

RPF/2020/005_Medical Insurance services for IRENA
Clarifications with responses received as of 4 August 2020.

p.13 clause 32

Contract Signature

Within fifteen (15) days from the date of receipt of the Contract, the successful Proposer shall sign and date the Contract and return it to IRENA.

Do you mean that IRENA will issue the final contract? And the insurer will have 15 days to accept? Normally, there is several exchanges between Organization and Insurer to agree for a final wording of the contract. Would you mind if insurer issued the contract?

We understand that in insurance business the Insurer normally issues the Contract. The 15 days is upon agreement of both parties to the terms and conditions.

Some standard insurance contracts clauses would need to be included, would it be acceptable for IRENA?

We will need to negotiate and reach to a mutual understanding on final wording of the policy or related terms and conditions.

Can you please share the current contract terms so that we have a view on what was part of the contract for reference?

We do not see that this is needed for the bidding process. The Contract terms that we have are negotiated for the purpose of IRENA's interest and are considered internal.

RFP p.14 clause 34

Bank Guarantee for Advance Payment

In the event that the advanced payment requested exceeds 20% of the total proposal price, or exceed the amount of \$30,000, IRENA shall require the Proposer to submit a Bank Guarantee in the same amount as the advanced payment. A bank guarantee for advanced payment shall be furnished in the form provided in Section 9, and by the deadline indicated in the Data Sheet, as applicable.

Please explain what do you mean by advance payment and in which case will you pay in advance? This will not applicable for this RFP.

We will need to discuss the advance payments terms at the contract negotiation.

Could you confirm that in this case, the insurer will need to provide a bank guarantee?

No

Will it be sanctioned if not provided?

No

Section 9 correspond to claims data. Is it supposed to be a template for a bank guarantee?

Could you clarify? This is not required

Should payment of premiums be at ended term, would the bank guarantee be still needed?

No

RFP p.18 stage 1

1. Worldwide coverage

Please confirm our understanding concerning worldwide coverage: is it applicable for home country / duty country and worldwide for emergency but limited to 6 weeks?

Can IRENA confirm that all its staff and their dependents benefit from privileges and immunities, especially in the UAE, Germany and the USA? According to the status of the organization we understand that it might be the case only for P4 and P5 level staff.

Worldwide coverage is home country/duty station and worldwide. Staff travel frequently and dependents may reside outside the home country or duty station. If there are limitations, the Proposer shall clarify those terms and conditions in their proposal.

All staff and their dependents benefit from privileges and immunities in UAE, Germany and USA. This is not limited to P4 and P5 level staff.

5. Cover eligible family members * who are not residing in the same location as the principal with no premium loading

*As per IRENA definition in the last page of the RFP

Please clarify the term of same location. Does it mean same house, same country?

Same location meaning same country.

What do you mean by no premium loading : Do you mean that their coverage is free or their coverage is the same as staff member ?

The coverage for dependents shall be the same as the staff member, regardless of their location or category(A, B or C).

Do you have any data on this population? (census, claims) Are they included in the data provided section 9?

No, we do not have data as this frequently changes.

7. Inclusion of individual option for separated staff of continuation of medical insurance up to 24 months under the group plan (not an extended benefit) at the same premium rates applicable while active. (can be of any category).

Can you please confirm that the premium for this individual optional coverage will be paid by IRENA?

Yes, we confirm

Can you please provide data on this population? (census, claims, premiums...) Are they included in the data provided section 9?

The are included in the list of census that was shared with you.

RFP p.22

Unique selling point

Coverage of secondary dependents (parents of staff members) as optional benefit

Can you please confirm that this unique selling point are optional to quote by proposer?

Can you please confirm the definition of secondary dependents: Does it correspond to all parents of staff members or only those who benefit from the support of primary insured?

Are secondary dependents covered among your current plan? If yes do you have any data (census, claims, premiums...)

Secondary dependents are defined as parents of the staff member, with recognized status by IRENA. This unique selling point is optional and should not be included in base costing for the premiums of regular coverage of staff.

RFP p.27

Section 7, Financial proposal form

Can all staff choose any category of plan (A,B or C)?

No, this is based on their Contract type. IRENA decides which category they will be covered for.

