

BANKIGA DHEXE EE SOOMAALIYA



البنك المركزي الصومالي

CENTRAL BANK OF SOMALIA

REQUEST FOR PROPOSAL

Date: February 02, 2026

Ref. No: CBS/RFP/002/2026

Provision of Medical Insurance for CBS staff and dependents 2026-2028

1- Invitation

The Central Bank of Somalia (CBS) hereby invites proposals from eligible, licensed, and reputable insurance companies to provide comprehensive Medical Insurance Services for its staff and eligible dependents for the period **2026–2028**.

The selected insurer will be required to deliver high-quality, accessible, and reliable medical insurance coverage in accordance with the terms and conditions set out in this Request for Proposal (RFP).

2- Purpose

Provision of a comprehensive medical insurance program for CBS Somalia permanent staff members and their eligible dependents. The scheme should offer broad and reliable healthcare coverage, including outpatient and inpatient services, emergency care, maternity services, specialist consultations, diagnostic tests, and prescribed medications. The insurance package must ensure accessible, high-quality medical support, promote staff well-being, and provide financial protection against health-related expenses for both employees and their families.

3- Numbers of dependents cover per family

The medical insurance coverage applies to each employee and up to 6 dependents. The current family composition is categorized as follows, detailing the number of spouses and children enrolled under the scheme to ensure clarity in determining eligibility and allocating appropriate coverage for all beneficiaries.

S#	Family	Headcount	Number of dependents
1	M+0	51	0
2	M+1	31	31
3	M+2	30	60
4	M+3	37	112
5	M+4	16	64
6	M+5	31	155
7	M+6	70	420
Total		267	842

4- Benefits Specification

OUTPATIENT BENEFITS	
Hospital Accommodation/Room & Board Limit	Covered
ICU/CCU/HDU Limit Per Confinement	Covered
Doctor's (Physician, Surgeon & Anesthetist) Fees	Covered
Tests, Diagnosis, Treatments and Surgeries	Covered
Prescribed Medicines and Drugs administered whilst in-patient daycare patient	Covered
Accommodation for a person accompanying an insured member in the same room in cases of medical necessity at the recommendation of the treating doctor, per night	Covered
Inpatient Physiotherapy	Covered
Day Care Surgery	Covered
Congenital Infirmity and premature babies' conditions	Covered
Psychiatric Disorders	Covered
Inpatient Optical Hospitalization resulting from an Illness (excluding correction of refractive errors and laser treatment). This excludes outpatient optical costs and procedures e.g., frames & lenses.	Covered
Emergency Outpatient Optical Treatment by an Accident. This excludes outpatient optical and dental costs and procedures e.g. frames & lenses.	Covered
For Outpatient and Inpatient Treatment of Pre-existing and chronic conditions	
<ul style="list-style-type: none"> • Pre-existing Diseases, Chronic, Cancer & HIV/AIDS (Subject to Disclosure/Declared of Earlier to Contract) • Radiotherapy & Chemotherapy [subject to preauthorization] • Newly Diagnosed HIV, Cancer, and Chronic Conditions 	Covered
Post Hospitalization Treatment	Covered
Discharge take Home Medication	Covered
Pre-Hospitalization Services (Diagnostic & Consultation)	Covered
Funeral expenses (Sickness and Accident-Common Carrier Only)	Covered
Medical expenses arising from Terrorism	Covered
Ground transportation/Local Road ambulance to hospital services in the Territorial Limits provided for medical emergency cases	Covered
Commercial Air Evacuation out of Somalia (must be preauthorized) for treatment not available or not safe to undertake locally	Covered
Nasal septum deviation and nasal concha resection	Covered
OUT-PATIENT BENEFITS	
Consultation with a General Practitioner	Covered

Consultation with a Specialist upon referral by a General Practitioner up to the specialists' charges	Covered
Prescription Drugs and Dressings up to a maximum of 30 days Dosage	Covered
Gynecological illness and Treatment	Covered
Prescribed Physiotherapy	Covered
Pre-existing, Chronic, Cancer, Psychiatric, Congenital Conditions and HIV/AIDS and related treatment	Covered
Examination, Diagnostic and Treatment services by authorized General Practitioners, Specialists and Consultants	Covered
Laboratory test services carried out in the authorized facility assigned to treat the insured person	Covered
Ophthalmological Conditions	Covered
Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person;	Covered
MRI, CT scans and Endoscopies recommended by the Physician	Covered
Medical expenses arising from Terrorism	Covered
Vaccine	Covered
Ambulance Services (for emergency treatment only)	Covered
Ante natal and post-natal visit	Covered
OPTICAL BENEFITS (STAND-ALONE-OUTPATIENT)	
Outpatient Ophthalmologists Expenses	Covered
Prescribed Frames and Lenses	Covered
Frames and lenses are limited to one pair every one year unless otherwise Medically Necessary	Covered
Medication	Covered
Contact Lenses	Covered
Visions tests for errors of refraction	Covered
Surgery to correct refractive errors	Covered
Laser Correction of Eyesight	Covered
Prescribed Plano (flat)/Non degree lenses for Photophobia/Photosensitivity diseases- Max 3 pair per year per Family	Covered
DENTAL BENEFITS (STAND ALONE OUTPATIENT)	
Consultation	Covered
Medication	Covered
Tooth Extractions (Simple & Surgical)	Covered
Tooth Fillings (Amalgam, Resin Plastic & Composite)	Covered
Prescribed Scaling	Covered
X-rays	Covered

