

Taipei Economic and Cultural Representative Office in
the United States

Invitation to Tender for Group Health Insurance Contract

I. Procurement Object

Group health insurance service contract ("the Contract") for Taipei Economic and Cultural Representative Office in the United States ("TECRO") and its subsidiary offices ("TECO") except for TECO in Honolulu and Guam.

II. Insured Persons

A. TECRO/TECO full time employees and their dependents, which include spouse, eligible child and parents. "Eligible child" means minors; physically or mentally disabled sons or daughters without earning capacity; and unmarried sons or daughters under the age of 26 and still in school. B. Total accounts of TECRO/TECO current group health insurance as of August 31, 2024:

1. Employee only: 174 accounts (174 persons);
2. Employee plus spouse or child(ren): 98 accounts (196 persons); AND
3. Family: 97 accounts (364 persons).

C. A quoted total price in a tender must be based on the accounts listed above and it must also contain monthly premium for each type of accounts.

11.1 . Contract Dates

A. 01/01/2025-12/31/2025 (US calendar day)

B. TECRO has the option to renew the Contract for 1 year (01/01/2026-12/31/2026) provided that:

1. TECRO is satisfied with the performance of the coverage under the Contract; AND
2. The renewed Contract Price is agreed by both sides before October 15, 2025 after negotiation of

the renewal. IV. Procurement Budget:

A. 2025: US\$4,768,06

1. The maximum premium for monthly rate for an employee only account shall be no higher than US\$ 58].00
2. The maximum monthly premium for an employee plus spouse or child(ren) account and a family account shall be calculated based on the carrier's formula for the calculation of the maximum premium for the employee only account.

B. 2026: US\$4,768,06

I Provided that TECRO decides to renew the Contract for the year of 2026.

2.2025 maximum monthly premium aforesaid applies to 2026.

C. Any quoted total price of tender that is over the procurement budget will not be considered.

V. Health Insurance Carrier/Broker

- A. Basic requirements: the Contract reaches the threshold for large procurement under the Government Procurement Act (the "Act") of ROC (Taiwan). To comply with the Act, TECRO will review basic requirements for a health insurance carrier/broker ("carrier/broker") before evaluating its tender. A prospective carrier/broker shall submit documents to prove that:
1. It is licensed to provide health insurance service in the United States; AND
 2. It has had at least one group health insurance contract with foreign embassies/consulates within the last 5 years.
- B. A carrier may permit no more than one broker to submit its tender to TECRO on behalf of the carrier. A broker must submit no more than one tender to TECRO on behalf of the carrier. This does not preclude industry practices of business contacts and insurance proposal quotes between carriers and brokers before they formally submit tenders to TECRO.

VI. Procurement Procedure

- A. The procurement of the Contract adopts "The Most Advantageous Tender" rule pursuant to subparagraph 9 of paragraph 1 of Article 22 of the Act.
- B. TECRO will form a selection committee ("the Committee") of 5 persons to review tenders submitted by carriers/brokers.
- C. TECRO will review the basic requirements listed in Paragraph V. above to determine whether a carrier/broker is qualified to submit its tender to TECRO. Qualified carriers/brokers must make presentations to and take questions from the Committee on the date designated by TECRO.
- D. The Committee will evaluate each carrier/broker's tender in accordance with the selection criteria listed in Paragraph VIII below. The total evaluation score is 100 points and an "ordinal ranking" method will be adopted by turning the scores of all carriers/brokers into the ranking for each member of the Committee. The rankings of the same carrier/broker among the Committee members will be combined and the one with lowest figure will be the first priority carrier/broker for price negotiation. If two or more carriers/brokers have the same

lowest figure, the Committee will choose the quoted price to determine the priority among the carriers/brokers.

