



Terms of Reference

Open Market Tender for Medical Insurance for PPIU Employees and Eligible Dependants

Purpose:	Procurement of Medical Insurance for PPIU Employees and Eligible Dependants
Contract Period:	Initial period of 12 months, with any renewal subject to performance, continuing need and PPIU approval
Estimated Budget:	To be determined through the open market tender process
Location:	PACER Plus Implementation Unit, Apia Samoa. Exclusions should be specified as required. Coverage required for staff in their countries of residence and while travelling within the agreed area of cover
Estimated Start Date:	October 2026
Reporting to:	Operations and Secretariat Manager, PPIU

BACKGROUND

PACER Plus is a regional trade and development agreement that supports Pacific Island Parties to strengthen their capacity to trade, improve access to regional and international markets, and realise greater economic and development benefits from trade. The PACER Plus Implementation Unit (PPIU), based in Apia, Samoa, is seeking proposals from suitably qualified and licensed insurers, insurance brokers or authorised service providers for comprehensive medical insurance for PPIU employees and their eligible dependants.

PPIU is undertaking an open market tender to obtain competitive, sustainable and administratively effective medical insurance coverage. The selected arrangement must provide reliable access to inpatient and outpatient care, emergency assistance and medical evacuation from Samoa or another location when appropriate treatment is not available locally.

OBJECTIVE AND SCOPE

The objective of this tender is to appoint a provider that can deliver comprehensive medical insurance coverage, responsive member support and effective claims administration for PPIU employees and eligible dependants. Tenderers may propose a single plan for all members or differentiated plans for employee categories, provided that the proposal clearly identifies the benefits, limits, exclusions, costs and service arrangements applicable to each category.

The successful provider will be expected to:

- Provide annual group medical insurance for PPIU employees and eligible dependants, with membership details to be confirmed at contract award. Additional information to assist with the quotation is provided at Appendix 1.



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- Provide coverage that is suitable for members resident in Samoa and other countries represented within the PPIU workforce.
- Provide an appropriate geographic area of cover, with worldwide coverage (with exclusions considered where these are clearly stated).
- Provide a practical onboarding process, membership administration and procedures for adding or removing members during the policy period.
- Provide clear pre-authorisation, direct settlement, claims submission, reimbursement and complaints processes.
- Provide 24/7 emergency assistance and timely support to PPIU and insured members.
- Provide secure digital access for members to submit and monitor claims and access policy documents, where available.
- Provide utilisation, claims and renewal information to PPIU in a form that protects individual medical confidentiality.

MANDATORY COVERAGE REQUIREMENTS

Proposals must meet all mandatory requirements below. Tenderers must identify any limitation, waiting period, deductible, co-payment, sub-limit, exclusion or pre-authorisation requirement affecting these benefits.

Medical evacuation to Australia and/or New Zealand: Coverage must expressly provide for emergency medical evacuation from Samoa or another Pacific location to an appropriate medical facility in Australia and/or New Zealand where required treatment is unavailable locally. The proposal must explain how the destination is determined, who approves the evacuation, whether air ambulance and commercial flights are covered, and any benefit limit or exclusion.

Inpatient and day-care treatment: Hospital accommodation, intensive care, surgery, anaesthesia, theatre fees, physicians, specialists, diagnostic tests, prescribed drugs and dressings, and clinically necessary day-care treatment.

Outpatient treatment: Medical practitioner and specialist consultations, prescribed medicines, diagnostic tests, emergency outpatient treatment, imaging including CT and MRI scans, and clinically necessary therapies.

Emergency transport and support: Local ambulance, 24/7 emergency assistance, travel costs for a medically necessary accompanying person, and reasonable accommodation where an evacuated member cannot immediately return following discharge.

Serious and ongoing conditions: Coverage for oncology, kidney dialysis, organ transplant, palliative care, congenital conditions and rehabilitation, subject to clearly disclosed limits.

Pre-existing and chronic conditions: Tenderers must state whether pre-existing and chronic conditions are covered, the underwriting basis, any moratorium or medical history disclosure requirements, and any exclusions or waiting periods.

Maternity: Routine maternity and complications of pregnancy and childbirth, with all applicable waiting periods and limits clearly stated.



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Mental health: Inpatient and outpatient psychiatry, psychotherapy or counselling, with limits and referral requirements stated.

Dental and optical: Routine dental treatment, dental surgery and prescribed glasses or contact lenses, with annual limits clearly stated.

