

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES 1 1	
2. AMENDMENT/MODIFICATION NO. A001		3. EFFECTIVE DATE 02/02/2011		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)
6. ISSUED BY American Embassy Lisbon Avenida das Forças Armadas 1649-044 Lisboa		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE
8. NAME AND ADDRESS OF CONTRACTOR (NO., street, city, county, State, and ZIP Code)				9a. AMENDMENT OF SOLICITATION NO. A001		
				9b. DATED (SEE ITEM 11) 01/21/2011		
				10a. MODIFICATION OF CONTRACT/ORDER NO.		
				10b. DATED (SEE ITEM 13)		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<p><input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended</p> <p>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 <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers.</p> <p>FAILURE OF YOUR ACKNOWLEDGMENT 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.</p>						
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 <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.						
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)						
<p>The purpose of this Amendment is to correct the percent that the contractor shall pay <u>inside</u> the network, referred in Item C.1.1.9. Physical Therapy. The correct percent is 80 percent. Correct page attached.</p> <p>In addition in Exhibit A – U.S.Embassy for Health Insurance Services – Dental Services – Outside the Network the annual deductible is 62.50 Euros. Corrected page attached.</p> <p>Proposals are due February 7, 2011 at 16:30 local time.</p>						
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.						
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME OF CONTRACTING OFFICER		
15B. NAME OF CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED
BY _____ (Signature of person authorized to sign)				BY _____ (Signature of Contracting Officer)		

annual deductible of 62,50 Euros per individual covered. The contractor shall pay 50 percent of costs above deductible for all categories covered under paragraph C.1.1.8. and below the cap.

The contractor shall pay 70 percent of all dental prosthesis charges below the cap.

Contractor contributions are capped at 500 Euros per year per individual covered for services provided under C.1.1.8. The covered employee or qualified dependent is responsible for any and all costs above this level.

C.1.1.9. Physical Therapy

When a covered employee or qualified uses Physical Therapy or Speech-Therapy services inside the contractor's medical services network, the contractor shall pay 80 percent of all charges below the cap.

When a covered employee or qualified dependent uses Physical Therapy or Speech-Therapy, services outside the contractor's medical network, the contractor shall pay 70 percent of all charges below the cap.

Treatments shall be prescribed by the employee's doctor, and resulting from accident or surgery, requiring in-patient or out-patient emergency treatment or resulting from cerebrovascular accident (CVA) and kinesiotherapy originated by respiratory disease.

Covered individuals shall seek contractor's pre-authorization before starting treatment. Such authorization shall not be unduly withheld when a medical need has been demonstrated.

Contractor contributions are part of the total cap referred under C.1.1.3. The covered employee or qualified dependent is responsible for any and all costs above this level.

C.1.1.10 Psychiatric Treatment

Is covered under C.1.2.3

C.1.1.11. Ambulance Service

Contractor shall pay 90 percent of private Ambulance charges to and from the hospital.

C.1.1.12. Hearing Aids

Described under C.1.1.14

C.1.1.13. Expenses Incurred Out-of-Country

Shall be considered to be outside the medical services network.

**U.S. EMBASSY LISBON FOR HEALTH INSURANCE SERVICES
EXHIBIT A**

Service	Coverage		Category Cap (in Euros, per year)
	Inside Network	Outside Network	
Hospitalization/Surgery	90% paid by Contractor	70% paid by Contractor	15,000
Doctor Visits in Office	Flat fee 10 Euros paid by Individual, contractor pays remainder except treatment (Contractor pays 80% of treatment)	Deductible of 75 Euros Contractor pays 70% beyond deductible	2,000
Doctor Visit at Home	Flat fee 30 Euros paid by Individual, contractor pays remainder except treatment (Contractor pays 80% of treatment)		
Prescription Drugs (all prescription drugs purchases are considered outside the network) Sliding fee scale for Social Security Members		Social Security members have 2.5 Euro deduction per prescription Contractor pays 90% beyond 100% Non-members have 5 Euro deductible per prescription, Contractor pays 70% beyond deductible	250
Childbirth Paid by Contractor	90% paid by Contractor	70% paid by Contractor	1,500
Optical Services	70% paid by Contractor	50 Euros per year deductible, contractor pays 70% beyond deductible	400 (150 frames) (250 lenses) (250 contacts)
Prosthesis Devices (other than glasses and dental)	70% paid by Contractor	50 Euros per year deductible, Contractor pays 70% beyond deductible	350
Dental Services	Flat fee 15 Euros per visit paid by individual, Contractor pays all remaining charges	62.50 Euro annual deductible, Contractor pays 50% beyond deductible	500
ALL SERVICES PER YEAR/PER INDIVIDUAL			Total Cap = 20,000