



**Republic of the Philippines**  
**Department of Education**  
 NATIONAL CAPITAL REGION  
 SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

October 17, 2025

**REQUEST FOR PRICE QUOTATION (RFQ)**

Please quote your lowest price, inclusive of taxes on the item/s listed below, not higher than **Four Hundred Seventy Six Thousand Pesos (P 476,000.00)** being the Approved Budget for the Contract (ABC) and **submit the signed and sealed quotation** to the Office of the BAC Chairperson, thru the Receiving Section of the SDO, **on or before October 20, 2025; 10:00 am**. Quotations higher than the ABC shall be rejected.

For more information, please contact **Ms. Lourdes V. Rodilla/Mr. Joseph D. Nilo/Ms. Joiche I. Luna**, BAC Secretariat Members at Telephone Number (02) 8423-7560/8423-7561/8423-7562 local 129/120/113 or at [sdomuntinlupabacsec@gmail.com](mailto:sdomuntinlupabacsec@gmail.com).

  
**LILIA A. RICERO EdD**  
 BAC Chairperson

Item No.	Qty.	Unit	Item Description	Price		
				ABC	Quote	
					Unit	Total
<b>Procurement of Medical Allowance – HMO Card</b>						
1	68	units	<b>Medical Allowance HMO Card</b> <ul style="list-style-type: none"> <li>• Coverage: Max. Benefit limit/year</li> <li>• Max benefit limit per illness/year or confinement due to accident</li> <li>• Room type: Semi Private</li> <li>• Reimbursement for non-accredited service provider/coverage (non-emergency and/or emergency treatment, illness, or injury, including confinement (at least 50% of the total clinic/hospital charges, but not to exceed the plan's per illness confinement allocation/year)</li> <li>• Max. amount of coverage per year</li> <li>• Max. amount of coverage per illness</li> <li>• Room type: semi-private</li> <li>• Enrolled principal with pre-existing medical conditions</li> </ul>	P 476,000.00		

Item No.	Qty.	Unit	Item Description	Price		
				ABC	Quote	
					Unit	Total
<b>Procurement of Medical Allowance – HMO Card</b>						
			<ul style="list-style-type: none"> <li>No age limit (up until the expiration of the policy)</li> <li>Provision of a list of accredited doctors, hospitals, clinics, and diagnostic centers nationwide</li> <li>Coverage of reimbursement for laboratory services, consultation, and confinement in non accredited hospitals</li> </ul>			
			<p><b>Out-Patient Benefits</b></p> <ul style="list-style-type: none"> <li>Regular consultations and treatment</li> <li>Laboratory and X-Ray</li> <li>Treatment of minor injuries</li> <li>Rehabilitation services</li> <li>Eye, Ear, Nose treatment</li> <li>Mental health consultations/ counselling</li> </ul>			
			<p><b>Emergency Care Benefit</b></p> <ul style="list-style-type: none"> <li>Physician services</li> <li>Medicines utilized during treatment or for immediate relief</li> <li>Cast, dressing, and sutures</li> <li>X-ray, laboratory, and diagnostics</li> <li>Financial assistance for the following: <ul style="list-style-type: none"> <li>→ Accident</li> <li>→ Disablement</li> <li>→ Dismemberment</li> <li>→ Natural Death</li> <li>→ Terminal illness benefits</li> </ul> </li> </ul>			
			<p><b>Annual Physical Exam</b></p> <ul style="list-style-type: none"> <li>Physical check-up</li> <li>Fecalalysis</li> <li>Chest X-ray</li> <li>Urinalysis</li> <li>CBC</li> <li>Pap smear</li> <li>ECG</li> </ul>			

