

**PEACE CORPS**

Overseas Request for Quotation (RFQ) for Supplies/Services/Equipment

Date: February 20, 2017

Peace Corps intends to offer a firm-fixed price contract for the provision of Medical insurance to all its thirty two (32) Sierra Leonean Personal Services Contractors (PSC) as indicated below;

Interested vendors should submit a quote for the services as described in this RFQ.

Quotes are due by the following address by 4:00 p.m. on Monday 8<sup>th</sup> March, 2017.

Any questions regarding the RFQ may be addressed to the same person. No phone inquiries will be accepted. Offers received after the closing date will not be accepted.

Name: Julie Dreyfuss, Director of Management and Operation  
Address: 34 Old Railway Line Signal Hill, Freetown  
Email: jdreyfuss@peacecorps.gov

**A. Price/Period of Performance:** March 19<sup>th</sup> 2017 through March 18<sup>th</sup> 2018

**Supplies or Equipment**

Item	Description	Qty	Unit Price	Total Price
001	Insurance Premium for Personal Service Contractors (employees)	32		
002				
003				
Total				

Supplier Unit Quotes shall be a Firm Fixed-Price, and inclusive of any administrative or overhead costs.

**B. Statement of Work/Specifications**

Peace Corps intends to offer a firm-fixed price contract for the provision of Medical insurance to all its thirty two (32) Sierra Leonean Personal Services Contractors (PSC) as indicated below; Potential suppliers should clearly outline the terms of the medical insurance policy they intend to offer to Peace Corps Sierra Leone staff. Of particular note, the supplier should clearly identify the following:

- All exclusions from coverage
- Dependents Covered
- Terms of eligibility and effective dates
- Period of ineligibility (if any)
- Reimbursement process for insured employees
- Payment procedures for Peace Corps Sierra Leone
- Percentage of covered expenses
- Cost of insurance coverage and cost of prorated coverage (for additions and subtractions during the contract cycle)

Listed below are contract benefits that must be included in your offer in order to be considered for a medical insurance contract with Peace Corps Sierra Leone.

**The scheme undertakes, in exchange for a relatively small subscription, to reimburse medical expenses incurred by the Employer on behalf of employees and individuals.**

**A. Applicability:**

All current active full-time and part-time employees of the Peace Corps, employed within the geographic boundaries of Sierra Leone, and certified by the Contracting Officer. These include:

- Personal Services Contracts (PSCs);
- Locally hired U.S. citizens employed under direct hire appointments, and PSCs.

**B. Exclusion from Coverage:**

- Excluded from coverage are employees under temporary appointments; non-personal services contract personnel and their employees, supplied by an independent contractor licensed to do business in Sierra Leone who provides services to other local organizations as well as to the Peace Corps Sierra Leone
- The insured being in or entering into or descending from any aircraft in which the insured is travelling as a passenger and not as a member of the crew
- War, invasion, act of foreign enemy, hostilities (where war be declared or not) civil commotion, disturbance, rebellion insurrection, military force or coup
- Treatment directly, or indirectly due to alcoholism, drug abuse, self-inflicted wound, result of an unlawful action in the part of the patient
- Routine medical checks, elective cosmetic surgery, massage, exercise therapy, non-medical hospitalization charges such as telephone, television, home help, family help, vaccination, hygienic gymnastic, convalescent rest home

- The treatment of any pre-existing condition unless such condition had been disclosed on the proposal form in the policy do not expressly exclude treatment relating to other condition
- Mental illness other than for diagnostic purpose only
- The insured engaging in or practicing for racing other than on foot
- Any treatment relating to pregnancy or childbirth or to any neo-natal care
- HIV (AIDS) or similar infections or illness, injury or any medical condition arising from same (**However, these Exclusions could be covered upon request and payment of Additional Premium**)

### **C. Dependents Covered:**

An employee's spouse (a limit of one spouse per employee) and dependent children up to age 18, or age 22 if still a full time student. The child must be unmarried, resides with, economically dependent upon the employee, and must not be under any other medical coverage. There is no age limit for a child who is physically or mentally handicapped. There is no limit on the number of children covered per employee.

### **D. Term of Eligibility and Effective Date:**

Each current active eligible employee is enrolled for health benefits under this plan upon award and thereafter during the performance period of the contract. Each new eligible employee will be enrolled upon entering on duty with the United States Government. An employee is considered active ("on the rolls") whenever such employee is on approved leave, whether paid or unpaid

### **E. Period of Ineligibility:**

During a period of Leave without Pay or unpaid leave that is one pay period or less, coverage under the insurance contract will continue. During a period of extended (beyond one pay period) of Leave Without Pay or unpaid leave, employees and their dependents are not entitled to health benefit at USG expense. The employee will need to take full responsibility of the cost of benefit for that period.

