

### Request for Proposal (RFP)

**This opportunity is open to Insurance brokers only**

Commodity/Service Required:	Private Medical Insurance (PMI) for APHF
Type of Procurement:	One-off 1-year Service provision Agreement with the provision for one-year Renewal subject to satisfactory performance
Type of Contract:	Cost Not to Exceed Ceiling Price
Term of Contract:	One (1) Year: December 5, 2022: December 4, 2023 – with a provision of one-year renewal based on satisfactory performance.
Contract Funding:	APHF
This Procurement supports:	APHF Nairobi Office, Kenya; AFRICA, EUROPE, and any other areas APHF has staff
Submit Proposals only to:	<a href="mailto:tender@aphf.africa">tender@aphf.africa</a> ; cc <a href="mailto:fkimonyi@aphf.africa">fkimonyi@aphf.africa</a> , <a href="mailto:smburu@aphf.africa">smburu@aphf.africa</a>
Date of Issue of RFP:	5 <sup>th</sup> October 2022
Date Questions from Supplier Due:	14 <sup>th</sup> October 2022
Date of sending responses to suppliers:	Immediately
Date Proposal Due:	25 <sup>th</sup> October 2022
Approximate Date Purchase Order Issued to Successful Bidder(s):	30 <sup>th</sup> November 2022

**Descriptions to the RFP:**

1. **Descriptions “A”** – Commodity Specifications
2. **Descriptions “B”** – Instructions to Bidders/Sellers

All bidders/sellers are responsible for carefully reviewing each detail of this document and following any instructions that may be relevant to this procurement.

**Descriptions A**

**Commodity Specifications or Statement of Work**

**Statement of Work**

Indicate a description of the activity/service that is expected from the supplier. Provide product specifications or service expectations (both if applicable). Include deliverables, timelines, and any special terms and conditions.

**Description of Activity/Service:**

The Africa Public Health Foundation was established in September 2019 and was founded to work alongside the Africa CDC to accelerate a shared commitment towards a healthy, prosperous Africa. The Africa Public Health Foundation offers a partnerships platform for collaboration in service of Africa CDC’s critical health work in Africa.

APHF invites bids from eligible Medical Insurance underwriters/Insurance Brokers for the provision of Personal Medical Insurance Cover for its staff members and their dependents across the country (Kenya), Africa, Europe, and other parts of the world where APHF has staff.

This is a stand-alone or per person cover for 7 staff members and 11 beneficiaries.

The cover is expected to benefit staff(M) + 4 dependents per household distributed as follows:

<b>Number of APHF Staff (Family)</b>	<b>7</b>
<b>Dependents</b>	<b>11</b>

**Product or Service Expectations (both if applicable):**

Your proposal should not be limited to the SOW below. Please include the benefits that you can offer above the basic requirements as stated in this SOW without additional cost.

Item	Detail	
Period of cover	05 December 2022- 04 December 2023 with the provision for one year Renewal subject to satisfactory performance.	
Geographical scope	Kenya, Africa, Europe, and other parts of the world where APHF has staff.	

**ELIGIBILITY**

- Person(s) from birth to seventy-five (75) years can join the scheme
- Existing members remain in the scheme up to the age of seventy- five years (75)
- Members above 75 years have to be declared at renewal or at the point of joining the scheme
- Dependents include spouse (s), own children, legally adopted and foster children aged from birth to 18 years.
- Children over the age of 18 years but below the age of 24 years will be covered under their families if proof of schooling is provided.

Overall cover limit

GROUP SPECIAL BENEFITS TERMS AND CONDITIONS BENEFIT / TERM/ CONDITION EXPLANATION LIMIT		
Benefit	Summary of Benefits	Limit (KES)
<b>A. INPATIENT COVER: Stand-Alone</b>	Provision of a comprehensive and flexible hospitalization (inpatient) cover, which includes the following services: <ul style="list-style-type: none"> <li>• Hospital Accommodation Charges</li> <li>• Doctor’s (Physician, Surgeon &amp; Anesthetist) fees.</li> <li>• ICU/HDU (High care and intensive care) and Theatre charges- Subject to overall annual limit</li> <li>• Drugs/Medicines, Dressings, and Internal Surgical appliances.</li> <li>• Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, PET Scan, MRI Scans.</li> <li>• Radiotherapy and Chemotherapy.</li> <li>• In-patient Physiotherapy.</li> <li>• Emergency Road and Air Evacuation subject to overall cover limit.</li> <li>• Day care surgery</li> <li>• Home nursing care</li> <li>• Internal prosthesis</li> </ul>	<b>Kes. 20,000,000/</b> per person Standalone

**Inpatient Benefit Terms & Conditions**

Children will be allowed to join the cover from birth under the following conditions:

- The baby must be a term baby, that is, at least 37 weeks at birth and will be covered as from birth.
- Premature babies and birth trauma shall be covered under congenital conditions & neonatal benefit.