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				ABC	Quote	
					Unit	Total
<b>Procurement of Medical Allowance – HMO Card</b>						
			<p><b>Dental Benefit</b></p> <ul style="list-style-type: none"> <li>• Unlimited consultation and dental examinations</li> <li>• Dental nutrition and dietary counselling</li> <li>• Restorative and prosthodontic planning and procedure</li> <li>• Simple tooth extraction</li> <li>• Temporary filling (unlimited as needed)</li> <li>• Annual prophylaxis-mild cases only)</li> <li>• Simple tooth adjustment of dentures</li> <li>• Recementation of loose crowns, inlays, and onlays</li> <li>• Permanent filling (up to 2 surfaces only)</li> </ul>			
	<b>Weight</b> <b>20%</b>		<p><b>Price</b> Maximum = P 7,000.00</p>			
	<b>Weight</b> <b>25%</b>		<p><b>Quality Parameters</b></p> <ol style="list-style-type: none"> <li>1. Quality and technical merit, including technical competence and a credible track record; <ol style="list-style-type: none"> <li>a. Accredited by Philhealth, DOH, or Insurance Commission</li> <li>b. Number and geographical spread of accredited hospitals, clinic, and doctors, including facilities</li> <li>c. Presence/availability of specialty hospitals and healthcare specialists and providers</li> <li>d. Existence of online/mobile app platforms for cardholders</li> <li>e. Realtime verification of eligibility at point-of-care</li> </ol> </li> </ol>			

Item No.	Qty.	Unit	Item Description	Price		
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					Unit	Total
<b>Procurement of Medical Allowance – HMO Card</b>						
			<p>f. At least 5-10 years of continuous operation in the HMO industry with no derogatory records</p> <p>(25% = all indicators are met; 20% = 5/6 indicators are met; 15% = 3-4 all indicators are met; 10% = 1-2 indicators are met; 0% = no indicator is met)</p>			
	<b>30%</b>		<p>2. Accessibility</p> <p>a. Nationwide network of accredited hospitals, clinics, and doctors</p> <p>b. Accredited healthcare facilities per region or province</p> <p>c. Presence in urban /rural areas</p> <p>d. Access to specialty centers (e.g. cancer, heart, dialysis centers)</p> <p>e. Minimal or no waiting time at accredited facilities</p> <p>f. Availability of e- consultation services</p> <p>(30% = all indicators are met; 22.5% = 5/6 indicators are met; 15% = 3-4 indicators are met; 7.5% = 1-2 indicators are met; 0% = no indicator is met)</p>			
	<b>5%</b>		<p>3. Organization, qualification, and experience of employees or staff assigned to perform the contract;</p> <p>a. Dedicated account management team</p> <p>b. Organizational chart showing key personnel for account management, customer</p>			

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<b>Procurement of Medical Allowance – HMO Card</b>						
			service/helpdesk, claims processing, medical reviews/utilization management, provider network management  (5% = all indicators are met; 3% = 1 indicator is met; 0% = no indicator is met)			
	<b>5%</b>		4. Ongoing contracts and work commitments; a. Total number of active corporate clients b. Presence of clients in similar industries or sectors c. Client satisfaction ratings from existing accounts  (5% = all indicators are met; 3% = 1-2 indicators are met; 0% = no indicator is met)			
	<b>5%</b>		5. After-sales service and technical assistance; a. Customer support availability and channels b. Same day response time or initial acknowledgement c. Same day resolution/follow-up time  (5% = all indicators are met; 3% = 1-2 indicators are met; 0% = no indicator is met)			
	<b>10%</b>		6. Other relevant criteria in relation to the subject Services to be procured a. Ability to tailor medical/dental benefits to the employee.			

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			b. Option to adjust room and board, doctor's fee, or benefit limits c. Option for higher reimbursement benefit for non-accredited hospitals/clinics within 10-15 calendar days d. Option for optional wellness, preventive care enhancements e. Option for endowment benefits f. Back-up options if the provider drops out  (10% = all indicators are met; 8% = 5/6 indicators are met; 5% = 3-4 all indicators are met; 3% = 1-2 indicators are met; 0% = no indicator is met)			
<b>TOTAL</b>	<b>80%</b>					
			<b>Summary of Results Parameters</b>			
	<b>20%</b>		Price			
	<b>80%</b>		Quality			
	<b>100%</b>		<b>Grand Total</b>			
<b>TOTAL</b>				<b>P 476,000.00</b>		
Terms of Payment: Payment shall be made by the Procuring Entity through Lan Bank's LDDAP-ADA/Bank Transfer Facility or through Land Bank's cheque whichever is the preferred payment of the supplier, not later than sixty (60) days after submission of an invoice or claim by the Supplier. Bank Transfer fee shall be charged against the creditor's account.						
Contract Duration				<b>10 Business Days</b>		
Mayor's Permit No.:				Contact Number:		
Issued on:				Landline No.:		
Issued at:				Mobile No.:		
SEC/CDA/DTI Registration No.:				Name of Owner/Authorized Representative:		
PhilGEPS Registration No.:				Signature:		

