Technical Specifications

General Background:
ACA and the Italian regulations ("Livelli Essenziali di Assistenza") compliant, International and/or Domestic, fully insured large group health insurance contract to cover the US citizen and dual national employees of the Institutions of the Italian Government in the United States (diplomatic missions, consular offices, cultural institutes) and their dependents (namely around 130 members- including family members).

Jurisdiction:
This group contract will be situs in Washington, DC.

General Specifications and Conditions:
Enrolled employees and their dependents must have access to the following:

- A national PPO network of providers.
- Member Services Department that provides services regarding to provider network access issues, claims resolution, and other matters directly related to the insurance contract.
- 24 hour Nurse Line, as well as Disease and Care Management.

Covered Benefits:
The group contract must cover the following medical and prescription services:

- Preventive Care (Including mandatory vaccinations for children)
- Doctor Office Visits for both Primary and Specialist care
- Inpatient and Outpatient Hospitalization
- Maternity and Newborn Services
- Mental Health and Substance Abuse Services
- Emergency and Urgent Care
- Diagnostic, X-ray, and Laboratory Services
- Prescription Drugs

Valid Period:
The Contract arising from this bid process shall be valid for 24 months from the effective date.

Cost Sharing Arrangements:
The group health insurance plan for the US citizens and dual national employees of the Italian Government and their dependents that work and live in the US must be a PPO plan with a national provider network and must include the following covered services and cost sharing arrangements:

- Annual Deductibles:
    - There will be no In Network Deductible.
    - The Out of Network Deductible will be $1,000 for single only coverage and $2,000 for any non-single coverage tier.

- Out-of-Pocket Maximums:
    - In Network Out-of-Pocket Maximum will be $2,000 for single only coverage and $4,000 for any non-single coverage tier.

- Out of Network Out-of-Pocket Maximum will be $4,000 for single only coverage and $8,000 for any non-single coverage tier.
- All covered medical and prescription drug services must accumulate towards the Out-of-Pocket Maximum.
- The In Network and Out of Network Out-of-Pocket Maximums will not cross accumulate.

- Annual and Lifetime Maximum Benefit Limits:
  - There will be no annual or lifetime maximum benefit limits for any covered medical or prescription drug service, either In Network or Out of Network.

- Preventive Services:
  - In Network preventive services, as defined by the US Preventive Services Task Force (USPSTF) including but not limited to mandatory vaccinations for children, well woman visits, well child visits, annual adult physical examinations, and routine cancer screenings (including but not limited to breast cancer screening, Pap test, prostate cancer screening, and colorectal cancer screenings), will be covered at no cost to the member.
  - The coinsurance for Out of Network preventive services will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Ambulatory Patient Services:
  - The copay for In Network primary care office visits will be $10. The copay for In Network specialist office visits will be $20.
  - The coinsurance for Out of Network primary care and specialist office visits will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Inpatient and Outpatient Hospitalization:
  - There will be no charge for In Network inpatient and outpatient hospitalization services including but not limited to inpatient and outpatient facility services, inpatient and outpatient surgical services, as well as inpatient and outpatient physician services.
  - The coinsurance for Out of Network inpatient and outpatient hospitalization services will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Maternity and Newborn Services:
  - There will be no charge for In Network maternity and newborn services including but not limited to prenatal and postnatal office visits, delivery and facility services, and nursery care for newborns.
  - The coinsurance for Out of Network maternity and newborn services will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Mental Health and Substance Abuse Services:

- There will be no charge for In Network mental health and substance abuse services including but not limited to inpatient physician services, facility services, and medication management services. In Network mental health and substance abuse services provided on an outpatient basis will be $10.
- The coinsurance for Out of Network mental health and substance abuse services will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Emergency and Urgent Care:
  - The copay for In Network urgent care center visits will be $20. No charge after $100 copay for In Network hospital emergency room visits. There will be no charge for In Network ambulance services, if medically necessary.
  - No charge after $100 copay for Out of Network hospital emergency room visits. The coinsurance for Out of Network urgent care and ambulance services will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Diagnostic, X-ray, and Laboratory Services:
  - The copay for In Network diagnostic services, x-rays, and laboratory tests will be $10. The copay for allergy shots, as well as physical and occupational is $10 and speech therapy will be $20. The copay for In Network chiropractor services will be $10.
  - The coinsurance for Out of Network diagnostic, x-ray, and laboratory services will be 20% of the allowed benefit, after the Out of Network annual deductible.

- Prescription Drugs:
  - The In Network copays for a 30 day supply of prescription drugs will be as follows: generic drugs will be $10, brand name preferred drugs will be $20, brand name non-preferred drugs will be $40, and specialty drugs will be 50% coinsurance up to $100. The In Network mail order copays for a 90 day supply will be exactly double the retail copay.
  - There will be no Out of Network prescription drug benefit.

- Dental coverage (coverage is for dependent children between 0 and 14 years old):
  According to the Italian Regulations ("Livelli essenziali di Assistenza"), coverage should be granted as follows:
  - The copay for In Network diagnostic and preventive services, including basic fillings, will be 20% of the allowed benefits.
  - The copay for In Network diagnostic and preventive services, including basic fillings, will be 35% of the allowed benefits.