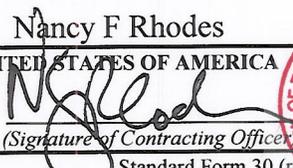


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1   9
2. AMENDMENT/MODIFICATION NO. A003	3. EFFECTIVE DATE 03/31/2015	4. REQUISITION/PURCHASE REQ. NO. 3840767	5. PROJECT NO. (If applicable)	
6. ISSUED BY Contracting Officer Embassy of the United States of America P.O. Box 94309 Riyadh 11693, Saudi Arabia Tel.: 488-3800 Fax: 488-7939 Email: <a href="mailto:RiyadhContracting@state.gov">RiyadhContracting@state.gov</a>		CODE	7. ADMINISTERED BY (If other than Item 6) CODE N/A	
8. NAME AND ADDRESS OF CONTRACTOR (NO., street, city, county, State, and ZIP Code)			9a. AMENDMENT OF SOLICITATION NO. SSA70015R0001	
			X	9b. DATED (SEE ITEM 11) 01/12/2015
			10a. MODIFICATION OF CONTRACT/ORDER NO.	
			10b. DATED (SEE ITEM 13)	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>				
<p>[ X ] The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers [ X ] is extended, [ ] 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 one (1) copy 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><b>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.</b> 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)				
<b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>				
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 _____ copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)				
The purpose of this amendment A003 to this solicitation is the following:				
1. To issue corrections and edits in the solicitation (See block 14 continuation page 2 thru 5)				
2. To include the Questions and Answers from the pre-proposal conference (See Appendix A)				
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	
			Nancy F Rhodes	
15B. NAME OF CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	
BY _____ (Signature of person authorized to sign)			BY  (Signature of Contracting Officer)	
			16C. DATE SIGNED 03/31/2015	

Life and Medical Coverage of LES  
For U.S. Mission In Saudi Arabia  
Solicitation# SSA70015R0001  
Amendment No A003

***Continuation of Page One (1) Block 14***

1. Solicitation SSA70015R0001 is amended to correct the following pages,
  - a. Page 17, Section C.1.1.14, Annual Maximum Limit, is revised, revised page is attached.
  - b. Page 18, Section C.1.2, Expenses Not Covered (Health Benefits Conditions and Limitations), is revised, revised page is attached.
  - c. Page 47, Exhibit A, Employee Statistics, removed/deleted Annual Basic Salary Range in Saudi Arabia, revised page is attached.

Life and Medical Cover of LES  
Embassy of the United States of America, Riyadh

Solicitation No. SSA70015R0001  
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- C.1.1.13.1 **Limit of daily room and board for a patient's companion:**  
Shared Room, maximum of SR 150 / day.
- C.1.1.13.2 **Premature Babies:**  
Maximum benefit limit under this policy
- C.1.1.13.3 **Cost of Renal Dialysis:**  
Maximum of SR 100,000 during the term of the policy
- C.1.1.13.4 **Corpse Repatriation to Home Country:**  
Maximum of SR 10,000 during the term of the policy
- C.1.1.13.5 **Cost of Acquired Heart Valve Disease:**  
Maximum of SR 70,000 during the term of the policy
- C.1.1.13.6 **Cost of Harvesting Organs "from Donors":**  
Maximum of SR 50,000 during the term of the policy
- C.1.1.13.7 **Cost of Alzheimer's Disease Treatment:**  
Maximum of SR 15,000 during the term of the policy
- C.1.1.13.8 **Cost of Autistic Patients Treatment:**  
Maximum of SR 15,000 during the term of the policy
- C.1.1.13.9 **Cost of Saudi Newborn Screening Program (NBS):**  
Maximum of SR 100,000 during the term of the policy
- C.1.1.13.10 **Cost of Disability Cases:**  
Maximum of SR 100,000 during the term of the policy
- C.1.1.13.11 **Cost of Circumcision (Male):**  
Maximum of SR 500 during the term of the policy
- C.1.1.13.12 **Cost of Ear Piercing (Female):**  
Maximum of SR 300 during the term of the policy

**C.1.1.14 Annual Maximum Limit**

With the exception of expenses incurred under C.1.1.5 above, the Insurance company will reimburse covered expenses up to a limit of Saudi Riyals 500,000 per person per contract year.

