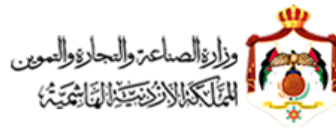


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Ministry of Industry, Trade & Supplies

Terms of Reference

Provision of comprehensive medical and health insurance services to Fund Management Unit employees at the Ministry of Industry, Trade and Supply

1. BACKGROUND INFORMATION

1.1. DEFINITIONS :

1. Insured Person: The FMU employee or dependent covered by the insurance
2. Medical Network: The approved hospitals, clinics, and diagnostic centers under the policy
3. Pre-existing Condition: Any illness or health issue existing before the start of the insurance
4. Exclusions: Treatments or services not covered by the insurance
5. Coverage: The monetary or service limit provided under the policy

1.2. Beneficiaries :

The Hashemite Kingdom of Jordan has received financing in the amount of US\$ 85,000,000 from the World Bank toward the cost of the Support for Industry Development Fund (IDF) Project (the Project), and intends to apply part of the proceeds for consulting services.

The Fund will consist of the following programs:

1. Industry upgrading and Export development programs providing matching grants to manufacturing firms to modernize their operations leading to improved product quality and upgraded production processes, increased exports through access to new markets and expanding in existing ones, as well as reduction in resource consumption and in waste or emissions.
2. Outcome-based incentives program providing incentives to firms that achieve targets in areas critical to achieve sector's full potential (higher female employment; introduction of new exportable products; energy/water efficiency; emission reduction; etc.)
3. Easing access to export credit insurance (implemented by JLGCC) and to new supply chain finance products.

1.3. Contracting Authority:

The Ministry of Industry, Trade and Supply (MoIST)

1.4. Relevant background

As part of the employment package offered by MoIST to the FMU, all their employees and their dependants are entitled to receive medical and health cover. The services provider will provide Group Health Insurance Policy for a total of 24 persons (**subject to increase and decrease**). The table below specifies the staff and dependents categories.

Category	Members
0 - 17	8
18 - 45	16
46 - 60	0
TOTAL	24

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

2.1. Overall objective

To provide comprehensive medical and health insurance cover to all FMU employees at the Ministry of Industry, Trade and Supply.

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project intervention

- The service provider is expected to observe absolute confidentiality in any regard relating to the health, welfare and/or treatment of any member of the scheme or their dependants.
- The all services provider will provide the service directly / immediately after signing the contract without any waiting period.

4. SCOPE OF THE WORK

4.1. General

4.1.1. Project description

The service provider is expected to offer the following inpatient and outpatient medical services to members of staff and their dependants registered under the policy to an agreed financial limit. The maximum annual coverage per insured member is JOD 50,000 / First class single room, The service provider shall provide immediate insurance coverage for all employees and their family members who were covered under the previous insurance policy, without imposing any waiting period, while maintaining coverage for all pre-existing medical conditions, including pregnancy, provided that the insured members submit a written and detailed declaration of all pre-existing conditions and any pregnancy (if applicable) at the start of the coverage.

1) Inpatient annual coverage

- The maximum inpatient annual coverage per member per case within the medical network is JOD 8,000 / First class single room.
- 100% inpatient coverage, which covers (accommodation in first class single room in the hospital most appropriate for the case), intensive care, X-rays, ultra-sound, CT and MRI, oncology, Lab tests, medicines, and other diagnostic procedures, accompanying children under 13 years, ambulance (once a year per member), doctor's and consultants fees, fees for surgeons and anaesthesiologists, cardiovascular network (STENT).

2) Outpatient coverage:

- 80% coverage of doctors, medicines, diagnostic procedures and treatment.
- The possibility of more than one medication refill based on physician's recipe in case the situation so requires.
- 100% coverage for immunization for new born babies and booster immunization for older children.
- Coverage of therapeutic vitamins, including B-12.
- Coverage of tests related to thyroid.
- Coverage of general periodic checkup of each beneficiary.
- Coverage of hormones of Maximum of JOD 3,000 dinars for the entire contract.
- Coverage of 10 Physical therapy sessions.
- Minimum of 12 medical forms per member per year.
- Coverage of the treatment of incurable diseases.
- Coverage of the treatment of cancer.
- No prior approval is required inside the medical network or inpatient.

3) Maternity:

- 100% coverage of maternity care including tests, consultations and treatment during childbirth and management of pregnancy related complications including abnormalities and premature births.
- Coverage of newborns from the first day of birth.
- Coverage of checking the safety of the fetus
- Granting additional 10 medical forms for pregnant women.
- The following ceilings apply:
 - a) Natural: Max JoD 1500 (excluding expenses before giving birth).
 - b) Caesarean section: Max JOD 2500
 - c) Legal abortion: Max JoD 1500.

4) Optical services:

- Max 300 JOD annually for all family members, which includes eye testing, lenses, glasses and optical frames.
- Max 100 JOD annually for single employee (unmarried), which includes eye testing, lenses, glasses and optical frames.

5) Dental care:

- Max 300 JOD annually for all family members, which include filling, extraction, root canals and nerves treatment, gum and oral diseases, X-ray and panorama.

- Max 100 JOD annually for single employee (Unmarried), which include filling, extraction, root canals and nerves treatment, gum and oral diseases, X-ray and panorama.

6) Coverage outside the network:

- 80% coverage of doctors, medicines, diagnostic procedures and treatment.

7) Coverage outside the country:

- 70% coverage of doctors, medicines, diagnostic procedures and treatment.

8) Additional benefits:

- The service provider should provide details of any additional benefits.

4.1.2. Geographical area to be covered

The Hashemite Kingdom of Jordan and worldwide.

4.2. Project management

4.2.1. Responsible body

The services provider will be responsible for the management of the health insurance contract for the FMU. The service provider will liaise with the finance Specialist at the FMU for the day-to-day implementation of the contract.

5. LOGISTICS AND TIMING

5.1. Location

The assignment will be carried out within the Hashemite Kingdom of Jordan.

5.2. Commencement date & Period of execution

The period for implementation shall commence on 21 November 2025 and end on 31 December 2026, and may be renewed with the agreement of both parties to the contract.

5.3. Payments Schedule

25% of contract amount at end of the first quarter.
 25% of contract amount at end of the second quarter.
 25% of contract amount at end of the Third quarter.
 25% of contract amount at end of the fourth quarter.

The Client shall pay the Service provider within Sixty (60) days after the receipt of the claim.

5.4. Live Support (Required Assistance)

The Service provider shall provide call centre number (24/24), designated focal point (contact & Name) for any required assistance.

6. DISPUTE RESOLUTION

In case of any dispute or conflict between the parties, it shall be resolved amicably. If not resolved, the issue shall be referred to the competent courts of Amman, Jordan and governed by the laws of the Hashemite Kingdom of Jordan.