



Request for Proposals
for
**Supplemental health insurance package
for staff and dependents**

Submission of Proposals Deadline: December 13, 2024

REQUEST FOR PROPOSALS (RFP)

Project	MESCLA 2.0
Funder	International Business Initiatives, Inc. (IBI)
Cooperating Country	Honduras
RFP Number	RFP-2024-01
RFP Release Date	October 25, 2024
Deadline for Questions	November 1, 2024
Deadline for Proposals	December 13, 2024
Contact	rmorales@socialimpact.com qramlogan@socialimpact.com drainer@socialimpact.com
Appendix	A, B, C

I. Project Background

Social Impact, Inc. (SI) implements the USAID/Honduras Monitoring and Evaluation Support for Collaboration, Learning, and Adapting (MESCLA 2.0) Activity along with partner IBI. MESCLA 2.0 is a five-year project aimed at supporting and strengthening the monitoring and evaluation of USAID development assistance in Honduras. The MESCLA 2.0 project will provide USAID/Honduras with project and activity evaluation, performance monitoring, learning, assistance in strategy development, activity design, and performance management support services in order to implement the Mission's new Country Development Cooperation Strategy (CDCS). Specifically, the project will provide flexible, demand-driven services, including assisting the mission with:

- Planning, designing, conducting, disseminating, learning and supporting adaptive management based on rigorous monitoring and evaluation (M&E) of USAID/Honduras development projects and activities.
- Facilitating and promoting Collaborating, Learning and Adapting (CLA) practices throughout the Mission, implementing partners (IPs), local organizations, private sector partners and local academia.
- Supporting monitoring, evaluation, and learning (MEL) capacity building of USAID/Honduras internal and external stakeholders.

Scope of Work

SI is seeking a Supplemental Health and Life Insurance company to support and protect the health and safety of MESCLA 2.0 staff. The period of the contract will be through the end of the MESCLA 2.0 project, August 19, 2027.

The purpose of the bid is to secure competitive proposals to select a supplier or vendor for Social Impact to provide the listed categories of insurance services as per the scope provided. All eligible Suppliers and Vendors that qualify and are technically competent for the provision of the service are invited to submit their proposals.

Prospective Service Providers must have experience of offering similar services to organizations

comparable to Social Impact and must demonstrate willingness and commitment to meet the requirement of this RFP.

- a. Upon satisfactory completion of the evaluation process, the successful bidder shall be expected to commence the assignment after the contract agreement is signed and purchase order issued.
- b. Nothing in the request for proposal shall be construed to give rise to contractual obligations with Social Impact.

Insurance should cover the staff and their eligible dependents. Limit of cover to extend to staff member, spouse and dependent children (Not exceeding 25 years of age).

The Supplier will be responsible for providing the following insurance services, including but not limited to:

1. In-patient treatment
2. Out-patient treatment
3. Death and total permanent disablement due to illness or disease
4. Death and total permanent disablement due to personal accident
5. Annual health check-up
6. Vision benefit
7. Dental benefit
8. Other benefits

All Suppliers are required to submit detailed premiums for each insured person as listed in Appendix A_Technical Specifications and Appendix B_Staff and dependents list. If the Supplier has different tiers of coverage, Supplier is encouraged to submit detailed premiums at each tier for each insured person.

Confidentiality

All Supplier staff under this Purchase Order will be asked to sign a non-disclosure agreement (to be provided upon award) signifying their understanding of ethical behavior in the field and proper handling of confidential and private information, including personally identifiable information (PII). Similarly, the selected Supplier will be required to read and acknowledge [SI's Standards for Business & Ethical Conduct](#).

II. Submission Instructions

Offerors are responsible for ensuring that their offers are received by SI by the instructions, terms, and conditions described in this RFP. Failure to adhere to instructions described in this RFP may lead to disqualification of an offer from consideration.

Offer Deadline and Protocol

Offers must be received no later than December 13, 2024 by email to rmorales@socialimpact.com, nramlogan@socialimpact.com, and drainer@socialimpact.com. No hard copy deliveries will be accepted.

Please reference the RFP number in any response to this RFP. Offers received after the specified time and date will be considered late and will be considered only at the discretion of SI.

