Republic of the Philippines
NATIONAL IRRIGATION ADMINISTRATION
MAGAT RIVER INTEGRATED IRRIGATION SYSTEM
DIVISION IV (MAGAT EAST EXTENSION AREA)

CERTIFICATION

This is to certify that we have received the REQUEST FOR QUOTATION for the procurement of the following items under Small Value Procurement:

HMO Medical and Dental Insurance Plan with PR No. MD4-02-26-114

Name of Company	Name and Signature of Authorized Representative
1. _____	BY: _____
2. _____	BY: _____
3. _____	BY: _____
4. _____	BY: _____

Canvasser:

JAYSON V. PABRO

Noted:

DON-DON L. RONQUILLO
BAC Chairperson

Republic of the Philippines
NATIONAL IRRIGATION ADMINISTRATION
MAGAT RIVER INTEGRATED IRRIGATION SYSTEM
DIVISION IV (MAGAT EAST EXTENSION AREA)

Company Name

Address

Quotation/Bid No._____
PR No. MD4-02-26-114
Date: September 24, 2026

REQUEST FOR QUOTATION

Please quote your lowest price on the job/items listed below, subject to the Specifications and Terms and Conditions provided herein, stating the shortest time of delivery and submit your quotation in the bid box located at Procurement Section, duly signed by your representative, not later than October 5, 2026 at 10:00 AM (Mode Procurement: Small Value Procurement)

Failure to observe any of the herein Terms & Conditions shall be at the risk of the bidder concerned.
Approved budget for the Contract: P385,000.00

DON-DON L. RUMOUD
BAC Chairperson

1 ALL ENTRIES MUST BE TYPE WRITTEN OR WRITTEN IN PERMANENT INK.
2 FILL-UP ALL REQUIRED DATA INCOMPLETE BID MAY CAUSE YOUR QUOTATION TO BE NON-RESPONSIVE.
3 THIS PROCUREMENT ACTIVITY SHALL BE AWARDED TO QUOTATIONS WITH LOWEST CALCULATED & RESPONSIVE BID
4 DELIVERY PERIOD WITHIN 30 CALENDAR/S DAY FROM RECEIPT OF P.O. OTHERWISE BIDDER SHOUD SPECIFY/INDICATE DELIVERY.
5 WARRANTY SHALL BE FOR THE PERIOD OF (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE NATIONAL IRRIGATION ADMINISTRATION
6 PRICE VALIDITY SHALL BE FOR PERIOD OF ___ CALENDAR DAYS.
7 MAYOR'S PERMIT, PHILGEPS REGISTRATION NUMBER AND OMNIBUS SWORN STATEMENT SHALL BE ATTACHED WITH RFQ UPON SUBMISSION.
8 BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS THE PRODUCT BEING OFFERED (IF APPLICABLE).

ITEM	QTY	UNIT	ITEM DESCRIPTION	BRAND & MODEL	Warranty (if applicable)	UNIT COST	TOTAL COST
	1	Lot	**HMO Medical and Dental Insurance Plan** **TECHNICAL SPECIFICATIONS** **I. PhilHealth Coverage:** The plan pays benefits up to its limits after PhilHealth Benefits have been exhausted **II. Maximum Benefit Limit (MBL) for each illness/disease/year** Atleast P65,000/illness **III. Annual Physical Examination (APE) not deductible to MBL** **The APE coverage shall include the following procedures:** -Medical History taking including Anthropometric MEasurements and Vital Signs -Comprehensive Physical Examination -Chest X-ray -Routine Urinalysis -Complete Blood Count -Blood Chemistry Tests: Blood Ureana Nitrogen (BUN) Creatinine, Fasting, Blood Sugar, Hemoglobin A1C (HBa1C), Lipid Profile, SGPT, SGOT, Blood Uric Acid, HSCRP (high sensitivy C reactive Protein test) for male and femaile 30 years old and above. -Electrocardiogram (EG) for members aged 30 years and above or when medically indicated -Serum PSA for males 40 and above -Papsmear for females -Plain Whole Abdominal Ultrasound for males and females **IV. Dental Care Benefits** **The following dental services shall be included for accredited service providers:** -Unlimited dental consultations annually, including health education, nutritional counselling, and pain prescriptions -Oral prophylaxis twice annually beginning on the fourth month of coverage -Simple tooth extractions uo to three (3) annually, excluding impacted teeth and rooth canal surgeries- subject to MBL -Temporary filling and permanent restoration up to three (3) annually, subject to MBL -Summary report on dental procedures and treatmenrs renders per employee -Semi-annual report on utilization of dental services *For non-acredited services providers: -P 3,000/quarter-deductible from MBL -Will only cater to dental emergency cases (consultation, tooth ache and/or simple tooth extraction)				
	55	pax					

