

**ANNEXE 1 ACTED Tunisia/Libya****LOT 1 – MEDICAL INSURANCE LIBYA****1. TABLE OF GUARANTEES AND CONTRIBUTIONS**

Please fulfill the table considering the data below:

Monthly gross payroll in USD (09/2022): **189 190 USD**Number of salaries (the full list can be found in Annex 2): **109**

No.	Item Specifications & product stage	1st unit A	1 st quantity B	2 nd unit C	2 nd quantity D	Unit Price USD person/month E	Total Price USD BxDxE
1	Single	Person	57	Month	12		
2	Married	Person	10	Month	12		
3	Family	Person	42	Month	12		
4	Single parent	Person	0	Month	12		
TOTAL							

2. MEDICAL COVERAGE

QUESTION	ANSWER
The insured will be cover until he/ she is 65 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	57	
	Married	52	
	Single parent	0	

Status familial	ACTED employee status	Assigns	Maximum medical coverage per year
	Children (Under 5 years old)	1	
		2	
		3	
		4	



		5	
		6	
		7	
		8	
		If more, please precise here the assign limitation:	
	Children (Over 5 years old)	1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	
	If more, please precise here the assign limitation:		

3. BENEFITS TABLE

Please provide your benefits table (sickness, maternity, hospitalization) and refund rate for year 2023 for this offer.

ACTED coverage preference is:

- **In Patient Basic Coverage**
 - Maternity
 - Complications of pregnancy and childbirth:
 - Laboratory tests (in-patient)
 - Other diagnostic tests (in-patient)
 - Package
 - Prescription drugs and materials
 - Private room
 - Professional fees
 - Theatre charges
 - X-rays (in-patient)
 - Cancer
 - Newborn
- **In Patient Special Coverage**
 - Medical Devices
 - Endoscopies and Lithotripsy
- **Additional Coverage**
 - Out hospital Annual limit
 - ER Coverage
 - Tranquilizers
 - Maternity Visits
 - Routine maternity (inpatient and outpatient treatment)



- Laboratory tests (in patient)
- Mid wife fees (in patient)
- Newborn care
- Other diagnostic tests (in patient)
- Package
- Prescription drugs and materials
- Private room
- Professional feed
- Theatre charges
- 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
- COVID-19 Testing, regardless of the results and without medical prescription
- **Additional In\Out of Hospital Coverage**
 - 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
- **Psychotherapy (ACTED will have a specific look on the coverage of this specific point)**

**LOT 2 – MEDICAL INSURANCE TUNISIA****1. TABLE OF GUARANTEES AND CONTRIBUTIONS**

Please fulfill the table considering the data below:

Monthly gross payroll in TND (09/2022): **86 165 TND**Number of salaries (the full list can be found in Annex 2): **24**

	SICKNESS	DISABILITY	DEATH	TOTAL	CURRENCY IF DIFFERENT THAN USD*
RATE (in %)					
MONTHLY CONTRIBUTION (in USD*, all taxes included)					
QUARTERLY CONTRIBUTION (in USD*, all taxes included)					

* If the supplier cannot submit an offer in USD, then ACTED will do the currency exchange based on the info.euro exchange rate (https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-infoeuro_fr)

2. MEDICAL COVERAGE

QUESTION	ANSWER
The insured will be cover until he/ she is 65 years old	YES / NO, Comment:
The assigns of the insured will be covered until they are 60 years old:	YES / NO, Comment:
All the Tunisian regions are covered by this contract	YES / NO, Comment:

	ACTED EMPLOYEE STATUS	Assigns	Maximum Medical coverage per year
Marital status	Single	22	
	Married	2	
	Single parent	0	

	ACTED employee status	Assigns	Maximum medical coverage per year
Status familial	Children (Under 5 years old)	1	



		2	
		3	
		4	
		5	
		6	
		7	
		8	
		Children (Over 5 years old)	1
	2		
	3		
	4		
	5		
	6		
	7		
	8		

3. BENEFITS TABLE

Please provide your benefits table (sickness, maternity, hospitalization) and refund rate for year 2023 for this offer.

ACTED coverage preference is:

- Consultations and medical visits :
 - General practitioner C1/V1
 - Specialist C2/V2
 - Professor C3/V3
 - Paramedics / Medical Auxiliaries / AMM AMY AMO
 - Medication Fees (In case of chronic illness the limit is raised to 2500 TND)
 - Biological analyses
 - Prostheses Orthopaedic non dental
 - Dental care and prostheses
 - Orthodontia
- Optical
 - Frame
 - Glasses
 - Lenses
- Hospitalisation :
 - Stay Fees : Hospitall / Clinic



- Expenses of an accompanying person
- Churigic Fees and Accessories:
 - Single use
 - Anaesthetist
 - Surgery Room
- Patient Transport
- Surgery Room Fees
- Sanatorium and Preventorium
- Thermal Cures after CNAM Max 30 days
- Cancer Treatment (carcinology, oncology, chemotherapy, radiotherapy)
- Radiology (X-Ray) / Endoscopy / Special Treatments
- Physiotherapy on medical prescription
- Circumcision
- Funeral Expenses
- Pyschology and psychiatry
- Laser Excimer (Myopia correction for both eyes)
- Dialysis
- Maternity :
 - Natural Childbirth
 - Caesarean Section
- COVID-19 Testing, regardless of the results and without medical prescription
- Psychotherapy (ACTED will have a specific look on the coverage of this specific point)

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____