



*Embassy of Italy
Pretoria*

Pretoria, 6th October 2020

TO WHOM IT MAY CONCERN

INVITATION TO QUOTE

In line with the Italian tender rules and regulations as applicable to the Italian Diplomatic and Consular Offices abroad and specifically set forth in art. 7, 10 and 11 of the Decree of the Italian Ministry of Foreign Affairs and International Cooperation n. 192 dated 2nd November 2017, the Embassy of Italy in Pretoria is opening this tender procedure in order to provide the compulsory health care assistance, by a standardized medical aid scheme, to its local staff employees and their eligible dependant family members residing in South Africa and divided by location in the following 3 groups :

- a) Group A: member of the staff serving at the Embassy of Italy in Pretoria (*796 George Avenue, Arcadia, 0083 Pretoria*)
- b) Group B: member of the staff serving at the Consulate General of Italy in Johannesburg (*37 1st Avenue cnr 2nd street Houghton estate, 2198 Johannesburg*)
- c) Group C: member of the staff serving at the Consulate of Italy in Cape Town (*2 Grey's Pass, Gardens, Cape Town*)

Inspired by the general principles of economy, effectiveness, transparency of the administrative action, the maximum duration of the contract is for a one-year period, starting from 1st of January 2021 and up to 31st December 2021.

The Identification Tender Code (aka CIG): 84545199C8

Your company is invited to participate in the tender procedure for the provision of a Medical Aid Scheme covering a total number of 28 local staff employees and 21 eligible family members as per attached detailed scheme groups (see also above).

1. CONTRACTING AUTHORITY

The Embassy of Italy in Pretoria
796 George Avenue
Arcadia, 0083
Pretoria

2. OBJECT OF THE CONTRACT

Providing for the local staff and eligible family members a health care assistance comprehensive of the below specified coverage and characteristics corresponding to the Italian minimum level of public health care assistance, guaranteed by law in Italy.

3. TENDER COST AND CEILING

As per certified market verification survey by authorized broker, the Embassy will consider the following maximum contract amount for 2021:

ZAR 1,722,471.00 (equal to EUR 88,786.25)

The exchange rate applied is EUR/ZAR 19.4002 corresponding to the official exchange rate published by the Bank of Italy on the 2nd October 2020.

The Embassy, according to its own needs and depending on the possible changes in the number of staff members employed in the three different locations (A for Pretoria, B for Johannesburg or C for Cape Town) and their dependant family members, reserves the right to modify the beneficiary list scheme of the initial bid after the contract has been signed.

In both the cases of a decrease or increase, the provider shall guarantee the same service per member and dependant at the terms and conditions as originally quoted or stipulated in the contract.

No further variations are permitted during submission of the bid or during the performance of the service.

4. PROCEDURE AND METHOD OF ADJUDICATION

As per Italian rules and regulations above recalled (articles 7, 10 and 11 of the Ministerial Decree n. 192/2017) the contract will be awarded to the lowest bid that is in order and that satisfies all the conditions laid down in the specification.

An adjudication will be made even if only one bid is received or considered valid.

Bids shall remain valid until contract subscription and for the entire duration of the contract (from 01.01.2021 to 31.12.2021).

Bids with multiple options or multiple bids, partial bids or conditioned bids will not be accepted.

The Embassy reserves the right at its sole discretion to reject any or all proposals in whole or in part, without incurring any cost or liability whatsoever.

5. PERIOD OF CONTRACT AND COST ADJUSTMENT

The Medical Scheme must cover the members and dependants listed in **Annex 2** starting from 1st of January 2021 to 31st December 2021.

No increase in price would be accepted if it is not in line with the market, authorizing thereof the Embassy to terminate the contract with immediate effect.

6. SPECIFICATIONS OF THE SERVICE

Guarantee the enrolment to a medical scheme for local staff employees and eligible family members of the Embassy of Italy in Pretoria, the Consulate General of Italy in Johannesburg and the Consulate of Italy in Cape Town.

The requested selection criteria, characteristics and coverage options are listed in **Annex 1**.

The list of staff employees and eligible family members are listed in **Annex 2** and divided only for ease of transparency according to the place of work.

7. PAYMENT TERMS

The premium will be paid on monthly basis upon presentation of invoice addressed to the Embassy of Italy and the two Consulates, highlighting the costs split for each group of employees according to their place of work:

Group A
Embassy of Italy – Pretoria
796 George Avenue - Arcadia
0083 Pretoria

Group B
Consulate General of Italy in Johannesburg
37 1st Avenue (Corner 2nd Street) - Houghton Estate
2198 Johannesburg

Group C
Consulate of Italy in Cape Town
2 Grey's Pass - Gardens
8001 Cape Town

TENDER IDENTIFICATION CODE (aka CIG) 84545199C8 MUST BE REPORTED ON THE INVOICE

8. QUOTE SUBMISSION

The final deadline for the submission of bids is:

November 9th 2020 at 12:00 (local time)

Quotes shall be written only in English and they **shall be submitted in two separate sealed envelopes** within the deadline set above.