Birth Notification shall be sent to the provider within 7 days, baby is introduced by way of filing an application form

**Bed limit:** Ensuite Room up to **Kes. 30,000** per day

**NHIF:** All eligible members must have valid NHIF membership. Eligible members in this case imply Kenyan citizens in formal employment. Hospital bills shall be undertaken net of NHIF. Below specific conditions are undertaken net of NHIF benefit.

- Surgeries; Minor, Major, and Specialized.
- Radiology (MRI & Ct scan) and
- Chemotherapy
- NHIF rebate

**Lodger fees:** Lodging facilities for parent/guardian accompanying a child below 12 years being admitted.

**Emergency Rescue/ Evacuation:**

Scheme members shall be covered for emergency air and road evacuation within Africa, Europe, and other parts of the world where APHF has staff. This benefit is subject to an overall annual cover limit.

Inpatient Conditions & Sub-limits	
Condition	Sub-limit
Pre-existing, chronic conditions and related conditions & HIV/AIDS cover	Will be covered up to a sub-limit of <b>Kes. 5,000, 000/-</b> per person per annum
Newly diagnosed Chronic conditions	Will be covered up to a sub limit of <b>Kes. 5,000,000/-</b> per person per annum and <b>Kes 5,000,000/-</b> for newly diagnosed Chronic conditions.
Organ transplants	Cost of organ transplant to be covered to the full Insurance Policy (IP) limit subject to inpatient available balance. The cost of donor which shall include cost of harvesting the organ which includes Various tests and evaluation, cost of ICU for the donor and the costs related to the stay in hospital as a result of organ donation shall covered but up to a maximum of <b>Kes 1,000,000/-</b> within the inpatient limit. Cost of donor is covered to a sublimit of <b>Kes 1,000, 000/-</b> within the IP limit
Specialized radiology (combined limit in-hospital and out-of-hospital)	<b>Kes. 189,000/-</b>
Psychiatric & Psychological illness	Psychiatric ailments to be covered within the inpatient cover limit up to a sub-limit of <b>Kes.2,500,000 per</b> person per annum. This includes the cost related to drug abuse rehabilitation.
Post hospitalization	Rehabilitation and post hospitalization shall be covered for up to a <b>sub limit of Kes.150,000/-</b>
Congenital conditions & Neonatal (incubator,phototherapy, congenital conditions, prematurity) Benefit	Shall be covered up to a <b>sub-limit of Kes. 3,000,000/-</b> within the standard inpatient cover (Cumulative benefit) per person per annum. This benefit shall also cater for neonatal illnesses that occur after birth
Non - accidental dental in-patient	A sub-limit of <b>Kes.1,500, 000</b> per person per annum shall be allowed at no additional premium to cater for non-accidental dental in-patient hospitalization. Accident-related inpatient Dental cases should be covered and are under the full inpatient benefits

