Invitation to Bid for Simplified Bidding

SB No. 2024-05-02

The CASURECO II ELECTRIC COOPERATIVE, INC. (CASURECO II) thru its Pre-Qualification Bids and Awards Committee (PBAC) invites eligible bidders to participate in the simplified bidding (sealed canvass) for goods/items/services as specified below:

| PARTICULARS | ESTIMATED | REFERENCE | | |
|--|--------------|-----------|------------------|--|
| PARTICULARS | BUDGET COST | RV No. | Date | |
| Procurement of Health Maintenance Organization (HMO) for CASURECO II regular employees | 1,510,000.00 | 221253 | January 12, 2024 | |
| Source of Fund: IGF (2024 Medical Allowance) | | | | |

| ACTIVITIES | SCHEDULE | VENUE |
|--------------------------------|--------------------------------|--|
| Advertisement/Publication | Monday, May 13, 2024 | NEA Portal, CASURECO II Facebook Page and website |
| Submission of Sealed Quotation | Monday, May 20, 2024 until 5PM | CASURECO II Main Office |
| Bid Opening | Tuesday, May 21, 2024 9:00 AM | CASURECO II Main Office, Conference Room |

Instruction to Eligible Bidders/Suppliers:

1. Submission of sealed quotation shall be made either by courier or hand carried by the supplier or his duly authorized representative with label "RV No. 221253" on or before the stated date addressed to:

CASURECO II Bids and Awards Committee PBAC Secretariat CASURECO II Electric Cooperative, Inc., Del Rosario, Naga City

- 2.All interested bidder must submit signed quotation with complete details of information on the Terms and Conditions as attached herein:
- 3.CASURECO II reserves the right to accept or reject any bid, declare failure of bidding, or choose not to award all bids, any time prior to the contract award, without incurring any liability to the affected bidder.
- 4.For further queries and concern, you can contact us with the following contact details; BAC CP No. 09277725181, landline no. 054-205-2900-2002 or you may send an e-mail at casureco2bac@yahoo.com

- SIGNED -

ENGR. MARY FRANCE D. MORALES
PBAC Chairperson

- SIGNED -

ENGR. EDGARDO R. PIAMONTE Acting General Manager

TERMS OF REFERENCE

PROCUREMENT OF HEALTH MAINTENANCE ORGANIZATION (HMO) FOR CASURECO II REGULAR EMPLOYEES

Prepared by:

TECHNICAL WORKING GROUP (TWG)

- SIGNED -

ENGR. WENDYL BORROMEO

Chairman

- SIGNED -

ENGR. RICHARD PRECONCILLO

Vice Chairman

- SIGNED -

- SIGNED -

- SIGNED -

Member

ENGR. ALBERTO REVILLA GIL EDDIE SERRANO JR. 'IVAN CHRISTIAN CARIÑO

Member \bigcirc

Member

Reviewed by:

PRE-OUALIFICATION BIDS AND AWARDS COMMITTEE (PBAC)

- SIGNED -

Chairman

ENGR. MARY FRANCE MORALES

- SIGNED -

ENGR. CARMILLE MALENIZA

Vice Chairman

- SIGNED -

- SIGNED -

- SIGNED -

ENGR. JOANALYN NAPAY JANET CARDEL DARWIN DAVE BARRAMEDA

Member

Member

Member

Approved by:

- SIGNED -

ENGR. EDGARDO R. PIAMONTE

Acting General Manager

TERMS OF REFERENCE

| Name of the Contract | : | Procurement of Health Maintenance Organization (HMO) for CASURECO II regular employees. |
|---------------------------------------|---|---|
| Source of Fund | : | IGF (2024 Medical Allowance) |
| Approved Budget of the Contract (ABC) | : | One Million Five Hundred Ten Thousand Pesos (PhP 1,510,000.00) |

1. OBJECTIVE

The Camarines Sur II Electric Cooperative, Inc. (CASURECO II) seeks to acquire the services of a Health Main Service Provider by selecting the Lowest Calculated Responsive Bid. CASURECO II, through the Health Care Service Provider, aims to provide efficient and appropriate health care services to its employees.

2. SCOPE OF REQUIREMENTS

| Description | Qty | Unit | Coverage Period |
|---|-----|-------------------------------|--------------------|
| Procurement of Health Maintenance Organization (HMO) for CASURECO II regular employees. | 279 | Regular Employees & AGM | One (1) Year |

3. APPROVED BUDGET OF THE CONTRACT (ABC)

The Approved Budget of the Contract (ABC) is **One Million Five Hundred Ten Thousand Pesos** (PhP 1,510,000.00) inclusive of taxes and duties.