A first envelope, marked with the **letter A**, must include the following administrative contents:

- Council for Medical Schemes regular registration as a Financial Service Providers;
- Last version of brochure or any other useful documentation of the listed product;
- **Annex 1** duly completed and signed by a legal representative of the Insurance Company.

A second envelope, marked with **letter B**, must contain **Annex 2** duly completed and signed by representative of the Insurance Company which will constitute the official final quote, according to information and details stated in Annex 1.

Bids which do not contain all the essential items required or which do not satisfy the specific requirements laid down and detailed in **Annex 1** will be discarded and not considered valid (eliminated).

Bids may be:

- (1) either sent by courier service to the official address:

**Ambasciata d'Italia - Pretoria
796 George Avenue - Arcadia
0083 Pretoria, Gauteng**

They must be posted to the address before the deadline in this invitation.

- (2) or hand-delivered to the Embassy, either in person or by an authorized representative, at the Embassy's official address.

Embassy's opening hours are 09.00 to 16.00, from Monday to Friday except public holidays.

Failure to produce such documents entails exclusion from the awarding procedure. Embassy could also request any additional documentation considered useful.

9. OPENING OF BIDS

Envelopes will be opened, in a public meeting, at the Embassy on:

November 10th 2020 at 10:30 (local time)

Late envelopes will be rejected as not in order.

The contract will be signed with the awarded bidder by the end of 2020.

10. EVALUATION OF EXCLUSION CRITERIA

Candidates or tenderers are excluded from participation in procurement procedures if:

- (a) they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- (b) they have been convicted of an offence concerning their professional conduct by a judgment which has the force of res judicata;
- (c) they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;
- (d) they have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;
- (e) they have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organization or any other illegal activity detrimental to the European Union's financial interests;
- (f) following another procurement procedure or grant award procedure financed by the EU budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations.

Nor may contracts be awarded to candidates or tenderers who, during the procurement procedure,

- are subject to a conflict of interest;
- are guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the contract procedure or fail to supply this information;

11. APPOINTED OFFICER RESPONSIBLE FOR THE TRANSPARENCY AND VALIDITY OF THE TENDER PROCEDURE

Any questions that arise concerning technical specification of the tender must be submitted in writing to:

Name: Mr Stefano LIGRONE
E-mail address: amm.pretoria@esteri.it

12. DATA PROCESSING AND PROTECTION

The owner of all data provided by the competitor is the Italian Embassy in Pretoria (796 George Ave, Arcadia, Pretoria Tel +27-12-423.0011 e-mail: amm.pretoria@esteri.it).

All data given by the bidders will be processed by the Italian Embassy in Pretoria, as the data holder, manually or electronically by specially appointed personnel, for the sole purpose of the final contractor selection.

All participants in the tender must provide the Embassy with the required documentation as outlined by this invitation and the applicable law. Failure to produce such documents entails exclusion from the awarding procedure.

Stefano Ligrone
Official Responsible of the Procedure

DETAILS OF COMPULSORY COVERAGE:

HOSPITAL COVERAGE

**TO BE
COMPLETED**

Healthcare Services Covered	Basic of Cover	Limits	TO BE COMPLETED	
			yes	no
Hospitalisation	Up to a maximum of 200% of the reimbursement rate	Unlimited		
Paediatric and other Specialists in-hospital	Up to a maximum of 200% of the reimbursement rate	Unlimited		
Prescribed medication for duration of hospitalization	Up to a maximum of 100% of the reimbursement rate	Unlimited		
Radiology and Pathology - whilst hospitalized	Up to a maximum of 100% of the reimbursement rate	Unlimited		
MRI & CT Scans – in hospital related to admission	Up to a maximum of 100% of the reimbursement rate	Unlimited		
Emergency Medical Services – Casualty - of admitted	Up to a maximum of 100% of the reimbursement rate	Unlimited		
Ambulance Services	Up to a maximum of 100% of the reimbursement rate	Unlimited if Designated Service Provider is used		

