#	Question	Answer
1	*In B.3.1 in note to offeror the bi-weekly retention amounts are requested, while in section B.3.2 the monthly retention amounts are stated in the title. Please, specify for which period the retention amounts are requested*	Monthly retention amounts shall be provided (section B.3.2.)
2	*C.1.1.16 please, explain in more details the meaning of catastrophic coverage; what kind of cases will it cover? (give some examples);*	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. A catastrophic illness is a severe illness requiring prolonged hospitalization or recovery. These illnesses usually involve high costs for hospitals, doctors and medicines and may incapacitate the person from working, creating a financial hardship
3	*C.1.1.19 does the excess coverage imply the same medical plan as for LE staff?*	Yes, exact same
4	*C.1.1.19 does it mean, that by buying the excess coverage the insured individual has double benefit for each service?*	Yes, additional coverage equals to 150,000.00GEL to be applied to any covered individual to any covered benefit.
5	*C.1.1.19 is the purchase of the excess coverage voluntary or if chosen it will be bought by each insured individual?*	Excess coverage is voluntary, and the premiums are paid by individuals directly to the Insurance company.
6	*C.1.4.1 states that update of the list of insureds will be provided on a monthly basis, while the C.1.5.1 section states that enrolment will be done upon entering on duty. Please, specify the term of enrolment in details.*	C.1.5.1 states term of eligibility and effective date. Each current active eligible employee and their eligible dependents are enrolled in 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.1.4.1 Identification of Eligible Employees and Dependents. US Embassy will provide updated list on monthly basis.
7	*C.1.5.1 when the newborn baby of insured employee is eligible for insurance?*	Immediately after baby is born
8	*Is the insurance of eligible family members obligatory?*	Yes. See paragraph C1.4.1.2
9	*Will the Government pay the family package insurance premiums?*	Yes, See paragraph G.4
10	*F.2 the period of performance is indicated January 1, 2019. The year should be changed*	Typo mistake
11	*L.3. please, specify the address for hand delivery. Block 9 of Standard Form 33 is indicated, but there is no address inserted in it. Or, confirm that the address for hand delivery is the same indicated in Block 7 of Standard Form 33.*	See item 8 of the SF33
12	*Please, specify the currency in which the prices in Section B should be proposed.*	Prices shall be in GEL.
13	*The prices are requested in four categories as shown in sections 2.1, 2.2, 2.3 and 2.4 of Volume 2 in L.2. Should the offeror submit each category separately? How this will impact the evaluation process?*	Multiple proposals - If an offeror has multiple plans available that meet or exceed the minimum benefit levels and wants to propose them, a separate proposal with its respective prices must be submitted individually for each. L.4.3.1. Evaluation will be made to the lowest priced acceptable offeror.
14	*L.4.3 please indicate what is implied under the part 3 and part 4 as requested by technical proposal – "The technical proposal must be submitted in four separate parts as described below". Part 1 and Part 2 are shown in L.4.3.2 Management approach, but then directly L.4.3.2.1 comes. Is L.4.3.2 missing?*	Nothing is missing all the information is provided in section L
15	*Please, specify the evaluation criteria for technical proposal. We understand that main criteria is meeting the minimum requirements,*	To be acceptable and eligible for evaluation, proposals must be prepared in accordance with Section L -

<table>
<tr><td></td><td>but if two or more companies meet the minimum criteria, but one of them has more flexible scheme for getting service, how the difference will be evaluated?</td><td>INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS, and must meet all the requirements set forth in the other sections of this
solicitation. Acceptable proposals will be evaluated pursuant to this section, and award shall be made as set forth in M.3.
Part 2 requires the offeror to demonstrate that it understands the solicitation requirements and has an acceptable approach to manage the contract.</td></tr>
<tr><td>16</td><td>According to the Section L, L.2. “each proposal must consist of the following separate volumes:

Price Proposal and completed Section B: Supplies or Services and Price/Costs for:
2.1 For the services C.1.1 through C.1.1.15 (basic)
2.2 For the services C.1.1 through C.1.1.16 (basic + Catastrophic coverage)
2.3 For the services C.1.1 through C.1.1.15 (basic) + C.1.1.17 (Medical Expenses Incurred Out-of-Country)
2.4 For the services C.1.1 through C.1.1.15 (basic) + C.1.1.17 (Medical Expenses Incurred Out-of-Country) + C.1.1.18 (Transportation for Out-of-Country Treatment)

Meanwhile Section B B.2.2. through B.2.7. tables have a different structure:

<table><tr><td>Year Of Contract</td><td></td><td></td><td></td></tr><tr><td></td><td>Monthly Rates per premium</td><td></td><td></td></tr><tr><td></td><td>Estimated Number of Premiums</td><td>Rate per Premium</td><td>Extended Monthly Total</td></tr><tr><td></td><td></td><td></td><td></td></tr></table></td><td>Offerors can provide multiple proposals. A separate proposal with its respective prices must be submitted individually for each. See L.4.3.1..</td></tr>
</table>

	Question: *(a) Should the cell "Rate per Premium" include only premium for the services C.1.1. through C.1.1.15 (basic) and the cell "Extended Monthly Total" = premium for the services C.1.1. through C.1.1.15 (basic) + Catastrophic coverage + Medical Expenses Incurred Out-of-Country + Transportation for Out-of-Country Treatment ?* *(b) Should the cell "Rate per Premium" include only premium for the services C.1.1. through C.1.1.15 (basic) and the cell "Extended Monthly Total" should be divided by separate values for Catastrophic coverage, Medical Expenses Incurred Out-of-Country, Transportation for Out-of-Country Treatment?* *(c) If (a) or (b) versions are not true, please explain the exact meanings of the cells with regard of L2.*	
17	*According to C1.1.11 is the maximum of 7,000.00 GEL lifetime limit for orthodontia treatment a sublimit of 9,400.00 GEL of Dental Care?*	7,000GEL is not a sublimit to 9,400GEL.. 7,000GEL is for only orthodontia treatment. 9,400GEL is an annual limit excluding orthodontia treatment.
18	*Is the reimbursement of the dental implants and dental treatment related to implants envisaged under C.1.1.11? If yes, at what extent?*	C.1.1.11 includes all medically necessary treatments up to annual max limit 9400GEL per covered individual. Excludes anything that is for cosmetic reason.
19	*At what level Medical Expenses Incurred Out-of-Country according to C.1.1.17 are covered? Does the reimbursement amount depend on whether the necessary treatment is available in Georgia or not?*	Reimbursement does not depend on availability of services in Georgia. Out of country treatment is insureds choice. Medical expenses incurred out-of-country will be covered at the same benefit levels and subject to the same total maximum annual limit as for medical expenses incurred in country.
20	*As we understand, according to C.1.1.19 additional coverage equal to 150,000.00 GEL is an annual maximum limit. What about sub-limits envisaged for Hearing Aids, Optical Care, Dental Care, HIV/AIDS? Are these sub-limits the same as in basic package if excess coverage is chosen by the employee?*	Yes, Additional coverage equals to 150,000.00GEL to be applied to any covered individual to any covered benefit. (C.1.1.19)

