

**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 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\$ 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.

#### **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 Government Procurement Act (the “Act”) of ROC (Taiwan).

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 requirement 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 1<sup>st</sup> 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 1<sup>st</sup> priority carrier/broker before awarding the Contract. If TECRO cannot reach an agreement with the 1<sup>st</sup> priority carrier/broker on the final price, TECRO will move to the 2<sup>nd</sup> 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**

<b>Evaluation items</b>	<b>Sub-evaluation items</b>	<b>Score Distribution</b>
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:

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.

## Dental Benefits Summary

	<u>Active PPO MAX</u> <u>With PPOII and Extend<sup>SM</sup> Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
<b>Annual Deductible*</b>		
<b>Individual</b>	\$25	\$100
<b>Family</b>	\$50	\$200
<b>Preventive Services</b>	100%	70%
<b>Basic Services</b>	80%	50%
<b>Major Services</b>	50%	30%
<b>Annual Benefit Maximum</b>	\$1400	\$1400
<b>Office Visit Copay</b>	N/A	N/A
<b>Orthodontic Services**</b>	50%	50%
<b>Orthodontic Deductible</b>	None	None
<b>Orthodontic Lifetime Maximum</b>	\$1000	\$1000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		
<b>Partial List of Services</b>	<u>Active PPO MAX</u> <u>With PPOII and Extend<sup>SM</sup> Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
<b>Preventive</b>		
Oral examinations (a)	100%	70%
Cleanings (a) Adult/Child	100%	70%
Fluoride (a)	100%	70%
Sealants (permanent molars only) (a)	100%	70%
Bitewing Images (a)	100%	70%
Full mouth series Images (a)	100%	70%
Space Maintainers	100%	70%
<b>Basic</b>		
Root canal therapy		
Anterior teeth / Bicuspid teeth	80%	50%
Root canal therapy, molar teeth	80%	50%
Scaling and root planing (a)	80%	50%
Gingivectomy (a)*	80%	50%

## Dental Benefits Summary

Amalgam (silver) fillings	80%	50%
Composite fillings	80%	50%
Stainless steel crowns	80%	50%
Incision and drainage of abscess*	80%	50%
Uncomplicated extractions	80%	50%
Surgical removal of erupted tooth*	80%	50%
Surgical removal of impacted tooth (soft tissue)*	80%	50%
Osseous surgery (a)*	80%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%	50%
General anesthesia/intravenous sedation*	80%	50%
Crown Lengthening	80%	50%
<b>Major</b>		
Inlays	50%	30%
Onlays	50%	30%
Crowns	50%	30%
Full & partial dentures	50%	30%
Pontics	50%	30%
Denture repairs	50%	30%
Crown Build-Ups	50%	30%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
<i>(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.</i>		