LAMAR CISD

A PROUD TRADITION | A BRIGHT FUTURE

03-2026TB

Medical Administration, Pharmacy Benefit Management (PBM), Third- Party Administrator (TPA) Claims Payor Services, Dental, HSA Administration, and Cobra Administration

Issue Date: 9/3/2026

Questions Deadline: 9/17/2026 02:00 PM (CT)

Response Deadline: 9/24/2026 05:00 PM (CT)

Event Information

Number:	03-2026TB
Title:	Medical Administration, Pharmacy Benefit Management (PBM), Third- Party Administrator (TPA) Claims Payor Services, Dental, HSA Administration, and Cobra Administration
Type:	Request for Proposal
Issue Date:	9/3/2026
Question Deadline:	9/17/2026 02:00 PM (CT)
Response Deadline:	9/24/2026 05:00 PM (CT)
Notes:	Lamar CISD (LCISD) is a K-12 public school district in Fort Bend County serving a student enrollment of 50,000. The district currently consists of 58 campuses and 9 district sites with additional campuses pending.

General Information- Please consider the following information for your proposal

Effective Date: September 1, 2027

Contract Duration: 1 year with 4 optional annual renewals, with Lamar CISD Board approval and provided that LCISD and the approved vendor are in mutual agreement.

Vendor History: UHC (9/1/2020- Current)

Eligibility: Full Time Employees (EEs) as defined by the District working 20 Hours/week; Retirees are not covered. Coverage is effective the first of the month following date of hire. For example, if an employee begins work on May 15th benefits would be effective June 1st.

Dependents are eligible for coverage included legal spouse and children under the age of 26. Older children who were disabled prior to the limiting age and grandchildren are also considered eligible dependents. if the employee is their legal court ordered guardian and are claiming them as a dependent for tax purposes.

The District currently has four medical plans through UHC. Please refer to the 2026 SBCs & 2025 SPDs for further information.

Please include the below commissions:

	Product	Inforce Carrier	Requested Commissions
1	ASO Medical	United Healthcare	NET
2	Dental	United Healthcare	6%
3	Health Savings Account	United Healthcare	NET
4	COBRA Administration	United Healthcare	NET

Please include the below credits/allowances:

		Requested Credit/Allowance*	Frequency Request*
1	General Purpose Allowance	$120,000	Annual
2	Implementation Credit	$60,000	One-Time

3	Wellness Allowance	$30,000	Annual
4	Communication Allowance	$60,000	Annual

*Please note any deviations from credit/allowance amounts or frequency requested on the Medical Deviations category under the Attributes Tab.

a) if you have any documents that outline what is an allowance or permitted usage based on each type of credit/allowance, please provide with your RFP response.

b) Gallagher is requesting that you allow reimbursements to be issued either by paying the vendor, including Gallagher, directly OR reimbursing the District.

c) Please outline the documents required for reimbursement in your RFP response- Invoice, W-9, description of the services provided, proof of payment, etc.

All reporting files and other supporting documentation can be found attached to the bid posting.

All workbook pages and standalone documents must be completed and returned with your proposal

The District does not want competing multiple proposals from the same vendor, so manage your internal proposal process to assure that one (1) proposal is presented.

PLEASE provide an Executive Summary, as well as your standard Proposal with this submission. PLEASE note, you MUST provide your responses in our standard template in order to be considered for this RFP.

Disclaimer:

Much effort has been made to provide all necessary and accurate information in this Request for Proposal. It is the sole responsibility of the proposers to ensure that they have all information necessary to complete submission of their proposals. If more information is needed, please submit through IonWave.

Questions pertaining to this solicitation must be submitted electronically through LCISD's bidding system.

Terms and Conditions

Texas Education Code 44.031
Purchasing and Acquisition, LCISD Policy CH (Legal)
Purchasing and Acquisition, LCISD Policy CH (Local)

LCISD reserves the right to award this contract as best meets the district needs to include primary and alternate, dual or multiple award. The District will not provide any guarantee on the amount of work awarded.

Response Requirements

LCISD will accept electronic proposals only as it helps to expedite the bidding process and alleviates errors. Electronic responses are due by the stated close date and time. No paper, emailed, or faxed responses will be accepted.