			V. Out-Patient Services **The following outpatient services shall be available:** -Integrated/Stand Alone Primary Care Clinics (if Available) >Unlimited and Free Consultation >Laboratory/ Diagnostic Procedures-deductible from MBL -Accredited Service Providers: >Consultation, laboratory/diagnostic procedures: P3,000/quarter (Deductible from MBL) -Non-Accredited Service Providers: >80% Reimbursement of total clinic/hospital charge but not to exceeds plan's quarterly allocation **VI. In-Patient/Hospitalization** **In-patient services shall include, but are not limited to:** **Accredited Service Providers** -Room and board per the NIA Employee member's entitled category and plan limits -50% of professional fee of attending physician- subject to MBL -Medicines, blood transfusions (including screening and cross matching), and IV Fluids- subject to MBL -Diagnostics, therapeutic, laboratory procedures, and X-ray incidental to confinement- subject to MBL Dressings, conventional casts (plastyer of Parts) and structures- subject to MBL				
			-Anesthesia and its administration- subject to MBL -Oxygen and its administration- subject to MBL -Other medically necessary supplies or services as determined by the Attending Affiliated Physician -Administrative assistance via HMO Liason Office **ROOM TYPE: SEMI-PRIVATE** Non-Accredited Service Providers: 80% Reimbursement of total hospital charges but not to exceed the plan's per illness confinement allocation/year **VII. Emergency Care Services:** **Emergency services coverage shall include**: -Emergency room services in accredited hospitals: > up to P10,000/quarter (inclusive of doctor's fees, ER Charges, medications, oxygen, intravenous fluids, blood products, dressings, conventional casts (plaster of Parts), structures, diagnostics) -Emergency room services in non-accredited hospitals: >80% reimbursement of hospital bills and professional fees not to exceed plan's quarterly allocation, subject to MBL -Ambulance Services: (from workplace/affiliated/non-affiliated institution to affiliated institution) >Metro Manila- up to P 500.00 per condition (reimbursable) >Province areas- up tp P1,000.00 per condition (reimbursable)				
			VIII. Pre-existing Conditions (PEC) -Pre existing Conditions (PEC) shall be waived provided 60% of the total employees are enrolled to the program. Otherwise, PEC will be covered after Six (6) months of membership -Coverage for dreaded diseases is provided up to a maximum limit of P10,000.00 subject to the terms and conditions of the Master Policy Contract **IX. Other Requirements:** 1. Customer Support and Medical Assistance Availability - The HMO shall maintain a responsive multi-channel customer service and medical support unit available 24/7, NIA employee members may contact the HMO through landline, mobile, Viber of designated liason officer, email and the HMO's official website or online application				
			2. Room & Board Incremental Charges -HMO Coverage for hospitalization shall be limited to the NIA employee-members' MBL and prescribed room and board accommodation. Should the member opt for accommodation above the standard entitlement, all costs or incremental charges shall be shouldered by the NIA employee-member out of pocket.				

			3. Timeline of Deliverables -The HMO shall deliver all relevant materials (e.g HMO cards, Statement of Account, contract documents) within twenty (20) working days from the policy inception date, provided that all required documents have been duly submitted and verified. **4. Reporting Requirements** - The HMO shall submit the following reports to the NIA Medical and Dental Unit: > A semi-annual utilization report detailing the disbursement and usage of medical funds > A summary report of Annual Physical Examination (APE), categorized by group or port, providing complrehensive profile of each NIA employee member **5. Plan Validity** -The corporate health plan shall be valid for (1) year and subject to annual renewal **6. Renewal Terms** - Policy renewal shall be based on the actual utilization and claims but must not exceed the specified medical allowance of P 7,000.00				
			7. Scope of Benefits Limits -The MBL is inclusive of room rates, professional fees, diagnostic and therapeutic procedures, incidental expenses, consultations, and hospitalizations. All availment are subject to the applicable limits, exclusions and pre-existing condition provisions as set forth in the policy. **8. Complimentary** - Provision for Ten (10) free buffers for policy holders who will exhaust their MBL for particular preexisting condition.				
			**********				

NOTE: Subject to 5% VAT & 1% EWT/CWT deduction as per RA 9337

TOTAL BID PRICE IN WORDS AND FIGURES:

PURPOSE: Serves as Medical Allowance to NIA-MARIIS Division IV to MC no. 55 s. 2026 (GCG CPCS Circular No. 2025-01)

After having carefully read and accepted the attached Terms and Conditions, we are submitting the above mentioned price quotation.

_____ _____ _____

Telephone No./ Cellphone No. *Name of Representative* *Position*

_____ _____

Signature E-mail Address