### **F. Reimbursement of Covered Medical Expenses for Employee and**

## **Dependents:**

- **Deductible:** None
- **Hospitalization:** Hospitalization: 100% reimbursement of room and board for a ward room or semi-private room. 80% reimbursement of room and board for a private room, not to exceed 100% of the cost of a semi-private room. 100% reimbursement of hospital medical expenses including laboratory tests and x-rays, nursing care, operating room costs, intensive care, prescription medicines, and physical therapy. 100% reimbursement of ambulance service.
- **Professional Services and Treatment:** Professional services and treatment: 80% reimbursement of doctors' and surgeons' fees incurred while hospitalized, at a hospital on an out-patient basis, at a clinic or doctor's office, or at home. 80% reimbursement for medical services and expenses when not hospitalized such as laboratory tests and x-rays, prescription medicines, physical therapy, routine annual physical examination, and inoculations
- **Prescription drugs and medicines:** 100% reimbursement when hospitalized, and 80% reimbursement when not hospitalized, of the cost of medicines and drugs for which a prescription is legally required. 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.
- **HIV/AIDs Treatment For employees only:** 100% reimbursement for medications to suppress opportunistic infections, such as tuberculosis and toxoplasmosis for employees who have HIV/AIDS. For employee and employee's covered spouse/partner: 100% reimbursement for brief courses of anti-retroviral drugs during childbirth to prevent the 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.
- **Obstetrical Care:** 100% reimbursement when hospitalized, and 80% reimbursement when not hospitalized, of obstetrical medical care including prenatal and postnatal care.

- **Family Planning:** 80% reimbursement of prescribed contraceptive devices and drugs, voluntary sterilization, and diagnosis and treatment of infertility. Not covered is reversal of voluntary sterilization, infertility treatment after voluntary sterilization, genetic counseling, fertility drugs, and assisted reproductive technology.
- **Hearing Aids:** 80% reimbursement of the cost of a hearing aid apparatus and related examination. Limited to one apparatus per ear per patient in a three-year period.
- **Optical Care:** 50% reimbursement for eye examination and treatment and prescription eyeglass or contact lenses. Limited to two lenses per patient every two years. No reimbursement for eyeglass frames, nonprescription lenses, or tinting
- **Dental Care:** 50% of expenses for dental services including dentists' fees, x-rays, examination and treatment, cleaning, fillings, extractions, false teeth, crowns, and bridges. Orthodontia treatment is covered only if treatment begins before age 15, unless required as the result of an accident. A maximum of four years of orthodontia treatment will be covered per patient.
- **Psychiatric Treatment:** 50% reimbursement.
- **Medical Expenses Incurred Out of Country:** Medical expenses incurred out of country will be covered only for an employee when on official travel and when the treatment is medically necessary before the employee returns to post. Reimbursement will be made at the same percentage rate and subject to the same annual maximum limit as for expenses incurred in country.
- **Transportation for Out of Country Treatment:** Transportation for out of country treatment is not a covered expense.

### **Expenses Not Covered**

No reimbursement 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 reimbursement for expenses that will be reimburse or paid directly under a host country medical program, the U.S. workers' compensation program, or a post's LES workers' compensation program.

No reimbursement 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.

**C. Location of Work. N/A**

**D. Delivery Schedule; N/A**

**Delivery Date(s):**

Item	Description	Date	Payment
001			
002			
003			

**Delivery Location:**

POC Name: N/A

Mailing Address: N/A

Phone Number: N/A

**E. Acceptance Criteria**

Performance will be measured on the following;

1. Price
2. Service provider coverage
3. Payment terms (reimbursement turnaround time)
4. Customer Service

**F. Contract Terms and Conditions.**

The supplier should be willing to send Peace Corps Sierra Leone a bi-weekly billing package. Peace Corps Sierra Leone will pay all bills within 21 days of receipt of billing package.

**G. Peace Corps Payment Schedule and Terms**

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

**H. Evaluation Factors:**

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

- Price – 10 points
- Service Provider Coverage – 10 points
- Medical expenses covered (percentage coverage and services offered) – 10 points
- Payment Terms – 5 points
- Past Performance/Reference Checks/Reputation – 10 points

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.

**I. Instructions to Vendors:**

- a. Please read RFQ in its entirety including factors that will be considered in making award in Section VI.
- b. Return completed RFQ by due date as follows:
  - 1) Fill in prices in Section II and in Section III (if applicable).
  - 2) Unless delivery date(s) are provided, provide delivery date(s) in Section IV.
  - 3) List/state any other terms or items in Section VIII not requested in the RFQ that is believed would benefit Peace Corps and would improve consideration for selection. These terms/items must not increase the prices quoted in Section B.
  - 4) Sign and return RFQ by required due date.

**J. Other Terms/Items Offered at No Additional Cost:**

**SUPPLIER AUTHORIZED REPRESENTATIVE**

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

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

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