

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 1

2. AMENDMENT/MODIFICATION NO. AOO1	3. EFFECTIVE DATE 05/29/2015	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY Contracting & Procurement General Services Office, American Embassy Manila Seafront Compound, Roxas Boulevard, Pasay City		7. ADMINISTERED BY (If other than Item 6)	

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code)	(√)	9A. AMENDMENT OF SOLICITATION NO. SRP380-15-Q-0076
	x	9B. DATED (SEE ITEM 11)
		10A. MODIFICATION OF CONTRACT/ORDER NO.
		10B. DATED (SEE ITEM 13)
FACILITY CODE		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers --Is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter of telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(√)	A.	THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B.	THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b)
	C.	THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D.	OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copy to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

SRP38015Q0076 is being modified

1. Extend the deadline of the submission

FROM: June 2, 2015 11:00 AM

TO: June 4, 2015 11:00 AM

2. Response to inquiry:

Q: May we tweak the benefits from the Terms of Reference?

A: Please refer to the last page of Scope of Work under notes.

All other terms and conditions remain unchanged and in full force & effect.

15A. NAME AND TITLE OF SIGNER (Type of print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print) John Klimowski		
15B. CONTRACT/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED 5/29/15
(Signature of person authorized to sign)		(Signature of Contracting Officer)	

SCOPE OF WORK

Health Insurance for SASP and Contractual Employees of JUSMAG Philippines- 23 pax

HOSPITAL-BASED PLAN

Direct Access in any Affiliated Network for Out-Patient Consultations and Simple Laboratory Procedures through Coordinator/Primary Physician/LOA Issuer

Accommodation	Private
Daily Room & Board Limit	Open Room & Board
Maximum Limit for Non-Dreaded/Dreaded Diseases and/or Non-ICU/ICU Confinements*	PhP120,000 per illness per year

WITH ACCESS to Asian Hospital & Medical Center, Makati Medical Center, The Medical City, Cardinal Santos Medical Center and St. Luke's Medical Center-Quezon City

NOTES:

1. Benefits include routine Annual Physical Examination (APE)
2. ALL plans DO NOT include access to St. Luke's Medical Center-Global City, Philippine Orthopedic Institute, Manila Adventist Medical Center and FortMed
3. Pre-existing conditions are COVERED.
4. Standard Exclusions and General Limitations shall apply.
5. Additional Costs for the following Optional Riders
 - a. Standard Dental Rider
 - b. Ambulance Service up to P2,000 per conduction
 - c. Wellness Program

SCHEDULE OF HEALTHCARE BENEFITS

A. ANNUAL PHYSICAL EXAMINATION	
Taking of Medical History	<i>Covered</i>
Physical Examination	<i>Covered</i>
Chest X-Ray	<i>Covered</i>
Routine Urinalysis	<i>Covered</i>
Routine Fecalysis	<i>Covered</i>
Complete Blood Count (CBC)	<i>Covered</i>
Electrocardiogram (ECG) for members 35 years old and above of if indicated	<i>Covered</i>
Pap Smear for female members 35 years old and above of if indicated	<i>Covered</i>
B. PREVENTIVE HEALTHCARE	
Health Education Counseling on diet or exercise	<i>Covered</i>
Periodic Monitoring of Health Problems	<i>Covered</i>
Family Planning Counseling	<i>Covered</i>
Wellness Program (<i>Optional</i>)	<i>OPTIONAL</i>
Passive and active vaccines for treatment of tetanus and animal bites	<i>Covered up to PhP20,000/member/year (AGGREGATE) (on reimbursement basis)</i>
C. OUT-PATIENT CARE	
Consultation during regular clinic hours, except prescribed medicines	<i>Covered</i>
Pre and Post Natal consultations	<i>Covered excluding laboratory & diagnostic procedure</i>

Eye, ear, nose and throat (EENT) treatment prescribed by an Affiliated Physician/Specialist	Covered
Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered
Dressings, conventional casts (plaster of Paris) and sutures	Covered
X-ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount	Covered
Minor surgery not requiring confinement prescribed by an Affiliated Physician/Specialist	Covered
Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist, excluding eye correction such as LASIK, PRK and the like	Covered up to PhP10,000/eye/member/year
Cauterization of Warts prescribed by an Accredited Physician/Specialist except genital warts and condyloma acuminatum	Reimbursable up to PhP2,000/member/year (NECK DOWN)
Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL if related to dread disease
Speech Therapy (secondary to Stroke/Myocardial Infarction)	Reimbursable up to PhP10,000/member/year
Allergy Testing/allergy screening and other related examinations prescribed by an Affiliated Physician	Covered up to PhP2,500/member/year
Tuberculin Test	Covered up to PhP600/member/year
Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through accredited vascular surgeons	Up to PhP5,000/leg/member/year

D. ROUTINE PROCEDURES

Blood Chemistries	Covered as prescribed by attending physician subject to MBL
Chest X-ray	Covered as prescribed by attending physician subject to MBL
Complete Blood Count (CBC)	Covered as prescribed by attending physician subject to MBL
Fecalysis	Covered as prescribed by attending physician subject to MBL
Urinalysis	Covered as prescribed by attending physician subject to MBL

E. DIAGNOSTIC PROCEDURES

24-Hour Holter Monitoring	Covered as prescribed by attending physician subject to MBL
Adrenocortical Function	Covered as prescribed by attending physician subject to MBL
Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered as prescribed by attending physician subject to MBL
Arterial Blood Gas	Covered as prescribed by attending physician subject to MBL
Arthroscopic Procedures, Orthopedic Arthroscopy	Covered as prescribed by attending physician subject to MBL
Audiograms and Tympanograms	Covered as prescribed by attending physician subject to MBL
Bone Densitometry Scan (Dexascan)	Covered as prescribed by attending physician subject to MBL
Bone Mineral Density Studies	Covered as prescribed by attending physician subject to MBL
Cardiac Stress Tests (Thalium and Dipyridamole Stress Tests)	Covered as prescribed by attending physician subject to MBL
Computed Tomography Scans	Covered as prescribed by attending physician subject to MBL
Diagnostic Radiographs:	
a. Biliary tract: Cholecystogram and Cholangiogram	Covered as prescribed by attending physician subject to MBL
b. Chest, ribs, sternum and clavicle	Covered as prescribed by attending physician subject to MBL
c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel Series	Covered as prescribed by attending physician subject to MBL
d. Face (including sinuses), Head and Neck	Covered as prescribed by attending physician subject to MBL
e. Urinary: KUB, Pyelograms and Cystograms	Covered as prescribed by attending physician subject to MBL
f. X-ray of the extremities and pelvis	Covered as prescribed by attending physician subject to MBL
g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered as prescribed by attending physician subject to MBL
Diagnostic Ultrasounds:	
a. 2D-Echo with Doppler	Covered as prescribed by attending physician subject to MBL
b. Abdomen	Covered as prescribed by attending physician subject to MBL
c. Duplex Scan	Covered as prescribed by attending physician subject to MBL
d. Digestive and Urinary Systems	Covered as prescribed by attending physician subject to MBL
e. Ultrasound of the Lungs	Covered as prescribed by attending physician subject to MBL

<p>screening and cross matching. X-ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement Dressings, conventional casts (plaster of Paris) and sutures. Anesthesia and its administration Oxygen and its administration Standard Admission Kit All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Accredited Physician Assistance in administrative requirements through a Liaison Officer</p>	<p><i>Covered, charged subject to MBL if related to dread disease</i></p> <p><i>Covered, charged subject to MBL if related to dread disease</i> <i>Covered, charged subject to MBL if related to dread disease</i> <i>Covered, charged subject to MBL if related to dread disease</i> <i>Covered</i> <i>Covered subject to MBL if related to dread disease</i></p> <p><i>Covered</i></p>
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H. ADDITIONAL SPECIAL PROCEDURES