For technical assistance, please contact Ion Wave Support:
844-226-3862
support.ionwave@eunasolutions.com

Bid Attachments

Scope of Work.pdf View Online

Scope of Work

ASO Pricing Sheet.xlsx View Online

ASO Pricing Sheet

Dental Pricing Sheet.xlsx View Online

Dental Pricing Sheet

Repricing Summary.xlsx View Online

Repricing Summary

Repricing Based on Broad PPO Network.xlsx View Online

Repricing Based on Broad PPO Network

3 Digit Zipcode.xlsx View Online

3 Digit Zipcode

Physician Disruption.xlsx View Online

Physician Disruption

Facility Disruption.xlsx View Online

Facility Disruption

1295 Instructions.pdf View Online

Form 1295

W9.pdf View Online

W9

Edgar Certifications.pdf View Online

Edgar Certifications

CIQ.pdf View Online

CIQ

Lamar CISD - Terms & Conditions.pdf View Online

Lamar CISD Terms & Conditions

Reference Questionnaire.pdf View Online

Reference Questionnaire

Requested Attachments

Conflict of Interest Form

(Attachment required)

Please download and complete the Conflict of Interest form, located on the "Attachments" tab. Upload the completed form.

Completed 1295 Form

(Attachment required)

Go to https://prd.tecprd.ethicsefile.com/TECCertInt/pages/login/certLogin.jsf

Completed W-9 Form
(Attachment required)

Please download and complete the W-9 form, located on the "Attachments" tab. Upload the completed form.

Reference Questionnaire
(Attachment required)

Upload completed questionnaire

Reference Questionnaire
(Attachment required)

Upload completed questionnaire

Reference Questionnaire
(Attachment required)

Upload completed questionnaire

Edgar Certifications
(Attachment required)

ASO Pricing Sheet
(Attachment required)

Dental Pricing Sheet
(Attachment required)

Repricing Summary
(Attachment required)

Repricing Based on Broad PPO Network
(Attachment required)

3 Digit Zipcode
(Attachment required)

Physician Disruption
(Attachment required)

Facility Disruption
(Attachment required)

Bid Attributes

1	**Introduction** There are attributes, including this one, associated with this solicitation. Some are notes and require no response, but most have a required response. Please select each page on the right-hand side of the blue bar below (at the bottom of this list of attributes) in order to view the next page of Attributes.
2	**Lamar CISD Terms and Conditions** Lamar CISD Terms and Conditions are provided in an attachment to the proposal. Please check if you agree or disagree to the terms and conditions of this proposal. This is your electronic signature. ☐ Agree ☐ Do Not Agree *(Required: Check only one)*
3	**Scope of Work** The Scope of Work is provided in an attachment to the proposal. Please check if you agree or disagree to the Scope of Work of this proposal. This is your electronic signature. ☐ Agree ☐ Do Not Agree *(Required: Check only one)*

4 **Purchase Order Information**

Please provide legal business name.

(Required: Maximum 1000 characters allowed)

5 **Purchase Order Information**

Please provide company address.

(Required: Maximum 1000 characters allowed)

6 **Purchase Order Information**

Please provide email address that POs should be sent to.

(Required: Maximum 1000 characters allowed)

7 **Remittance Information**

Please specify the correct legal business name, contact person, address, phone and fax numbers that should be used as the remittance address.

(Required: Maximum 4000 characters allowed)

8 **Conflict of Interest**

It is the vendor's responsibility to notify the school district if there is a conflict of interest.
Website: https://www.ethics.state.tx.us/forms/conflict/
By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. (Ref H.B. 23.).
Conflict of Interest Questionnaire (CIQ) form and instructions for completion are found under the "Attachments" tab of this solicitation. If you have a Conflict of Interest, the completed form (including signature) must be attached under #2 in the "Response Attachments" tab of this solicitation. If nothing to disclose, you do not need to complete and attach the form with your response.
Do you have a conflict of interest with a Lamar CISD official to report or disclose under this statutory requirement?

☐ yes ☐ no

(Required: Check only one)

9 **Code of Silence**

As part of the District’s commitment to transparency and fairness during the competitive procurement process, we are implementing a Code of Silence.

