

CONTRACT AGREEMENT

25 MAR 2025

THIS AGREEMENT, made this _____ day of _____ 2025 between the CITY GOVERNMENT OF PUERTO PRINCESA, represented by the Honorable City Mayor Lucilo R. Bayron, hereinafter called "*the Entity*" of the one part and COOPERATIVE HEALTH MANAGEMENT FEDERATION, with principal place of business located at No. 49 Mabilis Street, Barangay Pinyahan, Diliman, Quezon City, herein represented by DR. PAUL ALLAN A. ESPINA, hereinafter called "*the Contractor*" of the other part:

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly the Procurement for Provider of Comprehensive Group Health and Accident Insurance Program intended for the Employees of City Government of Puerto Princesa has accepted a Bid by the Supplier for the supply of those and services in the sum of PESOS: Fourteen Million Two Hundred Fifty Thousand Pesos (Php 14,250,000.00). (hereinafter called "*the Contract Price*").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement, words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract hereinafter referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as part of this Agreement, viz.:
 - a. Philippine Bidding Documents (PBDs);
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract;
 - iv. Supplemental or Bid Bulletins, if any;
 - b. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;

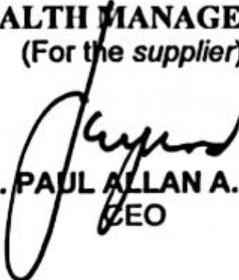
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;
 - c. Performance Security; and
 - d. Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.
3. In consideration for the sum of **Fourteen Million Two Hundred Fifty Thousand Pesos (Php 14,250,000.00)**. or such other sums as may be ascertained, COOPERATIVE HEALTH MANAGEMENT FEDERATION agrees to the **PROCUREMENT FOR PROVIDER OF COMPREHENSIVE GROUP HEALTH AND ACCIDENT INSURANCE PROGRAM INTENDED FOR THE EMPLOYEES OF CITY GOVERNMENT OF PUERTO PRINCESA** IN accordance with its Bid.
4. The CITY GOVERNMENT OF PUERTO PRINCESA agreed to pay the above-mentioned sum in accordance with the terms of the Bidding.
5. The notarization of this instrument shall be on the account of the supplier.

IN WITNESS whereof the parties thereto have caused this Agreement to be executed the day and year first before written.

CITY GOVERNMENT OF PUERTO PRINCESA
(For the *Entity*)


LUCILO R. BAYRON
City Mayor

COOPERATIVE HEALTH MANAGEMENT FEDERATION
(For the *supplier*)


DR. PAUL ALLAN A. ESPINA
CEO

WITNESSES

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF PUERTO PRINCESA) S.S.

BEFORE ME, a Notary Public for and in the City of Puerto Princesa, personally appeared:

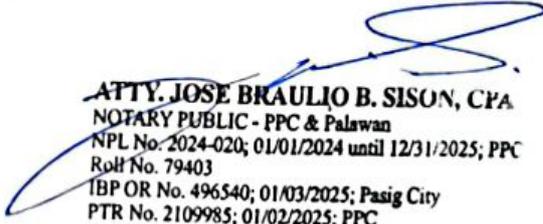
NAME	Proof of Identification	Issued on	Issued at
Lucilo R. Bayron	TIN# 929-5-216-808		Puerto Princesa City
Dr. Paul Allan A. Espina	<i>208295131</i>		Puerto Princesa City

both known to me and to me known to be the same persons who executed the foregoing Contract Agreement and they acknowledged to me that the same is their free and voluntary act and deed.

WITNESS MY HAND AND SEAL, this 25 day of MAR 2025, 2025 at Puerto Princesa City.

Doc. No. 23 :
Page No. C :
Book No. XV111 :
Series of 2022 :




ATTY. JOSE BRAULIO B. SISON, CPA
NOTARY PUBLIC - PPC & Palawan
NPL No. 2024-020; 01/01/2024 until 12/31/2025; PPC
Roll No. 79403
IBP OR No. 496540; 01/03/2025; Pasig City
PTR No. 2109985; 01/02/2025; PPC
MCLE CN. VIII-0000539; 09/23/2022 until 04/14/2027
barsison@gmail.com; 09279619869



Project Reference Num: PR No. 100-2025-01-212 P.R. Date January 31, 2025
 Location of Project: City Mayor's Office