21	*Section K.4. (a) definition of "Common parent": TBC Insurance JSC is 100% owned by TBC Bank Group PLC, a company registered in London, UK and its shares are listed on London Stock Exchange. Can you please explain, if we should provide information on TBC Bank Group PLC as a "Common parent" (as it is not a taxpayer in United States)?*	You need to finalize representation and certification in www.sam.gov with all relevant information required for overseas vendors.
22	*When should we expect a decision of the Embassy regarding the choice of Contractor?*	We have 60 days for evaluation form the date of submission. See item 12 of the SF33
23	*In section L of the solicitation (point L.2. Summary of Instructions) several options of prices proposals are required for basic services as well as basic services + additional coverage. Please, confirm that the same services shall be purchased in favor of every eligible individual. If otherwise, please, specify exact number of eligible individuals for each option listed in point L.2. (from 2.1 through 2.4)*	All additional services if accepted will be procured for all eligible participant except for access coverage which is employees' choice and responsibility to buy.
24	*Please provide us with information how many non-resident employees shall to be insured under the health insurance agreement?*	The insurance is for the Embassy Locally Engaged Staff and their family members. All of them have permanent residence status in Georgia.
25	*Please provide us with detailed information regarding price adjustment of health insurance premium indicated in section B.4 of solicitation, namely a) how many times the price was adjusted within the validity period of previous insurance agreement; 2) the reasons of price adjustment; 3) detailed procedure of it and 4) initial and adjusted amounts*	Details of the price adjustment clause is provided in B.4. No price adjustment has been made during the ongoing contract.
26	*Please confirm that the Insurer is entitled to provide the list of provider clinics, where the insured persons will receive the relevant benefit levels*	Insurer shall provide list of provider clinics where insured has a choice to receive medical treatment at a reduced rate (20% for outpatient and 0 for inpatient treatment). Insured has a right to go to any licensed clinic or doctor to receive medical treatment or tests and get reimbursement at set rates.
27	*We couldn't find list of providers. Do you have any additional requirement according clinics/pharmacies or it's up to our choice?*	As mentioned above, we do not have requirement for specific clinics to be company's provider. Insured has a right to go to any licensed medical institution to receive treatment and/or medical test. The Contractor shall accept the employee's or dependent's choice to go to

<table>
<tr><td></td><td></td><td>designated by the Contractor clinic in order that the Contractor pays the expenses directly to the hospitals.
List of provider clinics shall be part of the technical proposal and subject of evaluation.</td></tr>
<tr><td>28</td><td>Please provide claims history for the years 2014-2015 and 2015-2016 as well.</td><td>
<table>
<tr><th>YEAR</th><th>TOTAL GEL</th><th>TOTAL USD</th></tr>
<tr><td>7/1/2014 – 6/30/2015</td><td>1,090,654.73</td><td>553,631.84</td></tr>
<tr><td>7/1/2015 – 6/30/2016</td><td>1,044,797.64</td><td>446,303.99</td></tr>
<tr><td>7/1/2016 – 6/30/2017</td><td>1,026,731.00</td><td>417,370.00</td></tr>
<tr><td>7/1/2017 – 6/30/2018</td><td>1,120,252.00</td><td>450,987.00</td></tr>
<tr><td>7/1/2018 – 6/30/2019</td><td>1,330,000.00</td><td>458,276.00</td></tr>
</table>
</td></tr>
<tr><td>29</td><td>Do the above claim numbers and the claim history provided in the solicitation include claims from ORE employees?</td><td>No</td></tr>
<tr><td>30</td><td>Average insured member counts for the current year and EACH of the last 5 years - 2019 (till now),2018, 2017, 2016, 2015, 2014</td><td>
<table>
<tr><th>Period</th><th>Single</th><th>Family</th></tr>
<tr><td>2014-2015</td><td>113</td><td>409</td></tr>
<tr><td>2015-2016</td><td>114</td><td>394</td></tr>
<tr><td>2016-2017</td><td>108</td><td>345</td></tr>
<tr><td>2017-2018</td><td>108</td><td>352</td></tr>
<tr><td>2018-2019</td><td>116</td><td>364</td></tr>
</table>
</td></tr>
<tr><td>31</td><td>Advise if 2018 benefit schedule for health insurance is the same as the benefit schedule currently being requested under 19GG8019R0014;</td><td>Almost the same with slight difference</td></tr>
<tr><td>32</td><td>Are there any HIV/AIDs cases. If Yes, please provide number</td><td>No</td></tr>
<tr><td>33</td><td>When is this plan likely to commence?</td><td>We have 60 days for evaluation from the solicitation deadline. See item 12 of the SF33</td></tr>
<tr><td>34</td><td>What is geographic coverage of the insurance contract.</td><td>The geographic coverage of the basic package is Georgia. If Embassy elects to include C.1.1.17 Medical Expenses Incurred Out-of-Country than there will be no limitation and</td></tr>
</table>