<p>Angiogram and/or Angioplasty/Coronary Artery Bypass Graft Gamma Knife Surgery Laparoscopy Conventional Hemorrhoidectomy Scalpel Hemorrhoidectomy Stapled Hemorrhoidectomy Mammotone 4D Ultrasound except for maternity-related cases 24 Hour EEG Monitoring Esophageal Manometry Intensified Modulated Radiotherapy Botox which is not cosmetic in nature nor for beautification purpose Positron Emission Tomography CT Pulmonary Angiography Photodynamic Therapy</p>	<p><i>Covered as prescribed by attending physician subject to MBL</i> <i>Covered as prescribed by attending physician subject to MBL</i> <i>Covered as prescribed by attending physician subject to MBL</i> <i>Covered as prescribed by attending physician subject to MBL</i> <i>Covered as prescribed by attending physician subject to MBL</i> <i>Covered up to PhP5,000/member/year</i> <i>Covered up to PhP5,000/member/year</i></p>
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I. SPECIAL MODALITIES OF TREATMENT

<p>Laparoscopic Cholecystectomy Lithotripsy Magnetic Resonance Imaging (MRI) Nuclear Radioactive Isotope Scan Hysteroscopic Myoma Resection Laparoscopic Adrenalectomy (Unilateral) Laparoscopic Adrenalectomy (Bilateral) Transurethral Microwave Therapy of Prostate Hysteroscopically-guided D&C Percutaneous Ultrasonic Nephrolithotomy Uterolithotripsy Stereotactic Brain Biopsy Cryosurgery Sleep Study Neuroscan Pelvic Laparoscopy (for endometriosis) All Special Modalities of Treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts</p>	<p><i>Covered as charged subject to MBL</i> <i>Covered up to PhP5,000/procedure/member/year</i></p>
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The availment of Laparoscopic Cholecystectomy, Lithotripsy, Transurethral Microwave Therapy of Prostate, Percutaneous Ultrasonic Nephrolithotomy, Uterolithotripsy or Cryosurgery procedure is limited only to once per contract year.

J. EMERGENCY CARE

<p>In Accredited Hospitals</p> <p>a. Doctor's services</p> <p>b. Emergency Room fees</p> <p>c. Medicines used for immediate relief during treatment</p> <p>d. Oxygen, intravenous fluids, and blood products.</p> <p>e. Dressings, conventional casts (plaster of Paris) and sutures</p> <p>f. X-ray, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.</p> <p>g. Room Upgrade in case of room unavailability</p> <p>In Non-Accredited Hospitals</p> <p>Outside the Philippines</p> <p>Areas without Accredited Hospital</p> <p>Ambulance Service (accredited to accredited)</p> <p>Ambulance Service (non-accredited to accredited) (OPTIONAL)</p>	<p><i>Covered subject to MBL</i></p> <p><i>Up to 24-hours except Suite room</i></p> <p><i>80% of hospital bills & professionals fees based on insurance provider rates up to PhP30,000/case/member/year (Reimbursement Basis)</i></p> <p><i>80% of hospital bills & professionals fees based on insurance provider rates up to PhP30,000/case/member/year (Reimbursement Basis)</i></p> <p><i>Covered subject to insurance provider rates up to MBL (using 50-km radius rule)</i></p> <p><i>Covered provided that case is fully coordinated with insurance provider and within Metro Manila Only</i></p> <p><i>Covered up to PhP2,000 per conduction) With Additional Cost of PhP179.20 (Inclusive of 12% VAT)</i></p>
<p>K. PRE-EXISTING CONDITIONS Covered</p>	
<p>L. OTHER BENEFITS/SPECIAL PROCEDURES</p>	
<p>Work Related Conditions based on conditions covered by ECC</p> <p>Motor Vehicular Accidents</p> <p>Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party</p> <p>Scoliosis (whether pre-existing, congenital or acquired) including necessary procedures, except physical therapy sessions</p> <p>Congenital diseases, except physical therapy sessions and developmental disorders</p> <p>Congenital Hernia</p>	<p><i>Covered (for employees only)</i></p> <p><i>Covered subject to MBL</i></p> <p><i>Covered subject to MBL</i></p> <p><i>Covered up to PhP40,000/member/year</i></p> <p><i>Covered up to PhP40,000/member/year</i></p> <p><i>Covered subject to MBL</i></p>
<p>M. DENTAL CARE (OPTIONAL) : OPTIONAL</p>	
<p>Annual Dental examination and consultation</p> <p>Emergency Out-patient Dental Treatment – to be availed at accredited dental clinics only</p> <p>Oral Prophylaxis</p> <p>Simple tooth extractions</p> <p>Restorative and prosthodontic treatment planning</p> <p>Temporary Fillings</p> <p>Desensitization of hypersensitive teeth</p> <p>Simple adjustment of dentures</p> <p>Re-cementation of loose crowns, inlays and onlays</p> <p>Dental Nutrition and Dietary Counseling</p> <p>Dental Health Education</p> <p>Pre-natal check of teeth and gums</p> <p>Temporo Mandibular Joint Consultation</p> <p>Gum Treatment for cases like inflammation or bleeding</p>	<p>Covered</p> <p>Covered</p> <p>Covered – Once a year</p> <p>Covered</p> <p>Covered</p> <p>Unlimited, as needed</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p>
<p>N. MEMBERSHIP GUIDELINES</p>	
<p>Age Eligibility</p>	