Questions regarding the technical or administrative requirements of this RFP may be submitted no

later than November 1, 2024, by email to rmorales@socialimpact.com, nramlogan@socialimpact.com, and drainer@socialimpact.com and will be answered by November 5, 2024. Questions must be submitted in writing; phone calls will not be accepted. Questions and requests for clarification—and the responses thereto—that SI believes may be of interest to other offerors will be circulated to all RFP recipients who have indicated an interest in bidding.

Only the written answers issued by SI will be considered official and carry weight in the RFP process and subsequent evaluation. Any verbal information received from employees of SI or any other entity should not be considered an official response to any questions regarding this RFP.

Eligibility

By submitting an offer in response to this RFP, the offeror certifies that it and its principal officers are not debarred, suspended, or otherwise considered ineligible for an award by the U.S. Government. SI will not award a contract to any firm that is debarred, suspended, or considered to be ineligible by the U.S. Government.

Technical Proposals

Offerors must submit the following as part of their technical proposal:

- **Company Profile**
- **Insurance policies (Appendix A):** The Offeror is required to prepare the insurance policies covering all items in Appendix A_Technical Specifications
- **Social Impact Profile List (Appendix B)**
- **SI Evidence of Responsibility Statement (Appendix C)**

Financial Proposals

The Offeror is required to prepare the Price Schedule following Appendix B_Staff and dependents list. Quotations in response to this RFP must be priced at the time of this RFP release, on an all-inclusive basis, including delivery and all other costs. Pricing must be presented in Honduran Lempira.

Taxes and VAT

The agreement under which this procurement is financed is not exempt from the payment of taxes, VAT, tariffs, duties, or other levies imposed by any laws in effect in the Cooperating Country. Therefore, offerors must include taxes, VAT, charges, tariffs, duties, and levies in accordance with the laws of the Cooperating Country.

III. Evaluation

An award will be made to a responsible offeror whose offer follows the RFP instructions, meets the eligibility requirements, and is selected via a trade-off analysis to be the best value based on the application of the following evaluation criteria:

- **Treatment policies (70%):** In-patient treatment, Outpatient treatment, and other benefits, including Annual health check-ups, Dental benefits, Maternity care, Waiting period.
- **Death and total permanent disablement (10%):** due to illness or disease and personal accident.
- **Premiums policies (20%):** Total premiums & payment terms, policy to calculate the insurance, premium refund policy.

Evaluation Criteria Grading for Each Criterion:

- Exceptional 5 Points
- Exceeds Expectations 4 Points
- Meets Expectations 3 Points
- Meets most but not All Expectations 2 Points
- Non-Responsive to Expectations 1 Point

Please note that if there are significant deficiencies regarding responsiveness to the requirements of this RFP, an offer may be deemed “non-responsive” and thereby disqualified from consideration. SI reserves the right to waive immaterial deficiencies at its discretion.

IV. Terms and Conditions

A. Offer Validity

Offers must remain valid for not less than ninety (90) calendar days after the offer deadline.

B. Best Offer Quotations

Best-offer quotations are requested. It is anticipated that award will be made solely based on these original quotations. However, SI reserves the right to conduct negotiations with and/or request clarifications from any offeror prior to award.

C. Source and Nationality

All goods and services offered in response to this RFP or supplied under any resulting award must meet **USAID Geographic Code 937** in accordance with the United States Code of Federal Regulations (CFR). The cooperating country for this RFP is specified on the cover page of this RFP. Offerors may not offer or supply any commodities or services that are manufactured or assembled in, shipped from, transported through, or otherwise involving any countries which are deemed ineligible by the US Government.

D. Prohibition of Terrorism

In addition, Offerors understand that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the offerors to ensure compliance with these Executive Orders and laws.

E. Payment Terms

SI's standard payment terms are Net 30 days after receipt and acceptance of an approved invoice, and submission of deliverables if applicable. Payment will only be issued to the entity submitting the offer in response to this RFP and identified in the resulting award; payment will not be issued to a third party.

F. Additional Terms and Conditions

This is an RFP only. Issuance of this RFQ does not in any way obligate SI or its client to make an award, nor does it commit SI or its client to pay for costs incurred in the preparation and submission of a proposal.