- E. TECRO may award the Contract to the 1st priority carrier/broker provided that the quoted total price in its tender is below the procurement budget listed in Paragraph IV above and that

TECRO accepts the quoted total price. If the quoted total price is below the procurement budget

but TECRO is not satisfied with the price, TECRO will negotiate the final price with the 1st priority carrier/broker before awarding the Contract. If TECRO cannot reach an agreement with the 1st priority carrier/broker on the final price, TECRO will move to the 2nd priority carrier/broker and negotiate the final price for its tender, and so on. TECRO will only negotiate with any qualified carriers/brokers one time on the final price of its tender for the year of 2021.

- F. The Committee may award the Contract in its' sole discretion.

- G. TECRO does not have a contractual relationship with any carriers/brokers until TECRO signs the Contract.

VII. Benefit Requirements

- A. For benefit requirements please contact TECRO HR officer.
- B. The benefit summary of the tender submitted to TECRO must be a PPO medical program. A comparison between the benefit requirements in the Addendum and the tender's benefit summary must be submitted for the Committee's review.
- C. The Committee will evaluate the insurance carrier/broker's tender and benefit summary in accordance with selection criteria in Paragraph VI.11 below to determine which tender has the priority for price negotiation.
- D. Parents living in the same household of TECRO/TECO eligible employees may enroll in the group health insurance plan in separate account. Diplomatic employees' parents living in Taiwan may also enroll in the plan if they come to the United States for a short family visit.
- E. Prevention of medical fraud
No employees or dependents may enroll in the group health insurance plan if their main purpose of coming to the United States or joining this plan is to seek medical treatment. The insurance carrier/broker must inform TECRO of the aforesaid or other serious medical fraud cases it discovers.

VIII. Selection Standard

- A. Selection Criteria

Evaluation items	Sub-evaluation items	Score Distribution
Professional Service Team	Human resources	15
	Number of in-network medical providers	
Service Quality	Procedure of enrollment and claims	20
	Customer service for claims and medical advice	
	Broker Services	
Capability of Group Health Insurance	Foreign embassies/consulates clients	10
	Fortune 500 companies clients	
Soundness of Proposals	Completeness of proposals	15
	Proposal is more favorable than the benefit summary required by TECRO	
Quoted Price Reasonableness	Premium Calculation	40
	Premium Reasonableness	
	Reward(credit back)	
Total Score		100

B. Any tender with a total score of less than 70 will not be considered further.

[X.Submission of Tender:

A. Please contact TECRO HR officer to request information of tender preparation.

Telephone number: 202-895-1843

Email: tecroHR@mofa.gov.tw

Mr. Gene Li / Acting Deputy Director

B. Submission of tender is strictly limited to regular mail, courier service or personal delivery. Electric transmission of tender WILL NOT be accepted.

C. The tender must be sealed and received by TECRO not later than 05 :00pm on November 25,

2024 (ET). Please address the tender as follows:

Administrative Division (Group Health Insurance Tender)

Taipei Economic and Cultural Representative Office in the United States

4201 Wisconsin Avenue, N.W. Washington, DC 20016

D. A tender must contain following documents:

1. Group health insurance service proposal

The proposal must contain the information required in this invitation to tender.

2. One copy of draft contract.

3. Statement of the tender (form provided by TECRO).

4. Price list of the tender (form provided by TECRO),

5. A carrier/broker's basic requirement documents listed in Paragraph V. above. E.

Proposals received after the deadline WILL NOT be considered.

F. TECRO will hold a meeting in its office to open sealed tenders it received at 10:00am on the next business day of the submission deadline.

X. Enrollment Procedure and Effectiveness of Coverage

A. The coverage of diplomatic employees and their dependents shall become effective upon their arrivals at the port of entries in the United States if they decide to enroll in the plan.

B. The coverage of eligible locally-hired employees and their dependents (parents not included with some exceptions) shall become effective 90 days after the commencement of employment with TECRO/TECO if they choose to enroll in the plan

XI. Premium Payment Period

TECRO will pay insurance premium in a 3-month period and will adjust its payment according to new enrollments and withdrawals.

