



**REPUBLIC OF THE PHILIPPINES  
PROVINCE OF PAMPANGA  
MUNICIPALITY OF FLORIDABLANCA**

**BIDS AND AWARDS COMMITTEE**

---

March 8, 2022

**SUPPLEMENTAL BID BULLETIN NO. 8454337-01**

**ADDENDUM NO. 2**

**SUBJECT: ADDITIONAL DOCUMENTS (ANNEX A TERMS OF REFERENCE)**

**PROJECT: PROCUREMENT OF HEALTH CARE PROVIDER FOR PERMANENT AND ELECTED OFFICIALS AND EMPLOYEES OF THIS MUNICIPALITY (ITB NO. 2022-02-16)**

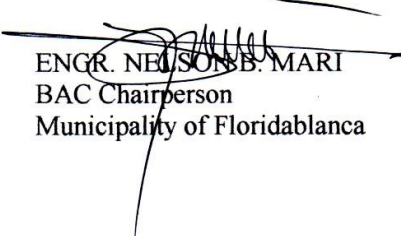
This addendum No. 2 is issued to modify/amend items in the Bidding Documents. This shall form an integral part of the Bidding Documents, to wit:

ANNEX A
TERMS OF REFERENCE

The said amendment is posted and available for download at our website ([www.floridablanca.gov.ph](http://www.floridablanca.gov.ph)) and in the Philgeps website posting under bid supplement.

For guidance and information of all concerned.

Very truly yours,

  
ENGR. NELSON B. MARI  
BAC Chairperson  
Municipality of Floridablanca

## **Annex “A”**

### **TERMS OF REFERENCE (TOR)**

#### **PROJECT: PROCUREMENT OF HEALTH CARE PROVIDER FOR PERMANENT AND ELECTED OFFICIALS AND EMPLOYEES OF THIS MUNICIPALITY (ITB NO. 2022-02-16)**

##### **I. General Objectives**

The Municipality of Floridablanca seeks to acquire the services of a Health Care Service Provider by selecting the Lowest Calculated Responsive Bid. Municipality of Floridablanca, through the Health Care Service Provider, aims to: 1) provide efficient and appropriate health care services to its employees, and 2) provide the following services to all plan holders with a maximum coverage benefit of P120,000.00/illness/year, exclusive of Philhealth benefits: a) In-Patient Care; b) Out Patient; c) Routine Procedures; d) Emergency Care; e) Diagnostic Procedures; f) Therapeutic Procedures; g) Preventive Care; h) Additional Procedures and Modalities; i) Conditions and Specific Limitations; j) Annual Physical Examination; k) Dental Benefit; and l) Pre-existing conditions coverage.

##### **II. Duration of Contract**

The Contract shall be for a period of one (1) year, effective April 1, 2022 to March 31, 2023 for principal members.

##### **III. Approved Budget for the Contract**

The Approved Budget for the Contract (ABC) is TWO MILLION EIGHT HUNDRED THOUSAND PESOS (Php 2,800,000.00) 181 principal members, as of 28 February 2022, inclusive of all applicable taxes and fees.

All bid prices (per principal member) for the duration of the contract shall be fixed. The number of principal members/plan holders may increase at the discretion of Municipality of Floridablanca depending on Municipality of Floridablanca requirements.

##### **IV. Membership Eligibility for Health Care Coverage**

The following persons shall be eligible for health care coverage of the Health Care Service Provider:

###### **A. Principal Members**

1. All bonafide employees of Municipality of Floridablanca (married couples who are both employees of Municipality of Floridablanca shall each be considered as principal members)

##### **V. Health Care Coverage and Benefits Required under the Contract**

The Health Care Service Provider shall offer a health care package within the ABC/price per principal member which shall include the following benefits:

1. Maximum Coverage Benefit of at least P120,000.00/illness/year, exclusive of Philhealth benefits, for Principal Members with Room & Board Accommodation of Regular Private.