Non - accidental ophthalmologic in-patient	A sub-limit of <b>Kes.1,500, 000</b> per person per annum should be covered at no additional premiums to cater for non-accidental ophthalmologic in-patient hospitalization. Accidental-related inpatient ophthalmologic cases are already covered under the full inpatient benefits.
Circumcision	Elective circumcision shall be covered for children up to the age of 15 years up to a sub-limit of <b>Kes 100,000/-</b> per person per annum within inpatient
Covid-19 IP treatment	Moderate /critical Inpatient cases covered within the inpatient benefit up to a sub-limit of <b>Kes 1,000,000</b> Per person per annum
Maternity benefit	<b>Kes. 400, 000/-</b> for principal members and spouse (s) per family per annum to cater for all pregnancy and confinement related hospitalization. All claims from pre-existing pregnancies will be payable under the maternity benefit Maternity: <b>Kes 400,000/- (Stand-alone)</b> ( <i>Maternity Caters for normal delivery, elective and subsequent caesarean sections. It also covers maternity related complications unless a separate maternity related complications benefit is purchased. Maternity and first ever emergency caesarian section benefits are mutually exclusive.</i> ) 1st c/s and maternity benefits are mutually exclusive benefits and cannot be used at the same time
The first ever emergency caesarian section	Shall be catered for under the inpatient benefits subject to a sub limit of <b>Kes. 400,000</b> per family per annum
Maternity Complications(post-delivery)	Maternity complications shall be covered up to a sublimit of inpatient of <b>Kes.1,500,000/-</b>
Last expense	Should the insured person die during the term of the cover, upon receipt of satisfactory proof of death in writing, the provide shall pay the amount of <b>Kes. 300, 000</b> to the policy holder or designated beneficiary. The payment shall be done within 24 hours upon receipt of proper documentation.
Prosthesis	External Prosthesis shall be covered up to a sublimit of <b>Kes. 368,000/- per prosthesis</b> within the inpatient cover including but not restricted to wheelchairs, frames, crutches, and corsets.
External medical appliances	External medical appliances- <b>Kes. 63,000/-</b>
Hospitalization related to chronic conditions	<b>Kes. 2,000,000/-</b>
Optical surgery	<b>Kes. 250,000/-</b>
Dental surgery	<b>Kes. 250,000/-</b>
Terrorism, Passive War & Political Violence Benefit	The cover shall be extended to provide cover for injuries to an insured person caused by violent accidental external and visible means arising from War, political violence ,Invasion, Act of Foreign Enemy, Hostilities or Warlike Operations,(whether War be declared or not), Civil War, Rebellion, Revolution, Insurrection, Terrorism, Military or Usurped Power but excluding cover consequent upon an Insured Person directly and actively participating or engaging in such activities whether whilst serving in the armed forces or otherwise save, where applicable, to the extent only of adopting or taking such action or steps as were reasonably necessary for the protection of himself, his family or their property. The benefit shall be provided within the full outpatient cover limit and an inpatient sub limit of <b>Kes 2,000,000</b>

<b>Territorial Limit</b>	Medical claims incurred outside the geographical scope and /or the geographical area where no credit facilities are available shall be 100% settled.
<b>Emergency treatment whilst travelling outside area of cover (up to max 60 days per trip)</b>	<ul style="list-style-type: none"> <li>Up to <b>Kes. 10,500,000/-</b> in USA &amp; Canada</li> <li>For other countries when outside your area of cover, benefits are subject to limits specified in this benefit table</li> </ul>
<b>Overseas referral:</b>	<p>Overseas referral for treatment not available locally will be to a medical facility approved by the service provider.</p> <p>Service Provider shall cater for any costs incurred for a medical condition that warrants referral for treatment overseas provided the treatment is not available in Kenya and it is certified by the Company's independent Medical Practitioner as being necessary in advance of such travel and treatment. There shall be written authorization from the Company approving the overseas referral. The independent Medical Practitioner's opinion shall be binding upon all parties to the Policy. The policy shall provide air ticket for the patient and one accompanying person on economy class return. In case it is a child eligible for lodger fees, the policy shall also cater for the air ticket of the accompanying adult and accommodation under lodger's fee at the health facility.</p>
	<p>Further, any referral seconded by a specialist, shall cater for the following.</p> <ul style="list-style-type: none"> <li>The air ticket for the patient, irrespective of the patient's age</li> <li>Visa cost for the patient and the accompanying person</li> </ul> <p>Air ticket for an accompanying person applicable for non-elective referrals only. This shall be an economy class ticket. All travel costs shall be at 100% settled.</p>
<b>Repatriation of mortal remains following an international emergency evacuation</b>	<b>Current Kes. 380,000/-</b>

Benefit	Summary of Benefits	Limit (KES)
<b>B. OUTPATIENT COVER-Stand-alone</b>	<p><b>Acute Conditions Benefit</b>-The outpatient scheme caters for all routine outpatient services. These include:</p> <ul style="list-style-type: none"> <li>Routine outpatient consultation (GP and Specialist),</li> <li>Diagnostic Laboratory and Radiology services-</li> <li>Prescribed physiotherapy,</li> <li>Pathology, I.E., Blood Tests Requested by a Doctor In</li> <li>Basic Radiology, I.E., Out-Of-Hospital Basic X-Rays</li> <li>Family planning at a max sub limit of <b>Kes. 20,000/-</b> within OP</li> <li>Prescribed drugs and dressings,</li> <li>Chronic conditions up to outpatient limit,</li> <li>Antenatal and post-natal care,</li> <li>HIV/AIDS and related ailments,</li> <li>Supplements for pregnant mothers.</li> <li>Prescribed oils and creams for treatment</li> </ul>	<b>Kes.300,000/- Per person</b>

