



Philippine Economic Zone Authority

Bids and Awards Committee

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PROJECT: PROCUREMENT OF CORPORATE HEALTHCARE PROVIDER
(PEZA-HO-2018-05)

BID BULLETIN No. 01
(14 February 2018)

This Bulletin is issued to modify or amend the Bid Documents and shall form an integral part of the Bid Documents.

- 1) The Dreaded Disease Limit is the same as the Maximum Benefit Limit, Maximum Coverage Benefit and Limit per illness per year (₱220,000.00).
- 2) In relation to Point of Service Benefit (page 63, Section VII. Technical Specifications/Terms of Reference, Clause G, Item 8.2) out-patient consultation is hereby revised to ₱300.00 per consultation with a maximum of 5 consultations per year.
- 3) To clarify the coverage of ectopic pregnancy, it is covered under page 62, Section VII. Technical Specifications/Terms of Reference, Clause G, Item No. 4, which states:

“ Maternity assistance (reimbursement basis) for abnormal pregnancies requiring major surgical operations is covered up to Dreaded Disease Limit. ”

- 4) Attached are the following documents which now form part of the Terms of Reference:
 - a) Exclusions (Annex A)
 - b) Reimbursement Procedure (Annex B)
- 5) Attached are the following documents requested by the prospective bidders during the pre-bid conference:
 - a) HMO utilization of PEZA for the past 3 years (Annexes C1, C2, C3)
 - b) Age distribution of members (Annex D)

For guidance and information of all concerned.

J. PORFIRIO LL. YUSINGCO
BAC Chairman

ANNEX A

EXCLUSIONS:

1. Services which a member receives from a non-accredited Physician, non-accredited hospital or other provider of care, except as described in the emergency care in non-accredited hospitals.
2. Sensorineural hearing impairments except those acquired during time of membership.
3. Plastic and reconstructive surgery for cosmetic purposes and for physical congenital deformities and abnormalities.
4. Dermatological care for aesthetic purposes such as electrocautery or chemical treatment for skin tags, xanthelasma, milia, keloids, scars, etc. on any exposed areas of the body.
5. Guillain-Barre syndrome, multiple sclerosis, demyelinating disease, Parkinson's disease, Alzheimer's disease, Myasthenia Gravis, epilepsy, seizure disorder, and other autoimmune neurological disease.
6. Slipped disc, herniated disc, scoliosis, spinal stenosis and spondylosis except for Principal Members who are covered up to P35, 000.00 per member per year.
7. Corrective eye surgery for error of refraction including laser surgery for correction of myopia and hypermyopia.
8. Psoriasis, vitiligo.
9. Experimental medical procedures, acupuncture, acupressure, reflexology and chiropractics.
10. Services to diagnose and/or reverse infertility or fertility and virility/potency (erectile dysfunction).
11. Previous craniotomy sequelae, organ transplantation and complication.
12. Diagnostics and hypersensitivity and desensitization treatment.
13. Purchase or lease of durable medical equipment, oxygen dispensing equipment and oxygen except during hospital confinement under the Hospital Confinement Benefit.
14. Corrective appliances and artificial aids and prosthetic devices.
15. Gamma globulin
16. Psychiatric and psychological illnesses including neurotic and psychotic behaviour disorders.
17. Treatment for alcoholic intoxication and drug addiction or overdose reaction to use of prohibited drugs including illnesses directly related to it and other injuries attributed as a result of it.
18. Rehabilitation treatment, occupational diseases and hormonal therapies.
19. Developmental disorders, metabolic diseases, sleep and eating disorders.
20. Sexually transmitted diseases such as AIDS (except for secondary to accidental blood transfusion and needle injection which are covered up to fifty percent (50%) of the dreaded disease limit per member per year), Hepatitis B, condyloma, gonorrhoea, syphilis, herpes, etc. and their attendant complications.
21. Hazardous job-related illnesses and/or injuries except for employees in line of duty.

22. Physical examinations required for obtaining or continuing employment, insurance or government licensing.
23. Injuries or illnesses resulting from participation in war-like or combat operations, riots, insurrection, rebellion, strikes, and other civil disturbances except for employees in line of duty.
24. Treatment of self-inflicted injuries or injuries attributed to the MEMBER'S own misconduct, gross negligence, use of alcohol and/or drugs, vicious or immoral habits, participation in act of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous sports related injuries.
25. Maternity care and other conditions as a result of pregnancy unless specifically provided.
26. Custodial, domiciliary care, convalescent, and intermediate care.
27. Oral surgery for purposes of beautification, temporomandibular joint disease (TMJ) surgery done by dental practitioner.
28. Circumcision, except for correction of Phimosis.
29. Treatment of injuries sustained in a motor vehicle accident if the member or his guardian fails or refuses to execute the Deed of Subrogation.
30. Diagnosis of unknown etiology or the absence of any organic dysfunction.
31. Cost of vaccines for active and passive immunizations.
32. Laboratory examinations for screening sexually related illnesses and injuries
33. Any condition or illness waived upon membership except as otherwise provided for in the Agreement.

