	Subject to the annual limit of in-patient benefit

member's date of entry	
Organ transplant	Subject to the annual limit of in-patient benefit
Home Nursing	Subject to the annual limit of in-patient benefit
Contributions to funeral expenses in the event of death during the period of cover	Specify the amount

IGAD Secretariat _____
Group Health Insurance
Bid Form

Date Bid Submitted: _____ Date Secretariat Received Bid: _____

Coverage Premium
Monthly

I. Health Insurance

Employee _____

Family (employee and dependent) _____

II. Are there any exceptions from coverage in accordance with the bid specifications?

_____ Yes _____ No

IF YES, exceptions must be stated clearly below for each coverage. Attach additional sheets if necessary.

This bid is submitted in accordance with the specifications and conditions contained in the bid document.

_____
Company

BY: _____
Authorized Representative

_____

Address

_____

Telephone

_____

Date