



Overseas Request for Quotation (RFQ) for **Group insurance coverage**

Date: February 21, 2018

End date: On or before **Tuesday March 6, 2018 at 16:00 pm.**

**I. General**

Peace Corps intends to offer a contract (base year (May 1, 2018- Apr 30, 2019) + 2 option years) for the supply of the following: **Group Health Insurance for locally employed personal service contractors.**

Interested vendors should submit a quote to:

Procurement Officer

Peace Corps Liberia

11<sup>th</sup> Street sea side, Sinkor

P.O.Box 707 Monrovia, Liberia

Sealed Quotes are due by the following address;

**Peace Corps Liberia  
11<sup>th</sup> Street, Sea Side, Sinkor  
Monrovia.**

Information session will be held for interested offerors on Friday March 9, 2018 between 10am and 11 am at:

Peace Corps Liberia

11<sup>th</sup> Street, Sea Side, Sinkor

Monrovia.

You should confirm your participation at this Q&A session by sending an email with full name and number of person attending the session to: Juliana Aiyegbo at [jaiyegbo@peacecorps.gov](mailto:jaiyegbo@peacecorps.gov)

Any questions regarding the RFQ will be answered during this session.

## II. Scope Of Work

Item #	Issue	Peace Corps
<b>I. Benefits that should be covered</b>		
	Number of covered individuals	Minimum of 42 staff and 210 dependents
1	Hospitalization	<ul style="list-style-type: none"> <li>• 100% coverage of room and board expenses for a semi-private room.</li> <li>• 60% coverage of room and board expenses for a private room, not to exceed 100% of the cost of a semi-private room.</li> <li>• 90% coverage of hospital medical expenses including laboratory tests and x-rays, operating room expenses, intensive care.</li> <li>• 75% for nursing care</li> </ul>
2	Surgery	<ul style="list-style-type: none"> <li>• 90% coverage of doctors' fees incurred while hospitalized, at a hospital on an out-patient basis, 65% at a clinic or doctor's office, and 50% at home.</li> <li>• 90% coverage for medical services and expenses when not hospitalized such as laboratory tests and x-rays.</li> <li>• 80% coverage of surgeon's fees for surgeries and related services such as anesthesia and assistants.</li> <li>• 60% coverage for routine annual physical examinations and 75% for routine annual inoculations.</li> </ul>
3	Doctor Visits	<ul style="list-style-type: none"> <li>• The Contractor shall pay minimum of 90% coverage of expenses for visits to physicians, to include treatment, out-patient surgery and consultation.</li> </ul>
4	Prescription Drugs	<ul style="list-style-type: none"> <li>• 100% coverage of expenses when hospitalized, and 100%</li> </ul>

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		<p>coverage of expenses when not hospitalized, of the cost of medicines and drugs for which a prescription is legally required.</p> <ul style="list-style-type: none"> <li>Expenses incurred for medicines, vitamins, cold remedies, etc., that are available over the counter without a prescription will not be reimbursed even if prescribed by a physician.</li> </ul>
5	Obstetrical Care	<ul style="list-style-type: none"> <li>90% coverage of expenses when hospitalized and 90% coverage of expenses when not hospitalized, of normal and cesarean delivery and obstetrical medical care;</li> <li>80% coverage of expenses for miscarriage, prenatal and postnatal care.</li> </ul>
6	Hospital Outpatient Service	Same as item # 4
7	Optical Service	<ul style="list-style-type: none"> <li>80% coverage of expenses for eye examination and treatment;</li> <li>80% coverage for prescription eyeglass and 75% coverage of contact lenses.</li> <li>Limited to one lenses per patient every 12 months up to a max of \$120.</li> <li>65% coverage of expenses for eyeglass frames up to a \$500 max per year.</li> </ul>
8	Dental Service	<ul style="list-style-type: none"> <li>60% coverage of expenses for dental services including dentists' fees, x-rays, examination and treatment, cleaning, fillings, extractions, false teeth, crowns, and bridges.</li> <li>80% Orthodontia treatment is</li> </ul>

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		covered only if treatment begins before age 15, unless required as the result of an accident.
9	Physical Therapy	Not included
10	Psychiatric Treatment	<ul style="list-style-type: none"> <li>80% coverage of expenses for psychiatric treatment up to \$5,500 per year.</li> </ul>
11	Ambulance Services	<ul style="list-style-type: none"> <li>100% coverage of ambulance service</li> </ul>
12	Hearing Aids	Not covered
13	Expenses Incurred Out of Country	<ul style="list-style-type: none"> <li>Medical expenses incurred out of country will be covered for employees and dependents when (a) a life threatening condition occurs when the individual is out of the country and treatment is medically necessary before the individual returns home or (b) the individual's attending physician certifies in advance that such treatment is medically necessary and unavailable locally. Reimbursement will be made at the same percentage rate and subject to the same annual maximum limit as for expenses incurred in country.</li> <li>Transportation for out of country treatment is not a covered expense.</li> </ul>
14	HI/AIDS	<ul style="list-style-type: none"> <li>100% coverage of expenses for medications to suppress opportunistic infections, such as tuberculosis and toxoplasmosis for employees who have HIV/AIDS; as well as brief courses of anti-retroviral drugs during childbirth to prevent the</li> </ul>

