

PEACE CORPS
Overseas Request for Proposal (RFP) for HEALTH INSURANCE SERVICES

Date: 8-Mar-21

Peace Corps intends to offer a firm-fixed price contract for the provision of Health Insurance services to employees of the Peace Corps in Ghana as described in Section B. The groups of employees who shall be provided this insurance are listed in B.1.3. This insurance shall be provided in accordance with Section B.

Interested vendors should submit a proposal for the services as described in this RFP.

Proposals are due electronically to the emails listed below **March 19, 2021 by 5:00 p.m.**

Alternately a copy of proposal may be hand delivered to the Peace Corps office at 14 Dade Link in Labone.

Any questions regarding this RFP may be addressed to the persons named below. No phone inquiries will be accepted. Offers received after the closing date will not be accepted.

Name: Jamille Shuler
Address: PEACE CORPS
P. O. Box 5796
Accra, Ghana
Email: jshuler@peacecorps.gov

Name: Beryl Ammah
Address: PEACE CORPS
P. O. Box 5796
Accra, Ghana
Email: bammah@peacecorps.gov

A. Price/Period of Performance:

A.1 The Contractor shall include VAT as a separate charge on the Invoice and as a separate line item in Section A.2.1 to A.2.3 of this RFP.

A.2 This is a fixed price contract. Provided below in A.2.1 to A.2.3 are the estimated number of plan participants. Participant numbers may vary based on hiring, retirement and other employment actions. Please provide your proposal for fixed prices/premium rates for the health insurance services as specified in Section B:

A.2.1 BASE YEAR OF CONTRACT:

Rates:

Category	Estimated Number	Rate per Month	Total
Adult (Employees + spouse)	71		
Dependent Child	72		
Monthly VAT (if any)	-	-	-
SUBTOTAL Per Month	143		

A.2.2 FIRST OPTION YEAR OF THE CONTRACT:

Rates:

Category	Estimated Number	Rate per Month	Total
Adult (Employees + spouse)	71		
Dependent Child	72		
Monthly VAT (if any)	-	-	-
SUBTOTAL Per Month	143		

Premium increments are determined by utilization of the group during the previous year and Medical inflation. The above rates are bench-marked against a 70% utilization in the base year

A.2.3 SECOND OPTION YEAR OF THE CONTRACT:

Rates

Category	Estimated Number	Rate per Month	Total
Adult (Employees + spouse)	71		
Dependent Child	72		
Monthly VAT (if any)	-	-	-
SUBTOTAL Per Month	143		

A.2.4 THIRD OPTION YEAR OF THE CONTRACT:

Rates

Category	Estimated Number	Rate per Month	Total
Adult (Employees + spouse)	71		
Dependent Child	72		
Monthly VAT (if any)	-	-	-
SUBTOTAL Per Month	143		

A.2.5 FOURTH OPTION YEAR OF THE CONTRACT:

Rates

Category	Estimated Number	Rate per Month	Total
Adult (Employees + spouse)	71		
Dependent Child	72		
Monthly VAT (if any)	-	-	-
SUBTOTAL Per Month	143		

The period of performance shall commence on May 18, 2021 and continue through May 17, 2022 with options for renewal based on performance.

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

B. Statement of Work/Specifications

B.1. HEALTH INSURANCE SERVICES

The Peace Corps requires Health Insurance coverage for its employees in Ghana. The Peace Corps has determined that the prevailing practice by employers in Ghana is to provide for their employees health insurance protection and that the cost of such insurance protection is usually borne by the employer. The specific health benefit coverage under this contract is set forth in below:

B.1.1.1 Medical Coverage

The insurance company will reimburse covered medical expenses incurred, subject to the stated limits. Payment will be made for reasonable and customary expenses of covered benefits. The medical treatment must be prescribed or provided by a physician or nurse licenses in Ghana, the United States, or in the country in which the treatment or prescription is received. Coverage of expenses will be made in Ghanaian Cedi (GH¢)

B.1.1.1 Hospitalization

- i. 100% coverage of room and board expenses for a ward room or semi-private room.
- ii. 100% coverage of room and board expenses for a private room, not to exceed 100% of the cost of a semi-private room.
- iii. 100% coverage of hospital medical expenses including laboratory tests and x-rays, nursing care, operating room expenses, intensive care, prescription medicines, and physical therapy.
- iv. 100% coverage of ambulance service.