Benefit Highlights	International	US. Participating Provider	U.S. Non*Participating Provider
Lifetime Maximum	Unlimited	Unlimited	Unlimited
The Percentage of Covered Expenses the Plan Pays			60% of the Maximum Reimbursable Charge
Maximum Reimbursable Charge	Not Applicable	Not Applicable	150% of Medicare Rates
<p>Maximum Reimbursable Charge is determined based on the lesser of the Providers normal charge for a similar service or supply; or a percentage of Charges made by Providers of such service or supply in the geographic area where the service is received. These Charges are compiled in a database We have selected. Note: The Provider may bill You for the difference between the Providers normal charge and the Maximum Reimbursable Charge, in addition to applicable Deductibles and Coinsurance.</p>			
Policy Year Medical Deductible			
Individual			2 times the individual Deductible
Family Maximum	2 times the individual Deductible	2 times the individual Deductible	2 times the individual Deductible
<p>Family members meet only their individual Deductible and then their claims will be covered under the Plan Coinsurance; if the family Deductible has been met prior to their individual Deductible being met, their claims be paid at the Plan Coinsurance.</p>			
Out-of-Pocket Maximum			
Individual	\$5,000	\$4,000	\$8,000
Family Maximum	2 times the individual Out-of-Pocket Maximum	2 times the individual Out-of-Pocket Maximum	2 times the individual Out-of-Pocket Maximum
<p>Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.</p>			
Physician's Services			
Physician's Office Visit Primary Care Physician	No Deductible	100%, No Deductible, \$20 copay	60%, No Deductible, \$30 Copay
Office Visit - Specialist	No Deductible	100%, No Deductible, \$30 copay	60%, No Deductible,
Surgery Performed In the Physician's Office	After Deductible	80%, After Deductible	60%, After Deductible
Second Opinion Consultations (provided on a voluntary basis)	60%/0, No Deductible	100%, No Deductible, \$ag Copay	60%, No Deductible, \$LCopay
Allergy Treatment/Injections	60%, No Deductible	100%, No Deductible, Copay	60%/0, No Deductibles
Preventive Care			
Routine Preventive Care all ages	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%/01 No Deductible
Immunizations — all ages	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible

Lead Poisoning Screening Test For Children under age 6	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
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Benefit Highlights	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Bed and Board Charges</p> <p>Physician's Visits/Consultations</p> <p>Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	<p>80%, After Deductible</p> <p>After Deductible</p> <p>Deductible</p>	<p>60% After Deductible</p> <p>60%, After Deductible</p> <p>60%, After Deductible</p>
<p>Inpatient Services at Other Health Care Facilities</p> <p>Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities</p> <p>Policy Year Maximum of 120 day limit.</p>	<p>After Deductible</p>	<p>60%, After Deductible</p>
<p>Ambulatory Surgical Services</p> <p>Operating Room, Recovery Room, Procedure Room, Treatment Room and Observation Room</p> <p>Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	<p>80%, After Deductible</p> <p>After Deductible</p>	<p>60%, After Deductible</p> <p>60%, After Deductible</p>

Emergency and Urgent Care Services			If You have a true Emergency Medical Condition, the benefits will be paid at the U.S. Participating Provider Rate
Hospital Emergency Room	60%, After Deductible		
Outpatient Professional Services (radiology, pathology and ERPhysician)	60%, After Deductible	, After Deductible After Deductible	60%, After Deductible 60%, After Deductible
Urgent Care Facility	60/01 After Deductible	After Deductible	60%, Deductible
X-ray and/or Lab performed at the Emergency Room or Urgent Care Facility (billed as part the visit)	60%, After Deductible	After Deductible	60%, After Deductible
X-ray and/or Lab performed at the Independent facility in conjunction with the Emergency Room visit	60/0, After Deductible	80%, After Deductible	60%, After Deductible
Ambulance	After Deductible	80%, After Deductible	60%, After Deductible

