



ANNEXE 2 ACTED LIBYA

Document to be completed, stamped, dated and signed by the legal representative of the submitting company.

1. MEDICAL COVERAGE

QUESTION	ANSWER
The insured will be cover until he/ she is 60 years old	YES / NO, Comment:
The assigns of the insured will be covered until they are 60 years old:	YES / NO, Comment:
All the Libyan regions are covered by this contract	YES / NO, Comment:

Marital status	ACTED EMPLOYEE STATUS	Assigns	Maximum Medical coverage per year
	Single	1	
	Married	5	

Status familial	ACTED employee status	Assigns	Maximum medical coverage per year
	Children (Under 5 years old)	1	
		2	
		3	
		4	
		5	
		6	
		If more, please precise here the assign limitation:	
	Children (Over 5 years old)	1	
		2	
		3	
		4	
		5	
		6	
If more, please precise here the assign limitation:			

2. COVERAGE LIMITS

In Patient Basic Coverage		
Area Of Coverage		In Libya
Benefit	Limits USD	Restrictions
Class		
Annual Limit		
Case Limit		
Maternity		
Cancer		
Newborn		

In Patient Special Coverage		
Benefit	Limits USD	Restrictions
Medical Devices		
Endoscopies and Lithotripsy		

Additional Coverage		
Benefit	Limits USD	Restrictions
Out hospital Annual limit		
ER Coverage		
Tranquilizers		
Maternity Visits		
Eye Disease		
Hepatitis (A, B and C).		
Hepatitis vaccine (A, B and C)		
Influenza vaccines		
Pregnancy test		
Newborn circumcision		
children vaccines		
Mammogram		
Benign tumor		
Dermatological diseases		



extra outpatient forms		
Physiotherapy		
Ambulance		
Osteoporosis and Gout		
Diseases of the Nervous System		
Reimbursement		

Additional In\Out Of Hospital Coverage		
Benefit	Limits USD	Restrictions
Dental		
Optical		
X-Gratia		
Widely distributed Network all over the country, which includes the best and top qualified doctors and hospitals/ medical centre		
Ability to add family members to the health insurance (Spouse, Children) on same policy, and Parents on separate plan of coverage".)		
Coverage of chronic cases within the case limit for In-Hospital cases and according to each case's needs for chronic medications, without the need to use out of hospital forms,		
The ability to send a Doctor to our office for general support for couple of hours each week is a plus		
Coverage of supplies, bandages, and splints. E.g wheelchair		

Grant continuity for all ongoing waiting periods. For new additions, the following waiting periods to be applied:	
Exclusion	Waiting period
Hemorrhoids, anal fissure and fistula	
Tonsils, Adenoids	
Deviated septum, sinusitis	
Hernias	
Fibroids	
Endometriosis, Hysterectomy	
Varicocele, Hydrocele and varicose veins	
Cataract, Glaucoma	
Hypertension	
Back pain & surgery , knee pain & surgery	
Maternity	
Diabetes Mellitus	
Dental	

3. TECHNICAL QUESTION:

Please answer to all the below question by fulfilling the “supplier answer” with the relevant information or the relevant reference to your offer.

QUESTION	SUPPLIER ANSWER
Number of physiotherapy sessions that the insurance covers	
Is the insurance company part of a medical network such as Globemed (<i>if yes please specify the name of the network and if it can be found in pharmacies as well as hospitals</i>)	
Does the insurance company have a 24/7 hotline	
Estimated time it takes to reimburse employee, spouse or child, for doctor's visits, prescribed medicine etc. –	
Do you provide insurance portability? (insurance portability is when a person leaves the organization and would like to still benefit from the insurance he/she had for the same fee. The insurance company	

would then grant this option for 3 months counting from his/her exit date)	
Can new comers directly benefit from the services provided by the insurance company starting from day one on the job? (even if they were not previously covered by an insurance company before they were hired)	
Do you cover cost of PCR tests? if yes what is the total number of tests that can be taken per year	
Do you cover medical/hospital treatment, tests, examination, medication etc. related to covid-19 ?	
Is the reimbursement provided by paycheck or cash?	
For budgeting reasons, ACTED prefers to pay monthly insurance invoice based on the total number of staff in each month. Please provide a brief summary of how fees for employees in/out are calculated.	

Name of legal representative:

Date:

Signature of legal representative & stamp: