

PEACE CORPS

Peace Corps Sierra Leone Request for Quotation (RFQ) for Provision of Medical Insurance Services

Date: March 5th 2021.

United States Peace Corps Sierra Leone intends to offer a firm-fixed price contract for the provision of Medical insurance Service to all its thirty (30) locally hired Personal Services Contractors (PSC)

Note: Number of insured PSCs might increase/decrease

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

Admira Pratt
Finance Specialist
34 Old Railway Line, Signal Hill
Freetown, Sierra Leone
Email: apratt@peacecorps.gov

Quotes are due at the address listed above or via email by 5:30 p.m. on Thursday March 18, 2021.

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.

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A. PRICE/PERIOD OF PERFORMANCE

Base Period: April 19, 2021 through April 18, 2022 with possible extensions as shown below;

- First Option Year: April 19, 2022 through April 18, 2023
- Second Option Year: April 19, 2023 through April 18, 2024
- Third Option Year: April 19, 2024 through April 18, 2025
- Fourth Option Year: April 19, 2025 through April 18, 2026

The period of performance is contingent on the availability of funds.

Supplies or Equipment –

Medical Insurance premium for to Personal Services Contractors and their dependents in the three categories shown below:

Base Period: April 19, 2021 through April 18, 2022

Item	Description	No. of units (PSCs)	Unit Price SLL	Total Price SLL
001	Self-Only: 1 Covered Individual	3		
002	Self Plus 1 (two individuals)	4		
003	Family (three or more individuals)	23		
Total				

Possible extensions as shown in the tables below;

First Option Year: April 19, 2022 through April 18, 2023

Item	Description	No. of units (PSCs)	Unit Price	Total Price
001	Self-Only: 1 Covered Individual	3		
002	Self Plus 1 (two individuals)	4		
003	Family (three or more individuals)	23		
Total				

Second Option Year: April 19, 2023 through April 18, 2024

Item	Description	No. of units (PSCs)	Unit Price	Total Price
001	Self-Only: 1 Covered Individual	3		
002	Self Plus 1 (two individuals)	4		
003	Family (three or more individuals)	23		
Total				

Third Option Year: April 19, 2024 through April 18, 2025

Item	Description	No. of units (PSCs)	Unit Price	Total Price
001	Self-Only: 1 Covered Individual	3		
002	Self Plus 1 (two individuals)	4		
003	Family (three or more individuals)	23		
Total				

Fourth Option Year: April 19, 2025 through April 18, 2026

Item	Description	No. of units (PSCs)	Unit Price	Total Price
001	Self-Only: 1 Covered Individual	3		
002	Self Plus 1 (two individuals)	4		
003	Family (three or more individuals)	23		
Total				

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

B. STATEMENT OF WORK/SPECIFICATIONS

HEALTH INSURANCE SERVICES

The United States Peace Corps in Sierra Leone requires Health Insurance coverage for its locally hired Personal Service Contractors (PSCs) as described below;

1. Eligibility:

- To be eligible to participate in the medical plan, locally hired Personal Service Contractors (PSCs) must be:
 - Paid under the terms of the Local Compensation Plan (LCP); and –
 - Under a non-temporary direct hire appointment, personal services agreement (PSA), or personal services contract (PSC); or
 - Under a temporary direct hire appointment or PSA Fixed Term of one year or more.
- Not eligible are those working under temporary appointments; those working under a PSC that is time limited to less than one year.

a. Periods 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. During a period of extended Leave without Pay (LWOP) or unpaid leave beyond one pay period, the employee is responsible for the full cost of the insurance premiums for self and dependents. 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 they prefer not to pay the premium.

b. Dependents:

PSCs who are eligible to participate in the medical plan automatically confer coverage to eligible family members who meet the following criteria:
Legal spouse: one legal spouse as defined by local law may be covered. PSC with more than one legal spouse must select only one spouse for coverage. In cases where PSCs and their legal spouse both work for Peace Corps and both are eligible to participate in the medical plan, one will be designated as the lead for purposes of the medical plan, and the other will be considered a legal spouse.

Dependent children: a child is defined as the PSCs natural, adopted, stepchild, or foster child. The child must be unmarried and financially dependent upon the PSC. A child will be covered until the end of the contract year in which s/he reaches age 26. An unmarried child determined to be incapable of self-support due to a physical or mental condition will continue to be eligible to participate in

the medical plan as long as the condition persists, the child remains unmarried, and the LE Staff maintains coverage.

2. Premium:

Premiums will be based on the number of individuals covered:

- Self-Only: (1 covered individual)
- Self Plus One (two individuals)
- Family (three or more individuals)

3. Employee and Dependent Health Service Benefits

a. Hospitalization (Treatment in the Hospital for Inpatient Care):

Minimum Coverage - 100%

Services and supplies provided during hospitalization including services provided by a licensed healthcare provider, bed and board (semi-private accommodations), operating room, recovery room, intensive care, imaging and diagnostic testing, and general hospital nursing care, physical therapy, as well as drugs and medicines administered while in-patient. When private accommodations are provided, coverage will be limited to the cost of a semi-private room unless otherwise covered in an off the shelf plan. See Mental Health and Substance Abuse care (see section 3.m. below) for details concerning inpatient psychiatric care.

See Mental Health and Substance Abuse Care (below) for details concerning inpatient psychiatric care.

See Outpatient Services (below) for details concerning professional services.

b. Emergency Services (Trips to Emergency Room): Minimum Coverage - 100%

Services provided for conditions that could lead to serious disability or death if not immediately treated, such as accidents or sudden illness.

c. Ambulance: Minimum Coverage - 80%

Professional ground transport to move a patient from the place where s/he is injured or becomes ill to the nearest hospital able to provide treatment or to move a patient from one medical facility to another.

d. Outpatient Services: Minimum Coverage - 80%

Services provided by a licensed healthcare provider on an ambulatory or outpatient basis (without being admitted to a hospital), including surgeon's fees and other medical services provided at a hospital, clinic, doctor's office, medical facility, etc. Examples include, but are not limited to:

- Annual physical examinations
- Specialist consultations and treatment, including second surgical opinion
- Minor surgical interventions
- Chemotherapy and radiation treatments

- Immunizations recommended by local authorities and/or the World Health Organization
- Diagnostic tests and diagnostic imaging

See Rehabilitative and Habilitative Services and Devices (below) for details concerning physical therapy.

See Mental Health and Substance Abuse Care (below) for details concerning psychiatric therapy

e. Obstetric and newborn care: minimum coverage - inpatient/emergency: 100%; outpatient: 80%

Care and services that women receive during pregnancy (prenatal care), throughout labor, delivery and post-delivery, and outpatient care for newborn babies. hospitalization during pregnancy and/or delivery will be reimbursed as inpatient care all other treatments will be considered outpatient services and will be reimbursed at that rate.

f. Pediatric services: minimum coverage - inpatient/emergency: 100%, outpatient: 80%

Primary and preventive routine care services for covered dependent children, including, but not limited to: physical examinations, developmental assessments, laboratory tests, and immunizations recommended by local authorities and/or the world health organization.

g. Prescription drugs: minimum coverage -inpatient/emergency: 100%, outpatient: 80%

Medications prescribed by a licensed health care provider that are medically required. examples include but are not limited to prescription antibiotics to treat an infection, medication used to treat an ongoing condition, such as high cholesterol, prophylaxis, contraceptive medication.

h. Preventive and Wellness Services and Chronic Disease Management: Minimum Coverage - 80%

Counseling or preventive care designed to prevent or detect medical conditions and care for chronic conditions such as asthma and diabetes. Examples include, but are not limited to: physicals, immunizations, and cancer screenings.

i. Hearing aids: minimum coverage – 80% examinations and treatment: 80% minimum coverage

Hearing aid apparatus: limited to one apparatus per ear up to a maximum of le 15,000,000.00 per covered individual per three-year period. 80% minimum coverage: with annual cap.

j. Optical care: minimum coverage – 80% examinations and treatment: 80% minimum coverage

Prescription lenses and frames or contact lenses: covered up to a maximum of le 3,000,000.00 per covered individual every two years. 80% minimum coverage; with annual cap.

k. DENTAL CARE: MINIMUM COVERAGE – 80%

Examinations and treatment: dentist's fees, x-rays, examinations and treatment, cleanings, fillings, extractions, false teeth, crowns, and bridges up to a maximum of le 32,000,000.00 per covered individual per contract year. 80% minimum coverage: with annual cap.

Orthodontia: treatment is covered only if treatment begins before age 18, or if required as the result of an accident. a maximum of four years of orthodontia treatment will be covered per covered individual up to a maximum of le 24,000,000.00-lifetime limit. 80% minimum coverage; with contract lifetime cap.

l. REPRODUCTIVE HEALTH: MINIMUM COVERAGE - 80%

Prescribed contraceptive devices, preventive care and routine examinations, voluntary sterilization, and diagnosis and treatment of conditions which may cause infertility. assisted reproductive technology (art), fertility treatments, and reversal of sterilization are not covered (see exclusions to coverage).

m. MENTAL HEALTH AND SUBSTANCE ABUSE CARE: MINIMUM COVERAGE - 50%

Inpatient and outpatient care provided to evaluate, diagnose and treat a mental health condition or substance abuse disorder. This includes behavioral health treatment, counseling, and psychotherapy. Services must be provided by a licensed psychiatrist, psychoanalyst, psychologist, or psychiatric social worker. Inpatient care for alcohol and substance abuse must be provided at a facility licensed for detoxification and rehabilitation.

n. REHABILITATIVE AND HABILITATIVE SERVICES AND DEVICES: MINIMUM COVERAGE - 50%

Rehabilitative services (e.g., recovering skills, such as speech therapy after a stroke or physical therapy after an accident) and habilitative services (e.g., developing skills, such as speech therapy for children, etc.) that help develop skills needed for everyday life. Devices to help gain or recover mental or physical skills lost due to injury, disability or a chronic condition, and devices needed for habilitative reasons.