Principals	18 up to 64 years old
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NOTES:
1.) The coverage for the Special Diagnostic Procedures are subject to the recommendation of the Affiliated Physician if medically necessary.
2.) Above limits are inclusive of room & board, operating room charges, professional fees and other incidental expenses relative to the procedure. The maximum benefit limit shall be inclusive of consultations, routine procedures, diagnostic and therapeutic procedures and hospitalization. All procedures or benefits are subject to the limitations on pre-existing conditions as stated in this proposal.

GENERAL EXCLUSIONS

No Health Care Benefits shall be paid for the following services, procedures or conditions:

1. Care by Non-Affiliated Physician in either Affiliated or Non-Affiliated Hospitals, except in emergencies wherein the Emergency Provision of the Agreement shall apply.
2. Care by an Affiliated Physician in Non-Affiliated Hospital.
3. Additional hospital charges and Professional Fees resulting from taking a Room Category higher than that specified in the Member's Benefit Classification, additional personal comfort items (e.g. telephone and television, admission kit) and such other items of the same nature.
4. All pregnancy related conditions requiring medical and surgical care.
5. Circumcision, sterilization of either sex or reversal of such, artificial insemination, sex transformation or diagnosis and treatment of infertility.
6. Rest cures, custodial, domiciliary and convalescent care. These pertain to care in a skilled affiliated facility or an institution that meets certain standards for medical care and includes nursing care and therapeutic services following hospital confinement.
7. Cosmetic procedure and surgery and oral surgery solely for purpose of beautification, except reconstructive surgery to treat functional defects due to disease or accidental injury.
8. Dental examination, extractions, fillings and general dental attention and conditions and all complications arising there from, except to the extent that are necessary for repair or alleviation of damage to the covered person caused solely by accidental injuries and those dental benefits as specified in the Agreement.
9. All forms of behavioral disorders whether congenital or acquired; developmental or psychiatric disorder; psychosomatic illness.
10. Any injury, illness or condition which the Member may suffer after he has taken intoxicating drugs or alcoholic beverage as evidenced by clinical history or alcoholic breath as determined by the examining physician and/or conditions or illnesses resulting from Alcoholism and Drug Addiction.
11. Medical or surgical procedures that are experimental in nature and not generally accepted as standard medical treatment by the medical profession that may include but is not limited to, Chiropractic Services and Acupuncture.
12. Allergens used for hypersensitivity testing regardless if administered as an out-patient or in-patient procedure.
13. Procurement or use of corrective appliances, prosthesis, artificial aids and durable equipment such as but not limited to the following: (a) stents; (b) prolene mesh; (c) pins, screws, plates, wires; (d) VP shunt, clips; (e) hearing aids; (f) intraocular lens, eyeglasses, contact lenses; (g) balloons, valves; (h) braces, crutches; (a) pace maker.
14. All expenses incurred by the Member in the process of donating organs.

