Coconut Industry Investment Fund – Granexport Manufacturing Corporation

REQUEST FOR QUOTATION

Date: July 15, 2026
RFQ No.: GMC-HO-SVP26-0054
PR No.: PURREQ-GMC-HO-286

Company/Business Name: _____
Address: _____
Business/Mayor's Permit No. :_____
TIN: _____
PhilGEPS Registration Number (required): _____

The Coconut Industry Investment Fund – Granexport Manufacturing Corporation (GMC), through its Bids and Awards Committee (BAC), intends to procure **Health Maintenance Organization (HMO)** through **Section 34 Small Value Procurement** of the Implementing Rules and Regulations of Republic Act No. 12009.

Please quote your **best offer** for the item/s described herein, subject to the Terms and Conditions provided on this Request for Quotation (RFQ). Submit your quotation duly signed by you or your duly authorized representative not later than the deadline on **July 21, 2026 at 12:00PM**.

The following documents are also required to be submitted along with your quotation on the specified deadline above:

Document	Remarks
Copy of 2026 Mayor's or Business Permit	Latest Business/Mayor's Permit issued by the city or municipality where the principal place of business of the bidder is located.
Copy of PhilGeps Registration	Valid PhilGEPS Registration Number/Organization ID/PhilGEPS Certificate of Registration (Platinum Membership) Valid PhilGEPS Registration Number/Organization ID (Red Membership)
BIR Registration Certificate	(BIR Form 2303)
Annual Income Tax Return stamped received by the BIR	For items with ABC more than Php 500,000
Notarized Omnibus Sworn Statement (GPPB-Prescribed Form)	For items with ABC more than Php 50,000.00

For any clarification, you may contact **Kirk Vincent Baldomero** at email address kbaldomero@ciif.ph.

ANGELITA G. RAPADA
Head, BAC Secretariat

INSTRUCTIONS:

Note: Failure to follow these instructions will disqualify your entire quotation.

1. Do not alter the contents of this form in any way.
2. The use of this RFQ is highly encouraged to minimize errors or omissions of the required mandatory provisions. In case of any changes, bidders must use or refer to the latest version of the RFQ, except when the latest version of the RFQ only pertains to deadline extension.
    - If another form is used other than the latest RFQ, the quotation shall contain all the mandatory requirements/provisions including manifestation on the agreement with the Terms and Conditions below.
    - In case a prospective supplier/service provider submits a filled-out RFQ with a supporting document (i.e., a price quotation in a different format), both documents shall be considered unless there will be discrepancies. In this case, provisions in the RFQ shall prevail.
3. All mandatory technical specifications (with asterisk) must be complied with. Failure to comply with the mandatory requirements shall render the quotation ineligible/disqualified.
4. Quotations may be submitted through electronic mail to kbaldomero@ciif.ph or at 4th Floor Palacio Del Gobernador Gen. Luna St., Intramuros Manila.
5. Quotations, including documentary requirements, received after the deadline shall not be accepted. For quotations submitted via electronic mail, the date and time of receipt indicated in the email shall be considered.

TERMS AND CONDITIONS:

1. Bidders shall provide the correct and accurate information required in this form.
2. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
3. Price quotation/s must be valid for a period of forty-five (45) calendar days from the deadline of submission.
4. Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties, and/or levies payable.
5. Quotations exceeding the Approved Budget for the Contract shall be rejected.
6. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the GMC shall adopt and employ “draw lots” as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
7. The award of the contract shall be made to the lowest quotation which complies with the technical specifications, requirements, and other terms and conditions stated herein.
8. The item/s or service/s shall be delivered according to the accepted offer of the bidder at **4th Floor Palacio Del Gobernador Gen. Luna St., Intramuros Manila.**
9. Item/s delivered shall be inspected on the scheduled date and time of the GMC. The delivery of the item/s shall be acknowledged upon the delivery to confirm compliance with the technical specifications.
10. Payment shall be made upon confirmation of delivery and submission of the required supporting documents, i.e., Purchase Order and Billing statement, by the supplier, contractor, or consultant. Our Government Servicing Bank, i.e., the Land Bank of the Philippines, shall credit the amount due to the identified bank account of the supplier, contractor, or consultant not earlier than twenty-four (24) hours, but not later than forty-eight (48) hours, upon receipt of our advice. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier, contractor, or consultant.
11. Liquidated damages equivalent to one-tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The GMC may terminate the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
12. Warranty Security may be required depending on the nature of the procurement project.

After having carefully read and accepted the **Instructions and Terms and Conditions**, I/we submit our quotation/s for the item/s as follows:

Detailed Technical Specifications

Health Maintenance Organization (HMO)			
ITEM	**SPECIFICATIONS/SCOPE OF WORKS**	**STATEMENT OF COMPLIANCE (Comply or Not Comply)**	**BIDDER'S ACTUAL OFFER**
1.	**Please see attached Terms of Reference**		

FINANCIAL OFFER:

Terms of Payment: Payment shall be made through Landbank within **thirty (30) days** after Submission of Billing and End-User's Acceptance of the product. A Bank Transfer fee shall be charged against the creditor's account.
Payment Details:
Banking Institution: _____
Account Number: _____
Account Name: _____
Branch: _____

Please quote your best offer for the item/s below. Please do not leave any blank items. Indicate **"0"** if the item being offered is free.

Health Maintenance Organization (HMO)		
Approved Budget for the Contract: Php 679,000.00 (Php 7,000.00/pax)		
Quantity (A)	Offered Price per UOM (B)	TOTAL OFFERED QUOTATION (A x B)
97 PAX		In Words: _____ _____ _____ In Figure: _____

_____
Signature Over Printed Name & Position/Designation

_____
Office Telephone/Fax/Mobile Nos.

_____
Email address/es

TERMS OF REFERENCE

Procurement of Health Maintenance Organization (HMO) to 97 regular employees of GRANEXPORT MANUFACTURING CORPORATION

Technical Specification

A.	Membership Eligibility for Principal	1. Principals must be regular employees of GRANEXPORT MANUFACTURING CORPORATION.
		2. GRANEXPORT MANUFACTURING CORPORATION reserve the right to substitute resigned or otherwise terminated employees for newly hired employees, subject to the schedule of premium payments of the provider and availability of funds.
		3. GRANEXPORT MANUFACTURING CORPORATION reserve the right to add newly hired regular employees to HMO Program subject to the payment of additional pro-rated premium.
B.	Age Eligibility for Principals	18 years old up and including 65 years old.
C.	Annual Premium Pay	Php 7,000 per member
D.	Maximum Benefit Limit for Principal Members	Php 100,000 per illness per member per year
E.	Philhealth Coverage	The plan pays benefits up to its limits after Philhealth Benefits have been exhausted.
F.	Provider Access	With access to all major hospitals and clinics in Luzon, Visayas & Mindanao
G.	Pre-existing Conditions	Pre-existing illness/conditions of members at the start of membership shall be covered up to Maximum Benefit Limit subject to exclusions and limitations

H.	Annual Physical Examination (APE)	Annual Physical Examination (APE) not deductible to MBL. The APE coverage shall include the following procedures: 1. Physical Examination and History Taking 2. Complete Blood Count (CBC) 3. Urinalysis 4. Fecalysis 5. Chest X-ray 6. Electrocardiogram (ECG) for members 35 yeads old and above
		7. Pap Smear for female members 35 years old and above
I.	Preventive Healthcare	**1. Mental Health & Wellness Support** • **Mental Health Screening & Counseling:** Provision of mental health screenings and access to at least three (3) counseling or psychiatric sessions per year. • **Professional Coverage:** Includes professional fees of a licensed Psychologist or Psychiatrist, deductible from the MBL. • **Wellness Education:** At least two (2) annual wellness programs or health lectures, including counseling on diet and exercise. **2. Emergency Preventive Treatment** • **Animal Bite & Tetanus Care:** Initial treatment of animal bites and administration of passive/active vaccines for tetanus and rabies (excluding human immunoglobulin). • **Emergency Medicine Cap:** Anti-tetanus, Anti-rabies, and Anti-venom treatments are covered up to a sub-limit of **₱25,000.00**. **3. Consultative & Proactive Monitoring** • **Digital Access (24/7 Teleconsultation):** Unlimited access to a dedicated mobile app for medical consultations and e-prescriptions. • **Health Monitoring:** Periodic monitoring of existing health problems to prevent complications. • **Family Planning:** Access to professional family planning counseling.

