

Answers from pre-proposal conference for health insurance contract held on 22 November 2011 at the US Embassy Pristina premises.

Questions from “Dardania” Insurance Company

1. Please describe the Article B.3 Administrative Retention Amounts. What does it mean the retention amount? Is it the amount that Insurance Company retain while calculating a premium; or, the amount that USG pays for its employees? - RESPONSE – The retention amount is the amount in the charge from the company above the cost of the service itself that is charged (or “retained”) by the company for administrative costs, profit, etc. Per the contract, this amount should be indicated in the bid submission.
 2. The Article 52.237-7 Indemnification and Medical Liability Insurance (Jan 1997) the request for liability insurance. Does the Insurance Company need to purchase insurance policy when presenting the offer? - RESPONSE – It does not have to be at the time of the offer although it would be a good idea. IAW paragraph (b) of subject clause, if the offeror is a successful awardee and is about ready to be awarded the contract, contracting officer should confirm evidence that the contractor has the necessary insurance policy as required, otherwise, they could be deemed non responsive.
 3. Does the contractor need reinsurance coverage? - RESPONSE - As long as contractor provides evidence of insurance coverage per the above, we will be fine.
 4. Does the Insurance Company quote the premium for employees and their family in the moment when the employee is on leave without pay or dismissed? – RESPONSE - C1.6.1 During a period of leave without pay or unpaid leave beyond one pay period the employee is responsible for the full cost of premiums. The USG will pay the premium directly to the contractor, and will collect the full cost from the employee. Alternatively, the employee may elect to have coverage cease if he/she prefers not to pay the premium.

C.1.6.2. Period of Ineligibility.
Employees and their dependents are not entitled to health benefits during any period of employment for which premiums are not paid.
 5. Can the company give extra benefits for the US Embassy employees without additional charge? (even that it is stated) – RESPONSE -Page 1. Please note: proposals that contain more benefits (even if there is no increase in cost) or fewer benefits than those stated in the solicitation may be deemed technically unacceptable.
-

Questions from “SIGMA” Insurance Company

A. Clarifications regarding Section L

1. Please, kindly clarify the meaning of L.4.3.4: **“Employee Pool”**

The offeror shall describe the pool that will apply to the employees under this contract. The offeror will describe the size of the pool, whether it is a mixture of commercial and government (if applicable), alternative pools that are available in the event the economic price adjustment clause becomes effective”

– RESPONSE - This simply asks the offeror to describe how they plan to staff the contract. Their “pool” or “grouping of resources for the common advantage of clientele” to best support our contract could be a certain division of labor regarding employees who will be staffed to handle commercial versus government business. The offeror must tell us what this is.

2. Please, kindly clarify the meaning of paragraphs b and c at 652.228-74 DEFENSE BASE ACT INSURANCE RATES – LIMITATION (JUN 2006):

“In preparing the cost proposal, the bidder/offeror shall use the following rates in computing the cost for the DBA insurance:

Services @ \$4.00 per \$100.00 of employee compensation; or

Construction @ \$5.50 per \$100.00 of employee compensation.

(c) Bidders/Offerors shall compute the total compensation (direct salary plus differential, but excluding per diem, housing allowances) to be paid to covered contractor employees and the cost of DBA insurance in their bid/proposal using the foregoing rate. Bidders/offerors shall include the estimated DBA insurance costs in their proposed fixed price or estimated cost. However, the DBA insurance costs shall be identified in a separate line item in the bid proposal.”

– RESPONSE - Please complete the table in the solicitation in this section. The directions will guide you on the applicability of Defense Base Act requirements to your company and the rates to be used for calculating coverage for them. Kosovo has workers’ compensation laws.

B. Clarifications regarding Sections C (medical Coverage)

1. In the Section C it is stated: Dental Care: (expenses for dental Services including dentists, fees, x-rays, examination and treatment, cleaning, fillings, extractions, false teeth, crowns, and bridges. Post may establish a limit.

Please, explain the meaning of the last sentence- post may be establish a limit.

– RESPONSE - Page 16 Answer: The annual limit on reimbursements for dental care is Euro 450.00 per person.

2. In the Section C it is stated: Hearing Aids: 50% reimbursement of the cost of a hearing aid apparatus and related examination per year.
Limited to Euro 130.00 per hearing aid apparatus including the related medical examination.