**Important Terms:**

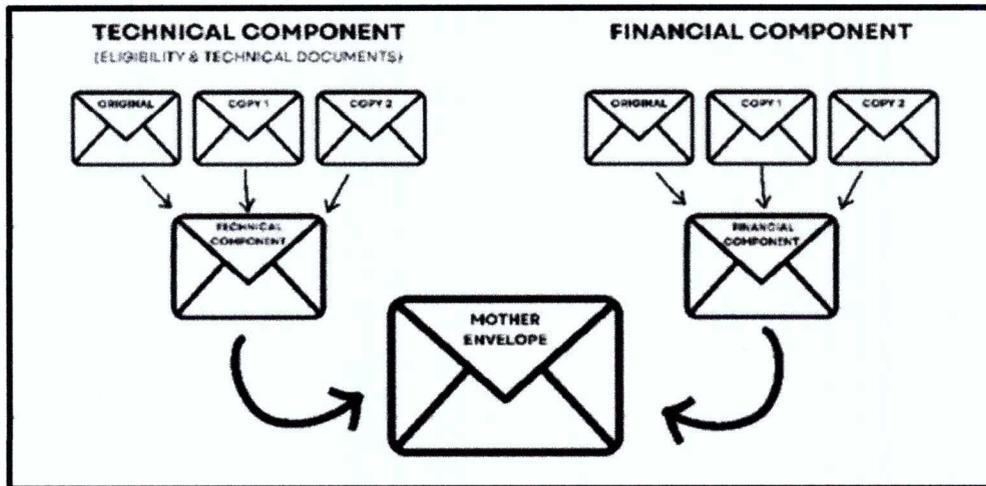
- ***The list of requirements is outlined in the Terms of Reference (TOR) – Means of Verification (MOV) Checklist attached to this RFQ.***

All Technical Specifications are mandatory. Suppliers shall indicate the brand, model and complete specification of the offered commodity. The form must be signed by the owner/authorized representative. ***Should there be submission of a separate quotation with a different declared amount, the quote in the RFQ prevails.***

Each Supplier shall submit a Mother Envelope containing two (2) sets of documents:

- ***one (1) for the Technical Component which will comprise Original, Copy 1 and Copy 2 Documents, and***
- ***one (1) for the Financial Component which will also comprise Original, Copy 1 and Copy 2.***

Kindly arrange the documents in accordance with the proper sequence of technical and financial components, and insert tabbing where possible for easy reference.



***Failure or non-compliance to the above-cited pre-requisites shall be ground for the supplier's disqualification.***

***The attached title page is intended to be placed in front of the signed and sealed envelope.***



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**Bids and Awards Committee (BAC)**

**RFQ-SVP-2025-003**

**Procurement of Medical Allowance – HMO Card**

Name of Company : \_\_\_\_\_

Address : \_\_\_\_\_

Landline/Mobile Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

Name and Signature of Authorized Representative : \_\_\_\_\_

**DO NOT OPEN BEFORE OCTOBER 20, 2025 at 10:00 AM**





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**TERMS OF REFERENCE (TOR)**

Procurement of Health Maintenance Organization (HMO) Services for DepEd-Schools Division Office of Muntinlupa City

**1. Background / Rationale**

The Schools Division Office of Muntinlupa City seeks to provide comprehensive Health Maintenance Organization (HMO) services to its employees. The engagement of an HMO provider ensures accessible, quality, and affordable healthcare coverage, consistent with government procurement rules and employee welfare policies.

**2. Objective**

To procure HMO services that will provide inpatient, outpatient, emergency, dental, and other health benefits to covered employees of SDO-Muntinlupa City for a one-year period.

**3. Scope of Services / Coverage**

- In-Patient Benefits
  - Maximum benefit limit per year and per illness/confinement due to accident.
  - Room type: Semi-private.
  - Coverage for pre-existing medical conditions.
  - No age limit (valid until policy expiration).
  - Reimbursement for non-accredited service providers (at least 50% of charges, not exceeding per-illness allocation).
- Out-Patient Benefits
  - Regular consultations and treatment.
  - Laboratory, X-ray, minor injury treatment, rehabilitation services.
  - ENT treatment.
  - Mental health consultations/counseling.
- Emergency Care Benefits
  - Physician services, medicines, cast/dressing/sutures.



