

**Questions & Answers**  
**Solicitation for Health Insurance Services for LES, Riga, Latvia**  
**S-LG750-14-R-0001**

Question 1: Please specify what kind of services payment is include in the point C.1.1.9.

*Answer: There are no restrictions. All physical therapy services which are prescribed by a physician are included for physical therapy in Section C, paragraph C.1.1.9. However, please note there is a maximum limit for all expenses in Section C, paragraph C.1.1.13.*

Question 2: In point B.4.1. shown that insurance premium change procedure is described in Dispute Clauses. Please indicate where we can acquainted with the Dispute Clauses.

*Answer: Section I, Contract Clauses, 52.233-1 DISPUTES (JUL 2002) Alternate I (Dec 1991) is incorporated by reference. The full text may be accessed electronically at this address: <http://acquisition.gov/far/index.html>.*

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Question 3: What is the correct form of submitted tender materials – do they have to be numbered, thread-bound, etc.?

*Answer: Please see the detailed instructions in Section L, paragraph L.4, Contents of Proposals. The proposal shall consist of three separate Volumes. The content of the Volumes is described in the Section L, paragraph L 4. The Volumes may be separated by index sheets or otherwise. No numbering, binding or thread- bounding is required.*

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Question 4: May the offeror's price-list be used for the basic program for services in the offeror's non-contractual institutions?

*Answer: The benefit levels in Section C apply regardless of any price list the offeror has with their contracted institutions (preferred provider). Regardless of whether or not the covered individual uses an offerors contracted or non-contracted institutions (preferred provider) the same benefit levels apply.*

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Question 5: Is there a coverage limit for optical products (eyeglass frames and prescription lenses)?

*Answer: There is no separate annual maximum limit for eyeglass frame and prescription lense coverage, but reimbursement is limited to 50%. Please see Section C, paragraph C.1.1.7. However, please note there is a maximum limit for all expenses in Section C, paragraph C.1.1.13.*

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Question 6: Does the Dental Service program also include payment for implants?

Answer: *Payment for implants is included if medically necessary in Section C, paragraph C.1.1.8.*

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Question 7: How family members (dependents) are going to pay for their health insurance policy?

Answer: *Please see Section B, paragraphs B.2.3 through B.2.7, which has line items for family plans for full time employees. The only dependents that will pay for their health insurance are employees that work less than 30 hours a week in accordance with Section C, paragraph C.1(c). Part-time employees will be asked to pay their share to the USG before the USG will pay the full premiums of part-time employees to the insurance provider together with the other premiums.*

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Question 8: Is it possible that sports sessions in contractual institutions are paid under the signed agreement, while in non-contractual institutions – according to receipts?

Answer: *Yes, the benefit itself may not exceed the limit authorized by Section C, paragraph C.1.1.12.*

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Question 9: Is there a monthly limit to insurance indemnity claim refusals – informative letters (Section E, E.2)?

Answer: *There are no monthly limits for claim refusals if they are reasonable. Section E, paragraph E.2 describes Quality Assurance and Surveillance Plan which allows no more than two customer complaints per month regarding unsatisfactory performance or unacceptable service of the Contractor.*

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Question 10: What is the procedure for invoicing and their payment?

Answer: *Please see Section H, paragraph H.4 (b) for the time frames required for the submission and disbursement of all claims.*

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Question 11: What will be the frequency of adding new employees and termination of policies of employees leaving – once a month or once a quarter?

Answer: *Please see Section H, paragraph H.3, for employees and their dependent, which states the government anticipates issuance of a new task order on a monthly basis.*

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Question 12: Should the copies of offeror's registration certificate and license be notarized?

Answer: *Yes, Section L, paragraph L.4.3.2.2., requires all copies of licenses/certificates to be notarized.*

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Question 13: Does offering larger limits and better conditions than required by the tender regulation improve an offeror's chances to a better score?

Answer: *No, Section L, paragraph L.4.3.1 (a) (ii) states that proposals offering benefit levels greater or less than those levels required in Section C may be rejected as unacceptable.*

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Question 14: Please specify potential quantity of insurance takers by payment groups:

- a. 100% paid by embassy;
- b. partly paid by embassy;
- c. paid by employees themselves or for relatives.