4. TECHNICAL SPECIFICATION

This specification establishes the physical characteristics and performance requirements of the services. Bidder is required to state their compliance to the specification with evidence. Any form of evidence must be included in the Bidder's technical proposal and shall be used in the bid evaluation. The statement of compliance of the bidder without any evidence shall mean non-responsiveness of its bid

| S | Statement of Compliance (Compliant/Not Compliant) | Proof of Evidence | |
|---------------------------------------|---|----------------------|--|
| Coverage: | | | |
| Hospitalization/confinement services: | : Including emergency services, private room & board, attending physician's professional fees; laboratories and diagnostic test, medicines and use of hospitals services. | | |

| Special Medical Procedures | | X-ray, Ultrasound, Basic Mammography, Treadmill test and/or 2D Echocardiography, CT scan, MRI, Nuclear Test, Chemo or Radiation Therapy, Hemodialysis, Cataract Extraction & other special diagnostic or therapeutic procedures they deemed appropriate. | |
|--------------------------------|---|--|--|
| Emergency Care | : | All actual availment of hospital services/medicines/Attending physicians' fees, labs and diagnostic test; administration of emergency vaccines. | |
| Reimbursement | : | Reimbursement of non-accredited Physician/hospitals services (including medicines during emergencies)/diagnostic clinic (laboratories and diagnostic tests) and Out Patient Department (OPD) Services. | |
| Preventive Care | : | Consultation; eye checkup; periodic monitoring of labs and diagnostic test; consultation to attending physician including mental health, counselling on family planning/diet/exercise. | |
| Pre-Natal Consultation | : | Free one (1) check-up per month until delivery. | |
| Annual Physical Examination | : | Physical Exam and history taking, Chest X-ray, Urinalysis, Fecalysis, CBC and other Blood Chemistry (such as Lipid Profile, SGPT, SGOT, FBS, Hepa Screening Test), ECG and Pap Smear; Diagnostic assessment and management; Administration of immunization except cost of vaccines; family planning counselling & record keeping of medical history. | |
| Dental Care | : | Basic dental procedures such as Oral Prophylaxis; Extractions (including wisdom tooth); tooth fillings; consultations; fluoride and gum treatment; X-ray. | |

^{*}Bidder should provide brochure and/or certification, as applicable.

5. QUALIFICATIONS

Eligibility Requirements:

- DTI Business name registration;
- Mayor's/Business Permit (current and valid);

- Income/Business Tax Return;
- Omnibus Sworn Statement (duly notarized)

6. OTHER TERMS AND CONDITION

- 5.1 In the event that there are newly regularized employees, the HMO shall compute a separate SOA for the premiums of the said employees prorated until duration of the original contract.
- 5.2 In the event that a regular employee retires or avail optional retirement, the HMO shall continue the effectivity until the covered period expires.

7. COVERED PERIOD

June 1, 2024 to May 31, 2025

*may be subject to applicable changes

8. MODE OF PAYMENT

- 7.1. Fifty Percent (50%) upon issuance of Notice to Proceed (NTP).
- 7.2. Fifty Percent (50%) upon signing of contract.

Prepared by:

TECHNICAL WORKING GROUP

- SIGNED -

Member Member

- SIGNED -

OIGIVED

ENGR. ALBERTO J. REVILLA Member - SIGNED -

GIL EDDIEL. SERRANO JR.

Member

- SIGNED -

MS/MARIE/ANNE RESUENA

End User

- SIGNED -

ENGR. RICHARD LARECONCILLO

Co-Chairman

- SIGNED -

ENGR. WENDYL P. BORROMEO

Chairman

Annex A

| Date : | ate : | | | | |
|-----------------------------|-----------|--------------|-----|--|--|
| | Omnibus S | worn Statern | ent | | |
| | | | | | |
| 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:

1. Select one, delete the other:

If a sole proprietorship: I am the sole proprietor of [Name of Bidder] with office address at [address of Bidder];

If a partnership, corporation, cooperative, or joint venture: I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];
- SIGNED -

2. Select one, delete the other:

If a sole proprietorship: As the owner and sole proprietor of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for (the above-captioned materials/services) of the Camarines Sur II Electric Cooperative, Inc. (CASURECO II);