	<ul style="list-style-type: none"> <li>• Supplements prescribed by treating doctor and they must match the diagnosis.</li> <li>• Prescribed medicated mouthwash</li> <li>• Vaccines: KEPI, Baby friendly &amp; the following named private vaccines;</li> <li>• Rotavirus vaccine (Rotarix)</li> <li>• Influenza vaccine (Vaccigrip)</li> <li>• BCG</li> <li>• DPT</li> <li>• HIB</li> <li>• HPV</li> <li>• OPV</li> <li>• Pneumonia</li> <li>• Cholera Vaccine</li> <li>• Chickenpox vaccine</li> <li>• Yellow fever vaccine</li> <li>• Measles, mumps, rubella vaccine (MMR)</li> <li>• HPV vaccine for female children 12 years and below</li> <li>• Meningococcal vaccine - Meningitis</li> <li>• Typhoid Vaccine</li> <li>• Hepatitis Vaccine (Includes HAV&amp;HBV)</li> </ul>	
	<b>Prescribed medication for acute conditions</b>	<b>Kes. 73,500/-</b>
	<p><b>Chronic Conditions Benefit</b> (<i>Conditions That Require Medication And Treatment for More Than Three Continuous Months</i>)</p> <ul style="list-style-type: none"> <li>• Consultations (GP And Specialist)</li> <li>• Prescribed Chronic Medication</li> <li>• Pathology, I.E., Blood Tests Requested by a Doctor in The</li> <li>• Course Of Your Consultations</li> <li>• Basic Radiology</li> <li>• The Chronic conditions are not limited to the above-listed case</li> </ul> <p><i>Note: If This Benefit Is Depleted, Then Claims Will Be Paid from The Available Day-To-Day Benefits</i></p>	<b>Kes. 260,000/-</b>
<b>Outpatient Terms &amp; Conditions</b>		
<ul style="list-style-type: none"> <li>• <b>Ambulance Services (for emergency treatment only),</b></li> <li>• <b>Cost related to drug abuse rehabilitation</b></li> <li>• <b>PAP Smear, PSA and mammogram for principal and spouse once per year</b></li> </ul>		
<b>Outpatient Conditions &amp; Sub-limits</b>		
<b>Condition</b>	<b>Sublimit</b>	
<b>Chronic, Pre-existing conditions &amp; HIV/AIDS including cost of ARVs</b>	Shall be covered up to the full out-patient cover limit per person per annum.	
<b>Medical Check-up</b>	Shall be payable up to <b>Kes. 30,000/-</b> per person per annum within the outpatient limit and shall cover the following; <ul style="list-style-type: none"> <li>• <i>Physical exam</i></li> <li>• <i>Cholesterol Check</i></li> </ul>	

	<ul style="list-style-type: none"> <li>• Mammogram</li> <li>• Urinalysis</li> <li>• Hemogram</li> <li>• Blood sugar</li> <li>• ECG</li> </ul> <p>Lipid Profile up to a maximum of Kes. 2,000/-</p>	
External Prosthesis	Within Outpatient of Kes.100,000	
Counseling Services	Without referral up to a limit of Kes.100,000	
<b>Benefit</b>	<b>Summary of Benefits</b>	<b>Limit (KES)</b>
<b>C. DENTAL COVER - Standalone</b>	<p>The Cost of Dental Consultation resulting in treatment expenses, inclusive of</p> <ul style="list-style-type: none"> <li>• Anesthetist’s fees Hospital and Operating Theatre cost,</li> <li>• Fillings</li> <li>• Extraction</li> <li>• Root canal</li> <li>• Scaling/ Cleaning</li> <li>• Orthodontics including cost of braces shall be covered up to Kes.75,000/-within the dental cover subject to it being medically necessary</li> <li>• Dental Exclusions: Crowns, Caps, Bridges, Orthodontics, Dentures, Self-prescribed scaling, and polishing</li> </ul>	Kes. 75,000/- Per person
<b>D. OPTICAL COVER- Standalone</b>	<ul style="list-style-type: none"> <li>• Outpatient ophthalmologists’ expenses</li> <li>• Change of lenses where there has been a noted change in prescription</li> <li>• Contact lenses replaceable every year</li> <li>• Laser correction of eyesight</li> <li>• Photo chromatic and/or antiglare lenses</li> <li>• Plano lenses</li> <li>• Optical frames are payable to the full optical limit.</li> <li>• Members are entitled to change lenses every year</li> </ul>	Kes. 55,000/- Per person
<b>COVID 19 COVER</b>	<p>COVID-19 Testing &amp; Treatment shall be covered Benefit Limit (based on the primary cover) Inpatient Sublimit of Kes. 1,000,000/- Per Person Within IP Benefit. Outpatient-Up to the full outpatient limit</p> <p><b>Outpatient Treatment</b> The cover shall cater for outpatient treatment for members confirmed to have COVID-19. Home based care shall be covered as per MOH guidelines for asymptomatic/mild cases.</p>	<p>-Inpatient-Sublimit of Kes. 1,000,000/- per person.</p> <p>-Outpatient- Kes. 250,000/- Per person.</p>