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		transmission of HIV to the employee's child. This expanded coverage generally excludes medications for the long-term suppression of AIDS through the combination of anti-retroviral drugs at those posts with inadequate local healthcare infrastructures. This expanded coverage does not apply to dependents or to retired employees.
15	<b>For catastrophic conditions</b>	<ul style="list-style-type: none"> <li>• <b>Aggregate maximum shall be USD 10,000 per covered individual for medical expenses.</b> Catastrophic conditions shall be defined as major medical conditions occurring as a result of a single illness, accident, or closely related set of major illnesses (or conditions relating to a single accident) that exceed the standard maximum coverage limit.</li> </ul>
<p><b>The maximum annual reimbursement per patient per contract year, not including expenses covered under item # 14 and item #15 USD 10,000.00 per patient per contract year.</b>  <b>The insurance company will reimburse covered expenses described under HIV/AIDS up to a separate limit of USD \$10,000.00 per employee per contract year.</b></p>		
<p><b>II. Exclusions</b></p>		
<ul style="list-style-type: none"> <li>• No coverage will be made for expenses incurred after an employee leaves the service to the Peace Corps.</li> <li>• Expenses will not be covered for elective cosmetic surgery; spa cures; rejuvenation cures; massage; exercise therapy; long term rehabilitative therapy; 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.</li> <li>• 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 (Liberian) workers' compensation type program.</li> </ul>		

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		<ul style="list-style-type: none"> <li>• 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.</li> <li>• Birth Control: Any type of sterilization, termination of pregnancy or family planning except where it is medically required by the patient to control blood flow or cramp</li> <li>• Force Majeure: Where you were an active participant or where you put yourself in a danger by entering a known area of fighting where active insurrection or fighting is going on or where you have displayed a blatant disregard for personal safety</li> <li>• Addictive Conditions and Disorders: Treatment arising from, or for, addictive conditions and disorders, or from any kind of misuse substance. Example, Capital Express does not pay to help you stop drinking or smoking.</li> <li>• Experimental Treatment: Treatment from medication, which in any reasonable opinion is done by experiment or has been proved to be effective, based on established medical practice, and has not been approved as appropriate by a recognized body in our country in which you received the treatment.</li> <li>• Cosmetic Surgery: Treatment carrying on for psychological or cosmetic reasons to improve your physical appearance, such as facelift or remodeled nose. These include: any procedure or treatment to change the appearance or shape of your body parts whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out within three (3) years of surgery for breast cancer.</li> <li>• Non-convention Treatment: For example complementary medicine.</li> <li>• Self-inflicted injuries: Treatment for, or from an injury that you have intentionally inflicted on yourself, for example, during a suicide attempt</li> <li>• Family Doctor Treatment: Services or treatment carried out by a private or family doctor which can be done under coverage of our designated health institutions</li> <li>• Expenses incurred for medicines, vitamins, cold remedies, etc., that are available over the counter without a prescription will not be reimbursed even if prescribed by a physician</li> <li>• Hearing aids is not covered under this plan</li> <li>• Transportation for out of country treatment is not a covered expense but cost of medical treatment received whilst the principal employee or dependent is outside the country should be covered but subject to local limit applicable for such treatment.</li> </ul>
		<p data-bbox="282 1686 625 1717"><b>III. Membership/ eligibility</b></p> <ul style="list-style-type: none"> <li>• Any person who is in a full time employment and working more than 30 hours/week of his/her employer before attaining the age of 65 years but not less than 18 years shall be eligible in becoming a member of the scheme on the date of resumption of employment.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Period of eligibility               <ul style="list-style-type: none"> <li>• Each current active eligible employee is enrolled for health benefits under this contract upon award and thereafter during the performance period of this contract. Each new eligible employee will be enrolled upon entering on duty with the Peace Corps. An employee is considered active ("on the rolls") whenever such employee is on approved leave, whether paid or unpaid.</li> <li>• During a period of leave without Pay (LWP) or unpaid leave that is one pay period or less, coverage under the insurance contract will continue.</li> <li>• Employees and their dependents are not entitled to health benefits during any period of employment for which premiums are not paid.</li> <li>• Additionally, employee's dependents are not entitled to health benefits during any period of employment during which the employee was not eligible to participate.</li> <li>• During a period of extended (beyond one pay period) of Leave without Pay (LWP) or unpaid leave, the employee is responsible for the full cost of the insurance premiums for self and dependents. The Peace Corps will pay the premiums directly to the Contractor, and will collect the full cost from the employee on a quarterly basis. Alternatively, the employee may elect to have coverage cease if that employee prefers not to pay the premium.</li> </ul> </li> <li>• Expenses incurred by an enrolled employee's eligible dependents are covered under this plan. For the purposes of this plan, an employee's dependents are defined as the employee's legal spouse (limit one) and each unmarried, economically dependent child who primarily resides with the employee unless away at school.</li> <li>• 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 calendar year in which the child turns age 18, or in the case of a child who is a full-time student, until the end of the calendar year in which the child turns age 24.</li> <li>• There is no age limit for an eligible child who is physically or mentally handicapped so as to be unable to live independently. There is no limit on the number of children covered per employee.</li> <li>• Parents, grandparents, siblings, and other relatives are not eligible dependents.</li> <li>• Retirees are not covered.</li> </ul>	

