Cairo March 05, 2013

RE: Solicitation Number: SEG-300-13-R-0001
LES Health and Life Insurance for Cairo, Egypt
Second pre-proposal Conference's questions and answers

1. In section C.1.1.12 about medical expenses incurred out of Egypt. Who will judge whether that treatment is unavailable locally?

- The decision will be taken based on the treating physician report, which will be reviewed by the Embassy Regional Medical Officer and the insurance company representative.

2. In section C.1.1.13 please provide definition of catastrophic conditions?

- The definition of the catastrophic cases include but are not limited to renal failure, cancer and hepatitis C. A mechanism to include other cases would be subject to management approval

3. In section C.1.5 other eligible participants. Concerning the special needs children. Could I get some information about the number of current special needs?

- No data is available since previous contracts did not provide services for special needs without limitation on age

4. In section C.1.1.7, Is there any ceiling for hearing aids care like the ceiling for optical care?

- It falls within the annual maximum limit

5. I would like to ask about the general procedures of the referral of employees, whether employees will go directly to consultants or will they be referred by the physician at the Embassy. Also, who will be running the clinic at the embassy?

- There are no specified procedures and the offeror is free to make proposals on the items that are responsive to the requirements of the solicitation.

6. What do you mean by optical & dental reimbursement?

- By reimbursement of covered expenses, the Mission intends that covered employees and dependents would be made financially whole for their outlays consistent with benefits outlined in the solicitation. With regard to payment to the service provider, there is no requirement that payment be made by the employee or dependents. The coverage provider may make direct payment to the service provider, but the coverage provider should be prepared to reimburse an employee who pays the service provider directly.

7. Do we have specific list of uncovered services?

- It is found in the solicitation

8. It was mentioned that the claims were 5,185,121.11 is that per year or 6 months?

- 6 month

9. Can we know the claims for the whole year?

- Multiply the 5,185,121.11 of the 6months twice with will be average.

10. With reference to our meeting today concerning Solicitation Number SEG-300-13-R-0001, I would like to add one more question about the bellow clause:

    B.4.2.1 Employee Pool – This clause is only in effect if the contractor included details in its offer regarding a pooling arrangement, of which this contract is a part. Our question is:
    What is the meaning of the above mentioned clause "pooling arrangement, of which this contract is a part" kindly specify in details.

- In Section 4.2.1, Employee Pool, the coverage provider may only request adjustment on the basis of an employee pool if and only if they define the employee pool(s) in their initial offer. We understand that an Employee Pool would be a subdivision of covered employees (and their dependents). The Offeror is free to define these pools according to their own pricing strategy.