ANNEX B

REIMBURSEMENT PROCEDURE

All claims for reimbursement must be submitted or forwarded within thirty (30) calendar days after discharge from the hospital. Failure to do so shall invalidate the claim, except if it can be shown in writing that it was not reasonably possible to furnish such documents within thirty (30) calendar days.

Required documents in availing reimbursement:

1. Emergency confinement in non-accredited hospital attended by a non-accredited doctor:
 - Duly filled up Claim Form
 - Clinical Abstract
 - Medical Certificate to include complete final diagnosis
 - Surgical/Operative report if an operation was done
 - Original Official Receipt paid to hospital and doctor
 - Hospital Statement of Account and corresponding charge slips
 - Police Report if due to accident or medico legal case
 - Incident Report why member was confined in a non-accredited hospital
2. Emergency confinement in an accredited hospital attended by a non-accredited doctor
 - Duly filled up claim form
 - Clinic Abstract
 - Medical Certificate to include complete final diagnosis
 - Original Official Receipt paid to hospital and doctor
 - Hospital Statement of Account and corresponding charge slips
 - Police Report if due to accident or medico legal case
 - Incident Report or proof that an accredited doctor was not available during the time of confinement
3. Out-patient emergency consultation/treatment by a non-accredited doctor in areas where there are accredited hospitals/clinics.
 - Medical Certificate to include complete final diagnosis
 - Original Official Receipt paid to the doctor
 - Incident Report
 - Police Report if due to accident or medico legal case
4. Out-patient emergency or non-emergency consultation/treatment by a non-accredited doctor in areas where there is no accredited Hospital/Clinic.
 - Medical Certificate to include complete final diagnosis
 - Original Official Receipt
 - Incident Report
 - Police Report if due to accident or medico legal case

ANNEX C1

MEDICard Philippines, Inc.
UTILIZATION REPORT

as of January 16, 2018

From January 01, 2015 to December 31, 2015

SBD - Summary of Utilization
Report
Rev. 5
01 January 2012
Page 1 of 1

Corporate Name : PHILIPPINE ECONOMIC ZONE AUTHORITY

	PRINCIPAL		DEPENDENT		TOTALS	
	In Peso	No. of Incidents	In Peso	No. of Incidents	In Peso	% No. of Incidents
Breakdown of Services						
Out-Patients & Medical Services	4,247,444.03	2,543	1,015,612.64	634	5,263,056.67	58.98%
In-Patients	2,914,154.69	62	648,847.01	18	3,563,001.70	39.93%
Dental	75,785.00	136	14,930.00	31	90,715.00	1.02%
Reimbursement	6,984.73	4	-	-	6,984.73	0.08%
TOTAL	7,244,368.45	2,745	1,679,389.65	683	8,923,758.10	100.00%
						3,428

ANNEX C2

MEDICard Philippines, Inc. UTILIZATION REPORT

as of January 16, 2018
From January 01, 2016 to December 31, 2016

SBD - Summary of Utilization
Report
Rev. 5
01 January 2012
Page 1 of 1

Corporate Name : PHILIPPINE ECONOMIC ZONE AUTHORITY

	PRINCIPAL		DEPENDENT		TOTALS	
	In Peso	No. of Incidents	In Peso	No. of Incidents	In Peso	% No. of Incidents
Breakdown of Services						
Out-Patients & Medical Services	4,546,581.77	2,527	1,024,868.43	640	5,571,450.20	57.83%
In-Patients	2,589,563.23	52	1,329,348.73	19	3,918,911.96	40.68%
Dental	87,140.00	138	17,395.00	37	104,535.00	1.09%
Reimbursement	39,216.57	7	-	-	39,216.57	0.41%
TOTAL	7,262,501.57	2,724	2,371,612.16	696	9,634,113.73	100.00%
						3,420

ANNEX C3

MEDICard Philippines, Inc.
UTILIZATION REPORT

as of January 16, 2018

From January 01, 2017 to November 15, 2017

SBD - Summary of Utilization
Report
Rev. 5
01 January 2012
Page 1 of 1

Corporate Name : PHILIPPINE ECONOMIC ZONE AUTHORITY

	PRINCIPAL		DEPENDENT		TOTALS	
	In Peso	No. of Incidents	In Peso	No. of Incidents	In Peso	% No. of Incidents
Breakdown of Services						
Out-Patients & Medical Services	4,070,560.57	2,137	840,852.37	475	4,911,412.94	57.69%
In-Patients	2,634,905.41	45	696,235.66	15	3,331,141.07	39.13%
Dental	70,700.00	103	15,965.00	26	86,665.00	1.02%
Reimbursement	91,067.85	6	93,500.00	1	184,567.85	2.17%
TOTAL	6,867,233.83	2,291	1,646,553.03	517	8,513,786.86	100.00%
						2,808

ANNEX D

AGE DISTRIBUTION OF PEZA EMPLOYEES AS OF FEBRUARY 2018

AGE RANGE	MALE	FEMALE
61-65	19	6
56-60	50	33
51-55	26	31
46-50	26	19
41-45	24	26
36-40	30	25
31-35	32	27
26-30	32	32
20-25	19	40