Benefit Highlights			U.S.	Non-Participating Provider
		International	US. Participating Provider	
Laboratory and Radiology Services (includes pre-admission testing)				
Inpatient Facility		After Deductible	After Deductible	60%, After Deductible
Outpatient Facility		60%, After Deductible	80%, After Deductible	60%, After Deductible
Independent X-ray and/or Lab Facility		600/0, After Deductible	80%, After Deductible	60%, After Deductible
Advanced Radiologic Imaging (i.e. MRIs, MRAS, CAT Scans and PET scans)				
Inpatient Facility		After Deductible	After Deductible	60%, After Deductible
Outpatient Facility		600/0, After Deductible	800/01 After Deductible	60 ⁰ /01 After Deductible
Independent Facility		After Deductible	80%, After Deductible	60%, After Deductible
Maternity Care/Obstetrical Services		No Deductible	100%, No Deductible, \$40 copay	60%, No Deductible, \$50 Copay
Physician's Office visit to confirm pregnancy		600/0, After Deductible	80%, After Deductible	60%, After Deductible
Global Maternity Fee (Prenatal, Postnatal and Physician's delivery charge)		60%, No Deductible	100%, No Deductible, \$40 Copay	60%, No Deductible, \$50 copay
Physician's Office visits in addition to the global maternity fee		After Deductible	80%, After Deductible	60 ⁰ /0, After Deductible
Laboratory, Radiology Services and or Advance Radiological Imaging		600/0, After Deductible	80%, After Deductible	60%, After Deductible
Delivery Charges - Facility (Hospital, Birthing Center)		After Deductible	Not Covered	Not Covered
Services of a Doula In home or facility up to 10 visits (pre and post-natal combined)				
Termination of Pregnancy				
Medically Necessary		After Deductible	80%, After Deductible	60%, After-Deductible
Elective		After Deductible	80%, After Deductible	60%, After Deductible

Benefit Highlights	Physician's Services	600/0, After Deductible	After Deductible
	International	U.S. Participating	After Deductible
		Provider	After Deductible
			U.S. Non-Participating Provider
Infertility Expenses - Basic Covered Expenses include Charges made by a Physician to diagnose and to surgically treat the underlying medical cause of Infertility.			
Physician's Office Visit			
Inpatient Facility	No Deductible		
Outpatient Facility	60%, After Deductible		
Physician's Services	After Deductible		
Infertility Expenses Comprehensive	600/01 After Deductible	100%, No Deductible, \$40 Copay	60%, No Deductible, \$50 Copay
Limited Benefit - See benefit description for specific coverage and exclusions, Pre-authorization is required.		After Deductible	60%, After Deductible
Physician's Office Visit		80%, After Deductible	60%, After Deductible
Outpatient Facility	60%, No Deductible	After Deductible	60%, After Deductible
Physician's Services	60%, After Deductible		
Family Planning/Contraception Management	After Deductible	100%, No Deductible, \$40 Copay	60%, No Deductible, \$50 Copay
See benefit description for specific coverages		80%, After Deductible	60%, After Deductible
		80%, After Deductible	60%, After Deductible
For Women			
Physician's Office Visit	100% not subject to Plan Deductible or Copayments		
Inpatient Facility	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Outpatient Facility	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Physician's Services	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
			60%, No Deductible
For Men	No Deductible	100% not subject to Plan Deductible or Copayments	
Physician's Office Visit	After Deductible		
Inpatient Facility	After Deductible		60%, No Deductible, \$50 Copay
Outpatient Facility		100%, No Deductible, \$40 copay	

60%, After Deductible	services due to a mental health or substance abuse diagnosis.	60%, After Deductible After Deductible	100%, No Deductible, \$40 Copay
60%, After Deductible			After Deductible
60%, After Deductible	Physician's Office Visit	After Deductible	800/0, After Deductible
U.S. Non-Participating Benefit Highlights	Nutritional Formulas		After Deductible
	Acupuncture		
Obesity[Bariatric Surgery	Physician's office visit		
Subject to Medical Necessity and Clinical guidelines for someone who is Morbidly Obese. Preauthorization is required	International	600/0, No Deductible	
		600/01 After Deductible	
Physician's Office Visit		No Deductible	100%, No Deductible, \$40 Copay
Inpatient Facility			80%, After Deductible
Outpatient Facility			
Physician's Services	No Deductible		100%, No Deductible, \$40 Copay
Organ Transplant	After	U.S. Participating	
Services	Deductible 60%,	Provider	Provider
Includes all medically appropriate, non-Experimental transplants. Pre-authorization is required	After Deductible		
Physician's Office Visit	600/0, After Deductible		
Inpatient Facility	Deductible	100%, No Deductible, \$40 Copay	60%, No Deductible, \$50 Copay
Physician's Services		, After Deductible	60%, After Deductible
Lifetime Travel Maximum: \$10,000 per transplant		After Deductible	60%, After Deductible
	600/0, No Deductible	After Deductible	60%, After Deductible
Transgender Services	60%, After Deductible		
See benefit for covered services. Preauthorization is required	After Deductible		
Physician's Office Visit	100% of Reasonable Expenses after Plan Deductible	100%, No Deductible, \$40 copay	60%, No Deductible, \$50 copay
Inpatient Facility		80 %/0, After Deductible	60%, After Deductible
Outpatient Facility		80 ⁰ /01 After Deductible	60 ⁰ /01 After Deductible
Physician's *Nices			Not Covered
Nutritional Evaluation		100% of Reasonable Expenses after Plan Deductible	
Policy Year Maximum of 3 visit limit. Limit does not apply to treatment of diabetes or for	600/0, No Deductible		

Mental Health			
Inpatient Facility	After Deductible	80%, After Deductible	60%, After Deductible
Outpatient (Includes Individual, Group and Intensive Outpatient)			
Physician's Office Visit	, No Deductible	100%, No Deductible, \$30 copay	60%, No Deductible, \$40 Copay
Outpatient Facility	After Deductible	80%, After Deductible	60%, After Deductible
Psycho-Educational Testing	60%, After Deductible	80%, After Deductible	60%, After Deductible

Benefit Highlights			U.S. Participating	Provider	U.S. Non-Participating Provider
		International	UIS. Participating	Provider	
Substance Abuse Health Inpatient Facility Outpatient (includes Individual Group and Intensive Outpatient) Physician's Office Visit Outpatient Facility		After Deductible 600/01 No Deductible After Deductible	After Deductible 100%, No Deductible, \$30 copay 80 ⁰ /01 After Deductible		60%, After Deductible 60%, No Deductible, \$40 Copay 60%, After Deductible
Hearing Benefit One Examination per 12 month period		No Deductible	100%, No Deductibles \$40 copay		60%, No \$50 copay
Hearing Aid Benefit Up to \$15000 per hearing aid unit necessary for each hearing impaired ear every 36 months		After Deductible	After Deductible		60%, After Deductible
Home Health Care Services Policy Year Maximum of 120 visit		After Deductible	80%, After Deductible		60%, After Deductible
Private Duty Nursing Policy Year Maximum of 120 visit limit.		60%, After Deductible	After Deductible		60%, After Deductible
Hospice Care Services		After Deductible	After Deductible		60%, After Deductible
Infusion Therapy Outpatient Facility Physician's Services		After Deductible 60%, After Deductible	After Deductible 80%, After Deductible		60%, After Deductible 60 ⁰ /0, After Deductible
Short Term Rehabilitative Therapy Policy Year Maximum of 30 visit limit for all therapies combined. Physician's Office Visit Outpatient Hospital Facility Note: The Short Term Rehabilitative Therapy maximum does not apply to the treatment of autism.		60%, No Deductible After Deductible	100%, No Deductible, \$40 copay 80%, After Deductible		60%, No Deductible, \$50 Copay 60%, After Deductible