B.1.1.2 Professional Services & Treatment:

- i. 85% coverage of doctors' and surgeons' fees incurred while hospitalized, at a hospital on an out-patient basis.
- ii. 100% coverage for medical services and expenses when not hospitalized such as laboratory tests and x-rays, prescription medicines, physical therapy, routine annual physical examinations, and inoculations.
- iii. 90% coverage of doctor's and surgeon's fees at a clinic, doctor's office or at home.

B.1.1.3 Prescription Drugs & Medicines:

- i. 100% coverage of expenses when hospitalized, and 100% coverage of expenses 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.

B.1.1.4 HIV/AIDS Coverage (employees and dependents):

- i. 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 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.

B.1.1.5 Obstetrical Care:

- i. 100% coverage of expenses when hospitalized and 100% coverage of expenses when not hospitalized, of obstetrical medical care including prenatal and postnatal care.

B.1.1.6 Hearing Aids:

- i. 75% coverage of the cost of a hearing aid apparatus and related examination. Limited to one apparatus per year per patient in a three-year period.

B.1.1.7 Optical Care:

- i. 95% coverage of expenses for eye examination and treatment and prescription eyeglass or contact lenses. Limited to two lenses per patient every two years. Maximum of GHc1000.00 per year for one set of lenses and frames. No coverage of expenses for nonprescription lenses or tinting.

B.1.1.8 Dental Care:

- i. 80% coverage of expenses for dental services including dentists' fees, x-rays, examination and treatment, cleaning, fillings, extractions, false teeth, crowns, and bridges.

B.1.1.9 Psychiatric Treatment:

- i. 100% coverage for psychiatric care within the outpatient limit"

B.1.1.10 Yearly Medical Examination

- i. Yearly medical examination for age 40 and above.

B.1.1.11 Medical Expenses Incurred Out of Country:

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.

B.1.1.12 Transportation for Out of Country Medical Treatment:

- i. Transportation for out of country treatment is not a covered expense.

B.1.2 Expenses Not Covered:

- i. 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 telephone or television; home help, family help, or similar household assistance; fees of persons who are licensed physicians or nurses; or services or supplies which have not been prescribed or approved by a physician or nurse.
- ii. The cost of herbal, traditional, holistic medicines or medications available without prescription (over-the-counter) will not be reimbursed, even if prescribed by a physician.
- iii. 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 Ghanaian workers' compensation type program.
- iv. 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 dangerous sport; excessive or illegal use of alcohol or drugs; or service in the armed forces of any country.

B.1.3 Eligible Participants

B.1.3.1 Eligible Employees - The employees eligible for the health insurance services include the following:

OACM
October 2010

B.1.3.1.1 All current active employees of the Peace Corps employed within the geographic boundaries of Ghana and certified by the Contracting Officer. Covered employees include

B.1.3.1.2 Permanent Personal Services Contracts (PSC) that are not time limited to less than one year – 743A and 744A contractors.

B.1.3.3 Location of Employment

The individuals covered by B.1.3.1 must be employed within the geographic boundaries of Ghana by The Peace Corps

B.1.4 Dependent Coverage

Eligible employees may elect to enroll their eligible dependents. 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.

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 19, 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 23.

There is no age limit for an eligible child who is physically or mentally handicapped so as to be unable to live independently.

The maximum number of children covered per employee is four (4). Parents, grandparents, siblings, and other relatives are not eligible dependents.

B.1.5 Term of Eligibility and Effective Date

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.

B.1.6 Period of Ineligibility

Employees and their dependents are not entitled to health benefits during any period of employment for which premiums are not paid.