o. HIV/AIDS: 100% REIMBURSEMENT AT A MINIMUM OF LE 100,000,000.00 PER YEAR PER COVERED INDIVIDUAL

Medications to suppress opportunistic infections (such as tuberculosis or toxoplasmosis for covered individuals who have HIV/aids). Brief courses of anti-retroviral drugs during childbirth to prevent the transmission of HIV/aids to the child. Generally, excludes medication for the long-term suppression of HIV/aids through the combination of anti-retroviral drugs in locations with inadequate

local healthcare infrastructures. Reimbursement under this benefit is excluded from the annual maximum limit (section 4).

p. 180 DAY COVERAGE FOR DEPENDENTS AFTER EMPLOYEE'S DEATH

At the time of a covered employee's death, his/her eligible dependents covered under post's medical plan are eligible to continue receiving the same level of medical coverage for up to 180 days. This optional benefit is subject to availability of funds at post and no extensions are permitted.

4. ANNUAL MAXIMUM LIMIT

The maximum annual reimbursement per covered individual per contract year, not including expenses defined under exclusions and limitations (see section 5) and those covered under section 3; o, and HIV/aids is equivalent to le 60,000,000.00

5. Exclusions and Limitations

There is no coverage for elective cosmetic surgery; spa cures; rejuvenation cures; massage; exercise therapy; long-term rehabilitative therapy; non-medical hospital charges (e.g., telephone, television, etc.); home help, family help, or similar household assistance; fees of persons who are not certified health care providers; advanced reproductive technology (e.g., in-vitro fertilization, intra-cellular sperm injection, artificial insemination, microsurgical epididymal sperm aspiration, testicular sperm extraction, cryopreservation, etc.); or services or supplies which have not been prescribed or approved by a certified health care provider. Exclusions to coverage may be amended if provided in an off the shelf plan and is the lowest-cost and technically acceptable. Removal of any exclusions require prior authorization.

There is no coverage for expenses that will be reimbursed or paid directly under a host country medical program or workers' compensation program, the U.S. workers' compensation program, or post's locally hired PSC Staff workers' compensation program.

There is no coverage for medical expenses incurred out-of-country. There is no reimbursement for out-of-country treatment.

6. Eligible participants

Identification of eligible employees and dependents: Peace Corps will provide a list of all eligible employees and dependents with relationship to employee (self/spouse/child) and DOB for each. Updates will be provided to add or remove individuals on a bi-weekly/monthly basis.

a. Definition of dependents

➤ **Spouse:**

A limit of one legal spouse as defined by local law per employee will be covered.

➤ **Children:**

A child is defined as the le staff’s natural, adopted, stepchild, or foster child. The child must be unmarried and financially dependent upon the PSC staff. A child will be covered until the end of the contract year in which s/he reaches age 26. An unmarried child determined to be incapable of self-support due to a physical or mental condition will continue to be eligible to participate in the medical plan as long as the condition persists, the child remains unmarried, and the PSC Staff maintains coverage.

b. Location of Employment:

The eligible employees covered by C.1.4.1 must be employed within the geographic boundaries of Sierra Leone.

6. Eligibility

➤ **Term of Eligibility and Effective Date**

Each current active eligible employee and their eligible dependents are enrolled for health benefits under this contract upon award and thereafter during the performance period of this contract. Each new eligible employee and eligible dependents 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.

C. LOCATION OF WORK:

N/A

D. DELIVERY SCHEDULE:

Delivery Date(s):

Item	Description	Date	Payment
001	Self-Only: 1 Covered Individual		
002	Self Plus 1 (two individuals)		
003	Family (three or more individuals)		

Delivery Location: Service will be rendered to Peace Corps PSCs

POC Name: Zainab Turay-Kamara
Mailing Address: zturay@peacecorps.gov
Phone Number: +23279250603

E. ACCEPTANCE CRITERIA

A contractor that could provide all insurance service detailed in section B above (Statement of Work/Specifications).

F. CONTRACT TERMS AND CONDITIONS

The selected insurer will be provided with a contract outlining specific terms and conditions.

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
- Delivery Timeframe
- Payment Terms
- Warranties
- Past Performance/Reference Checks
- Other (*Specify*):
 - *Coverage of service providers including the provinces*
 - *No. of service providers of key services*
 - *Turnaround time for reimbursing PSCs*
 - *Turnaround time to respond to queries*
 - *Short Period rates (including movement within the different three plan)*

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 H**.
- b. Return completed RFQ by due date as follows:
 - 1) Fill in prices in **Section A (Supplies or Equipment)**.
 - 2) Unless delivery date(s) are provided, provide delivery date(s) in **Section D**.
 - 3) List/state any other terms or items in **Section J** 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 A**.
 - 4) Sign and return RFQ by required due date.
 - 5) Brochure of service provided including services providers and locations of service providers.
 - 6) Tax Clearance certificate.
 - 7) Business Registration Certificate/certificate of incorporation.

J. OTHER TERMS/ITEMS OFFERED AT NO ADDITIONAL COST

SUPPLIER AUTHORIZED REPRESENTATIVE

Name: _____ Position/Title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____