

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

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2. AMENDMENT/MODIFICATION NO. 001	3. EFFECTIVE DATE February 16, 2021	4. REQUISITION/PURCHASE REQ. NO. PR9549722	5. PROJECT NO. (If applicable)
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6. ISSUED BY U.S. Embassy Nairobi, Kenya P.O. Box 606-00621, Village Market	CODE	7. ADMINISTERED BY (If other than Item 6) CODE
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8. NAME AND ADDRESS OF CONTRACTOR (NO., street, city, county, State, and ZIP Code)	9a. AMENDMENT OF SOLICITATION NO. 19KE5021R0001
	9b. DATED (SEE ITEM 11) January 16, 2021
	10a. MODIFICATION OF CONTRACT/ORDER NO.
	10b. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning 3 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers.

FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b)
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The solicitation is amended to correct the pricing tables B. 2.3 Base Year, B. 2.4 First Option Year, B. 2.5 Second Option Year, B. 2.6 Third Option Year, B. 2.7 per attached documents as follows:

- i. Under Category column line item a. is amended to read, "Self (1 covered individual)"; b. is amended to read, "Self Plus One (Two Individuals)"; c. is amended to read, "Families (3 or more individuals) ***"
- ii. Under bi-weekly rates per employee column, the estimated number of individuals are amended to read, "76, 124 and 713" for lines a, b and c respectively.

Per i, ii above, replace the pages below with the previous ones in the solicitation.

B. Table B. 2.8 has been introduced to provide a breakdown of the family sizes.

C. Benefits stated in U.S. Dollars have been converted. (See C.1.1.9, C.1.1.10, C.1.1.15.)

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME OF CONTRACTING OFFICER Aisha O'Neal	
15B. NAME OF CONTRACTOR/OFFEROR BY (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)	16C. DATE SIGNED Feb 15, 2021

B.2. PRICES

B.2.1 Value Added Tax.

The Government will not reimburse the Contractor for Value Added Tax (VAT) under this contract. The Contractor shall not include a line for VAT on Invoices as the U.S. Embassy is Zero Rated for VAT.

B.2.2 This is a fixed price with economic price adjustment requirements type contract under which will be issued firm, fixed-price task orders. The fixed prices/premium rates for the health insurance services as specified in Section C are as follows:

B.2.3 Base Year of Contract			
	Bi-Weekly Rates Per Employee		
Category	Estimated Number of individuals*	Rate per Premium	Extended Bi-Weekly Total
a. Self (1 covered individual)	76		
b. Self Plus One (Two Individuals)	124		
c. Families (3 or more individuals) ***	713		
d. Subtotal			
Total Price for Base Year (d x 26)**			

*estimated number of individuals does not include any Riders (B.1.1)

**does not include any premiums for Riders.

*** Family Size breakdown see table B. 2.8.

B.2.4 First Option Year of Contract			
	Bi-Weekly Rates Per Employee		
Category	Estimated Number of individuals*	Rate per individual	Extended Bi-Weekly Total
a. Self (1 covered individual)	76		
b. Self Plus One (Two Individuals)	124		
c. Families (3 or more individuals) ***	713		
d. Subtotal			
Total Price for First Option Year (d x 26)**			

*estimated number of individuals does not include any Riders (B.1.1)

**does not include any premiums for Riders.

*** Family Size breakdown see table B. 2.8.

B.2.5 Second Option Year of Contract			
	Bi-Weekly Rates Per Employee		
Category	Estimated Number of individuals*	Rate per individual	Extended Bi-Weekly Total
a. Self (1 covered individual)	76		
b. Self Plus One (Two Individuals)	124		
c. Families (3 or more individuals) ***	713		
d. Subtotal			
Total Price for Second Option Year (d x 26)**			

*estimated number of individuals does not include any Riders (B.1.1)

**does not include any premiums for Riders.

*** Family Size breakdown see table B. 2.8.

B.2.6 Third Option Year of Contract			
	Bi-Weekly Rates Per Employee		
Category	Estimated Number of individuals*	Rate per Premium	Extended Bi-Weekly Total
a. Self (1 covered individual)	76		
b. Self Plus One (Two Individuals)	124		
c. Employee Family (3 or more individuals) ***	713		
d. Subtotal			
Total Price for Third Option Year (d x 26)**			