Root Canal Treatment (R.C.T)	Covered
Crown (If Followed by R.C.T)	Covered
Dentures (If in the Event of An Accident)	Covered
MATERNITY BENEFITS- PRINCIPAL/SPOUSE ONLY (STANDALONE)	
Out-patient Ante-natal services	Covered under outpatient
In-patient Maternity services	<p>a. Covered for Normal Delivery and pregnancy related complications and for medically necessary elective and subsequent C-section, complications and medical Necessary Termination within Maternity Limits</p> <p>b. All claims from pre-existing pregnancies will be payable under the maternity benefit</p>
Newborn/Neonatal conditions, Premature babies and Birth trauma	Covered under congenital and neonatal conditions benefit.

5- Key Requirements:

The insurance provider must demonstrate and outline the following key factors:

- I. A comprehensive, territory-wide network of accredited medical facilities, including remote and up-country locations, covering all Federal Member States including Somaliland, and Kenya.
- II. The insurance provider must maintain an operational presence in all major cities in Somalia and Kenya, noting that approximately 70% of the insured population is based in Mogadishu.
- III. A minimum of Four (4) years of continuous, fully licensed medical insurance operations in Somalia, with regulatory approval from the Central Bank of Somalia.
- IV. Deployment of biometric smart medical cards for member identification and scheme administration, supported by full utilization tracking and individual member reporting.
- V. Lead time of 2 working days in printing of staff/dependents cards
- VI. List of current hospitals/clinics Somalia and Kenya and copies of running agreements/contracts that bidder has with the facilities.
- VII. Availability of treatment outside of Territorial coverage mainly India and Turkiye /Egypt
- VIII. Member replacement shall be permitted at any time, provided that the maximum allowable number of dependents under the policy is not exceeded.
- IX. Fund management administration fee.
- X. Provide a list of names, addresses, and contact telephone numbers of three (3) clients for whom you have provided similar services in different and geographically dispersed

locations. The Central Bank of Somalia reserves the right to contact the provided references, subject to an appropriate level of disclosure.

- XI. A copy of the audited financial statements for last Three years (balance sheet and income statement).
- XII. Valid Tax Certificate
- XIII. Proof of Company Registration in Somalia and Kenya
- XIV. The proposal should meet benefits specification consideration and offered minimum medical benefits outlined in the in the tender.
- XV. A letter of the bidder's bank to guarantee the bidder's solvency
- XVI. Premium payments policy clearly outlines the following:
 - The method for calculating premiums for short-term contracts, including procedures for extensions.
 - The premium treatment for additional members joining the scheme after inception.
 - The terms and conditions governing premium refunds.
 - The refund of unused premiums on a pro-rata basis, irrespective of individual staff utilization.

6- Other terms shall include:

- I. Dependents covered up to the age of 21 years excluding spouse.
- II. Normal maximum age limit is 65 years, however Bank Management grant existing members remain the scheme up to the age of 70 years specific for principals only.
- III. No waiting periods: New joiners charged on pro-rated premiums.
- IV. No Co-pay.
- V. Dedicated focal person for day-to-day correspondence and administration of coverage
- VI. Availability of active emergency call centers & customer services 24/7
- VII. Reimbursements of 100% of the amount for each cover credit claim per family or person within 30 days on submission of medical claim.
- VIII. Member education & presentation related to the scheme, claim management and health talks/awareness to CBS staff in all main area offices within 3 months upon commencement of cover and at least one member education session per year.
- IX. Monthly debit and credit notes for addition/deletion of staff members to CBS
- X. Monthly utilization report to be shared with CBS.

7- Reimbursement of unused Premiums and Surplus

In the event that an insured member does not utilize the medical coverage for which the employer has paid the premium, the insurance company shall refund the corresponding unused premium amount to the employer within thirty (30) days, either prior to the expiry of the policy period or upon deletion of the member from the scheme based on formal instruction from the Client (Employer).

This reimbursement requirement shall likewise apply to any remaining premium balance or surplus arising at the expiry of the Group Medical Insurance Contract. All such refunds shall be managed strictly in accordance with Sharia-compliant Takaful management principles.

8- Eligibility and Qualification

Interested bidders must meet the following requirements:

- I. Company profile relevant to the subject matter with detailed physical verifiable address.
- II. Valid license to operate as a medical insurance provider in Somalia.
- III. Valid Tax Compliance Certificate.
- IV. Minimum of four (4) years' experience in providing corporate medical insurance services.
- V. Evidence of past similar experience i.e submission of contracts minimum four (4) contracts.
- VI. List of Hospitals coverage in Somalia, Kenya, India, Turkey and Egypt.
- VII. Recommendations of strong payment record with its clients (hospitals) within Somalia minimum 5 hospitals, this will be subject to verification by CBS through the hospitals.

9- Submission Guidelines

- I. Submissions must be in English and sent via email to:
cbs.tender@centralbank.gov.so
- II. Subject Line: “**RFP – CBS/RFP/002/2026**”
- III. Deadline for submission: **February 19th, 2026, at 5:00 PM** Mogadishu Time
- IV. Late submissions will not be accepted.