Screening - Services covered	Basic of Cover	Limits or Limitations of use	yes	no
Blood Glucose	Up to a maximum of 100% of the reimbursement rate	Paid from Hospital Benefit		
Cholesterol	Up to a maximum of 100% of the reimbursement rate	Paid from Hospital Benefit		
Mammogram	Up to a maximum of 100% of the reimbursement rate	Paid from Hospital Benefit		
		One Mammogram every 2 years		
Pap Smear	Up to a maximum of 100% of the reimbursement rate	Paid from Hospital Benefit		
		One Pap Smear every 3 years		
Prostate-Specific Antigen (PSA)	Up to a maximum of 100% of the reimbursement rate	Paid from Hospital Benefit		
HIV testing	Up to a maximum of 100% of the reimbursement rate	Paid from Hospital Benefit		

OUT-OF-HOSPITAL COVERAGE

Healthcare Services Covered	Basic of Cover	Limits	yes	no
General Practitioners	Up to a maximum of 100% of the reimbursement rate	Limited to funds available in MSA		
Specialists	Up to a maximum of 100% of the reimbursement rate	Limited to funds available in MSA		
2D Pregnancy scans	Up to a maximum of 100% of the reimbursement rate	Limited to funds available in MSA		
Non-invasive Prenatal Screening Test	Up to a maximum of 100% of the reimbursement rate	Limited to funds available in MSA		
New born screening	Up to a maximum of 100% of the reimbursement rate	Limited to funds available in MSA		

	yes	no
Application of waiting period for the local employees or for any of his or her eligible dependants.		
Limits or restrictions of the coverage of local employees' health, or to the health of any of his or her eligible dependants.		
Medical coverage over all the Provinces of South Africa		

Date: _____

Signature:

LIST OF STAFF

Member	Member date of birth mm/dd/yyyy	Member date of entry mm/dd/yyyy	Dependent Spouse/ Adult	Dependent Child	Office	Monthly amount (TO BE COMPLETED)
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EMBASSY OF ITALY IN PRETORIA

MEMBER 1	02/08/1972	12/01/2003	0	2	Group A	R
MEMBER 2	04/25/1974	04/01/2015	0	2	Group A	R
MEMBER 3	10/13/1970	06/01/2001	0	0	Group A	R
MEMBER 4	12/18/1991	03/01/2015	0	0	Group A	R
MEMBER 5	01/08/1957	04/01/2005	1	0	Group A	R
MEMBER 6	12/23/1959	03/01/2005	0	0	Group A	R
MEMBER 7	05/28/1954	12/01/2003	1	0	Group A	R
MEMBER 8	01/04/1968	04/01/2007	1	1	Group A	R
MEMBER 9	06/28/1961	03/01/2005	0	0	Group A	R
MEMBER 10	07/11/1972	04/01/2018	1	2	Group A	R
MEMBER 11	01/20/1974	10/01/2011	0	0	Group A	R
MEMBER 12	09/24/1981	11/01/2019	0	2	Group A	R
MEMBER 13	07/10/1969	04/01/2013	0	0	Group A	R
MEMBER 14	12/19/1967	08/01/1999	0	0	Group A	R
MEMBER 15	01/01/1980	01/01/2021	0	0	Group A	R

PARTIAL OF 15 MEMBERS DEPENDENTS: 4 9 PARTIAL R

CONSULATE GENERAL OF ITALY IN JOHANNESBURG

MEMBER 16	11/26/1967	10/01/2000	0	0	Group B	R
MEMBER 17	12/21/1958	11/01/2002	0	0	Group B	R
MEMBER 18	08/31/1965	08/01/2001	0	0	Group B	R
MEMBER 19	09/26/1986	11/01/2011	0	0	Group B	R
MEMBER 20	08/28/1969	01/01/2017	0	2	Group B	R
MEMBER 21	09/04/1986	04/01/2015	0	0	Group B	R

MEMBER 22	07/12/1967	01/01/2008	0	0	Group B	R
MEMBER 23	04/02/1964	01/01/2015	0	0	Group B	R
MEMBER 24	05/24/1978	09/01/2010	0	2	Group B	R
MEMBER 25	09/24/1985	01/11/2019	0	0	Group B	R

PARTIAL OF 10 MEMBERS DEPENDENTS: 0 4 PARTIAL R

CONSULATE OF ITALY IN CAPE TOWN

MEMBER 26	08/11/1966	09/01/2008	1	2	Group C	R
MEMBER 27	12/20/1964	12/01/2018	0	1	Group C	R
MEMBER 28	03/18/1966	12/01/2009	0	0	Group C	R

PARTIAL OF 3 MEMBERS DEPENDENTS: 1 3 PARTIAL R

TOTAL : 28 MEMBERS	DEPENDENTS:	5	16	Total per month:	R
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TOTAL : 28 MEMBERS	DEPENDENTS:	5	16	TOTAL ANNUAL AMOUNT for 2021:	R _____
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PLEASE NOTE THAT THE ANNUAL TOTAL MUST INCLUDE ALL EXPECTED INCREASES.

Date: _____

Signature:
