

Grid for the technical assessment of tenders for contracts above the EU threshold

Officer responsible for the commission:	Individual assessment/overall assessment	Project title:	GIZ Office Beirut	Project no.:	18.9207.4-001.00
Assessor:		Works/services put out to tender:	Corporate Health Insurance and Vehicle Insurance Framework	Transaction number:	83471699
Version (delete as appropriate):		Tenderers 1 to 5 of 0			

1	(1) Criterion	(2) Weighting in %	Enter Tenderer 1		Enter Tenderer 2		Enter Tenderer 3		Enter Tenderer 4		Enter Tenderer 5	
			(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)
1	LOT I - Medical Services Coverage Assessment											
1.1	Out-patient medical services											
1.1.1	Doctor Consultation - 10 visits per year	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.2	Physiotherapy - 10 sessions per year	2.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.3	Laboratory tests	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.4	Diabetes and hypertension	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.5	Kidney dialysis	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.6	Cancer Treatment	6.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.7	Circumcision procedures	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.8	Pre-existing conditions, chronic, pregnancy and cancer related	5.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.9	Laboratory investigations and x-rays, electrocardiograms,	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.10	Any other out-patient services agreed with the hospital and not	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.11	Diagnostic Test	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.12	Radiology	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.13	Pathology	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.14	Microbiology	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.15	Biochemistry	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.16	Blood tests, ultrasound examination, X-rays, computer tomography	2.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.17	Scintigraphy (nuclear medicine examination)	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.18	Electrocardiogram (ECG)	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.19	ECG under stress	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.20	Eye tests	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.21	Endoscopic treatments (of stomach, intestine, bronchial tract)	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.22	Benefits in connection with pregnancy/delivery:	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.23	Blood test, ultrasound examination, physical examination, advisory	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interim total 1.1		22.3%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2	Inpatient Medical Services											
1.2.1	General in-patient service.	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.2	Medical services for pre-existing conditions, chronic cancer related	5.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.3	Medical services for other terminal diseases and cancerous related	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.4	Provision of drugs to GIZ employees as prescribed by a medical	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.5	Accommodation for parent/guardian accompanying a child below 12	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.6	Doctor's, surgeons, and specialist fees. Laboratory investigations, x-	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.7	Prescribed drugs, dressings, surgical appliances, and nursing	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.8	Theatre including surgeon's fees and anaesthetists' fees.	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.9	Intensive care (ICU)/High dependency Unit (HDU).	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.10	Radiotherapy, chemotherapy, physiotherapy.	5.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.11	Gynaecological treatment.	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.12	Post hospitalization visits and follow-ups after discharge.	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.13	Medical coverage related to car and work accidents for the insured	2.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.14	Diabetes and hypertension	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.15	Kidney dialysis	1.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interim total 1.2		16.8%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.3	Unique Salient Features											
1.3.1	Worldwide coverage only for the emergency/surgery cases	0.1%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.3.2	Qualified and dedicated personnel with the ability to address customer queries.	2.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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1.3.3	24-hour emergency - helpline.	0.1%	0.0		0.0		0.0		0.0		0.0
1.3.4	Regular utilization reports	1.0%	0.0		0.0		0.0		0.0		0.0
1.3.5	Cover out-patient Congenital conditions	1.0%	0.0		0.0		0.0		0.0		0.0
Interim total 1.3		4.2%	0.0		0.0		0.0		0.0		0.0
1.4	Detailed Dental Benefits										
1.4.1	Dental treatment (treatment of pain and simple fillings) coverage	0.1%	0.0		0.0		0.0		0.0		0.0
1.4.2	Simple dentures, crowns, root canal	0.1%	0.0		0.0		0.0		0.0		0.0
1.4.3	X-rays. Polishing and scaling as recommended by a doctor	0.1%	0.0		0.0		0.0		0.0		0.0
1.4.4	Tooth extractions including surgical extraction together with	1.0%	0.0		0.0		0.0		0.0		0.0
1.4.5	Treatment of tooth decay.	0.1%	0.0		0.0		0.0		0.0		0.0
1.4.6	Or any other non-cosmetic treatment	1.0%	0.0		0.0		0.0		0.0		0.0
Interim total 1.4		2.4%	0.0		0.0		0.0		0.0		0.0
1.5	Detailed Maternity Cover Benefits										
1.5.1	Delivery expenses including epidural (normal and C/S)	0.1%	0.0		0.0		0.0		0.0		0.0
1.5.2	Pre-natal care	1.0%	0.0		0.0		0.0		0.0		0.0
1.5.3	Post-natal care and ultrasounds all within the maternity limit	1.0%	0.0		0.0		0.0		0.0		0.0
1.5.4	Circumcision procedures	0.1%	0.0		0.0		0.0		0.0		0.0
1.5.5	Incubator and premature babies	0.8%	0.0		0.0		0.0		0.0		0.0
1.5.6	All above is covered to all maternity types including IVF under the outpatient limit	0.1%	0.0		0.0		0.0		0.0		0.0
1.5.7	Maternity benefits are covered from day one for all employees.	0.1%	0.0		0.0		0.0		0.0		0.0
1.5.8	Baby covered from day one including hospitalization expenses incurred in connection with newborn child right from day one	0.1%	0.0		0.0		0.0		0.0		0.0
Interim total 1.5		3.3%	0.0		0.0		0.0		0.0		0.0
16	Country Wide Network										
1.6.1	All hospitals in Lebanon are covered	5%	0.0		0.0		0.0		0.0		0.0
Interim total 1.6		5.0%	0.0		0.0		0.0		0.0		0.0
1.7	Coverage Packages										
1.7.1	IN Hospital Class B+ Option for upgrade -CONIL	1%	0.0		0.0		0.0		0.0		0.0
1.7.2	Ambulatory plan securing 100% coverage - CONIL	1%	0.0		0.0		0.0		0.0		0.0
1.7.3	Coverage of all pre-existing cases declared in the under-written letter are covered from day one for all GIZ employees including new joiners: Any previously insured staff with no exclusions marked on their policy or card should be covered without exclusion.	4%	0.0		0.0		0.0		0.0		0.0
Interim total 1.7		6.0%	0.0		0.0		0.0		0.0		0.0