By submitting a response to this RFP, the offeror understands that SI's client is not a party to this solicitation and the offeror agrees that any protest hereunder must be presented—in writing with full explanations—to SI for consideration, as SI's client will not consider protests regarding procurements carried out by implementing partners. SI, at its sole discretion, will make a final decision on the protest for this procurement. This solicitation is subject to SI's standard terms and conditions. Any resultant award will be governed by these terms and conditions; a copy of the full terms and conditions is available

upon request. SI may cancel this RFP at any time.

**Appendix A
HEALTH BENEFIT SUMMARY**

No.	DESCRIPTIONS	REQUIREMENTS
	Medical Overall Annual Maximum	\$1,000,000
	Reimbursement of Eligible Expenses	100%, unless otherwise stated
	Co-Pay Per Service	
I.	IN-PATIENT TREATMENT	
	Hospital Accommodation	100% to a maximum of \$100,000 Annually
	Accident, Emergency, Intensive Care, Surgical Care, Second Surgical opinion, Anesthesia, Physician Charges for Surgery Treatment, Services, Supplies and Ambulance.	100% to a maximum of \$100,000 Annually
	Surgeon, Consultants, Anesthetics, Nurses	100% to a maximum of \$100,000 Annually
	Medical Practitioners	100% to a maximum of \$100,000 Annually
	Prescription Drugs (per occurrence co-pay no applicable), Dressings, Durable Medical Equipment	100% to a maximum of \$100,000 Annually
	Reconstructive Surgery after an accident for an Eligible condition	100% to a maximum of \$100,000 Annually
	Diagnostic Tests, and Procedures, X -Rays, Pathology, MRI/CT scans	100% to a maximum of \$100,000 Annually
	Cancer tests, Drugs, Treatment and Consultants, Including Chemotherapy and Radiotherapy	100% to a maximum of \$100,000 Annually
	Maternity	100% to a maximum of \$15,000.00
	Parental Hospital Accommodation	\$100 per night / up to 7 days
	Hospital Cash benefit	\$300 per night / up to 50 nights
	Organ Transplant (Major Covered Organs)	\$175,000 lifetime

No.	DESCRIPTIONS	REQUIREMENTS
	Paramedical Services	\$500 per practitioner, per Policy Year
	Inpatient Psychiatric Treatment (After 12 Continuous Months of Coverage Under the Policy)	100% to a Maximum of 30 days
II.	OUT-PATIENT TREATMENT	
	Family Doctor, Treatment & Referral.	Up to a maximum of \$9,000 per Policy Year
	Specialists & Consultants	Up to a maximum of \$9,000 per Policy Year
	X-rays, Pathology, Diagnostic Test & Procedures	Up to a maximum of \$9,000 per Policy Year
	Prescription Drugs (per occurrence co-pay not applicable), medicines, Dressing & Durable Medical Equipment	Up to a maximum of \$9,000 per Policy Year
	Outpatient Surgery	Up to a maximum of \$50,000 per Policy Year
	MRI & CT scans	Up to a maximum of \$50,000 per Policy Year
	Cancer tests, Drugs, Treatment and Consultants	Up to a maximum of \$50,000 per Policy Year
	Outpatient Psychiatric Treatment	Up to a maximum of \$5,000 per Policy Year
	Physiotherapy, Homeopathic & Osteopathic Therapy	15 visits up to \$9,000 per Policy Year
	Acupuncture, Aroma Therapy, Magnetic Therapy – When referred by Doctor. Traditional Chinese Medicine (TCM) – no referral required. Acupuncture and Aroma Therapy – when treatment is provided within a TCM clinic. Chiropractor – when treatment is provided by Chiropractor or TCM clinic	Up to a maximum of \$900 per Policy Year
	AIDS/ HIV Treatment	Up to a maximum of \$15,000 per Policy Year / lifetime maximum of \$50,000
	Hormone Replacement Therapy – Early Onset	Up to a lifetime maximum of 12 months
	Home Nursing Care	Up to a maximum of \$130 per night / 30 visits maximum per Policy Year
	Rehabilitation, Extended Care Facility, Hospice Care	Up to a maximum of 90 days per Policy Year
III.	Death and Total Permanent Disablement due to illness or disease	