Please, explain if the limit 130 Euro is annual.

– RESPONSE - as all amount limited benefits, the limit of 130 EUR should be considered in same manner.

3. In the Section C it is stated: **Preventive Care:** a) Dental check-up - The cost of routine dental check-ups are reimbursed at 80%. This reimbursement will be taken into account for the maximum reimbursement – 450 EURO /PERSON.

Please give details if 450 EURO is the total amount together with the expenses for dental care?

– RESPONSE -Page 16: The annual limit on reimbursements for dental care is Euro 450.00 per person.

Questions from “SIGAL” Insurance Company

1. Should a “newborn” be covered immediately after birth and when should the coverage start for a newborn if not from the birth? – RESPONSE - Page 14 Dependent Coverage Child is defined as the employee's natural child, adopted child, stepchild, or foster child. An eligible child will be covered until the end of the contract year in which he/she reaches age 18, or age 25 if a full time student.
2. Can we, as an insurance company, request an “orthopahan” from our client if we need to proof an intervention? – RESPONSE - Every claim will be followed by original invoice and medical report issued by doctor/clinic. That is sufficient proof that the treatment is received.
3. What is the definition of a “Medical Catastrophe” ? – RESPONSE - There is no such language in our solicitation.
4. Should “Invitro” be covered? – RESPONSE - This benefit has not been approved by OE/CM.
5. On page 16 point E) Expenses not Covered :

“ No reimbursement for elective cosmetic surgery; spa cures; rejuvenation cures; massage; exercise therapy; **long term rehabilitative therapy**..... “

Question: Who determines the **long term** criteria? ? – RESPONSE - The long-term rehabilitation therapy is considered the time over one consecutive year of rehabilitation therapy.

Questions from “Illyria” Insurance Company

1. Brochures (C.1.7)

Is the website sufficient, or do you require brochures?

– RESPONSE - C.1.7. BROCHURE REQUIREMENT. The contractor shall provide a document (brochure/pamphlet/other written document) in Albanian, Serbian and English that sets forth a complete listing of the health insurance benefits to be provided under this contract.

2. H.4.(b) (1)

Is there a minimum amount that claimants must have in order to submit a claim? If so what will this amount be (e.g. 50 EUR, 100 EUR)?

– RESPONSE - No minimum amount set.

3. H.4.(b) (4):

- *Should we henceforth indeed pay directly to the employees instead of to USEP, and*

- *Can payments be made by means of bank transfer and not by cheque?*

– RESPONSE – Either way, the check or electronic bank transfer to US Embassy Pristina is fine.

4. Please see the attached table. The following questions are to be clarified:

- *Normally on the cover for hospitalization the cost coverage is 100%. If not on the base plan can this be offered for optional plan A and B?*

– RESPONSE - Hospitalization: 100% reimbursement of room and board for ward room or semi-private room. The cost of a private room will be reimbursed up to 85% of the cost of semi-private room. 100% reimbursement of hospital medical expenses including laboratory tests and x-rays, nursing care, operating room costs, intensive care, and prescription medicines. Professional Services and Treatment: 85% reimbursement of doctors, and surgeons, fees incurred while hospitalized, at a hospital on an out-patient basis, at a clinic or doctor's office, or at home.

- *Hearing aids - the number of apparatus is not limited nor are the years of insurance?*

– RESPONSE - As all amount limited benefits, the limit of 130 EUR should be considered in same manner.

- *Abortion*

– RESPONSE - Not excluded.

- *Lenses* – RESPONSE – One set of lenses per patient every two years.

-We have been working with a foreign partner from Europe for the last three years in providing insurance cover for the risk that they were underwriting in Kosovo for most of their clients. We have discussed the possibility of applying together for the account with USEP. Normally, we would be signing the contract with USEP in the name of consortium.

Our question is whether joint application in a format of consortium is allowed?

This will help us in defining our position whether we apply as Illyria insurance company or we go ahead with consortium bidding?

– RESPONSE – Since this is a requirements contract, only one company should provide a proposal and if they are deemed the awardee, then we would sign the contract only with that company. Any

subcontracting issues are between that company and their subcontractor; however, since the USG has no privity of contract with the subcontractor, we would only deal with the prime.