#### **A. IN-PATIENT CARE**

1. Room and Board Accommodation
2. Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by Attending Accredited Physician) and recovery room.
3. Professional fees in accordance with Generali Schedule of Rates.
  - a. Attending Physicians
  - b. Surgeons
  - c. Anesthesiologists
  - d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.Standard Nursing Services
4. Medicines for in-patient use
5. Blood products transfusions and intravenous fluids, including blood screening and cross matching.
6. X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement
7. Dressings, conventional casts (plaster of Paris) and sutures
8. Anesthesia and its administration
9. Oxygen and its administration
10. All other items directly related in the medical management of the patient, as deemed medically necessary by the Attending Accredited Physician

#### **B. OUT-PATIENT**

1. Consultations during regular clinic hours, except prescribed medicines
2. Pre and Post Natal consultations
3. Eye, ear, nose and throat (EENT) treatment prescribed by an Accredited Physician/Specialist
4. Treatment for minor injuries such as lacerations, mild burns, sprains and the like
5. Dressings, conventional casts (plaster of Paris) and sutures.
6. X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an Accredited Physician/Specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.
7. Minor surgery not requiring confinement prescribed by an Accredited Physician /Specialist
8. Eye laser therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Accredited Physician/Specialist. Eye correction such as Lasik, PRK and the like are not covered.
9. Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body, except genital warts and condyloma acuminata, prescribed by an Accredited Physician /Specialist
10. Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Accredited Physician, to be availed through accredited vascular surgeons.
11. Allergy Testing/ allergy screening and other related examinations prescribed by an Accredited Physician
12. Speech therapy (for stroke patients only)
13. Tuberculin test

### **C. ROUTINE PROCEDURES**

1. Blood Chemistries
2. Chest X-Ray
3. Complete Blood Count (CBC)
4. Fecalysis
5. Urinalysis

### **D. EMERGENCY CARE**

1. In Accredited Hospitals
  - a. Doctor's services
  - b. Emergency Room Fees
  - c. Medicines used for immediate relief during treatment
  - d. Oxygen, Intravenous fluids and blood products
  - e. Dressings, conventional casts (plaster of Paris) and sutures
  - f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient
  - g. Room Upgrade in case of room unavailability (involuntary)
2. In Non-Accredited Hospitals
3. Outside the Philippines
4. Areas without Accredited Hospital
5. Ambulance Service (Accredited Hospital/Clinic to Accredited Hospital/Clinic)
6. Ambulance Service (Non-Accredited Hospital/Clinic to Accredited Hospital/Clinic)
7. Initial treatment of Animal bites

### **E. DIAGNOSTIC PROCEDURES**

1. 12-Lead Electrocardiogram (ECG)
2. 24-hour Electroencephalogram (EEG) Monitoring
3. 24-hour Holter Monitoring
4. Adrenocortical Function
5. Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam
6. Arterial Blood Gas
7. Arthroscopic Procedures, Orthopedic Arthroscopy
8. Audiograms and Tympanograms
9. Bone Densitometry Scan (Dexascan)
10. Bone Mineral Density Studies
11. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)
12. Computed Tomography (CT) Scans
13. Diagnostic Radiographs:
  - a. Biliary tract: Cholecystogram and Cholangiogram
  - b. Chest, ribs, sternum and clavicle
  - c. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower GI Series, Small Bowel series
  - d. Face (including sinuses), Head and Neck
  - e. Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystograms
  - f. X-ray of the extremities and pelvis
  - g. X-ray of the spine (cervical, thoracic, lumbo-sacral)
14. Diagnostic Ultrasounds:

- a. 2D-Echo with Doppler
- b. Abdomen
- c. Duplex Scan
- d. Digestive and Urinary Systems
- e. Ultrasound of the Lungs
- 15. Electroencephalogram (EEG) Monitoring
- 16. Electromyography and Nerve Conduction Studies
- 17. Endoscopic Procedures
- 18. Fluorescein Angiography
- 19. Impedance Plethysmography
- 20. Magnetic Resonance Angiography (MRA)
- 21. Magnetic Resonance Imaging (MRI)
- 22. Mammogram and Sonomammogram
- 23. Myelogram
- 24. Nuclear Radioactive Isotope Scan
- 25. Pap's Smear
- 26. Perfusion Scan
- 27. Plasma Urinary Cortisol, Plasma Aldosterone
- 28. Polysomnograms (Sleep Recording)
- 29. Pulmonary Function Tests
- 30. Radioisotope Scans and Function Studies:
  - a. Cardiac
  - b. Gastrointestinal
  - c. Liver
  - d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)
  - e. Renal
  - f. Thyroid Scans
  - g. Total Body Scans
- 31. Radionuclide Ventriculography
- 32. Surface Electromyography (SEMG)
- 33. Thallium Scintigraphy
- 34. Treadmill Stress Test (TMST)
- 35. Cataract extraction except cost of lens