Prescription Drugs Purchased <u>Inside of the United States</u>		
-Retail Pharmacy based on a	Prescription Drugs dispensed by a Physician of medical facility on: an <u>one (1) month supply</u>	
	Participating Retail Pharmacy	Non Participating Retail Pharmacy
Tier 1 Prescription Drugs - Generic	\$20 Copayment per Prescription or refill Deductible does not apply	\$20 Copayment per Prescription or refill Deductible does not apply
Tier 2 Prescription Drugs - Preferred Brand	\$45 Copayment per Prescription or refill Deductible does not apply	\$45 Copayment per Prescription or refill Deductible does not apply
Tier 3 Prescription Drugs - non Preferred Brand	30% Copayment per Prescription or refill Deductible does not apply. The Maximum Copayment per 1 month supply is \$200.	30% Copayment per Prescription or refill Deductible does not apply. The Maximum Copayment per 1 month supply is \$200.
Mail Order Pharmacy three (3) months	Drugs using the Insured's mail order Prescription Drug vendor supply – Copayments based on a	
	Participating Provider Mail Order Pharmacy	Non-participating Mail Order Pharmacy
Tier 1 Prescription Drugs - Generic	\$60 Copayment per Prescription or refill Deductible does not apply	Not Covered
Tier 2 Prescription Drugs - Preferred Brand	\$135 Copayment per Prescription or refill Deductible does not apply	Not Covered

Tier 3 Prescription Drugs - non Preferred Brand	30% Copayment per Prescription or refill Deductible does not apply. The Maximum Copayment per 3 month supply is \$600.	Not Covered
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Prescription Drugs Schedule of Benefits
The below section describes the coverage for Prescriptions Drugs for You and Your insured Dependents. The Plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in the Schedule of Benefits and as described in the Prescription Drug Coverage section of this Certificate. To receive Prescription Drug Benefits, You and Your Dependents may be required to pay a portion of the Covered Expenses, That portion includes any applicable Deductible and/or Copayments. Benefits are limited as described in the Prescription Drug section of this Certificate and are subject to the Medical "Exclusions" section of this Certificate.
The following are applicable to all Prescription Drug benefits:
The Prescription drug designation is as per generally-accepted industry sources and adopted by Us and is subject to change

Prescription Drugs Purchased Outside of the United States															
•Retail Pharmacies or Drugs dispensed by a Physician or medical facility on an Outpatient basis - Copayments based on:	one (1) month supply														
Tier 1 Prescription Drugs - Generic	40% Copayment per Prescription or refill. Deductible does not apply.														
Tier 2 Prescription Drugs - Preferred Brand	40% Copayment per Prescription or refill. Deductible does not apply.														

Tier 3 Prescription Drugs - non Preferred Brand	40% Copayment per Prescription or refill, Deductible does not apply.
Mail Order Prescription Drugs using the Insurer's mail order Prescription Drug vendor Copayments based on:	one (1) month supply
Tier 1 Prescription Drugs - Generic	40% Copayment per Prescription or refill. Deductible does not apply.
Tier 2 Prescription Drugs - Preferred Brand	40% Copayment per Prescription or refill. Deductible does not apply.
Tier 3 Prescription Drugs - non Preferred Brand	40% Copayment per Prescription or refill, Deductible does not apply.

Taipei Economic and Cultural Representative Office in the United States

Invitation to Tender for Group Dental Insurance Contract

I. Procurement Object

Group dental insurance service contract ("the Contract") for Taipei Economic and Cultural Representative Office in the United States ("TECRO") and its subsidiary offices ("TECO") except for TECO in Honolulu.

II. Insured Persons

- A. TECRO/TECO full time employees and their dependents, which include spouse, eligible child and parents. "Eligible child" means minors; physically or mentally disabled sons or daughters without earning capacity; and unmarried sons or daughters under the age of 26 and still in school.
- B. Total accounts of TECRO/TECO current group dental insurance as of August 31, 2024:
 1. Employee only: 175 accounts (175 persons);
 2. Employee plus spouse or child(ren): 93 accounts(186 persons); AND
 3. Family: 106 accounts (398 persons).
- C. A quoted total price in a tender must be based on the accounts listed above and it must also contain monthly premium for each type of accounts.