Answer:

*a. According to Section B, paragraph B.2, the Embassy will pay 100 % for 292 insurance takers for the base year, 297 insurance takers for the first option year, 301 insurance takers for the second insurance year, 305 insurance takers for the third option year, 310 insurance takers for the fourth option year.*

*b. Section C, paragraph C.1, b. Explains the scheme of partial payments by employees if the eligible employees are scheduled to work less than 30 hours. Currently there is one insurance taker in this group.*

*c. The Chief of Mission and the Deputy Chief of mission will pay 100% for 2 ORE employees and 2 dependents.*

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Question 15: HIV/AIDS care is usually excluded from insurance coverage. Are you insist to include HIV/AIDS care and will not accept exclusion?

Answer: *Yes, HIV/AIDS care is included in the solicitation and shall not be excluded. Please see Section C, paragraph C.1.*

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Question 16: Regarding request in paragraph C.1.1 that "the medical treatment must be prescribed or provided by a physician or nurse licensed in Latvia or the United States" – Health insurance services in Latvia covers only treatment from medical legal entities what are certified in "LR Arstniecibas iestazu registrs" register, therefore ONLY in Latvia. Is it acceptable or not?

Answer: *Section C, paragraph C.1.1. will be amended in the Amendment A002 of the Solicitation S-LG750-14-R-0001 to read: "the medical treatment must be prescribed or provided by a physician or nurse licensed in Latvia".*

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Question 17: Regarding request paragraph C1.1.7 "50% reimbursement of eyeglass frames and prescription lenses" - is it possible to set limit for expenses covering? If yes, what amount?

Answer: *There is no separate annual maximum limit for eyeglass frame and prescription lense coverage, but reimbursement is limited to 50%; see Section C, paragraph C.1.1.7. However, please note there is a maximum limit for all expenses in Section C, paragraph C.1.1.13.*

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Question 18: If new employee starts working for embassy in middle of insurance period – will he/she be added to insured persons group, and will he/she be allowed to buy insurance for relatives?

Answer: *Yes, Every employee and his/her dependents regardless of the insurance period time will be added to the insurance program. Please see Section C, paragraph 1.6.1.*

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Question 19: If embassy employee finishes his/her carrier with current employer, will his/her and relatives health insurance policies will be terminated or not?

Answer: *The Health Insurance policy will be terminated for an employee and his/her dependent/s as soon as work relations are terminated. Only active employees and their dependents may be covered.*

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Question 20: Paragraph L.4.3.2.1. Request "List all contracts and subcontracts your company has held over the past three years for the same or similar work" - those are hundreds of contracts. Are you would like to have them all or only some as references?

Answer: *Please list all contracts for the same or similar services.*

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Question 21: In point C.1.1.7 Optical Service is written: 50% reimbursement of eyeglass frames and prescription lenses. Is there a separate limit for the purchase of optical? Can optical goods be purchased of the year limit LVL 2750 for employee and LVL 850 for relative?

Answer: *See questions 5 and 17. There is no separate annual maximum limit for eyeglass frame and prescription lense coverage, but reimbursement is limited to 50%. The overall annual aggregate max applies.*

Question 22: In point C.1.7.1. is written: the contractor shall provide a document (brochure/pamphlet/other written document). Do other written documents mean also electronic documents? If yes, then in this case an insurer can send information to the policyholder to a common e-mail address, or to each insured person's e-mail address.

Answer: *No, in Section C, paragraph C.1.7.1 all documents such as the other written document are considered paper documents not an electronic document.*

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Question 23: Does maternity limit (250 LVL) includes pregnancy period health care? Are these services is the cost for outpatient services within?

Answer: *Yes, Section C, paragraph C.1.15 states 100% reimbursement of obstetrical medical expenses both in and outpatient subject to a maximum limit of 250 LVL per event.*

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Question 24: Is it necessary to offer massage, remedial gymnastics, manual therapy, if yes, than what is the limit for thous services?

Answer: *Yes, it is included if prescribed as physical therapy. Massage and exercise therapy are not listed as excluded under Section C, paragraph C.1.2. and therefore covered. There is no separate limit defined for these services; however, please note there is a maximum limit for all expenses in Section C, paragraph C.1.1.13.*

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Question 25: Do BTA co-contractor list may submit Latvian, or all addresses must be translated in English?

Answer: *If you include the co-contractor list in you proposal, it shall be translated in English as the proposal must to be submitted in English in accordance with Section L, FAR clause 52.214-34 SUBMISSION OF OFFERS IN ENGLISH LANGUAGE (APR 1991).*

*If the co-contractor list will be as a part of a brochure, it shall be in Latvian and English as required by Section C, paragraph C.1.7.1.*

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