J.	In-Patient Care	**1. Professional Services & Clinical Monitoring** • **Medical Professional Fees:** Includes fees for attending physicians, specialists, surgeons, and anesthesiologists. • **Surgical Clearance & Monitoring:** Comprehensive coverage for cardio-pulmonary clearance prior to surgery and continuous cardiac monitoring during the procedure. • **Nursing Care:** Standard nursing services provided by the hospital staff during confinement. **2. Room, Board, and Specialized Facilities** • **Accommodation:** Semi-Private Room and Board.
		• **Specialized Units:** Full use of the Operating Room, Recovery Room, Intensive Care Unit (ICU), and Isolation Room as medically prescribed. **3. Medical Supplies, Medicines, and Ancillary Services** • **Pharmacy & Fluids:** All medicines for in-patient use, intravenous (IV) fluids, and blood products transfusion (including screening and cross-matching) • **Diagnostics & Therapy:** X-rays, laboratory examinations, diagnostic tests, and therapeutic procedures incidental to the confinement. • **Surgical Supplies:** Dressings, sutures, and conventional casts (Plaster of Paris). • **Anesthesia:** Provision of anesthesia and its professional administration. **4. Administrative and Miscellaneous Support** • **Admission Essentials:** Provision of a Standard Admission Kit. • **Liaison Support:** Dedicated assistance for administrative requirements through a Liaison Officer to ensure smooth coordination between the company/plant and the hospital. • **Comprehensive Coverage Clause:** All other items and services directly related to the medical management of the patient, as deemed medically necessary by the attending affiliated physician.

K.	Out-Patient Care	1. Consultation during regular clinic hours 2. Pre and Post Natal Consultations 3. Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist 4. Treatment for minor injuries such as lacerations, mild burns, sprains and the like 5. X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures 6. Minor surgery not requiring confinement 7. Wart Cauterization except genital warts & condyloma acuminata covered for at least P2,000.00 8. Allergy testing/allergy screening and other related examinations covered for at least P 1,200.00
		9. Tuberculin test covered 10. Sclerotherapy for varicose veins covered for at least P5,000 per leg 11. Online Consult/Teleconsultation.
L.	Out-Patient care: Therapeutic Procedures	12. Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma 13. Speech therapy covered for at least 12 sessions and subject to MBL. 14. Physiotherapy (Physical Therapy/Occupational Therapy) 15. Chemotherapy 16. Oral chemotherapy 17. Dialysis 18. Radiotherapy 19. Phlebotomy 20. Thoracentesis 21. Therapeutic Radiology: ▪ *Brachytherapy* ▪ *Cobalt* ▪ *Linear-accelerator therapy* ▪ *Radioactive Cesium* ▪ *Radioactive Iodine*

M.	Out-Patient Care: Common Laboratory Procedures	1. Blood Chemistries 2. Complete Blood Count (CBC) 3. Diagnostics Radiographs: ▪ *Face including sinuses, Head and Neck* ▪ *X-ray of the spine (cervical, thoracic, lumbo-sacral)* ▪ *Chest, ribs, sternum and clavicle* ▪ *Biliary tract: Cholecystogram and Cholangiograms)* ▪ *Digestive (Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series & Small Bowel series* ▪ *Urinary: KUB Pyelograms and Cystograms* ▪ *X-ray of the extremities and pelvis* 4. Electroencephalogram 5. 12 Lead Electrocardiogram 6. TMST – Treadmill Stress Test 7. Pap Smear 8. Urinalysis 9. Fecalysis
		10. Chest X-ray

