



**CALUMPIT WATER DISTRICT
BIDS AND AWARDS COMMITTEE**
Corazon, Calumpit, Bulacan

Invitation to Bid


Health Program for Hospitalization Services and Annual Mental, Medical & Physical Examination for CWD Regular Employees for the Period of March 06, 2025 to March 05, 2026

1. The *Calumpit Water District*, through the **2025 Corporate Budget** intends to apply the sum of **One Million Pesos (Php 1,000,000.00)** being the Approved Budget for the Contract (ABC) to payments under the contract for **Health Program for Hospitalization Services and Annual Mental, Medical & Physical Examination for CWD Regular Employees for the Period of March 06, 2025 to March 05, 2026/Contract No. 2025-002**. Bids received in excess of the ABC shall be automatically rejected at bid opening.
2. The *Calumpit Water District* now invites bids for **the Health Program for Hospitalization Services and Annual Mental, Medical & Physical Examination for CWD Regular Employees for the Period of March 06, 2025 to March 05, 2026**. Bidders should have completed, within five (5) years from the date of submission and receipt of bids, a contract similar to the Project. The description of an eligible bidder is contained in the Bidding Documents, particularly, in Section II. Instructions to Bidders.
3. Bidding will be conducted through open competitive bidding procedures using a non-discretionary “pass/fail” criterion as specified in the 2016 Revised Implementing Rules and Regulations (IRR) of Republic Act (RA) 9184, otherwise known as the “Government Procurement Reform Act”.
 - a. Bidding is open to all interested bidders, whether local or foreign, subject to the conditions for eligibility provided in the 2016 revised IRR of RA No. 9184.
4. Interested bidders may obtain further information from **Calumpit Water District** and inspect the Bidding Documents at the address given below during **8:00 A.M. - 5:00 P.M.**
5. A complete set of Bidding Documents may be acquired by interested Bidders on **January 22, 2025 to February 11, 2025** from the address below, **in the amount of Five Thousand Pesos (Php 5,000. 00)**
6. It may also be downloaded free of charge from the website of the Philippine Government Electronic Procurement System (PhilGEPs) and the website of the Procuring Entity, provided that Bidders shall pay the applicable fee for the Bidding Documents not later than the submission of their bids.
7. The *Calumpit Water District* will hold a Pre-Bid Conference on **January 30, 2025 at 2:00 P.M.** at the **CWD Multi-purpose Hall, 4th Floor CWD Office Bldg., M. Serrano St., Corazon, Calumpit, Bulacan**, which shall be open to prospective bidders.
8. Bids must be duly received by the BAC Secretariat at the address below on or before **February 11, 2025 at 2:00 P.M.** All Bids must be accompanied by a bid security in any of the acceptable forms and in the amount stated in **ITB Clause 18**.

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9. Bid opening shall be on **February 11, 2025 at 2:00 P.M.** at the **CWD Multi-purpose Hall, 4th Floor CWD Office Bldg., M. Serrano St., Corazon, Calumpit, Bulacan**. Bids will be opened in the presence of the bidders' representatives who choose to attend at the address below. Late bids shall not be accepted.
10. The **Calumpit Water District** reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Section 41 of RA 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.
11. For further information, please refer to:
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Ms. Jaramie L. Cruz
BAC Secretariat Head
CWD Office Bldg., M. Serrano St.
Brgy. Corazon, Calumpit, Bulacan 3003
Tel. Nos. 0925 3011131/ Tele-Fax No. 044 769 3053
044 9130079, 9130080 local 123
calumpitwdbac@gmail.com
12. You may visit the following websites: For downloading of Bidding Documents: <http://calumpitwd.gov.ph/bid-opportunities>


Ms. Emely E. Echevarria
BAC Chairperson

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**EARLIEST POSSIBLE TIME AND MAXIMUM PERIOD ALLOWED FOR THE
Health Program for Hospitalization Services and Annual Mental, Medical & Physical Examination for
CWD Regular Employees for the Period of March 06, 2025 to March 05, 2026
PR # 2025-01-004**

| Stage | Section | Procurement Activities | Minimum Calendar Days Recommended for Activity | Operational Timeline | Conditions/ Remarks |
|------------|---------|--|--|----------------------|--|
| 1 | 20 | Pre-Procurement Conference | 1CD - | Day 0 | Optional for ABC of 2M and below |
| 2 | 21.2.1 | Advertisement/ Posting of Invitation to Bid | 7CDs Jan. 22 to 28, 2025 | Days 1 to 7 | Start availability of Bidding Documents |
| 3 | 22.2 | Pre-Bid Conference | 1CD Jan. 30, 2025 at 2:00 P.M. | Day 8 | <ul style="list-style-type: none">•Optional for ABC below 1M•Not Earlier than 7 CDs from Advertisement/ Posting•12 CDs before Deadline of Submission and Receipt of Bids |
| 4 | 25.5 | Deadline of Submission/ Receipt of Bids/ Bid Opening | 1CD Feb. 11, 2025 at 2: 00 P.M. | Day 20 | Last day of Availability of Bidding |
| 5 | 32.4 | Bid Evaluation | 1CD Feb. 12, 2025 | Day 21 | |
| 6 | 34.8 | Post-Qualification | 2CDs Feb. 13 and Feb. 14, 2025 | Day 22 to 23 | The bidder must submit all Post-Qualification Requirements w/in 5 CDs from receipt of notice as bidder with LCB in accordance with Sec 34.2 |
| 7 | 37.1.2 | Approval of Resolution | 1CD Feb. 17, 2025 | Day 24 | |
| 8 | 37.1.2 | Issuance of Notice of Award | 1CD Feb. 18, 2025 | Day 25 | |
| 9 | 37.2.1 | Contract Preparation and Signing | 1CD Feb. 19, 2025 | Day 26 | |
| 10 | 37.3 | Approval of contract by higher authority | 1CD Feb. 20, 2025 | | If necessary |
| 11 | 37.4.1 | Issuance of Notice to Proceed | 1CD Feb. 21, 2025 | Day 27 | |
| TOTAL TIME | | | 31 CD | 27CDs | Excluding Approval of Higher Authority, if applicable |

Note: January 23 and 29, 2025 - Holiday

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| ITEM | TERMS OF REFERENCE – SERVICE PROVIDER |
|---------------------------------|--|
| MEMBERSHIP ELIGIBILITY | <p>One hundred (100) regular employees of CWD, who on effective Date or Commencement date of membership, are at least 18 years old but not older than 65 years old and actively at work.</p> <p>CWD reserves the right to include or delete plan holders upon notification to the Health Service Provider.</p> |
| MAXIMUM COVERAGE BENEFIT | P_____ |
| OUT-PATIENT BENEFIT | <p>Annual Physical Examination (to be conducted on-site);</p> <ol style="list-style-type: none"> a. Taking of Medical History; b. Physical Examination c. Chest X-ray d. Routine Urinalysis e. Routine Stool Examination f. Complete Blood Count (CBC) g. Electrocardiogram (ECG) for members 35 years old and above; and h. Pap Smear for female members 35 years old and above. <p>Preventive Health Care</p> <ol style="list-style-type: none"> a. Wellness Program; b. Passive and active vaccines for treatment of tetanus and animal bites c. Health Education and counseling on diet or exercise d. Periodic monitoring of health problems e. Family planning counseling <p>Out-patient Services such as but not limited to:</p> <ol style="list-style-type: none"> a. Consultation, including specialist's evaluation b. First aid treatment of injury of illness c. Necessary X-rays and laboratory examinations d. Eye, Ear, Nose and Throat Care e. Blood and other blood elements transfusion including screening and cross-matching subject to General Exclusions f. Pre-natal and post-natal consultations g. Dialysis, chemotherapy, physical/occupational therapy and similar treatment procedures h. Speech Therapy for stroke patients only subject to the maximum benefit limit i. Electrocautery of warts (ECT) from neck down except genital warts and condyloma acuminatum |

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| | <p>MENTAL HEALTH In view of the passage of Republic Act No. 11036 or the Mental Health Act, outpatient benefits shall also include psychological/psychiatric consultations.</p> |
| <p>HOSPITALIZATION BENEFITS</p> | <ol style="list-style-type: none">1. Services of a Physician including surgical services;2. Room and Board according to the type of room accommodation and subject to the maximum rate of Daily Room and Board as stated in the Member's Benefit Schedule;3. General Nursing Service;4. Use of Operating Room and Recovery Room;5. Anesthesia and its administration;6. Drug and medication during confinement;7. Confinement in Intensive Care Unit up to the maximum limit; and8. Other services deemed medically necessary such as but not limited to:<ol style="list-style-type: none">a. Oxygen and it's administration;b. Dressing, plaster casts and other medical supplies;c. Laboratory tests, x-rays and other necessary diagnostic services;d. Blood and other blood elements transfusion including screening and -cross-matching subject to General Exclusions;e. Dialysis, chemotherapy and similar treatment procedures except occupational therapy up to the maximum limit. <p>Except for emergency illness, or injury wherein the Emergency Provision of the Agreement shall apply, these hospitalization benefits shall be available subject to the following conditions:</p> <ol style="list-style-type: none">9. The Hospitalization must be arranged or approved by the Service Provider Authorized LOA Issuer prior to the confinement.10. The confinement shall be in an Affiliated Hospital and the type of hospital room accommodation shall be in accordance with the Member's Benefit Schedule and maximum rate allowance.11. Professional shall be provided only by Service Provider Affiliated Physician(s). <p>If discharge from the Hospital has been authorized by a Service Provider Affiliated Physician and a Member shall fail or refuse to do so, the Service Provider shall not be responsible for any charges for hospital service rendered after the day and time for which discharge has been authorized.</p> |