Supplier : COOPERATIVE HEALTH MANAGEMENT FEDERATION
 Address : 49 Mabilis St. Brgy. Pinyahan, Quezon City, Metro Manila P.O. No. BAC-2025 - PB-03-090
 E. Mail Address : _____ P.O. Date MAR 25 2025
 Telephone No. : _____ Mode of _____
 TIN 464-442-718-000 Procurement : Public Bidding

Gentlemen:
 Please furnish this office the following articles subject to the terms and condition contained herein

Place of Delivery : Thru City GSO Delivery Term : 365 CD upon receipt of NTP
 Date of Delivery : _____ Payment Term: _____

ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	1	lot	Comprehensive group health and accident insurance program intended for the employees of the City Government of Puerto Princesa	14,250,000.00	14,250,000.00

CITY GOVERNMENT OF PUERTO PRINCESA

ITEM NO.	BENEFIT	DETAILS
I	For Principal Membership	<ul style="list-style-type: none"> All employees who, on effective date or commencement date of membership, are at least eighteen (18) up to sixty-five (65) years old and actively at work. Special accommodation to coverage elected and appointed officials.
II	PROVIDER ACCESS	
1	All members shall have access to six (6) major hospitals are: Makati Medical Center, St. Luke's Medical Center-QC, St. Luke's Medical Center-Global City, Cardinal Santos Medical Center, The Medical City and Asian Hospital & Medical Center.	
2	All Members shall have access to Healthway Medical Clinics.	
III	MAXIMUM BENEFIT LIMIT (per illness, per year)	100,000.00
A	IN-PATIENT BENEFITS	
1	Room and board accommodation	Semi Private
2	General Nursing Services	Covered
3	Professional fees of doctors	Covered
4	Services of physician(s), specialist(s), surgeon(s) and anesthesiologist	Covered
5	Drugs, medicines for use in the hospital (reimbursement of not available)	Covered
6	Transfusion of blood, blood elements and other intravenous fluids	Covered

X-X-X X-X-X X-X-X X-X-X-X-X-X-X-X-X-X Continued on Page 2 X-X-X-X-X-X-X-X-X-X-X-X-X-X

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:
COOPERATIVE HEALTH MANAGEMENT FEDERATION
 By: Paul Allan A. Espina, MD
 Signature over printed name of supplier
 Position/Designation
 Date 3/28/25

Very truly yours,

LUCILO R. BAYRON
 City Mayor
 Authorized official

Fund Available _____ ALOBS NO. : _____
 Amount : _____
 City Accountant _____

Project Reference Num: PR No. 100-2025-01-212 P.R. Date January 31, 2025
 Location of Project: City Mayor's Office
 Supplier : COOPERATIVE HEALTH MANAGEMENT FEDERATION
 Address : 49 Mabilis St. Brgy. Pinyahan, Quezon City, Metro Manila P.O. No. BAC-2025 - PB - 03 - 050
 E. Mail Address : _____ P.O. Date MAR 25 2025
 Telephone No. : _____ Mode of _____
 TIN 464-442-718-000 Procurement : Public Bidding

Gentlemen:
 Please furnish this office the following articles subject to the terms and condition contained herein

Place of Delivery : Thru City GSO Delivery Term : 365 CD upon receipt of NTP
 Date of Delivery : _____ Payment Term: _____

ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
7			Anesthesia & its administration, dressings, sutures, casts, and other medical supplies	Covered	
8			Standard admission kit including ice cap and wee bag	Covered	
9			Oxygen and its administration	Covered	
10			ICU confinement	Covered	
11			All other expense directly related to medical management of the illness and/or injury that resulted to a plan member's confinement	Covered	
B OUT-PA TIENT BENEFITS					
1			Consultation	Covered	
2			Laboratory/diagnostic examinations for covered illnesses/injures	Covered	
3			EENT Treatment	Covered	
4			Treatment of minor injuries such as lacerations, mild bumps, sprains & the like	Covered	
5			X-ray, Fasting Blood sugar, Lipid (Cholesterol, triglycerides, HDL, LDL, VLDL), Blood Uric Acid, Creatinine, HBAIC DIASTAT, Prostate specific antigen, SGPT, SGOT, Breast Ultrasound, resting electrocardiogram	Covered	
6			First aid treatment of injury or illness	Covered	
7			Emergency treatment and minor surgery not requiring confinement	Covered	
8			Computer Tomography (CT) Scan	Covered	
9			Magnetic Resonance Imaging (MRI)	Covered	
10			Cataract extraction excluding cost of lens	Covered	
11			Laser therapy for glaucoma and retinal detachment	Covered	
12			Pre-natal and post-natal consultations	Covered	
13			Animal bites (anti-rabies, anti-venom)	Covered up to 18,000.00	
14			Doses for anti-tetanus, 1st dose	Covered	
15			Warts removal through excision or electrodesiccation/cauterization	Covered up to P3,000	
16			Dialysis, chemotherapy and similar treatment/procedure	Covered	
X-X-X	X-X-X	X-X-X	X-X-X-X-X-X-X-X Continued on Page 3 X-X-X-X-X-X-X-X-X-X-X-X		

