

### **1. Introduction**

| **Description** | **Details** |
| --- | --- |
| **Purpose** | UK Embassy in Dushanbe invites health insurance providers to submit their quotation for providing healthcare coverage under the following benefit packages: **Package 1**, **Package 2**, and **Package 3**. |
| **Location** | Dushanbe |
| **Number of employees.**  |  36 employees.  |

|  |
| --- |
| **PACKAGE 1****MAIN BENEFITS AND COVERAGE** |
| **Indicative insured amount XX EUR per person** |
| 1. **Outpatient Treatment**
 |
| * Examination and diagnostics,
* Prescribed outpatient therapy,
* Home treatment in emergencies,
* 24-hour ambulance service in Dushanbe,
* Surgical wound treatment following accidents,
* Crises and non-crises mental health services,
* Emergency dental treatment following accidents,
* Medical-technical aids, including prosthetic and orthotics aids, as well as special aids.
 |
| 1. **Inpatient Treatment**
 |
| * Accommodation and diet,
* Medical examination,
* Diagnostic procedures,
* Therapy,
* Intra-surgical implants and medical-technical aids,
* Inpatient treatment,
* Surgical interventions.
 |
| 1. **Antenatal Care**
 |
| * Antenatal monitoring,
* Delivery and inpatient pregnancy sustenance,
* Infant healthcare.
 |
| 1. **Prescribed Medication**
 |
| 1. **Physical therapy following accident and in case of chronic illnesses and conditions of the spine and locomotor system**
 |
| 1. **Complementary Medicine**
 |
| **PACKAGE 2****ADDITIONAL BENEFITS** |
| * Ophthalmological healthcare,
* Dental healthcare.
 |
| **PACKAGE 3****EXISTING CONDITIONS** |
| * Coverage for existing health / medical conditions.
 |

### **2. Vendor Requirements**

| **Criteria** | **Details** |
| --- | --- |
| **Eligibility Criteria** | - Licensed to operate in Tajikistan (Dushanbe).- Minimum of 6 years of experience.- References from similar clients. |
| **Policy Terms** | - Provide full terms and conditions.- Clarify exclusions, waiting periods, and co-pays/deductibles. |

### **3. Quotation Submission Guidelines**

| **Submission Requirements** | **Details** |
| --- | --- |
| **Pricing Breakdown** | - Pricing per person for each package (Package 1, Package 2, Package 3).- Group discounts, payment terms. |
| **Coverage Details** | - Explanation of coverage for all benefits.- Optional benefits/services offered. |
| **Claims Process** | - Outline the claims process, including documentation, timelines, and support. |
| **Service Level Agreements (SLAs)** | - Service guarantees, response times for emergency care, claims processing, and customer support. |
| **Policy & Contract Duration** | - Indicate policy length (e.g., one-year, multi-year).- Any auto-renewal clauses. |

### **4. Evaluation Criteria**

| **Criteria** | **Details** |
| --- | --- |
| **Price** | Competitiveness of pricing across all packages. |
| **Coverage** | Extent and depth of coverage. |
| **Vendor Experience** | Proven track record in delivering similar health insurance plans. |
| **Customer Support** | Quality of ongoing support and claims handling. |
| **Flexibility** | Ability to customize packages or adjust coverage based on evolving needs. |

### **5. Terms and Conditions**

| **Condition** | **Details** |
| --- | --- |
| **Payment Terms** | [e.g., Quarterly, Semi-annual, or Annual payment plan] |
| **Policy Term** | The insurance policy must be valid for two years with an option to renew. |
| **Exclusions** | Full list of exclusions and limitations in coverage. |
| **Cancellation Policy** | Terms under which the contract can be terminated or amended. |
| **Data Protection** | Compliance with data protection regulations, particularly regarding sensitive health data. |

### **6. Questions and Submission Instructions**

| **Description** | **Details** |
| --- | --- |
| **Questions Submission** | Please submit your completed stamped quotation by **13/04/2025** to **UK Embassy, 65 Mirzo Tursunzoda | Dushanbe | 734002** |
| **Phone Number** | +992 +992 446109922, +992 446109944, +992 446109966, +992 446107766  |