If a partnership, corporation, cooperative, or joint venture: I am granted full power and authority to do, execute and perform any and all acts necessary and/or to represent the [Name of Bidder] in the bidding for (the above-captioned materials/services), of the

Camarines Sur II Electric Cooperative, Inc. (CASURECO II), as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)];

- [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;
- 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;
- 5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. Select one, delete the rest:

If a sole proprietorship: I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a partnership or cooperative: None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. [Name of Bidder] complies with existing labor laws and standards; and

| 8. [N | lame of Bidder] is aware of and has undertaken the following | ng responsibilities as a Bidder: |
|-------------|---|----------------------------------|
| a) | Carefully examine all of the Bidding Documents; | |
| b) | Acknowledge all conditions, local or otherwise, affecting Contract; | g the implementation of the |
| c) | Made an estimate of the facilities available and needed any; and | for the contract to be bid, if |
| d) | Inquire or secure Supplemental/Bid Bulletin(s) issued fo any. | r the [Name of the Project], if |
| | I WITNESS WHEREOF, I have hereunto affixed my signand), (year) at the City of, Philippines. | ature this day of |
| | | Affiant |
| affiant exl | JBSCRIBED AND SWORN to before me this <u>(clate)</u> hibited to me (any of the following: Passport, Driver's Licenand valid until | |
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CHECKLIST FOR THE PROCUREMENT OF HEALTH MAINTENANCE ORGANIZATION (HMO) FOR CASURECO II REGULAR EMPLOYEES

SCOPE OF REQUIREMENTS

| Description | Qty. | Unit | Coverage Period |
|---|------|----------------------------|---|
| Procurement of Health Maintenance Organization for CASURECO II Regular Employees | 279 | Regular employees & AGM | One (1) year May 12, 2024– May 11, 2025 |

ELIGIBILITY REQUIREMENTS

| SPECIFICATION | Statement of Compliance (Compliant/Not Compliant) |
|---|--|
| DTI Business Name Registration | |
| Mayor's/Business Permit (current and valid) | |
| Income/Business Tax Return | |
| Omnibus Sworn Statement (duly notarized) | |
| RESULT: | |

TECHNICAL REQUIREMENTS

| SPECIFICATION | | | Statement of Compliance (Compliant/Not Compliant) | Proof of Evidence |
|---|--|--|--|----------------------|
| Coverage: | WATER TO THE PARTY OF THE PARTY | | | |
| Hospitalization/confinement : Including emergency services, private room & board, attending physician's professional fees; laboratories and diagnostic test, medicines and use of hospitals services. | | | | |
| Special Medical Procedures | | X-ray, Ultrasound, Basic Mammography, Treadmill test and/or 2D Echocardiography, CT scan, MRI, Nuclear Test, Chemo or Radiation Therapy, Hemodialysis, Cataract Extraction & other special diagnostic or therapeutic procedures they deemed appropriate. | | |



CAMARINES SUR II ELECTRIC COOPERATIVE, INC.

Del Rosario, Naga City

| Emergency Care | : | All actual ailment of hospital services/medicines/Attending physicians' fees, labs and diagnostic test; administration of emergency vaccines. | |
|-----------------------------|---|--|--|
| Reimbursement | : | Reimbursement of non-accredited Physician/hospitals services (including medicines during emergencies)/diagnostic clinic (laboratories and diagnostic tests) and Out Patient Department (OPD) Services. | |
| Preventive Care | : | Consultation; eye checkup; periodic monitoring of labs and diagnostic test; consultation to attending physician including mental health, counselling on family planning/diet/exercise. | |
| Pre-Natal Consultation | : | Free one (1) check-up per month until delivery. | |
| Annual Physical Examination | ÷ | Physical Exam and history taking, Chest X-ray, Urinalysis, Fecalysis, CBC and other Blood Chemistry (such as Lipid Profile, SGPT, SGOT, FBS, Hepa Screening Test), ECG and Pap Smear; Diagnostic assessment and management; Administration of immunization except cost of vaccines; family planning counselling & record keeping of medical history. | |
| Dental Care | • | Basic dental procedures such as Oral Prophylaxis; Extractions (including wisdom tooth); tooth fillings; consultations; fluoride and gum treatment; X-ray. | |
| Other terms and conditions | i | In the event that there are newly regularized employees, the Insurance Company shall compute a separate SOA for the premiums of said employees prorated until duration of the original contract. | |
| Other terms and conditions | : | In the event that a regular employee retires or avails optional retirement, the Insurance Company shall continue the effectivity until the covered period expires. | |
| | | RESULT: | |