	<p>The provider shall cater for the cost of consultation, lab tests, imaging tests and prescribed drugs up to the full outpatient limit.</p> <p><b>Inpatient Treatment</b></p> <p>The cover shall provide inpatient coverage for all medically necessary COVID-19 admissions at both public and private hospitals.</p> <p><b>Kes. 1,000,000/-</b> per person for both moderate/severe or critical cases within the inpatient benefit.</p>	
<p><b>GENERAL EXCLUSIONS-</b> Provide a detailed list of any exclusions applicable for further review and discussion.</p>		

### FINANCIAL PROPOSAL

Vendors are requested to provide TWO separate quotes for two options below;

- Option 1 “AS – IS”** - The quote should provide the price for the medical insurance cover “as is” or as specified in the minimum benefits packaged above.
- Option 2: Enhanced Benefits** - The above-specified benefit package but with an improved range of benefits (enhancements) BUT at the same price as what was quoted in Option 1 above. It is important to include in the proposal, details of the enhancements for purposes of comparison.

The Prices quoted should be net inclusive of all taxes, must be in Kenya Shillings, and shall remain valid for (120) days from the closing date of the tender/proposals.

### Deliverables, Timelines, Special Terms and Conditions:

All bids must be submitted as follows.

- A signed cover letter in response to this request for proposal
- A duly completed and signed PMI proposal summary structure-Submit one copy in PDF and another copy in Excel format.
- Proposal supporting documents/attachments
- Financial proposal- Option 1 “AS – IS” - The quote should provide the price for the medical insurance cover “as is” or as specified in the minimum benefits packaged above. **(Refer to the price schedule format provided in this RFP)**
- Financial proposal- Option 2: Enhanced Benefits - The above-specified benefit package but with an improved range of benefits (enhancements) BUT at the same price as what was quoted in Option 1 above. It is important to include in the proposal, details of the enhancements for purposes of comparison. **(Refer to the price schedule format provided in this RFP)**

**NB: Submissions that do not comply with the above instructions will be considered non-responsive and are ineligible for evaluation.**

Price Schedule:

S/no.	BENEFIT	BENEFIT LIMIT	SPECIFY UNIT (PER FAMILY OR PERSON)	NO OF UNITS (PER FAMILY OR PERSON)	Premium Per Unit (KES)	TOTAL PREMIUM (KES)
A	Inpatient Cover					
B	Outpatient Cover					
C	Dental Cover					
D	Optical Cover					
E	Maternity-Stand alone					
F	Last Expense					
G	Ensuite room					
	<b>TOTAL PREMIUM</b>					
	Levies					
	<b>Gross Premium</b>					

By signing this attachment, the bidder confirms he has a complete understanding of the specifications and fully intends to deliver items that comply with the above-listed specifications.