No.	DESCRIPTIONS	REQUIREMENTS
	Lump sum payment in case of death due to illness or disease	26 times employee's wage, min. L100,000.00 - Max L3,000,000.00
	Permanent disablement due to illness	12 monthly payments for a yer or single payment
IV.	Death and Total Permanent Disablement due to personal accident	
	Lump sum payment in case of death due to accident	Twice the insured amount
	Lump sum payment in case of death due to work related accident	Trice the insured amount
	Dismemberment, Loss of both hands	Lump sum payment of insured amount
	Dismemberment, Loss of feet, separation at or above ankle	Lump sum payment of insured amount
	Dismemberment, loss of one hand and one foot, separation at or above wrist and/or at or above ankle	Lump sum payment of insured amount
	Complete and irreparable loss of sight in one eye and loss of one hand at or above wrist	Lump sum payment of insured amount
	Complete and irreparable loss of sight in one eye and loss of one foot at or above the ankle	Lump sum payment of insured amount
	Complete loss of one hand or one foot, separation at or above wrist and at or above ankle	Half of insured amount
	Complete and irreparable loss of sight in one eye	Half on insured amount
	Complete or partial loss of thumbs or big toes and/or phalanges	Forth part of insured amount
	Complete or partial loss of index fingers and/or phalanges	15% of insured amount
	Complete or partial loss of middle, ring or little fingers, toes and/or phalanges	8.5% of insured amount
	Funerary Expenses	
	Suicide	Coverage from 1 st day of coverage to preexisting and new employees
	Other benefits	

No.	DESCRIPTIONS	REQUIREMENTS
	Repatriation	
	Anticipated payment of insured amount due to terminal disease	25% of insured amount
V.	Wellness / Annual Health Checkup	
	Adult Medical Check-Up including Cervical Smear, Mammogram, Cancer Screening, Cardiovascular Examination, Neurological Examination, Vital Signs Test, Vaccinations/Inoculation	\$700 per Insured Person per Policy Year
	Child Vaccinations, Inoculations, Hearing & Sight Test (Up to age 18)	\$700 per Insured Person per Policy Year
VI.	VISION	
	Exams	\$100 per Insured Person per Policy Year
	Materials	\$150 per Insured Person per Policy Year
	Termination Age	Primary insured and spouse: 70 Dependent Child(ren): 25
VII.	DENTAL	
	Emergency Dental Benefits	
	Emergency dental due to Accident	100% up to a maximum of \$1,000 per Insured Person, per Policy Year
	Emergency Dental due to Sudden Unexpected Pain to Sound Natural Teeth	100% up to a maximum of \$200 per Insured Person, per Policy Year
	Routine Dental Benefits	
	Routine Dental Annual Limit \$750 per Insured Person, per Policy year	\$750 per Insured Person, per Policy year
	Routine Dental Annual Deductible	\$50 per Insured / \$100 per Family
	Preventative & Diagnostic Services	90% plan, 10% Insured Person responsibility, Annual Deductible

No.	DESCRIPTIONS	REQUIREMENTS
		waived
	Basic Services	70% plan, 30% Insured Person responsibility. After Annual Deductible
	Major Services	50% plan, 50% Insured Person responsibility. After Annual Deductible
VIII.	Other Benefits	
	Please specify any additional benefits not specified previously	

Appendix B

Staff and dependents list

Please send the detail premium for each insured person as listed in the attachment

Relationship/Nature		Year of birth	Sex	Premium /year
Employee	Dependent			
1	N/A	1974	M	
2	Esposo Hijo Hija	1977 1976 2003 2007	F (employee) M M F	
3	Esposa Hija Hija Hija	1983 1988 2023 2015 2007	M (employee) F F F F	
4	N/A	1994	M	
5	N/A	1991	F	

Appendix C

Company Letterhead

Evidence of Responsibility

Company Name

Company Name (hereinafter "Company") makes the following statements with respect to Contractor Responsibility:

- 1) Company has adequate financial resources to perform the contract, or the ability to obtain them;
- 2) Company is able to comply with the required or proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments;
- 3) Company has a satisfactory performance record;
- 4) Company has a satisfactory record of integrity and business ethics;
- 5) Company has the necessary organization, experience, accounting and operational controls, and technical skills, or the ability to obtain them (including, as appropriate, such elements as production control procedures, property control systems, quality assurance measures, and safety programs applicable to materials to be produced or services to be performed by the prospective contractor and subcontractors);
- 6) Company has the necessary production, construction, and technical equipment and facilities, or the ability to obtain them; and
- 7) Company is qualified and eligible to receive an award under applicable laws and regulations.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Name

Title

Company Name