- Diagnostics and laboratory services.
- Financial assistance for accident, disablement, dismemberment, natural death, terminal illness.
- Annual Physical Examination
  - Physical exam, fecalysis, chest X-ray, urinalysis, CBC, pap smear, ECG.
- Dental Benefits
  - Unlimited consultations and examinations.
  - Preventive, restorative, and prosthodontic procedures.
  - Simple tooth extraction, fillings, prophylaxis, denture adjustments, recementation, etc.

#### **4. Provider Qualifications**

The HMO provider must:

1. Be duly accredited by PhilHealth, DOH, or the Insurance Commission.
2. Have at least 5–10 years of continuous operation in the HMO industry with no derogatory records.
3. Provide a nationwide network of accredited hospitals, clinics, and doctors.
4. Provide specialty hospitals and centers (e.g., cancer, heart, dialysis).
5. Offer an online/mobile app for cardholders with real-time eligibility verification.
6. Ensure dedicated account management and customer support.

#### **5. Delivery Requirements**

The provider shall:

- Issue HMO cards within 10–15 calendar days from application.
- Provide an updated list of accredited doctors, hospitals, clinics, and diagnostic centers nationwide.
- Ensure immediate access to e-consultation and hotline services.
- Conduct a seminar/orientation session for all covered employees and concerned HR/administrative staff regarding the scope of benefits, coverage procedures, claims processing, and use of the HMO card. The seminar shall be conducted within 15 calendar days from card issuance.

## **6. Evaluation Criteria**

Proposals shall be evaluated based on the following parameters:

- Price – 20%
- Quality – 80%, distributed as follows:
  - Technical competence and track record – 25%
  - Accessibility and network coverage – 30%
  - Organization/staff qualifications – 5%
  - Ongoing contracts and client satisfaction – 5%
  - After-sales service – 5%
  - Other value-added features – 10%

## **7. Contract Duration**

The contract shall be effective for one (1) year from the date of issuance of Notice to Proceed (NTP).

## **8. Approved Budget for the Contract (ABC)**

The ABC for this procurement is ₱476,000.00, chargeable against the agency's Regular Agency Fund.

## **9. Payment Terms**

Payments shall be made in accordance with government accounting and auditing rules, subject to submission of complete supporting documents.

## **10. Acceptance**

The contract shall be deemed accepted upon issuance of HMO cards and submission of the list of accredited providers, subject to validation by SDO-Muntinlupa.

### Means of Verification (MOV) Checklist

For the Quality Evaluation Component of HMO Procurement (SVP, RA 12009)

Quality Parameter	Weight	Means of Verification (MOV)
Quality and Technical Merit / Track Record	25%	<ul style="list-style-type: none"> <li>- PhilHealth, DOH, Insurance Commission accreditation certificates</li> <li>- SEC/DTI registration, Business permit</li> <li>- Company profile with 5-10 years of operations</li> <li>- Certification of good standing (Insurance Commission/PhilHealth)</li> </ul>
Accessibility	30%	<ul style="list-style-type: none"> <li>- Official list of accredited hospitals, clinics, and doctors nationwide</li> <li>- Distribution list per region/province</li> <li>- Documentation/screenshots of online/mobile app and e-consultation platform</li> </ul>
Organization, Qualification, and Experience of Staff	5%	<ul style="list-style-type: none"> <li>- Organizational chart with account team identified</li> <li>- Profiles/resumes of assigned account managers and staff</li> </ul>
Ongoing Contracts / Work Commitments	5%	<ul style="list-style-type: none"> <li>- List of current and past corporate/government clients</li> <li>- Client satisfaction ratings/testimonials</li> </ul>
After-Sales Service / Technical Assistance	5%	<ul style="list-style-type: none"> <li>- Customer support policy (helpdesk, hotline, email)</li> <li>- Service Level Agreement (response and resolution times)</li> </ul>
Other Value-Added Features	10%	<ul style="list-style-type: none"> <li>- Proposals for wellness/preventive care enhancements</li> <li>- Options for higher reimbursement or endowment benefits</li> <li>- Contingency/back-up plans if provider drops out</li> </ul>