N.	Out-Patient Care: Special Diagnostics Procedures	**1. Consultations and General Services** • **Standard Consultations:** Access to affiliated physicians during regular clinic hours and 24/7 Teleconsultation via a dedicated mobile app. • **Specialty Care:** EENT (Eye, Ear, Nose, Throat) treatments and specialist consultations as prescribed. • **Maternal Support:** Pre-natal and Post-natal consultations. • **Routine Testing:** Tuberculin testing and Phlebotomy. **2. Emergency and Minor Surgical Procedures** • **Minor Trauma:** Treatment for minor injuries such as lacerations, mild burns, and sprains. • **Out-Patient Surgery:** Minor surgeries not requiring confinement, including Thoracentesis and Hysteroscopic procedures (non-maternity). • **Specialized Interventions:** o Wart Cauterization (excluding genital warts) covered up to **₱2,000.00**. o Sclerotherapy for varicose veins covered up to **₱5,000.00 per leg**. o Laparoscopic procedures (Adrenalectomy, etc.) and Ureterolithotripsy. **3. Common Laboratory and Diagnostic Imaging** • **Pathology:** Complete Blood Count (CBC), Urinalysis, Fecalysis, Blood Chemistries, and Pap Smear. • **Cardio-Pulmonary Diagnostics:** 12-Lead ECG, Chest X-ray, Treadmill Stress Test (TMST), and Lung Function studies. • **Standard Radiographs (X-ray):** Comprehensive skeletal imaging (Head, Spine, Chest, Extremities) and contrast studies for Biliary, Digestive, and Urinary systems. **4. Advanced Specialized Diagnostics** • **Advanced Scans:** MRI, MRA, CT Scans (including Pulmonary Angiography), PET Scans, and Bone Densitometry (Dexascan).

		• **Ultrasounds:** 2D-Echo with Doppler, Abdominal, Digestive, Urinary, Duplex Scans, and Sonomammograms. • **Nuclear Medicine:** All Radio-isotope scans (Thyroid, Liver, Renal, GI, Cardiac) and Thallium Scintigraphy. • **Functional Testing:** Electromyelography (EMG), Nerve Conduction Studies, Audiograms, and Esophageal Manometry. **5. Advanced Oncology and Therapeutic Procedures** • **Cancer Treatment:** Chemotherapy (Intravenous and Oral), Radiotherapy, and Photodynamic Therapy. • **Specialized Radiation:** Brachytherapy, Cobalt, Linear-accelerator therapy, Radioactive Iodine/Cesium, and Intensified Modulated Radiotherapy. • **Critical Support:** Dialysis. • **Vision Therapy:** Eye laser therapy for retinal tears, holes, detachment, and glaucoma. **6. Rehabilitation and Specialized Monitoring** • **Physical Rehabilitation:** Physiotherapy (Physical/Occupational Therapy) and Speech Therapy (at least 12 sessions subject to MBL). • **Neurology & Sleep:** EEG (including 24-hour), Neuroscan (on reimbursement basis), and Sleep Studies (Polysomnograms/CPAP titration). • **Specialized Testing:** Allergy testing/screening covered up to **₱1,200.00**.
Q.	Emergency Care	**1. Treatment at Accredited Facilities** • **Comprehensive Emergency Services:** 100% coverage for Doctor's fees, Emergency Room (ER) fees, and all medical services related to the emergency treatment. • **Medical Supplies & Diagnostics:** Coverage for medicines used for immediate relief, oxygen, IV fluids, blood products, and all necessary diagnostic tests (X-rays, laboratory exams). • **Room Availability Guarantee:** Automatic room upgrade at no extra cost to the member in case the

