

Terms of reference for provision of Group medical insurance cover

INVITATION TO TENDER

Tender Notice – ADVERTISEMENT

Tender Reference Number: WISOM / Medical Insurance Cover /010/2025

1. Back ground

Windle International Somalia (WISOM) is an International Non-Governmental organization with oversight support and coordination by regional Office in Nairobi. Windle was founded with the belief that good education was essential if Africa was to meet the challenges it faced. Windle International Somalia implements Education, Training and Integrated program in Livelihood and Economic Inclusion, Water Sanitation and Hygiene, Climate Adaptation and Green Energy and Peace Building.

In addition to its foremost issue of supporting the less fortunately among the communities, Windle also prioritizes its staff wellbeing and centers on comprehensive medical cover and a holistic approach to health. It provides access to quality inpatient and outpatient care, maternity services, and chronic illness support, while also prioritizing mental health through confidential counseling and emotional resilience programs. Preventive care, including annual check-ups and wellness education, empowers staff to maintain long-term health. Leadership plays a key role by fostering supportive environments and offering flexible work arrangements. Altogether, Windle's approach reflects a deep commitment to ensuring that those who serve vulnerable communities are themselves cared for and supported.

WISOM intends to provide health insurance coverage for its employees and their dependents. WISOM is soliciting for detailed proposals from eligible insurance firms to provide comprehensive, value-added Group Medical Insurance cover for its staff plus dependents beginning **1st January 2026**.

2. Objective

The objective is to secure a multi-year medical insurance contract (initially valid for one year, renewable annually based on availability of funds and performance) that delivers the following:

- a) Ensures easy and equitable access to high-quality inpatient, outpatient, dental, and optical healthcare services within the territorial limits.
- b) Includes efficient emergency medical evacuation services both air and local road transportation, at no extra cost.
- c) Provides coverage for chronic illnesses, mental health services, and access to referral systems for specialized treatment in at least three designated countries outside the territorial limits, with no extra financial burden.

3. Scope of work

For this assignment and for fair selection, the applicant companies should provide detailed quotations for the insurance cover for the following categories of benefits;

a) INPATIENT BENEFIT

S/N	INPATIENT COVER- USD 12,000 OVERALL LIMIT PER FAMILY	LIMIT OF COVER
1	Hospital Accommodation/Room & Board Limit	USD 120 per night
2	ICU/CCU/HDU Limit Per Confinement	Covered
3	Doctor's (Physician, Surgeon & Anesthetist) Fees	Covered
4	Tests, Diagnosis, Treatments and Surgeries	Covered
5	Prescribed Medicines and Drugs administered	Covered
6	Accommodation for a person accompanying an insured child up to 15 years of age, per night	Covered
7	Accommodation for a person accompanying an insured member in the same room in cases of medical necessity at the recommendation of the treating doctor, per night	Covered
8	Inpatient Physiotherapy	Covered

9	Day Care Surgery	Covered
10	Congenital Infirmity & premature babies	Covered up to USD 2,500 within inpatient limit per family
11	Psychiatric Disorders	Covered up to USD 1,800 within inpatient limit per family
12	1st Emergency caesarean section	Covered up to USD 2,000 within inpatient limit per family
13	Inpatient Optical Hospitalization resulting from an Illness (excluding correction of refractive errors and laser treatment). This excludes outpatient Optical costs and procedures e.g., frames & lenses	Covered up to USD 1,800 within inpatient limit per family
14	Inpatient Dental Hospitalization resulting from an Illness. This excludes outpatient procedures e.g., braces, crowns, bridges & other prosthesis	Covered up to USD 1,800 within inpatient limit per family
15	Discharge take Home Medication	Covered up to 30 days of discharge
16	Pre-existing Diseases, Chronic, Cancer & HIV/AIDS	Covered up to USD 4,000 within inpatient limit per family
17	Post Hospitalization Treatment	Covered up to USD 300 within inpatient limit per family
18	Pre-Hospitalization Services (Diagnostic & Consultation)	Covered up to USD 300 within inpatient limit per family
19	Epidemics, Pandemics (COVID-19) and Unknown Diseases	Covered up to USD 3,000 within inpatient limit per family
20	Funeral expenses	Covered up to USD 600 within inpatient limit per family
21	Medical expenses arising from Terrorism	Covered
	Ground transportation/ Local Road ambulance to Hospital services	Covered
22	Emergency Evacuation services within the territorial limits	Covered