Is there any rules depending of country related to plan choice? (as there is no cat C for Bonn and NY in the financial proposal)

No, there are no rules relating to country. This is only linked to their Contract employment type

Does the premium in USD has to include fees (insurer, administrator)?

The premium normally includes all fees. Please clarify what you mean by these fees.

RFP p.29

Definition of eligible family members

Is the coverage mandatory or optional for family members?

The coverage is mandatory as per the staff policy attached to the RFP (spouse yes, children to age 25 if single or unemployed).

Section 3 Scheduled of Benefits

Are all staff mandatory to choose one of the Plan?

Are they able to change from a category to another? If yes what are the conditions?

May we have a definition of what is covered under Palliative care?

May we have a definition of what is covered under Long term care?

Is the deductible applicable on all out-patient benefit when it is a visit?

What do you mean by visit : a consultation by a professional?

You have mentioned on in RFP p.20 stage 2, 4 Claims Processing : Documentation and Results a carry-over of dental benefit but nothing is mentioned in SOB regarding carry-over. Could you clarify?

Staff do not choose a Plan; Plan is based on contract type.

Palliative care, long-term care and deductibles on out-patient visits are standard categories in the schedule of benefits and will be evaluated on what the Proposer's offer in their coverage.

Yes, a visit is generally a consultation with a professional. In light of the pandemic it would be helpful to know if the Proposer covers online consultations.

The carry over is just a question to understand how you deal with this situation and possibility of carry over.

Section 7, Financial proposal form, price schedule sheet

And

Section 11, IRENA census list

There is some difference between the 2 figures regarding census:

- No staff members in NY in section 7. **They are currently covered under the Policy in Bonn.**
- Difference between adult/child in UAE, only Abu Dhabi (no Dubai nor Ras El Khaimah) in section 11.

In Abu Dhabi we have members with Child in other Emirates, we do not have child. These are staff who work in Abu Dhabi but reside in these Emirates.

Could you give us the reason of these differences? **As above; Reason for specification is based on government's rules.**

If section 7 is to be used, please provide census related to?

The census is provided in section 11. This is updated as of 30 June.

May we have the census with additional information such as home country?

The census provided is based on duty station where the staff are located.

In the price schedule sheet, NY is mentioned in the worksheet 2 name but does not appear on the table. Are we supposed to duplicate the Germany table for NY? NY prices being much higher we do not advise this for IRENA. **The staff in NY are covered under the Bonn duty station.**

Section 9,

Could you confirm that all data provided are by occurrence year? And not accounting year?

It is normally from 1 Feb to 31 Jan each year.

Q1 Claims Review 2020, p. 9, Top 5 out-patient benefits comparison

What is the correspondence for the physical illness in the Schedule of Benefit provided?

physical illness is a consultation, and possibly in the Q1 there were none.

Section 11, Plan A, line 373

It is mentioned that this person is a spouse and is 5 years old. Is it a mistake on age or in member description?

This is a child. The word 'spouse' is an error. The individual's spouse was not covered.

The census has increased from 2018 to 2020 (from 399 to 499). What are you expecting for 2021 and the years after?

Due to the pandemic this is difficult to predict; however we expect a maximum increase in 10% in 2021, and less in 2022.

Do the Schedule of benefit correspond to your current benefit? **Yes**

Have your benefit changed in the past 5 years? If yes could you provide details of change?

We increased the dental coverage for category C from USD 1,000 to USD 2,000. This is the only change.

Is it possible to have data on excel version? **We do not have it in excel sheet.**

Is it possible to have 5 occurrence years historic data on excel version? **We do not have it in excel sheet.**

Please confirm that data provided section 9 correspond to SOB provided? **Yes**

Could you please provide the data including split from different categories plans (A, B, C) and from duty cities and from members description for the past 5 years as of today as you request premium per category and per duty city? **We do not have this data.**

Please provide line by line claims for each year (occurrence) within the past 5 years.

We do not have this data

May we have claims per month by occurrence year from 2015 to 2020 as of today?

We do not have this data

Do you have current premium level? **Question is not clear**

We did not see any exclusion for the contract, would you mind if we provide our standard ones?

We do not mind, subject to our acceptance.