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:

COOPERATIVE HEALTH MANAGEMENT FEDERATION

By:

PAUL OLSON P. ESANA, MD
 Signature over printed name of supplier

CEO

Position/Designation

3/21/25

Date

LUCILO R. BAYRON

City Mayor

Authorized official

Fund Available

ALOBS NO. :

Amount :

City Accountant

Project Reference Num: PR No. 100-2025-01-212 P.R. Date January 31, 2025
 Location of Project: City Mayor's Office
 Supplier: COOPERATIVE HEALTH MANAGEMENT FEDERATION
 Address: 49 Mabilis St. Brgy. Pinyahan, Quezon City, Metro Manila P.O. No. BAC-2025 - PB - 03 - 050
 E. Mail Address: _____ P.O. Date MAR 25 2025
 Telephone No. _____ Mode of _____
 TIN: 464-442-718-000 Procurement: Public Bidding

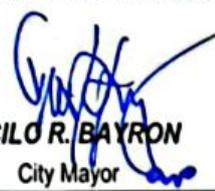
Gentlemen:
 Please furnish this office the following articles subject to the terms and condition contained herein

Place of Delivery: Thru City GSO Delivery Term: 365 CD upon receipt of NTP
 Date of Delivery: _____ Payment Term: _____

ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
C EMERGENCY CARE BENEFITS					
In Accredited Hospitals:					
			a. Services of physician(s), specialist(s), surgeon(s) and anesthesiologist	Covered	
			b. Emergency Room Fees	Covered	
			c. Medicines used during treatment or for immediate relief	Covered	
1			d. Transfusion of blood, blood elements and other intravenous fluids	Covered	
			e. Oxygen and its administration	Covered	
			f. Anesthesia & its administration, dressings, sutures casts, and other medical supplies	Covered	
			g. X-ray, laboratory tests and other diagnostics procedures prescribed by the accredited doctor	Covered	
			h. Ambulance Service	Covered up to P5,000 per conduction	
2			In Non-accredited Hospitals	Emergency case in non-affiliated hospital on reimbursement basis - based on Relative Unit Value (RUV)	
D PREVENTIVE HEALTHCARE BENEFITS					
1			Wellness program	Covered up to two (2) sessions per year	
2			Periodic monitoring of health problems	Covered	
3			Family planning counseling	Covered	
E DENTAL BENEFITS - HEALTH PARTNERS DENTAL ACCESS, INC.					
1			Unlimited consultations	Covered	
2			Oral scaling and polishing (Prophylaxis) twice a year	Covered	
3			Simple tooth extraction	Covered	
4			Treatment of pain, lesion, wounds and burns	Covered	
5			Gum treatment except for alveolectomy and gingivectomy	Covered	
6			Recementation of fixed bridges, crowns, jackets, inlays and onlays	Covered	
7			Temporary fillings - unlimited	Covered	
8			Permanent lightcure fillings	Covered up to two (2) teeth	
9			Desensitization of Hypersensitive Teeth	Covered up to two (2) teeth	
F ANNUAL PHYSICAL EXAMINATION (APE) (Mobile Clinic)					
X-X-X	X-X-X	X-X-X	X-X-X-X-X-X-X-X-X-X Continued on Page 4 X-X-X-X-X-X-X-X-X-X		

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:
COOPERATIVE HEALTH MANAGEMENT FEDERATION
 By: PAUL ALBERTO P. ESPINA, MD
 Signature over printed name of supplier
CEO
 Position/Designation
3/25/25
 Date
 Fund Available _____
 City Accountant _____

Very truly yours,

LUCILO R. BAYRON
 City Mayor
 Authorized official

ALOBS NO. : _____
 Amount : _____