b) OUTPATIENT BENEFIT

S/N	OUTPATIENT COVER-USD 2,500 OVERALL LIMIT PER FAMILY	LIMIT OF COVER
1	Consultation with a General Practitioner	Covered
2	Consultation with a Specialist upon referral by a General Practitioner	Covered
3	Prescription Drugs	Covered
4	Gynecological illness and Treatment	Covered
5	Pre-existing, Chronic, Cancer, Psychiatric, Congenital Conditions and Covered HIV/AIDS and related treatment	Covered
6	Examination, Diagnostic and Treatment services by authorized General Practitioners, Specialists and Consultants	Covered
7	Laboratory test services carried out in the authorized facility assigned to treat the insured person	Covered
8	Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person	Covered
9	MRI, CT scans and Endoscopies in case of medical non-emergency	Covered
10	Annual Medical Check up	Covered
11	Medical expenses arising from Terrorism	Covered
12	Vaccines	Covered

c) DENTAL BENEFIT

S/N	DENTAL COVER-USD 500 OVERALL LIMIT PER FAMILY	LIMIT OF COVER
1	Consultation	Covered
2	Medication	Covered

3	Tooth Extractions (Simple & Surgical)	Covered
4	Tooth Fillings (Amalgam, Resin Plastic & Composite)	Covered
5	Prescribed Scaling	Covered
6	X-rays	Covered
7	Root Canal Treatment	Covered
8	Crown (If Followed by R.C.T)	Covered
9	Dentures (If in the Event of An Accident)	Covered

d) OPTICAL BENEFIT

S/N	OPTICAL COVER-USD 500 OVERALL LIMIT PER FAMILY	LIMIT OF COVER
1	Outpatient Ophthalmologists Expenses	Covered
2	Prescribed Frames and Lenses	Covered
3	Medication	Covered
4	Contact Lenses	Covered
5	Visions tests for errors of refraction	Covered
6	Surgery to correct refractive errors	Covered
7	Laser Correction of Eyesight	Covered
8	Prescribed Plano (flat)/Non degree lenses for Covered. Photophobia/Photosensitivity	Covered

e) MATERNITY BENEFIT

S/N	MATERNITY COVER-USD 1,500 OVERALL LIMIT PER FAMILY	LIMIT OF COVER
1	Out-patient Ante-natal and post-natal services	Covered
2	Necessary termination, all claims from pre- existing pregnancies and normal delivery	Covered
3	In-patient Maternity services	Covered within the inpatient limit per family

NB: The cover is for the employee and up to four dependents (one spouse and up to three children), subject to final confirmation.

4. Quotation Requirements

Please quote rate applicable for:

- a) Short term Cover or prorate premium calculation.
- b) Refund of premium when staff leave
- c) Refund policy of medical expense incurred when staff use other medical providers
- d) Please quote any free rider or cover

5. Territorial Limit

Eastern Africa (Somalia, Kenya, Uganda & Ethiopia).

6. Duration of cover

The successful Company will enter into a contract with WISOM for a period of one (1) year. This contract will be renewed based on performance and availability of funds.

7. Criteria for Proposal Evaluation

a) Technical Proposal;

Each bidder shall submit a technical proposal addressing the services required and clearly demonstrating how they will meet WISOM's needs. The proposal will be evaluated according to the following criteria:

#	Criterion	Weight
1	Benefit coverage	35%
2	Provider network (Medical providers, Coverage Area)	15%
3	Quality of service (Reservation, billing and reporting systems)	10%
4	Relevant experience & references	10%

Only proposals scoring 50 % on the combined technical criteria will proceed to financial evaluation.

b) Financial Proposal;

The financial proposal shall be evaluated based on the proposed price structure and will be weighted at 30%

8. Submission requirement

Interested bidders must submit;

- a) Valid registration & license in all the territorial limits. (Attach copies)
- b) Extensive experience and a proven track record in managing group medical covers up to 300 lives – at Least of 4 INGOs in the last 5 years is required.
- c) Wide networks for national and international coverage – Full list of service providers is needed
- d) Audited financial statements of the last two years demonstrating solvency and claim paying capacity.
- e) Ability to provide 24-hours service.
- f) Real time administrative support systems – Ability to assign a full time account manager.
- g) Ability to respond immediately to emergency situations.

Applications should be sent to rfq-in-som@windle.org with the words “**STAFF MEDICAL INSURANCE COVER 2026** as the title of the mail. The deadline for application submission is **24th November 2025** by 1000AM For clarifications and further inquiries email wisomprocurement@windle.org

WISOM reserves the right to reject any application(s) without disclosing the reasons.

Annex A: Detail Financial Bid

DETAIL FINANCIAL BID ANNEX A.

CATEGORIES	NUMBER	BASIC PREMIUMS (USD)
M		
M+1		
M+2		
M+3		
Basic premium		
Government tax (%)		
Total costs USD		