

Evaluation Criteria	Capability Criteria Description	Bidder Response Question No	Bidders Answer	Bidders Score
<b>Waiting Period</b>		<b>Provide number of cases</b>		
1	No waiting period for maternity covering X number of cases per year	Yes/ No		
2	No waiting periods for cancer patients	Yes/ No		
3	3 months period for Hemorrhoids, anal fissure and fistula	Yes/ No		
4	3 months waiting period for Tonsils, Adenoids	Yes/ No		
5	3 months waiting period for Deviated septum, sinusitis	Yes/ No		
6	3 months waiting period for Hernias	Yes/ No		
7	6 months waiting period for Fibroids	Yes/ No		
8	6 months waiting period for Endometriosis, Hysterectomy	Yes/ No		
9	6 months waiting period for Varicocele, Hydrocele and varicose veins	Yes/ No		
10	6 months waiting period for Cataract, Glaucoma	Yes/ No		
11	6 months waiting period for Back pain & surgery, knee pain & surgery	Yes/ No		
12	6 months waiting period for Hypertension & Hyperlipidemia and Cardiovascular diseases	Yes/ No		
13	6 months waiting period for Diabetes Mellitus	Yes/ No		
<b>Treatments and Medications</b>				
1	Coverage of therapeutic drugs whether listed or not listed as a medicine by the treating physician and coverage of all prescribed medications including the medications subjected to 16% sales taxes .	Yes/ No		
2	Coverage of all vitamins and related tests including vitamin B12 and D whether the vitamin is registered or unregistered as a medicine	Yes/ No		
3	Coverage of all hormones and related tests (except related to infertility) whether the hormone is listed or not listed as a medicine	Yes/ No		
4	Coverage of tranquilizers related to covered cases	Yes/No		
5	Coverage of Childhood immunisations according to the thw National schedule for Turkiye	Yes/ No		
6	Coverage of immunisations for front-line staff according to WHO recommendations	Yes/ No		
7	Coverage of all medical laboratory tests when requested by a doctor without any exclusions	Yes/ No		
8	Coverage of blood transfusions	Yes/ No		
9	Coverage of all radiology tests when requested by a doctor without any exclusions	Yes/No		
10	Coverage of all cost related to routine and emergency ANC and PNC checks up to 6 weeks.	Yes/No		
11	Coverage of all costs related to deliveries including complications. Caesarian for emergencies only not elective.	Yes/No		
12	Coverage of all costs related to premature deliveries and newborn care	Yes/No		
13	Coverage of cost related to congenital conditions	Yes/ No		
14	Coverage of cancer treatment for cases discovered after the contract commencement with an annual ceiling of <b>50,000</b> Turkish lira per beneficiary	Yes/ No		
15	Coverage of benign tumors and related treatments and tests	Yes/ No		
16	Coverage of osteoporosis (tests, treatments, whether registered or not registered as a medicine)	Yes/ No		
17	Cover laser lithotripsy	Yes/ No		
18	Coverage of non-cosmetic dermatological diseases and their treatments whether registered or not registered as a medicine	Yes/ No		
19	Coverage of kidney failure and dialysis	Yes/ No		
20	Coverage of Organ transplant for the recipient only with an annual limit <b>680,732</b> Turkish lira (case limit)	Yes/ No		
21	Coverage of all costs related to Ear, Nose and Throat	Yes/No		
22	Coverage of all costs related to Thyroid	Yes/ No		
23	Covering all types of Liver disease	Yes/ No		
24	Coverage of spinal injuries and spinal cord diseases	Yes/ No		
25	Coverage of allergies except general allergy test	Yes/ No		
27	Coverage of H1N1 cases with all related medical tests, treatment, medications and procedures	Yes/ No		
28	Coverage for Physiotherapy or other related treatments			
29	Coverage for post Hospitalisation Rehabilitation, Private Nursing & Hospice Services	Yes/ No		
30	Coverage of cost for psychiatric inpatient and outpatient care	Yes/ No		
31	Coverage of costs for counselling Services	Yes/ No		
<b>Optical and Hearing</b>				
1	Coverage of costs for optical benefit (optical glasses(frames and lenses), optical contact lenses & visual acuity test) within the approved medical network with an annual minimum ceiling of <b>4090</b> Turkish Lira per beneficiary for any deviation less than 5 degrees and a minimum of <b>6807</b> Turkish Lira if deviation equals 5 or more degrees	Yes/ No		
2	Coverage of eye diseases, (including cornea) test, treatment and complications tests	Yes/ No		
3	Cover moisturizing eye drops in case prescribed by the doctor	Yes/ No		
4	Coverage of vision correction with a minimum annual limit <b>27230</b> Turkish lira	Yes/ No		
5	Cover hearing aids for total or partial hearing loss with a minimum annual ceiling of <b>54458</b> Turkish lira	Yes/ No		
<b>Dental</b>				
1	Dental benefits coverage within the approved medical network for each member, including, but not limited to (bridges, dressing, white and silver fillings, nerve treatment, tooth cleaning once a year, surgical and non-operative extraction, Therapeutic medicines) with an annual ceiling of minimum <b>13614</b> Turkish lira per beneficiary	Yes/ No	Non-accidental inpatient ophthalmology covered within inpatient limit. inpatient dental covered. Accidental inpatient dental & optical will be covered up to the full Inpatient limit	
<b>Medical Devices</b>				
1	Covering the costs of external and internal appliances such as and not limited to stents, heart valves, cardiac devices such as Pacemaker, and implantable cardioverter defibrillator, artificial knee and breathing & respiratory equipment ... etc.)	Yes/ No		

2	Covering the costs for medical devices such as prostheses and assistive aids such as wheelchairs, walking aids, and lumbar corsets ..) with a minimum annual ceiling of <b>13613</b> Turkish Lira	Yes/ No		
3	Covering the costs for medical devices on loan, such as non-motorized wheelchairs & crutches, whilst in-patient and out-patient	Yes/ No		
<b>Chronic Cases</b>				
1	Covering the costs for chronic conditions including HIV/AIDS for inpatient and outpatient with a maximum annual ceiling of xxx Turkish Lira	Yes/ No		
2	Covering the cost for chronic diseases medication with a maximum of <b>20421</b> Turkish Lira per case and not to be calculated from the annual ceiling above	Yes/ No		
<b>Other Benefits</b>				
1	Coverage of emergencies without a medical form	Yes/ No		
2	Grant a grace period of one month to re-declare medical conditions in case of new staff addition to the medical insurance contract	Yes/ No		
3	Covering of the uncovered cases and those exceeding the limits to be debited without deducting any administrative expenses (only when receiving an approval letter/ notice from SCI)	Yes/ No		
4	Granting additional 50 forms for all beneficiaries for the entire contract	Yes/ No		
5	Coverage of general check-ups with an annual limit <b>1361</b> Turkish Lira per member	Yes/ No		
<b>COVID Benefits</b>				
1	Coverage of the cost of COVID 19 PCR test	Yes/ No		
2	Coverage of outpatient (medical consultation, chest X-rays, and laboratory tests necessary treatment prescribed by attending physician) with a minimum annual limit <b>5445</b> Turkish lire per case	Yes/ No		
3	Coverage of in hospital treatment with a minimum annual limit <b>136146</b> Turkish lira per case	Yes/ No		
<b>• Purpose of Trip</b>				
1	Corporate rate for SCI staff as to insure employees' first relatives ? (father, mother, siblings of staff)	Provide your corporate policy		