15. Injuries or illnesses resulting from hazardous activities in which a Member has engaged in leisure that may include but is not limited to: bungee jumping, scuba diving, hang-gliding, mountain climbing and all such other voluntary activities which pose a danger to life and limb, except those related to or directly connected with the Member's occupation as declared in the application for health care coverage under the Agreement.
16. Physical examinations and other related services required for obtaining or continuing employment, insurance or government licensing, or not related to the health maintenance of the client.
17. Injuries or illnesses due to military service or suffered under conditions of war.
18. Executive check-ups and confinement which are for purely diagnostic purposes except as specified in the Agreement.
19. Injuries or illnesses wherein the care or reimbursement of services is provided by law or a government program, up to the stipulated limits.
20. Injuries or illness which are self-inflicted, caused by attempt at suicide, or incurred as a result of or while participating in the commission of a crime or acts involving the violation of laws or ordinances.
21. Take-home medicine, immunizing agents and out-patient medicines, with the exception of intravenous chemotherapy medicine and those administered during an emergency treatment.
22. Vaccines, whether elective or administered during an emergency treatment are not covered.
23. All hospital charges and Professional Fees incurred after the day and time the discharge from the hospital has been duly authorized.
24. Laser Treatment for the purpose of corrective eye refraction.
25. "Medico-Legal Fees." These are professional fees of a medico-legal consultant to whom a patient is referred primarily for the issuance of a medical certificate for legal purposes.
26. *Diseases declared by the Department of Health (DOH) as "epidemic" shall not be covered by insurance provider under the Agreement including all related consultations and diagnostic procedures*

Standard Package (Attached)
Dental Benefits: <ul style="list-style-type: none"> • Bi-Annual Prophylaxis • Permanent light cure filling for at least 10 surfaces
Others: <ul style="list-style-type: none"> • Annual Physical Exam to include Mammogram at the age of 25 years and older for female employees • 90% reimbursement for services availed from a non-accredited provider subject to standard rates offered by the medical insurance provider • Reimbursement for eyeglasses up to Php2,000 per member per year from doctors, hospitals or clinics of employee's choice • Out of Patient medicine reimbursement up to Php5,000 per member per year. • Access to Asian Hospital & Medical Center, Makati Medical Center, The Medical City, Cardinal Santos Medical Center, and St. Luke's Medical Center-Quezon City

Age Bracket of Contractual Employees: Please refer to Attachment #1

Other Requirements:

- The Vendor should have previous experience providing health care insurance in the Philippines with a minimum of 3 years. Please provide list of clients over the past 3 years for the same or similar work. It should contain the following:
 - Customer Name
 - Address
 - Telephone Number
 - Contact Person
 - Contract Peso Value
 - Brief Description of Work
- Submit updated licenses/permits required by local law, including certificates of membership on professional associations, DTI/ SEC and Mayor's Permit
- Financial Statement for 1 year

Payments:

Requests for payment, may be made no more frequently than monthly.

After receipt of the Contractor's request for payment, and on the basis of an invoice or billing, the Contracting Officer shall make a determination as to the amount, which is then due. If the Contracting Officer does not approve payment of the full amount applied for, less the retainage allowed by in 52.232-5, the Contracting Officer shall advise the Contractor as to the reasons.

Notes:

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.- A001