Repatriation: Medical repatriation where appropriate, repatriation of mortal remains or burial expenses, and related travel support.

Member assistance: A 24/7 multilingual helpline, digital claims capability and access to policy information. Employee assistance, second medical opinion, wellness and travel security services should be identified where offered.

MINIMUM BENEFIT BENCHMARKS

To support like-for-like evaluation, tenderers should provide coverage at or above the following indicative benchmarks, or clearly explain an alternative offering that delivers equivalent or better value:

- International employees and eligible dependants: maximum annual plan limit of at least USD 2,500,000 per insured member.
- Samoan local employees and eligible dependants: maximum annual plan limit of at least USD 500,000 per insured member.
- Inpatient hospital accommodation: private room or the nearest equivalent available.
- Medical evacuation to Australia and/or New Zealand: full eligible cost or a clearly stated limit sufficient to cover air transport, medical escort where required, treatment transfer and necessary accompanying travel.
- Routine maternity: indicative minimum of USD 10,000 per pregnancy, with complications separately covered or subject to a higher clearly stated limit.
- Outpatient, dental, optical, wellness and mental-health benefits: clear annual limits and any deductibles or co-payments must be disclosed.

DELIVERABLES AND SERVICE REQUIREMENTS

- A final policy schedule, table of benefits, policy wording and member guide.
- Individual membership confirmation or insurance cards for each insured member.
- A named account manager and escalation contact for PPIU.
- Implementation and onboarding support, including member communications or briefing materials.
- An emergency medical evacuation protocol confirming access to Australia and/or New Zealand.
- Claims and pre-authorisation procedures, contact details and expected service standards.
- Periodic membership and claims reporting suitable for organisational oversight while preserving medical confidentiality.
- Renewal terms and utilisation information provided sufficiently in advance of policy expiry.



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TENDERER QUALIFICATIONS AND EXPERIENCE

- Appropriate licensing, registration or authorisation to provide or arrange the proposed insurance coverage.
- Demonstrated experience providing group or international medical insurance to organisations in Samoa, the Pacific or comparable small-island contexts.
- Demonstrated capacity to coordinate emergency medical evacuation from Pacific Island countries to Australia and/or New Zealand.
- Access to a reputable international medical provider and hospital network, including facilities in Australia and New Zealand.
- Financial strength and stability appropriate to the proposed insurance obligation.
- Effective data protection, privacy, fraud prevention and claims governance arrangements.
- References from at least two comparable organisational clients.

REQUIRED TENDER RESPONSE

Tenderers must provide a complete proposal containing:

- Company profile, ownership, registration and licensing details.
- Details of the insurer, broker and any third-party administrator involved, including the contractual relationship between them.
- A completed benefit schedule showing each mandatory requirement, proposed limit, deductible, co-payment, waiting period, exclusion and pre-authorisation requirement.
- A clear statement confirming whether medical evacuation for treatment in Australia and/or New Zealand is covered, together with the approval process, transport arrangements, limits and exclusions.
- A description of the provider network, direct billing arrangements and access to hospitals in Samoa, Australia and New Zealand.
- Annual premium quotation, quoted currency, all taxes and levies, broker or administration fees, and any payment-frequency surcharge.
- Premium breakdown by employee category and dependant type, together with the method used to price membership changes during the policy year.
- Full policy wording, table of benefits, exclusions and specimen member materials.
- Implementation plan and proposed policy commencement date.
- Claims, pre-authorisation, complaints and emergency-response service standards.
- Details of account management, reporting, data protection and business continuity arrangements.
- Two relevant client references and disclosure of any actual or potential conflict of interest.
- Confirmation that the proposal will remain valid for at least 60 days after the tender closing date.



PRICING SCHEDULE

Tenderers must provide a transparent, all-inclusive annual price. The pricing response should separately identify:

- Base insurance premium by employee category and dependant type.
- Applicable taxes, duties and levies.
- Brokerage, administration or service fees.
- Deductible and co-payment options, including any premium impact.
- Payment frequency and any surcharge.
- Rates or methodology for additions and removals during the policy year.
- Renewal methodology and any minimum participation requirements.

EVALUATION

PPIU intends to evaluate compliant proposals on the basis of value for money rather than price alone. The evaluation may consider:

- Compliance with mandatory requirements, particularly medical evacuation access to Australia and/or New Zealand.
- Breadth and quality of benefits, limits and exclusions.
- Provider network, direct settlement and member access in Samoa, Australia and New Zealand.
- Experience, licensing, financial strength and ability to support a Pacific-based workforce.
- Claims administration, emergency response, member services and implementation approach.
- Total evaluated cost, transparency of pricing and affordability over the proposed contract period.
- Quality of references, contractual terms, data protection and risk management arrangements.