The maximum limit for employees regularly scheduled to work on a part-time basis work for fewer than 30 hours per week, the Insurance company will reimburse covered expenses up to a limit of Saudi Riyals 500,000 per person per contract year.

Life and Medical Cover of LES  
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Solicitation No. SSA70015R0001  
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### **C.1.2 Expenses Not Covered (Health Benefits Conditions and Limitations)**

Expenses will not be covered for elective cosmetic surgery; spa cures; rejuvenation cures; massage; exercise therapy; long term rehabilitative therapy; eyeglass frames; non-medical hospital charges such as telephones or television; home help, family help, or similar household assistance; fees of persons who are not licensed physicians or nurses; or services or supplies which have not been prescribed or approved by a physician or nurse.

No coverage will be made for expenses that will be reimbursed or paid directly under a host country medical program, the U.S. workers' compensation program, or any Saudi National workers' compensation type program.

No coverage will be made for expenses related to an illness or injury that is a result of an unlawful action on the part of the patient; the practice of a dangerous sport; excessive or illegal use of alcohol or drugs; a self-inflicted wound; or service in the armed forces of any country.

No coverage will be made for expenses incurred after an employee leaves the service of the U.S. Mission.

### **C.1.3 Eligible Employees:**

Eligible employees are LE Staff who are:

Working on a full time or part time basis under non-temporary direct hire appointments, personal services agreements, or personal services contracts and paid under the terms of the Local Compensation Plan.

#### **C.1.3.1 Location of Employment**

The individuals covered by C.1.3 must be employed within the geographic boundaries of *the Kingdom of Saudi Arabia* by the U.S. Embassy, Riyadh and U.S. Consulates General, Jeddah and Dhahran.

#### **C.1.3.2. Left Blank**

#### **C.1.3.3 Participants Covered Under a Rider**

**C.1.3.3.1** All current active ORE employees of the residences of the Chief of Mission, the Deputy Chief of Mission, and the Consul Generals assigned to their respective official Government residences and paid under an ORE account (see separate rider, Exhibit B). All costs for ORE employees are the responsibility of the employing officer, not the U.S. Government.

**C.1.3.3.2** All current active employees of the Employee Association at Embassy/Consulate Riyadh, Jeddah and Dhahran (see separate rider, Exhibit C). All costs for United States Embassy Recreation Association (USERA) are the responsibility of the Employee Association, not the U.S. Government.

*Life and Medical Cover of LES  
Embassy of the United States of America, Riyadh*

*Solicitation No. SSA70015R0001  
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**EXHIBIT A HAS BEEN DELETED**

# Appendix A

## EMBASSY OF THE UNITED STATES OF AMERICA LIFE AND MEDICAL SOLICITATION QUESTIONS FROM PRE-PROPOSAL CONFERENCE HELD FEBRUARY 23, 2015

### MEDICAL

QUESTION/COMMENT	RESPONSE
Provide a complete census of all members which must include the following information: DOB, Nationality, Gender, Relationship (Employee, Spouse, Child), Marital Status, Nationality.	Provided in a separate spreadsheet.
...Provide Network required (VIP, A, B, C etc.)	Please prepare your proposal as defined in Section C, part 1 and part 2, and please include your PPO network with your proposal.
Provide identity of employees which are working part time.	There are only two employees working part time. For privacy reasons, their names shall only be provided after the contract is awarded.
Provide claims history for the past two years.	Provided in a separate spreadsheet. See attached.
Provide current benefits as per the existing policy.	Existing policy information will not be provided. Please prepare your proposal based on the information in the Statement of Work.
Provide a list of the current health providers as per the existing policy. Please advise if the same providers are requested for this year.	Existing policy information will not be provided. Please prepare your proposal based on the information in the Statement of Work (Section C).
What is the annual maximum limit for AIDS treatment?	As mentioned in C.1.5, 100% coverage and in the absence of any specific limit mentioned, Policy limit applies.
On the premium page (page 19) please clarify the premium calculation basis, i.e., are you saying that premium per part time employee will be less than the full time employee? Or, part time employees will contribute to the premium?	There are only two part time employees in the Mission at this time. The part time employee is responsible for