		designated room category (Semi-Private) is unavailable. **2. Treatment at Non-Accredited Facilities & Remote Areas** • **Non-Accredited Coverage (Local & International):** Reimbursement of 100% of hospital bills and professional fees up to **₱30,000.00 per case**, per member, per year. • **Remote Area Provision:** For areas without affiliated hospitals, emergency treatment is covered up to the full **Maximum Benefit Limit (MBL)**. **3. Emergency Transportation (Ambulance Services)** • **Metro Manila:** Full coverage for ambulance transfers (Affiliated to Affiliated or Non-Affiliated to Affiliated). • **Provincial Areas:** Covered via reimbursement up to **₱2,500.00 per conduction**.
R.	Dental Care	**1. Preventive & Educational Services** • **Routine Examinations:** Annual dental examination and consultation. • **Maternal & Specialty Care:** Pre-natal check of teeth and gums and Temporomandibular Joint (TMJ) consultations. • **Cleaning & scaling:** Routine Oral Prophylaxis. • **Health Education:** Dental health education, including nutrition and dietary counseling. **2. Emergency & Basic Restorative Care** • **Emergency Services:** Out-patient emergency dental treatment and relief of acute dental pain (excluding prescribed medicines). • **Extractions:** Simple, non-surgical tooth extractions • **Fillings & Pain Management:** Application of temporary fillings and desensitization of hypersensitive teeth. • **Enhanced Benefit:** Permanent fillings covered for at least **two (2) teeth**. **4. Periodontal & Specialized Treatments** • **Gum Care:** Treatment for periodontal inflammation, bleeding gums, and related conditions.

		• **Clinical Planning:** Professional planning for restorative and prosthodontic (dentures/bridges) treatments. **5. Appliance Maintenance & Adjustments** • **Prosthetic Care:** Simple adjustment of existing dentures. • **Restoration Maintenance:** Re-cementation of loose crowns, inlays, and onlays.
S.	Other Special Benefits & Supplemental Coverage	**1. Occupational & Accident Coverage** • **Work-Related & Industrial Coverage:** Full coverage for work-related conditions based on the criteria set by the Employees' Compensation Commission (ECC). • **Medico-Legal & External Injuries:** Coverage for medical cases arising from: o Unprovoked Assault. o Sports-Related Injuries. o Motor Vehicular and Motorcycle Accidents (subject to submission of a police report and absence of legal violations). **2. Chronic & Structural Conditions** • **Spinal & Orthopedic Care:** Comprehensive coverage for Scoliosis (regardless of origin), Slipped Disc, Spondylosis, and Spinal Stenosis. • **Hernia Treatment:** Coverage for both Congenital and Acquired Hernia. • **Congenital Diseases:** Coverage for congenital conditions, excluding physical therapy and developmental disorders. **3. Specialized Procedures & Health Crises** • **Optical Surgery:** Coverage for Cataract extraction (excluding the cost of the lens). • **Pandemic Response:** Full coverage for Covid-19 medical management. **4. Family & Maternity Support** • **Maternity Assistance:** Provision of financial or medical assistance for maternity-related needs.

T.	Pre-existing Conditions	Pre-existing illness/conditions of members at the start of membership shall be covered up to Maximum Benefit Limit
U.	Financial Assistance	1. Natural Death – Php 25,000 2. AD & D – Php 25,000 ▪ Loss of life – 100% ▪ Loss of sight of both eyes – 100% ▪ Loss of both hands and feet - 100% ▪ Loss of one hand and one foot – 100% ▪ Loss of either hand or foot and sight of one eye – 100% ▪ Loss of arm at or above elbow – 70% ▪ Loss of leg at or above knee – 60% ▪ Loss of one hand at or above wrist – 50% ▪ Loss of one foot or above the ankle – 50% ▪ Loss of hearing of both ears – 50% ▪ Loss of one eye – 50% ▪ Loss of four fingers and thumb of one hand – 50%
V.	Membership Card	1. ID processing and Enrollment Fee is waived. 2. Card Replacement Fee for corrections is waived. 3. Card Replacement Fee for lost cards is charged to Member in the amount of P200.00
W.	Orientation	1. HMO shall provide an orientation on coverage, exclusion and procedure for availment within 30 days from enrollment 2. HMO shall provide written materials on coverage, exclusions and procedure for availment. 3. Distribution of Health Cards for each member within 30 days from enrollment.
Y.	Plan Validity	The corporate health plan shall be valid for one (1) year and subject to annual renewal
Z.	Terms of Payment	Annual Fee