PPIU reserves the right to seek clarification, verify references, conduct due diligence, negotiate with the preferred tenderer, accept or reject any proposal, or cancel the procurement process in accordance with applicable PPIU policies and procedures. The lowest-priced proposal will not necessarily be selected.

CONTRACT AND REPORTING ARRANGEMENTS

The selected provider will contract with PPIU and report to the Operations and Secretariat Manager or nominated representative. The provider will be responsible for policy implementation, membership administration, service monitoring, claims escalation and renewal support. Final membership data will be provided securely to the selected provider following completion of the procurement process and execution of appropriate confidentiality and data-protection arrangements.

SUBMISSION INSTRUCTIONS

Tender responses must be submitted electronically in PDF format, with the pricing schedule also provided in Microsoft Excel where possible. The proposal must be submitted via the PPIU website.

Late submissions will not be accepted. Tenderers are responsible for ensuring that their proposals are received before the stated deadline.



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CONFIDENTIALITY AND CONFLICTS OF INTEREST

Tenderers must treat information received through this tender process as confidential and use it only for preparing their proposal. Tenderers must not include personal medical information in their response. Any actual, potential or perceived conflict of interest must be disclosed in the proposal.



APPENDIX 1: DESENSITISED PERSONNEL INFORMATION

The following anonymised information is provided solely to assist tenderers to formulate their quotation. It reflects the anticipated staffing profile as at 21 September 2026. Final enrolment information will be confirmed with the successful provider.

Current indicative membership: 39 persons across 10 employee households, comprising 10 employees and 29 eligible dependants. Of these, 14 persons are within international employee households and 25 persons are within local employee households.

Tenderers should state the pricing methodology and applicable rates for adding employees and dependants during the policy period.

Household ID	Member category	Sex	Age *	Expected residence	Employee category
H01	Employee	F	46	Samoa	International
H02	Employee	F	45	Samoa (on commencement)	International
H02	Spouse	M	62	Fiji	International
H02	Dependent child	M	19	Fiji	International
H02	Dependent child	F	19	Samoa (on commencement)	International
H02	Dependent child	M	11	Fiji	International
H03	Employee	F	32	Samoa (on commencement)	International
H04	Employee	F	41	Samoa	Local
H05	Employee	F	44	Samoa	Local
H05	Spouse	M	57	Samoa	Local
H05	Dependent child	F	34	Samoa	Local
H05	Dependent child	M	20	Samoa	Local
H05	Dependent child	M	18	Samoa	Local
H05	Dependent child	M	15	Samoa	Local
H05	Dependent child	M	14	Samoa	Local
H05	Dependent child	M	12	Samoa	Local
H05	Dependent child	F	11	Samoa	Local
H06	Employee	M	47	Samoa	International
H06	Spouse	F	51	Samoa	International
H06	Dependent child	M	18	Tonga	International
H06	Dependent child	F	16	Samoa	International
H06	Dependent child	M	13	Samoa	International
H07	Employee	M	41	Samoa (on commencement)	International
H07	Spouse	M	36	Samoa (on commencement)	International



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Household ID	Member category	Sex	Age *	Expected residence	Employee category
H08	Employee	F	39	Samoa	Local
H08	Other adult dependant	M	77	Samoa	Local
H08	Other adult dependant	F	74	Samoa	Local
H08	Other adult dependant	F	60	Samoa	Local
H09	Employee	F	37	Samoa	Local
H09	Spouse	M	39	Samoa	Local
H09	Dependent child	M	15	Samoa	Local
H09	Dependent child	F	7	Samoa	Local
H09	Dependent child	M	4	Samoa	Local
H10	Employee	M	31	Samoa	Local
H10	Spouse	F	31	Samoa	Local
H10	Dependent child	F	8	Samoa	Local
H10	Dependent child	M	6	Samoa	Local
H10	Dependent child	M	3	Samoa	Local
H10	Dependent child	M	2	Samoa	Local

** Age is calculated as at 21 September 2026. "Employee category" applies to the employee and members of that employee's household for quotation purposes.*

Tenderers should quote on the above indicative profile and clearly identify any age-based pricing, family-rating rules, eligibility restrictions, underwriting requirements, maximum entry ages, dependant age limits, or additional information required before binding coverage.