Signature of Authorized person:	
Name:	
Title:	
Date:	

## Description “B”

### Instructions to Bidders

**1. Procurement Narrative Description:** The Buyer (APHF) intends to purchase commodities and/or services identified in Attachment A. The Buyer intends to purchase the quantities (for commodities) and/or services (based on deliverables identified in a Statement of Work). The term of the Ordering Agreement shall be from Award Date to the Delivery date of the Offer or unless extended by mutual agreement of the parties. The Buyer intends to award to a single “approved” supplier based on conformance to the listed specifications, the ability to service this contract, and selling price. We reserve the right to award to more than one bidder. If an Ordering Agreement is established as a result of this RFP, supplier understands that quantities indicated in the specifications (Attachment A) are an estimate only and APHF does not guarantee the purchase quantity of any item listed.

**2. Procuring Activity:** This procurement will be made by **Africa Public Health Foundation (A Charitable Foundation (APHF))**, located at Sanlam Tower, 4<sup>th</sup> Floor, Waiyaki way, Westlands

APHF shall award the initial quantities and/or services and any option quantities (if exercised by APHF) to Seller by a properly executed Purchase Order as set forth within the terms of this properly executed agreement.

**3. Proposal Requirements.** All Sellers will submit a quote/proposal which contains offers for all items and options included in this RFP. All information presented in the Sellers quote/proposal will be considered during APHF evaluation. Failure to submit the information required in this RFP may result in Seller’s offer being deemed non-responsive. Sellers are responsible for submitting offers, and any modifications, revisions, or withdrawals, so as to reach APHF office designated in the RFP by the time and date specified in the RFP. Any offer, modification, revision, or withdrawal of an offer received at the APHF office designated in the RFP after the exact time specified for receipt of offers is “late” and may not be considered at the discretion of the APHF Procurement Office. The Seller’s proposal shall include the following:

- a)* The solicitation number: **APHF- Private Medical Insurance (PMI)-2022**
- b)* The date and time submitted:
- c)* The name, address, and telephone number of the bidder and authorized signature of the same
- d)* Validity period of Quote: 120 days
- e)* A technical description of the items being offered in sufficient detail to evaluate compliance with the requirements in the solicitation. This may include product literature, or other documents, if necessary.
- f)* Lead Time Availability of the Commodity/Service.
- g)* Special pricing instructions: Price and any discount terms or special requirements or terms (special note: pricing must include guaranteed firm fixed prices for items requested).

- h)* Payment address or instructions (if different from mailing address)
  - i)* Past performance information, when included as an evaluation factor, to include recent and relevant contracts for the same or similar items and other references (including points of contact with telephone numbers, and other relevant information)
  - j)* Special Note: The bidder, by his response to this RFP and accompanying signatures, confirms that the terms and conditions associated with this RFP document have been agreed to and all its attachments have been carefully read and understood and all related questions answered.
- 4. Forms:** Bidder (potential bidders or suppliers) must record their pricing utilizing the format found on Attachment “A”. Sellers must sign the single softcopy submitted and send to address listed on the cover page of this RFP.
- 5. Notifications:** Time is of the essence for this procurement. Bidder shall respond this request for call no later than the dates set forth in the contract that will be agreed by both parties as a result of this RFP. The Seller shall immediately contact the Buyer’s Operations department if the specifications, availability, or the delivery schedule(s) changes.
- 6. Payment Terms:** To be discussed upon award based on APHF’s purchase order terms and conditions
- 7. Alternative Proposals:** Bidders are permitted to offer “alternatives” should they not be able to meet the listed requirements. Any alternative proposals shall still satisfy the minimum requirements set forth in Attachment A Specifications.
- 8. Evaluation and Award Process:** The APHF Operations department will award an agreement contract resulting from this solicitation to the responsible bidder whose offer conforms to the RFP will be most advantageous to APHF, price and other factors considered. The award will be made to the bidder representing the best value to the project and to APHF. For the purpose of this RFP, price, delivery, technical and past performance are of equal importance for the purposes of evaluating and selecting the “best value” awardee. APHF intends to evaluate offers and award an Agreement without discussions with Sellers.

Therefore, the bidder initial offer should contain the bidder best terms from a price and technical standpoint. However, APHF reserves the right to conduct discussions if later determined by the APHF Procurement Office to be necessary.