III. Contract Dates

- A. 01/01/2025-12/31/2025 (US calendar day)
- B. TECRO has the option to renew the Contract for I year (01/01/2026-12/31/2026) provided that:
 1. TECRO is satisfied with the performance of the coverage under the Contract; AND
 2. The renewed Contract Price is agreed by both sides before October 15, 2025 after negotiation of

the renewal. IV. Procurement Budget:

- A. 2025: US\$ 344,530.
 1. The maximum premium for monthly rate for an employee only account shall be no higher than US\$ 41.20.
 2. The maximum monthly premium for an employee plus spouse or child(ren) account and for a family account shall be calculated based on the carrier's formula for the calculation of—the maximum premium for the employee only account.

- B. 2026: US\$ 344,530.
 - 1. Provided that TECRO decides to renew the Contract for the year of 2026.
 - 2. 2025 maximum monthly premium aforesaid applies to 2026.
- C. Any quoted total price of tender that is over the procurement budget will not be considered.

V Dental Insurance Carrier/Broker

- A. Basic requirement: TECRO will review basic requirement for a dental insurance carrier/broker ("carrier/broker") before evaluating its tender. A prospective carrier/broker shall submit documents to prove that it is licensed to provide dental insurance service in the United States.
- B. A carrier may permit no more than one broker to submit its tender to TECRO on behalf of the carrier. A broker must submit no more than one tender to TECRO on behalf of the carrier. This does not preclude industry practices of business contacts and insurance proposal quotes between carriers and brokers before they formally submit tenders to TECRO.

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- B. TECRO will form a selection committee ("the Committee") of 5 persons to review tenders submitted by carriers/brokers.
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- E. TECRO may award the Contract to the 1st priority carrier/broker provided that the quoted total price in its tender is below the procurement budget listed in Paragraph IV above and that TECRO accepts the quoted total price. If the quoted total price is below the procurement budget but TECRO is not satisfied with the price, TECRO will negotiate the final price with the 1st priority carrier/broker before awarding the Contract. If TECRO cannot reach an agreement with the 1st priority carrier/broker on the final price, TECRO will move to the 2nd priority carrier/broker and negotiate the final price for its tender, and so on. TECRO will only negotiate with any qualified carriers/brokers one time on the final price of its tender for the year of 2025.
- F. The Committee may award the Contract in its' sole discretion.
- G. TECRO does not have a contractual relationship with any carriers/brokers until TECRO signs the Contract.

VII. Benefit Requirements

- A. For benefit requirements please contact TECRO HR officer.
- B. The benefit summary of the tender submitted to TECRO must be a PPO dental program. A comparison between the benefit requirements in the Addendum and the tender's benefit summary must be submitted. for the Committee's review.
- C. The Committee will evaluate the insurance carrier/broker's tender and benefit summary in accordance with selection criteria in Paragraph VIII below to determine which tender has the priority for price negotiation.
- D. Parents living in the same household of TECRO/TECO eligible employees may enroll in the group dental insurance plan in separate account. Diplomatic employees' parents living in Taiwan may also enroll in the plan if they come to the United States for a short family visit.
- E. Prevention of medical fraud
No employees or dependents may enroll in the group dental insurance plan if their main purpose of coming to the United States or joining this plan is to seek dental treatment. The insurance carrier/broker must inform TECRO of the aforesaid or other serious medical fraud cases it discovers.