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| DENTAL CARE | <ul style="list-style-type: none"> • Dental Examination/consultation only • Oral Prophylaxis • Simple tooth extractions • Temporary fillings • Desensitization of hypersensitive teeth • Simple denture adjustment and repair • Re-cementation of loose jacket crowns, bridges, inlays and onlays • Palliative treatment for simple mouth sores and blisters • Open incision and drainage (intraoral) • Dental nutrition and Dietary Counseling • Dental Health Education • Permanent Fillings (site no. of times per year) • Annual dental examination Temporo Mandibular Joint Consultation |
| PRE-EXISTING COVERAGE | Pre-existing illness/ conditions of members at the start of membership shall be covered up to the Maximum Benefit Limit. |
| NETWORK ACCESS/ MANNER OF ACCESS | <p>All members are entitled to choose, at their own convenience, any Affiliated Hospital where they want to be treated and wherein, they may consult with any Coordinators in said Hospital including the following:</p> <p>Makati Medical Center St. Luke's Medical Center-QC St. Luke's Medical Center- Global City Cardinal Santos Medical Center The Medical City Asian Hospital & Medical Center</p> |
| UTILIZATION REPORT | <p>The Service Provider shall provide a detailed annual utilization data, based on the required fields including the name of member and patient.</p> <p>The Service Provider shall submit to CWD a quarterly report on utilization within one (1) month after each quarter.</p> |
| MEMBERSHIP CARD | The membership card of an employee shall reflect the type of program in which the member is enrolled and include all relevant membership information. |

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| | <p>The membership card shall be made available within ten (10) working days upon enrollment.</p> <p>Free replacement of membership card once during the contract period in case of loss or damage.</p> |
| MEMBERSHIP INCLUSION AND CANCELLATION | <p>Should the agreement or any Membership covered thereby be pre-terminated, the Planholder shall be entitled to a refund of their membership fees in accordance with the following schedule:</p> <p>If agreement/membership has been in force for:</p> <ul style="list-style-type: none"> • Not more than one month – 80 % • More than one month but less than two months- 70% • More than two months but less than three months –60 % • More than three months but less than four months- 50 % • More than four months but less than five months – 40 % • More than five months but less than six months – 30 % • Six months or more – No refund |
| CLAIMS PROCEDURE | <p>All claims for reimbursement must be submitted or forwarded to the Head Office of the Service Provider within sixty (60) days from the date of availment.</p> |
| PERFORMANCE APPRAISAL | <p>Performance of the Service Provider shall be subject to an appraisal system to be administered semi-annually. Based on the assessment, CWD may pre-terminate the contract for failure by Service Provider to perform its obligation, in line with Guidelines on Termination of Contracts issued by the Government Procurement Policy Board (GPPB resolution no 018-2004 dated December 2004).</p> |
| IMMEDIATE COVERAGE | <p>The winning Service Provider shall commit to provide immediate coverage starting March 6, 2025 to March 05, 2026 pending finalization and execution of contract.</p> |
| FINANCIAL ASSISTANCE | <p>Benefit in case of natural or accidental death of a member</p> <ul style="list-style-type: none"> - Natural: - Accidental: |
| SPECIAL PROCEDURE/NEW MODALITY | <ol style="list-style-type: none"> 1. Lithotripsy 2. Arthroscopic procedures 3. Laparoscopic procedures 4. Laser Therapy 5. Nuclear / radioactive isotope scans |

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6. Special Procedure and other new modalities of treatment
7. Dialysis, chemotherapy and similar treatment / procedure
8. Chemotherapy
9. Radiation oncology/ therapeutic radiology
10. Sclerotherapy
11. Physical therapy and speech therapy
12. Angiography
13. Tests involving the use of nuclear technologies
14. Thallium scintigraphy
15. CT scan/ Magnetic Resonance Imaging
16. Pulmonary perfusion scan
17. Endoscopy
18. Bone densitometry
19. Anti-nuclear Anti-Body (ANA)
20. C-Reactive Protein Rheumatic and its complications)
21. Lupus Cell Exam
22. Percutaneous Ultrasonic nephrolithotomy
23. Stereotactic Brain biopsy
24. Hysteroscopic myoma resection
25. Trans-urethral microwave therapy (TUMT) of prostate / PSA
26. Holter monitoring, 2-D Echo and stress test
27. Myelogram
28. Video Gastroscopy
29. Mammography, Sonomammogram, Breast UTZ (all kinds)
30. M-Mode Echocardiogram
31. Cryosurgery
32. Angioplasty
33. All other expense directly related to medical management of the illness and/or injury that resulted to a plan member's medical availment.

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