Additionally, employee's dependents are not entitled to health benefits during any period of employment during which the employee was not eligible to participate.

B.1.7 BROCHURE REQUIREMENT.

B.1.7.1 The contractor shall provide a document (brochure/pamphlet/other written document) that sets forth a complete listing of the health insurance benefits to be provided under this contract. This brochure shall be provided in sufficient quantities so that each covered employee receives a copy. The contractor shall furnish all copies of the brochures to the POC, who will ensure that appropriate distribution is made.

B.1.7.2 The contractor shall provide the document described in B.1.7.1 to the POC not later than 7 days after date of contract award. The Contractor shall provide additional brochures for new employees within ten (10) days of the Contracting Officers' request.

B.1.7.3 The contractor assumes full responsibility for ensuring that the document described in B.1.7.1 accurately reflects the requirements of the contract, as implemented by the contractor's technical proposal. In all cases, the contract shall take precedence. Should the POC discover that the brochure contains inaccuracies, the contractor will be notified in writing; however, failure on the part of the Peace Corps to notice any inaccuracies shall in no way limit, revise or otherwise affect the requirement under this contract for the Contractor to fully comply with all contract terms.

C. Current Staffing information for reference:

No. of Employees	35
No. of Dependents	108

Age information as below

Average Age	Male	Female	Total
Employee	45.70	40.33	44.87
Spouse	50	41.14	41.45
Child	9.60	10.44	10.01

Delivery Contact:

POC Name: Beryl Ammah

Mailing Address:

PEACE CORPS

P. O. Box 5796

Accra, Ghana

Email: bammah@peacecorps.gov

Phone Number: 0302 744 600

D. Acceptance Criteria

Performance Objective	PWS Paragraph	Performance Threshold
<p align="center"><u>Services</u></p> <p>Performs all the insurance services set forth in the Statement of Work/specifications</p> <ul style="list-style-type: none"> - Availability of Services (denial of services issues) - Customer service (handling of reimbursements/complaints) - Pre-Authorization procedures set and timely - Service quality of clinics, doctors, hospitals verified by insurance at least quarterly 	<p>B.1.0 thru B.1.4</p>	<p>All required services are performed and no more than three (3) customer complaint is received per month</p>

D.1.2 Standard. The performance standard is that the Peace Corps receives no more than three (3) customer complaint per month. The POC shall notify the Contracting Officer of the complaints so that the Contracting Officer may take appropriate action to enforce the inspection clause (FAR 52.246-4, Inspection of Services – Fixed Price (AUG 1996) or the appropriate Inspection of Services clause), if any of the services exceed the standard.

E. Contract Terms and Conditions

Payment will be made monthly via EFT upon receipt of accurate invoices and certified by the Contracting Officer.

The Peace Corps Contracting Officer reserves the right to increase or decrease number of employees, spouses and dependents under this medical insurance coverage as and when new employees are hired and, employees retires and/or employee's contracts are terminated.

F. Peace Corps Payment Schedule and Terms

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

Monthly fees will be paid at the end of the month upon receipt and acceptance by the Contracting Officer of valid/accurate invoice. All payments will be made via EFT.

G. Evaluation Factors:

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

- Price
- Delivery Timeframe
- Payment Terms
- Warranties
- Past Performance/Reference Checks
- Other (*Specify*) Availability of services, facilities throughout Ghana

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.

H. Instructions to Vendors:

- a. Please read RFP in its entirety including factors that will be considered in making award in Section G.
- b. Return completed RFP by due date as follows:
 - 1) Fill in prices in Section A.2.1 to A.2.2
 - 2) List/state any other terms or items in I below 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.
 - 3) Indicate at least three (3) references of institutions your insurance company have provided medical insurance for
 - 4) Include as part of your proposal your current list of facilities (Hospitals/Pharmacies) and their locations accessible to your customers
 - 5) Sign and return RFP by required due date.

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:

OACM
October 2010

SUPPLIER AUTHORIZED REPRESENTATIVE

Name: _____ Position/Title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____