## **F. THERAPEUTIC PROCEDURES**

- 1. Arthrocentesis
- 2. Dialysis
- 3. Intravenous Chemotherapy
- 4. Phlebotomy
- 5. Physical therapy / Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.
- 6. Thoracentesis
- 7. Therapeutic Radiology:
  - a. Brachytherapy
  - b. Cobalt
  - c. Linear Accelerator Therapy
  - d. Radioactive Cesium
  - e. Radioactive Iodine
- 8. Continuous Positive Airway Pressure (CPAP) titration for sleep study

9. Oral chemotherapy

## **G. PREVENTIVE CARE**

1. Routine Immunization except cost of vaccines (administration only)
2. Passive and active vaccines for treatment of tetanus and animal bites
3. Periodic monitoring of health problems
4. Health-education and counseling on diets or exercise
5. Health habits and Family Planning counseling
6. Wellness Program

## **H. ADDITIONAL PROCEDURES AND MODALITIES**

1. Angiography (gastrointestinal, brain, retinal and peripheral vascular)
2. Coronary Angiogram and/or Angioplasty/Coronary Artery Bypass Graft
3. Cryosurgery
4. Gamma Knife Surgery
5. Herniorraphy
6. Hysteroscopic Myoma Resection
7. Hysteroscopically-guided D&C
8. Laparoscopy
9. Lithotripsy
10. Neuroscan
11. Percutaneous Ultrasonic Nephrolithotomy
12. Stereotactic Brain Biopsy
13. Conventional Hemorrhoidectomy
14. Scalpel Hemorrhoidectomy
15. Stapled Hemorrhoidectomy
16. Mammotome
17. 4D Ultrasound except for maternity-related cases
18. Esophageal Manometry
19. Intensified Modulated Radiotherapy
20. Botox which is not cosmetic in nature nor for beautification purpose
21. Positron Emission Tomography (PET) Scan
22. CT Pulmonary Angiography
23. Photodynamic Therapy
24. Video Gastroscopy
25. Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts
26. Transurethral Microwave Therapy of Prostate

## **I. CONDITIONS WITH SPECIFIC LIMITATIONS**

1. Work Related Conditions based on conditions covered by ECC
2. Motor Vehicular Accidents
3. Provoked and Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party
4. Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, pre existing, developmental or acquired
5. Congenital Conditions except physical therapy sessions and developmental disorders
6. Congenital Hernia

7. Chronic Dermatoses
8. Scabies
9. Valvular heart disease (congenital and/or acquired) including Cardiomyopathies, Chronic Glomerulonephritis, previous craniotomy sequelae/hearing impairment/ Neurologic disease and Spinal Stenosis (if pre-existing)/Poliomyelitis/Slipped disc (if pre-existing) and Guillain-Barre Syndrome, Diabetes and its complications (if pre-existing), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if pre-existing).
10. Hepatitis B except vaccines
11. Hepatitis B Screening

#### **J. ANNUAL PHYSICAL EXAMINATION**

1. Basic 5 (Physical Exam, Complete Blood Count, Urinalysis, Fecalalysis, Chest X-Ray)
2. Pap Smear for female members age 35 yo and above
3. ECG for members age 35 yo and above

#### **K. DENTAL BENEFIT**

1. Oral Examination/diagnosis as needed
2. Oral Prophylaxis every 6 months
3. Gum Problem Consultation and treatment planning
4. Simple tooth Extraction when indicated
5. Temporary Fillings when indicated
6. Recementation of loose Jacket Crowns
7. Adjustment/Repair of dentures
8. Oral Hygiene Instructions
9. Dental Health Education and Consultation
10. Orthodontic Treatment and Consultation
11. Light Cure Filling
12. Desensitization of Hypersensitive Teeth

#### **L. PRE-EXISTING CONDITIONS COVERAGE**