PROPOSED TERMS OF REFERENCE

2020 HEALTH MAINTENANCE ORGANIZATION (HMO) PROGRAM FOR OFFICE OF THE SOLICITOR GENERAL (OSG) OFFICIALS AND EMPLOYEES

I. MINIMUM QUALIFICATIONS OF THE BIDDERS

1. Prospective bidder (also called HMO) must present a duly issued License to Operate or Certification authorizing or allowing it to provide an HMO Program or Health Program or any similar program from the Insurance Commission.
2. Prospective bidder must be in good standing in all affiliated hospitals nationwide including the following tertiary hospitals, their extension clinics and other medical extensions/clinics:
   a. Asian Hospital and Medical Center;
   b. Makati Medical Center;
   c. St. Luke's Medical Center (Quezon City);
   d. St. Luke's Medical Center (Bonifacio Global City);
   e. The Medical City;
   f. Cardinal Santos Medical Center;
   g. Manila Doctor's Hospital; and
   h. Capitol Medical Center;
   i. Delos Santos Medical Center.
3. Prospective bidder must be able to provide the minimum Benefits and Coverage Provisions provided hereunder.

II. COVERAGE PERIOD

1. The coverage period shall be one (1) year from the effectivity date or signing of the HMO Program Contract by duly authorized representatives of OSG and the HMO.

III. Premium and Payment

1. The HMO shall provide for a single premium rate for each opt-in principal member. There shall be 651 opt-in principal members to be enrolled in the 2020 OSG HMO Program.
2. The OSG shall pay the portion of the premium in the total amount of not more than six million pesos (Php 6,000,000.00), which is the Approved Budget for the Contract (ABC).
3. Opt-in Principal members, through a special trust fund, shall pay the remaining portion of the premium of Php 6,000.00 each or a total amount of Php 3,906,000.00. This amount shall be paid, net of withholding taxes, within thirty (30) business days from enrollment and submission of ID cards to principal members.
4. The OSG shall pay one-half (½) of its share, or the maximum amount of Php 3,000,000.00, net of withholding taxes, under the contract to the HMO within thirty (30) business days from enrollment and submission of ID cards to principal members. The remaining half of its share shall be paid within thirty (30) business days from the submission of the 2nd Quarterly Utilization Report.

IV. Membership Eligibility

1. Principal membership to the HMO Program is for all incumbent, qualified regular, co-terminus, plantilla employees with Civil Service appointments (married couples who are both employees of OSG shall each be considered as principal members). Provided, however, that principal membership is voluntary and subject to availability of funds.
2. Employees who have opted not to avail of the OSG HMO program coverage shall not be entitled to the OSG share of Php 7,509.39, and the employee is deemed to have waived or forfeited his/her OSG HMO coverage.

3. Each principal member shall be allowed to enroll dependents subject to such requirements as may be provided by the HMO. Each principal member is solely responsible for the costs of their dependent's coverage.

V. Maximum Benefit Limit

1. The maximum benefit limit for all principal members shall be at least One Hundred Thousand Pesos (Php 100,000.00) per illness, per member, per year, exclusive of Philhealth benefits.

VI. Minimum Benefits

A. Preventive Health Care Services

1. Periodic monitoring of health problems.
2. Immunization, excluding the cost of vaccines.
3. Semi-Annual lectures and seminars by professionals on relevant health topics and issues to be held at the OSG Building or any venue, including videoconference or virtual space, at the option of the OSG on the following topics:
   a. Health-education and counselling on diets and/or exercise; and
   b. Health habits and family planning counselling.

B. Annual Physical Examination (APE)

APE for all principal members which shall include the following:

1. Medical history taking and physical examination.
2. Chest x-ray.
3. Urinalysis.

4. Fecalysis.
5. Complete Blood Count.
6. Electrocardiogram (ECG) for members 35 years old and above, or if indicated by a physician.
7. Pap smear for female members 35 years old and above, or if indicated by a physician.
8. Uric acid test.
9. Fasting Blood Sugar.
10. Pap smear for members 30 years old and above, or if indicated by a physician.

The APE may be availed in a designated clinic or hospital or at the OSG offices/premises at the option of the HMO.

C. Emergency Care Benefits

1. Emergency care availed in an accredited hospital with an affiliated doctor is covered up to maximum benefit limit.
2. Emergency care availed in a non-affiliated facility or hospital or with a non-accredited doctor shall be reimbursed at actual cost up up to no more than PhP 30,000.00 per member per year.
3. Ambulance service shall be covered on a reimbursement basis up to PhP 3,000.00 per year.

D. Out-Patient Benefits

1. Consultation and treatment.
2. All routine, diagnostic and therapeutic procedures required by accredited physicians and specialists.
3. Pre and post-natal consultations except laboratory examinations but no more than once a month.
4. Ultrasound imaging, except for pregnancy related conditions.

5. Minor injury treatment such as lacerations, mild burns, sprains and the like.
6. Eye, ear, nose and throat (EENT) treatment.
7. Physical or occupational therapy up to 10 sessions per year.

E. In-Patient/Hospitalization Benefits

1. Room and board of any amount as long as it is no less than the category of Standard Private or Regular Private (whichever is higher).
2. No deposit of any kind upon admission.
3. Admission kit.
4. Professional services of all accredited doctors of any specialization.
5. Reimbursement of professional fees of non-accredited doctors of any specialization up to 50% rate of the HMO.
6. General nursing services.
7. Routine, diagnostic and therapeutic procedures required by affiliated physicians and specialists.
8. X-ray and other Computer-based laboratory procedures.
9. Surgery except for cosmetic surgery undertaken solely to improve appearance.
10. Surgical dressings, casts, sutures and other miscellaneous supplies directly used in the treatment of the covered ailment.
11. All administered medicines, either orally or intravenously.
12. Transfusion of fluids, fresh whole blood and all other blood products excluding screening and cross-matching.
13. Use of isolation, operating, recovery rooms and other patient care units.
14. Anesthesia and its administration.