		will be worldwide and will be covered at the same benefit levels and subject to the same total maximum annual limit as for the medical expenses incurred in-country.
35	*B.3 Administrative retention amounts- should it be included in in the total offer or separately given.*	Administrative retention amounts shall be included in the total price B.2.3 through B.2.8. Separately priced in B.3.2. this retention amount is a fixed amount that is a part of the premium amounts in B.2. This retention amount will not be adjusted for any reason. The retention amount is part of the premium and may include, but not be limited to, such costs as overhead and general and administrative costs. It will also include any profits. Essentially, it includes all costs except the actual portion of the premium intended to fund claims paid to the health care provider/claimant. B.3.2 sets forth the retention amounts per premium paid for each category of premium and for each period of performance.
36	*Section B- Subtotal D – is it Sum of family cover or self +family*	Subtotal D is monthly total for Self + Self plus one + Family
37	*The services that have no exact limits can be limited by offeror or under aggregated limit of the sum insured?*	The services that have no sub-limits are subject to annual maximum limit.
38	*Catastrophic coverage C.1.1.16- the requested limit is under the aggregated limit or is it a personal accident cover, please explain* *What is exact definition of catastrophic coverage* *When does the catastrophic coverage start*	Additional coverage equals to 150,000.00GEL per covered individual. 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. Catastrophic coverage starts immediately after annual aggregate limit expires.
39	*The medical expenses that are mentioned with stars *are they obligatory clauses*	Yes, proposals mast include the items marked with stars. See section L.2 Summary of Instructions
40	*what do they include in C.1.1.17 and C.1.1.18?*	C.1.1.17- Medical expenses incurred out-of-country will be covered at the same benefit levels and subject to the same

		total maximum annual limit as for medical expenses incurred in-country C.1.1.18 - Transportation for out-of-country medical treatment will be a covered expense for covered employees and eligible family members. To be considered a covered expense, the attending certified health care provider must certify in advance that the treatment is medically necessary and unavailable locally. 80% of covered individual's transportation expenses by the least expensive, appropriate means of transportation to the nearest city with adequate medical facilities will be covered. 80% of the transportation expenses of an attendant will also be covered, but only if the covered individual's attending certified health care provider certifies that an attendant for the patient is necessary, (e.g., a parent in the case of a patient who is a minor, or a family member to make medical decisions in the case of a patient who is unwell or unconscious). All coverage for transportation for out-of-country medical treatment is subject to the total maximum annual limit. Transportation to a neighboring country without the attending certified health care provider certifying that the treatment is medically necessary and unavailable locally will not be covered
41	*C.1.1.18 To be considered a covered expense, the attending certified health care provider must certify in advance that the treatment is medically necessary and unavailable locally. How to limit the service*	Offerors need to provide procedures in their technical proposals
42	*C.1.3 Exclusions and limitations: There is no reimbursement 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 LE Staff workers' compensation program- where can be found the program coverage details*	https://www.dol.gov/owcp/dfec/reg-library.htm Workers' Compensation Program Workers comp program applies ONLY when employee (not dependent) has job-related traumatic injured, disability results from an occupational disease while conducting the job.