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Total for LOT I	60.0%		0.0		0.0		0.0		0.0		0.0
2	LOT II - Vehicle Insurance Coverage Assessment										
2.1	Coverage for Vehicle Damage										
2.1.1	0.5%		0.0		0.0		0.0		0.0		0.0
2.1.2	0.5%		0.0		0.0		0.0		0.0		0.0
2.1.3	0.5%		0.0		0.0		0.0		0.0		0.0
2.1.4	0.5%		0.0		0.0		0.0		0.0		0.0
2.1.5	0.5%		0.0		0.0		0.0		0.0		0.0
2.1.6	0.5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.1	3.0%		0.0		0.0		0.0		0.0		0.0
2.2	Coverage for Theft and Loss										
2.2.1	0.5%		0.0		0.0		0.0		0.0		0.0
2.2.2	0.5%		0.0		0.0		0.0		0.0		0.0
2.2.3	0.5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.2	1.5%		0.0		0.0		0.0		0.0		0.0
2.3	Detailed Coverage for Accessories										
2.3.1	0.5%		0.0		0.0		0.0		0.0		0.0
2.3.2	0.5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.3	1.0%		0.0		0.0		0.0		0.0		0.0
2.4	Detailed Coverage for Third-Party Liability										
2.4.1	0.5%		0.0		0.0		0.0		0.0		0.0
2.4.2	0.5%		0.0		0.0		0.0		0.0		0.0
2.4.3	0.5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.4	1.5%		0.0		0.0		0.0		0.0		0.0
2.5	Coverage for Natural Disasters										
2.5.1	0.5%		0.0		0.0		0.0		0.0		0.0
2.5.2	0.5%		0.0		0.0		0.0		0.0		0.0
2.5.3	0.5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.5	1.5%		0.0		0.0		0.0		0.0		0.0
2.6	Country Wide Network										
2.6.1	6%		0.0		0.0		0.0		0.0		0.0
2.7.2	5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.6	11.0%		0.0		0.0		0.0		0.0		0.0
2.7	Insurance Coverage										
2.7.1	10%		0.0		0.0		0.0		0.0		0.0
2.7.2	5%		0.0		0.0		0.0		0.0		0.0
Interim total 2.7	15.0%		0.0		0.0		0.0		0.0		0.0
2.8	Extra Benefits										
2.8.1	0.5%		0.0		0.0		0.0		0.0		0.0
2.8.2	0.5%		0.0		0.0		0.0		0.0		0.0

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2.8.3	Full network contractor access	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.4	24/7 Customer Service for any kind of emergency	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.5	Unlimited service calls within maximum policy benefit per insured	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.6	Unlimited roadside assistance for breakdowns and accidents	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.7	Coverage for towing services	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.8	Coverage for replacement vehicle costs during repairs within 24	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.9	Covering for vehicle accessories including audio systems	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.10	Covering of all personnel in the vehicle incase of accident	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.8.11	Coverage of all third-party vehicles and personnel in case of accident	0.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interim total 2.8		5.5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total 2		40.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total 1 + 2		100.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Assessment in %			0.00%		0.00%		0.00%		0.00%		0.00%
Ranking											

I hereby declare that I completed this assessment independently, to the best of my knowledge and in good faith.

Date, given name and family name, function, OU