## Appendix A

	<p>the remaining share. Further details of the employee's share collection can be decided after the contract is awarded.</p>
<p>Please advise if it is acceptable to have some enhancements in covers or services, some of these enhancements are standard services that we offer our clients.</p>	<p>Please prepare your proposal based on the information in the Statement of Work. Please refer to the "note" on the cover letter of the solicitation package related to this question.</p>
<p>Maternity cover: it is mentioned that covers 15,000 for normal/ 15,000 for Caesarean/15,000 for legal abortion. Does this mean each type to be covered with 15,000 limit or 15,000 limit for all?</p>	<p>The three types are mentioned separately, with a separate limit for each type.</p>
<p>Annual Max Limit. For part time employees it is requested to be 250,000 and that is against SAMA regulation. As of now the regulation states clearly that minimum policy limit is 500,000. Please advise.</p>	<p>The information is updated on page 17 which is attached.</p>
<p>In tender, it is requested to provide 1+4 pricing. However, as per SAMA regulation insurance companies are not allowed to do such practice.</p>	<p>The standard base year plus four option years is a contracting requirement from Washington. However, section B-4 in Health and section B-8 in Life establish an annual Economic Price Adjustment (EPA). The winning offeror may work with the Mission at least five months in advance of exercising the next option year to discuss an EPA.</p>
<p>Under solicitation reference C.1.2, Expenses Not Covered, Standard exclusion always applies under each Health benefit cover. <i>For example, under Dental cover the Cost related to False teeth should be covered only if it is caused by violent external factor.</i> Please specify your specific exclusions related to each benefit cover.</p>	<p>USG approved exclusions are mentioned in C.1.2, and are provided by Washington. Please prepare your proposal based on the information in the Statement of Work.</p>
<p>Under Solicitation Reference C.1.4.1, Coverage After Retirement, the last para states that: No coverage will be made for expenses incurred ....., except in the case of</p>	<p>The solicitation has been amended to remove Page 18, last line of C.1.2.</p>

## Appendix A

retired employees who elect to continue coverage. Please specify do you need to cover employee after retirement?	
Please provide a copy of your commercial registration wherein it shows the US Embassy's jawazat number enabling us to prepare a draft solicitation.	There is no commercial registration for diplomatic missions. Census information has been provided in a separate document.

### GROUP LIFE

QUESTION/COMMENT	RESPONSE
Provide a complete census of all employees.	Provided in a separate document.
Please provide five years claims experience.	Over the past five years, five employees have passed away. The total life insurance amount paid by the insurance company to the designated beneficiaries of these employees was <b>SR.484,000</b> (SR 114,000 + SR 96,000 + SR 76,000 + SR 131,000 + SR 67,000).
Please advise if the benefit is a flat amount or multiple of salaries? If the benefit is multiple salaries, please provide a list of employees with their basic salary.	Flat amount of SR. 320,720.00 per employee, as mentioned in C.2.1.1
Under Solicitation Reference C.2.1.1, Amount of Employee Life Insurance is SAR. 320,720. - On Page 47 - Annual Basic salaries provided under EXHIBIT - A. Please specify purpose of EXHIBIT - A under this solicitation?	Exhibit A has been deleted.
Under C.2.1.3 Partial and Total Disability coverage, - No waiting period is defined for Partial disability due to sickness. Generally waiting period varies from 6 months to 12 months period. Please specify your requirement on waiting period?	In the absence of a clearly defined waiting period, final determination shall be made by a relevant competent medical authority decided by the Mission.
Under the same section, - There is no compensation scale for Partial and Total Disability cover under KSA law.	If allowable under local Saudi laws, use the Continental Scale.
Under C.2.4.1, Entry age for new employees is restricted to age 60. Please advise what is the termination date for employee under Life Insurance cover?	Termination Age 65 or beyond if continually employed by, and under the sponsorship of, the Mission.

## Appendix A

<p><b>2.2- Life Insurance Benefits Conditions and Limitations, Standard exclusion always applies to Life insurance cover (C.2.1.1 &amp; C.2.1.2 &amp; C.2.1.3) as per list attached as Annex-2. Please advise your applicable exclusions under each Life insurance cover?</b></p>	<p><b>In the absence of a Department-provided exclusions list, let every bidder attach their standard exclusions list with their proposal.</b></p>
<p><b>Under Section C.2.1, Group Life Insurance Cover. Passive war and Terrorism covers are not requested under this Life solicitation. We generally cover Passive War and Terrorism risks as per attached Annex-03 wordings. Please advise do you need cover for Passive War and Terrorism cover?</b></p>	<p><b>Yes</b></p>