*estimated number of individuals does not include any Riders (B.1.1)

**does not include any premiums for Riders.

*** Family Size breakdown see table B. 2.8.

B.2.7 Fourth Option Year of Contract			
	Bi-Weekly Rates Per Employee		
Category	Estimated Number of individuals*	Rate per Premium	Extended Bi-Weekly Total
a. Self (1 covered individual)	76		
b. Self Plus One (Two Individuals)	124		
c. Families (3 or more individuals) ***	713		
d. Subtotal			
Total Price for Fourth Option Year (d x 26)**			

*estimated number of individuals does not include any Riders (B.1.1)

**does not include any premiums for Riders.

*** Family Size breakdown see table B. 2.8.

B. 2.8. Family Size of ***	Embassy	USAID	TOTAL
3	89	40	129
4	177	51	228
5	167	54	221
6	79	16	95
7	22	5	27
8	8	3	11
9	1	0	1
10	1	0	1
Total Families			713

B.2.9. Grand Total of Base plus All Option Years	
Base Year Total	
First Option Year Total	
Second Option Year Total	
Third Option Year Total	
Fourth Option Year Total	
Grand Total of Base plus All Option Years	

MINIMUM AND MAXIMUM AMOUNTS

During the Base Year of the contract, and during the option year that might be exercised, the United States Government (USG) shall place orders totaling a minimum of *10 Principals, 10 Spouses and 30 Dependents*. This reflects the contract minimum guarantee for each period of performance. The amount of all orders, for base and all option years shall not exceed *1200 Principals, 1025 Spouses and 2,500 Dependents*. This reflects the contract maximum.

B.3 ADMINISTRATIVE RETENTION AMOUNTS

B.3.1 If the Contractor requests a price adjustment under B.4 below, the Contractor shall present cost experience data that includes the retention amount. For purposes of any economic price adjustment, 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 profit. 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.

NOTE TO OFFEROR: Fill in the fixed bi-weekly retention amounts for each period of performance and for each category of premium. This fixed amount shall be expressed in the currency in which the premium amount is proposed. The fixed retention amount shall not be expressed in terms of a percentage of the premium.

C.1.1.4 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.

C.1.1.5 Obstetric and Newborn Care: Minimum Coverage - Inpatient: 100%; Outpatient: 80%

Care and services that women receive during pregnancy (prenatal care), throughout labor and delivery and post-delivery, and outpatient care for newborn babies. Hospitalization during pregnancy and/or delivery will be reimbursed as Hospitalization (treatment in the hospital for inpatient care). All other treatments will be considered outpatient services.

C.1.1.6 Pediatric Services: Minimum Coverage - Inpatient: 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.

C.1.1.7 Prescription Drugs: Minimum Coverage -Inpatient: 100%, Outpatient: 80%

Medications prescribed by a licensed health care provider that are medically necessary. 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; or contraceptive medication.

C.1.1.8 Preventive and Wellness 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.

C.1.1.9 Hearing Aids: Minimum Coverage – 80%

Examinations and Treatment: 80% Minimum Coverage

Hearing Aid Apparatus: Limited to one apparatus per year up to a maximum of KES164,175 per covered individual per three-year period; 80% Minimum Coverage: with annual cap.

C.1.1.10 Optical Care: Minimum Coverage – 80%

Examinations and Treatment: 80% Minimum Coverage

Prescription lenses and frames or contact lenses: Covered up to a maximum of KES 32,835 per covered individual every two years; 80% Minimum Coverage; with annual cap.

C.1.1.11 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 Kes 60,000 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 Kes 100,000 lifetime limit. 80% Minimum Coverage; with contract lifetime cap.

C.1.1.12 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).

C.1.1.13 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 carried out at a facility licensed for detoxification and rehabilitation.

C.1.1.14 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.

C.1.1.15 HIV/AIDS: 100% up to KES 1,094,500 per contract 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.

***C.1.1.16 Catastrophic Coverage**

Additional coverage equal to 100% of the annual maximum rate (3,500,000 KES) per person per contract year. 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.