43	*Section E – COR functions and please provide additional information about complains per month E 2.1/2.2 – if there are any sanctions defined*	For COR duties please see G.1. and G.2. E.2 provides quality assurance and surveillance plan. This plan is designed to provide an effective surveillance method to promote effective Contractor performance. The QASP provides a method for the Contracting Officer's Representative (COR) to monitor Contractor performance, advise the Contractor of unsatisfactory performance, and notify the Contracting Officer of continued unsatisfactory performance. The Contractor, not the Government, is responsible for management and quality control to meet the terms of the contract. The role of the Government is to conduct quality assurance to ensure that contract standards are achieved.
44	*How to present documentations requested in Section K - Representations and Certifications including term K4 TIN.*	Representations and Certifications shall be completed in www.sam.gov . TIN is not required for non-US vendors.
45	*Paragraph K6-A.1(NAICS Code) – Small business criteria determined by North American Industry Classification System – how does it affect the offerors*	NAICS code shall be obtained for the purposes of registration on www.sam.gov. The successful offeror shall be registered in the SAM (System for Award Management) database https://www.sam.gov prior to contract award pursuant to FAR provision 5.207. The guidelines for registration in SAM are also available at: https://www.fsd.gov/fsd-gov/learning-center-system.do?sysparm_system=SAM
46	*L.2 Summary of Instructions. Can we propose prices 2.1/2.2 and 2.3 separately or just one price including all the costs.*	Prices proposals shall be provided and completed in Section B (B.2.3 through B.2.8) for each service category outlined in L.2.2
47	*Paragraph L 5 Solicitation provisions indicate that heh listed provisions may include the blocks that must be completed by the offeror. Please describe the process*	In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address: http://www.acquisition.gov/far / or http://farsite.hill.af.mil/vffara.htm

48	*If an employee opts to obtain excess coverage, when does the service starts? And how payments will be handled.*	Effective date of excess coverage is the contract effective date or when employee enters on duty if he/she opts to obtain it. The Contractor shall bill the individual covered at the rates specified in the contract
49	*Procedures for price adjustment*	See paragraph B.4.
50	*Definition of catastrophic coverage*	Additional coverage equals to 150,000.00GEL per covered individual. 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. (see C.1.1.16)
51	*In case of 2 companies have the same price how will those offers be evaluated.*	The award will be made to the lowest priced technically acceptable offeror. If both offers are technically acceptable and the lowest priced then the preference will be given to the company who presents best profit sharing plan (L.4.3.3.) or we go into the negotiation process requesting the final proposal revision.
52	*C.1.3 Exclusions and limitations: no reimbursement for long-term rehabilitative therapy – what is the long term which period does it cover*	Length of therapy shall be determined by a physician on a case by case basis. Any treatment that goes beyond prescription and is not medically necessary will not be covered.
53	*C.1.3 Exclusions and limitations: no reimbursement for elective cosmetic surgery – what is the elective cosmetic surgery*	Any cosmetic surgery unless resulting from accident, illness or injury.
54	*H.5 Report Requirements. The Contractor shall provide the following monthly report. The report shall be received by the COR no later than the 10th day of each month. The report shall report on the previous month's activities – not full report will be available by the 10th of each month.*	The contractor shall provide preliminary report by the 10th of each month and the complete report within 45 days from the date of preliminary report.
55	*L.4.3.3. Profit Sharing - explain*	The offeror shall indicate whether any insurance plan offered will be subject to participation in any profit sharing credit program, pooling agreement (including multinational agreements) or any other premium credit procedure. If this

		is applicable, please describe. This is for evaluation only to distinguish between otherwise equally priced, technically acceptable proposals and will not be considered in determining the lowest-priced offeror
56	*L.4.3.4 Employee Pool - explain*	Insurance pooling is a practice wherein a group of firms join together to secure better insurance rates and coverage plans by virtue of their increased buying power as a block. This practice is primarily used for securing health and disability insurance coverage.
57	*What is the civil penalty of not less than $10,000, and not more than $150,000? - is it contract performance penalty?*	The is not the contract performance penalty. This is part of Section K – representation and Certification K.2 52.203 11 CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (SEP 2007)