The contract duration is one year from 02/01/ 2021 to 01/31/2022 with possibility to extend for 4 years (2022 to 2026). Should the premium be revised each year?

we will need to agree every year on the premium for the following year.

Concerning profit sharing, should you have any query?

No, only what is requested in the RFP. This will be evaluated upon Proposer's submission.

page 2 : The initial duration for the services shall be for one year, extendable up to four (4) years

Page 15 : Medical Insurance Services to start on February 1st, 2021 for initially one year extendable for four years

Does it mean : one year + 3 years or one year + 4 years?

It means year by year up to a maximum of 4 years.

REQUEST FOR PROPOSALS (RFP)RFP/2020/005

Page 17 :

3.2 Out of the 40% of the financial proposal weight, a 20% of the financial evaluation will be dedicated for the annual profit sharing agreement provision (please provide formula). This value will be divided evenly between the implementation year of the profit sharing agreement (1st year of policy, 2nd year of policy, 3rd year of policy) and the ratio of the provided formula.

Could you please give us more details about the expected profit share?

Why does the detail in the parenthesis not take into account all years of the contract ?

We did not include details about the expected profit share in order not to limit bidders from providing attractive profit share proposal. The reason we included the years 1st or 2nd etc., was because we are aware that some companies do not provide profit share from the first year of the policy. As such, the evaluation will be made based on the start of the profit share scheme. If you provide it from 1st year, you will obtain the highest scores etc.

Table of Benefits :

Could you please provide us with a definition of the following benefits and indicate what will be covered:

- Long term care
- Palliative care
- Prescribed medical aids

This is for the Proposer to define, including the scope and limitations.

- What are the consumption levels of the EAP? How many insured members actually used the service?

We will get back to you on this and check if the info is available.

Maximum delay of declaration of the claims

- What is the maximum delay to take in account the declaration of the claims in the current contract ? It seems it is not indicated in the RFP documentation.
Six months
- Could you please confirm that this delay has been applied strictly by the TPA (no exception so no claim on the past occurrences after the expiration of this contractual delay)?
We do not have such cases to report.

RFP p.20 stage 2, 4 Claims Processing : Documentation and Results

Points 21. And 23. : the date of December, 31st 2020 is mentioned for the determination of the carry-over and for submissions after 31 December 2020. However, the Medical insurance is expected to start on February, 1st 2021.

- Could you please clarify the periodicity of the carry-over for dental (calendar year or contractual period?) if there is one?
There is none
- Could you please confirm the date for point 23 should be January 31st 2021 or clarify our understanding?
We confirm it is 31 Jan not 31 Dec.

We have been provided with 3 TOBs, the CAT A, B & C for Abu Dhabi, and CAT A & B for Germany. Can you please confirm that there is no changes to the current plans as per the Tables of Benefits provided.

One change only as you indicated below for Cat C dental limit increased from \$1,000 to \$2,000

We noted one difference between the current plan and the Table of Benefits provided as part of this RFP: the current **AUH CAT C** Dental limit is USD 1,000; however the limit indicated on the Table of Benefits provided is USD 2,000. Can you confirm if this is a request for benefit enhancement or an error?

We confirm this has changed and increased from \$1,000 to \$2,000.

We also noted a small population difference: we currently have 447 lives insured, whilst the membership list provided has 446. Can you confirm the exact number of lives to be insured?

Please check the excel sheet of the financial proposal and price accordingly.

Kindly clarify the meaning of point 23 of the "Claims Processing" section on page 21: *"Will you transfer all claims data on maximums which have carry over provisions, such as the dental carry over. How will that be updated during the first months of the new year for person's claiming benefits under the prior policy for submissions after 31 December 2020?"*

This is a technical evaluation criteria and you need to indicate how would you handle this requirement, if applicable or if you can provide it. The date is a typo and it should be 31 Jan 2021

Please confirm the current insurer name. **we cannot disclose this info.**

Please advise if the claims are for the full group or the UAE. **This is for full group**

The claims report shows from Feb 2019 till Jan 2020, please share the inception date and also share us the updated claims up to June. **It is not available**

Please share the DOB, Relationship, Visa of Emirates, Nationality and salary. **The information available is provided in the excel sheet section 11. We do not disclose nationality. Why do you need the salary?**