VIII. Selection Standard

A. Selection Criteria

Evaluation items	Sub-evaluation items	Score Distribution
Professional Service Team	Human resources	15

	Number of in-network dental providers	
Service Quality	Procedure of enrollment and claims	20
	Customer service for claims and dental service advice	
	Broker Services	
Capability of Group Dental Insurance	Foreign embassies/consulates clients	10
	Fortune 500 companies clients	
Soundness of Proposals	Completeness of proposals	15
	Proposal is more favorable than the benefit summary required by TECRO	
Quoted Price	Premium Calculation	40
	Premium Reasonableness	
	Reward(credit back)	
Total Score		100

B. Any tender with a total score of less than 70 will not be considered further.

IX. Submission of Tender:

A. Please contact TECRO personnel officer to request information of tender preparation.

Telephone number: 202-895-1843

Email: tecroHR@mofa.gov.tw

Mr. Gene Li / Acting Deputy Director

- B. Submission of tender is strictly limited to regular mail, courier service or personal delivery. Electric transmission of tender WILL NOT be accepted.
- C. The tender must be sealed and received by TECRO not later than 05:00pm on November 25, 2024 (ET). Please address the tender as follows:
Administrative Division (Group Dental Insurance Tender)
Taipei Economic and Cultural Representative Office in the United States
4201 Wisconsin Avenue, N.W. Washington, DC 20016
- D. A tender must contain following documents:
 - I. Group health insurance service proposal
The proposal must contain the information required in this invitation to tender.
 - 2. One copy of draft contract.
 - 3. Statement of the tender (form provided by TECRO).
 - 4. Price list of the tender(form provided by TECRO).
 - 5. A carrier/broker's basic requirement documents listed in Paragraph V. above.
- E. Proposals received after the deadline WILL NOT be considered.
- F. TECRO will hold a meeting in its office to open sealed tenders it received at 10:00am on the next business day of the submission deadline.

X. Enrollment Procedure and Effectiveness of Coverage

- A. The coverage of diplomatic employees and their dependents shall become effective upon their arrivals at the port of entries in the United States if they decide to enroll in the plan.
- B. The coverage of eligible locally-hired employees and their dependents (parents not included with some exceptions) shall become effective 90 days after the commencement of employment with
TECRO/TECO if they choose to enroll in the plan

XI. Premium Payment Period

TECRO will pay insurance premium in a 3-month period and will adjust its payment according to new enrollments and withdrawals.

Dental Benefits Summary

Active PP MAX
With PPOII and ExtendSM Networks

Participating	Non-participating
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Annual Deductible*

Individual \$25 \$100 Family \$50 \$200

Preventive Services

Basic Services

Major Services

Annual Benefit Maximum	\$1400
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Office Visit Copay	NIA
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Orthodontic Services* *	500/0
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Orthodontic Deductible	None	None
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Orthodontic Lifetime Maximum	\$1000	\$1000
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*The deductible applies to: Basic & Major services only

**Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services

Active PPO MAX
With PPOII and ExtendSM Networks

Participating	<u>Non-participating</u>
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Preventive

Oral examinations (a)	100%
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Cleanings (a) Adult/Child	100%
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Fluoride (a)	100%
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Sealants (permanent molars only) (a)	1000/0
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Bitewing Images (a)	100%	700/0
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Full mouth series Images (a)	100%
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Space Maintainers	1000/0
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Basic

Root canal therapy

Anterior teeth I Bicuspid teeth

Root canal therapy, molar teeth

Sealing and root planing (a)

Gingivectomy (a)*

Dental Benefits Summary

Amalgam (silver) fillings

Composite fillings

Stainless steel crowns

Incision and drainage of abscess*

Uncomplicated extractions

Surgical removal of erupted tooth*

Surgical removal of impacted tooth (soft tissue)*

Osseous surgery (a)*

Surgical removal of impacted tooth (partial bony/ full bony)*

General anesthesia/intravenous sedation*

Crown Lengthening

Major

Inlays

Onlays

Crowns

Full & partial dentures

Pontics

Denture repairs

Crown Build-Ups

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(a) Frequency and/or age limitations

may apply. Limits are described in the booklet/certificate.