**The evaluation factors will be comprised of the following criteria:**

- (I) **PRICE**- Lowest evaluated ceiling price (inclusive of option quantities).
- (II) **DELIVERY**-Seller provides the most advantageous delivery schedule. **DELIVERY**-bidder provides the most advantageous delivery schedule.
- (III) **TECHNICAL**-Items/Services shall satisfy or exceed the specifications described in RFQ/RFP Attachment A.
- (IV) **PAST PERFORMANCE**-bidder can demonstrate his/her capability and resources to provide the items/services requested in this solicitation in a timely and responsive manner.
- (V) **SERVICE NETWORK COVERAGE**-Schedule of panel of hospitals by region. The vendor should have extensive and reputable network of hospitals, clinics, pharmacies, and laboratories

within easy reach of the members and their dependents. The vendor is expected to provide details of towns where the insurance company is represented, and the appointed hospitals/clinics and panel of doctors approved by provider (country wide, Across Africa, Europe, and other parts of the world) that can be accessed by APHF's employees and their dependents

## 9. Evaluation of Bids

The proposals will be evaluated in 3 Stages as follows:

### Stage 1:

At this stage the bids will be subjected to a preliminary examination to verify the overall completeness and responsiveness of the bids as received. Any bids that will be found to be incomplete, invalid, or substantially responsive will be eliminated at this stage. To qualify for stage 2 evaluation, a vendor must meet the following Mandatory Eligibility Requirements:

- Must have submitted their bids with the set timelines
- Must have completed the vendor information form, provided, and attached supporting documents as required.
- Must have completed the PMI proposal summary structure provided.
- Be registered with the Insurance Regulatory Authority (Commissioner of Insurance) for the current year and a copy of the current license to be submitted
- Submit a copy of Audited financial statements for the last two (2) years
- Must demonstrate compliance with local and international data protection laws and regulations
- Must submit copies of the following documents:
  - Valid Certificate of Incorporation
  - PIN Certificate
  - Valid Tax Compliance Certificate
  - Company Profile
  - A list of 5 (five) reputable clients preferably from the NGO sector and the total client's premiums for the previous year.
- Must provide proof of membership of the Association of Kenya Insurers (AKI)
- Complete the RFP and price schedule in the format specified
- The vendors must quote for both inpatient and outpatient cover for the bids to be considered complete.
- They must also be acceptable to the [Pro-rata adjustment of premiums \(with full benefits\)](#) with change of insured staff or dependent

### Stage 2:

#### **Technical Evaluation (65 points)**

The total technical points assigned to each proposal will be determined by adding and weighting the scores assigned by the evaluation committee to the technical features of the proposal in accordance with the criteria below:

- a) Number of years of experience providing medical insurance services. **(5 Points)**.

- b) Existing Health Insurance Portfolio / List of Corporate Clients and population insured and Accounts Value. **(10 points)**
- c) Comprehensiveness of the proposed medical scheme, including enhanced benefits over and above those specified in the RFP. A medical help line and a dedicated account manager. **(20 points)**
- d) Geographic Coverage / Service Network Coverage i.e., schedule of panel of hospitals by region. The vendor should have extensive and reputable network of hospitals, clinics, pharmacies, and laboratories within easy reach of the members and their dependents. The vendor is expected to provide details of towns where the insurance company is represented, and the appointed hospitals/clinics and panel of doctors approved by provider (countrywide & overseas) that can be accessed by APHF employees and their dependents. **(10 points)**
- e) Inclusion of adequate list of doctors and medical specialists in the panel of hospitals listed. **(10 points)**
- f) Case Management-The vendor is expected to demonstrate their strategy for case management, e.g., full time doctor, 24/7 Services. **(5 points)**
- g) Claim Settlement / Turnaround Time- Provide details of the claim settlement as well as the turnaround time. This will also be used to review the performance for any future renewal of the contract. **(5 points)**

Only firms that scores at least 80% in Stage 2 will be qualify for Stage 3 - Financial Evaluation.

### Stage 3:

#### Financial Evaluation (35 points)

The lowest priced bid that meets all of the minimum technical specifications on the RFQ will score maximum points at this stage. Proposal should be in Kenya Shillings (Kes.)

- 10. Award Notice.** A written notice of award or acceptance of an offer, mailed or otherwise furnished to the successful supplier within the time acceptance specified in the offer, shall result in a binding contract without further action by either party.
- 11. Validity of Offer.** This RFP in no way obligates APHF to make an award, nor does it commit APHF to pay any costs incurred by the Seller in the preparation and submission of a proposal or amendments to a proposal. Your proposal shall be considered valid for **60** days after submission.
- 12.** Bidders shall not engage in activities deemed to compromise the procurement process in their favor such as offering kickbacks etc., in an event of such occurrence the bidder(s) shall be disqualified.