**III. Price/Period of Performance:**

Supplier Unit quotes shall be a Firm Fixed-Price.  
 The period of performance will be May 1, 2018 – April 30, 2021

#### **IV. Delivery Schedule and location**

**Delivery location and schedule:** Liberia

#### **V. Documents to be submitted**

**The following documents must be submitted:**

1. Cover letter
2. Technical proposal
3. Financial proposal
4. Description of fraud detection measures in place
5. Description of billing and cost recovery process in place
6. Copy of valid business registration
7. Entity shall state the unit prices in USD and exempt from taxes
8. Two (2) references of past services offered in such quantity should be attached

Vendors are requested to submit a proposal in sealed envelope [with 2 signed copies with their technical, administrative and financial offers for the supply of above indicated product to Peace Corps Senegal.

All Offers shall be in English and should be submitted in a sealed envelope and delivered to the address specified above. Only Offers signed by duly authorized person(s) and delivered before the timeline noted will be considered. No verbal communication will be taken into consideration.

**Submissions that fail to include all the retired documents will not be considered.**

#### **VI. Warranties Offered by Supplier, if applicable**

Prices must be valid for at least 90 days.

#### **VII. Acceptance Criteria**

See section VIII for selection criteria.

#### **VIII. Peace Corps Payment Schedule and Terms**

Supplier/Selected vendor will receive payment in approximately 30 days after receipt and acceptance of valid/accurate invoice.

#### **IX. Evaluation Factors:**

Award will be made after consideration of the following factors as marked below:

- Coverage in conformity to Scope of work as described in Section II.
- Premium price offered



- Extensive list of hospitals and clinics in current agreement/contract with the insurance company
- Ease of access of services by Peace Corps staff and dependents: ID cards issued, reimbursements for treatments from hospitals not covered by the scheme within 30 days, reimbursements for prescription medications from pharmacy within 30 days
- Other benefits offered such as:
  - Use of specialist hospitals
  - Use of hospitals in most major cities of Liberia
- Fraud detection systems/measures outlined
- Billing and cost recovery and reconciliation process

Award may be made to other than the low priced quote. The award will be made to the total quote that offers the best value in accordance with the above evaluation factors.

**X. Instructions to Vendors:**

**a. Modification or Withdrawal of Request for Quotation**

Peace Corps-Liberia reserves the right, at its own absolute discretion, to modify or withdraw the Request for Quotation prior to the Closing Date and Time. Any modification will be submitted to all entities.

Peace Corps-Liberia also reserves the right at its own absolute discretion to withdraw the Request for Quotation in its totality.

**b. Withdrawal of Offers**

Offers cannot be withdrawn after submission.

**c. Validity of Offers**

All Offers submitted to Peace Corps-Liberia in accordance with this RFQ shall be valid for a period of 90 days from the Closing Date and Time. During this time the Offers shall remain binding and may be accepted or rejected by Peace Corps-Liberia at any time.

**d. Acceptance and Rejection of Offers**

Peace Corps-Liberia reserves the right, at its own absolute discretion and as a result of its Offers evaluation process, to accept or reject (without any compensation to any entity) any Offers in whole or in part.

Peace Corps-Liberia is under no obligation to disclose the results of the evaluation process or to disclose the reason(s) for the rejection of any Offers.

**e. Negotiations**

The entity shall nominate a team for the negotiations and provide evidence, that this team has the full authority to negotiate all parts of any potential agreement and in particular price levels.

**f. Confidentiality**

All information contained in this Invitation to Offers shall be considered as strictly confidential information of Peace Corps-Liberia and shall be respected as such by all entities.

**RECEIVED SUPPLIER AUTHORIZED REPRESENTATIVE**

Name: \_\_\_\_\_ Position/Title:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email:

\_\_\_\_\_