"Code of Silence" shall mean a prohibition on any communication regarding any competitive procurement between:
-Any person who seeks an award from the District or its affiliated entities, including a potential vendor or vendor's representative; and
-The Superintendent or any chief officer, assistant superintendent, executive director, principal, department head, director, manager, or other District representative who has influence on or is participating in the evaluation or selection process.
-The Code of Silence shall not apply to communication with the purchasing staff.

The Code of Silence time period shall begin 30 days before the issuance of a competitive procurement solicitation and will officially end when the contract is awarded by the Board of Trustees.

☐ I have read and understand.
(Required: Check if applicable)

10 **Submission Response**

Lamar CISD requires proposal responses to be submitted electronically via this system as it expedites the solicitation process and helps to alleviate errors.

☐ I have read and understand.
(Required: Check if applicable)

11 **Solicitation Questions**

All questions regarding this solicitation must be asked using the QUESTIONS Tab within the system.

☐ I have read, understand, and agree.
(Required: Check if applicable)

12 **Non-Exclusive Contract**

To allow for competition as the District utilizes funding to make day-to-day purchases, it is the intent of the District to award multiple vendors as determined to be the best value by Lamar CISD.

(Optional: Maximum 4000 characters allowed)

13 **Interlocal Agreement Clause**

Lamar CISD is a member in good standing of the Central Texas Purchasing Alliance (CTPA) an alliance of over 40 school districts in Texas representing over a million students, sharing information, services and contractual opportunities. CTPA is an alliance created in accordance with Section 791.001 of the Texas Government Code through interlocal agreements.

In support of this collaborative effort, all awards made by Lamar CISD may be adopted by other active CTPA member districts. By adopting a contract from another CTPA member district, the adopting district has met the competitive bidding requirements established by the Texas Education Code, Section 44.031(a)(4) and as required by the adopting district's policies. There is no obligation on either party to participate unless both parties agree. The goods and services provided under the contract will be at the same or better contract pricing and purchasing terms established by the originating district.

The adopting district shall be responsible for the management of the new contract and all payments to the contracted vendor. The originating district shall have no responsibilities under the new contract agreement. If a member district chooses to utilize this solicitation and subsequent contract, contracts will be awarded individually by those districts.

(Optional: Maximum 4000 characters allowed)

14 **Pricing Information**

Pricing for this proposal shall be provided under the LINE ITEMS tab.

☐ I have read and understand.

(Required: Check if applicable)

15	**Pricing Requirements** 1. Pricing shall remain fixed for the full initial term of this contract. Any requests for a price increase may be presented in writing to the District for consideration only at the contract renewal points and must be accompanied by a proper justification. The District expects suppliers to avoid cost increases and to negotiate with their own suppliers or manufacturers in order to achieve this objective. Any price increase requests that are accompanied by proper justification should limit the increase to no more than 3% over the previous year's costs. The District reserves the right to contest and negotiate any price increase requests. 2. Proposer are not required to submit pricing on all items; however, proposers who submit pricing on all items all or most items may have a better chance of being awarded part or all of the contract. Please select ”No Bid” for those items you decide not to submit pricing on. The District reserves the right to issue a partial award or award for all items based on the submitted proposals. 3. If varying minimum order quantities are required for any particular item, or if Manufacturer price increases have occurred, the District reserves the right to price quote those items from any of the awarded vendors and to add the desired item to the contract of the vendor whose proposal offers the best value to the District, considering all relevant factors including but not limited to pricing, availability, product quality, expected delivery lead times, etc. 4. The unit pricing proposed for the products listed in the Line Items tab shall represent the maximum price the District would pay for such products; however, the District reserves the right to negotiate better pricing based on large orders associated with special projects. *(Optional: Maximum 4000 characters allowed)*

16	**Attachments Required** Be sure to upload all required documents and forms to the RESPONSE ATTACHMENTS tab of this solicitation.

17 **Evaluation Criteria**

The District will evaluate the initial response documentation from all responsive proposers to this solicitation based on the criteria and weighted values listed below.

Scoring Matrix

Fixed Costs - 30%
a) Total Medical Fees
b) Allowances
c) Ancillary Fees

Cost of Care - 40%
a) Indicated plan design can be accommodated
b) Network and Access
c) Claims Repricing

Quality of Goods and Services - 20%
a) Response to contract terms/banking arrangements/timelines
b) Experience and Qualifications of Client/Customer Service Team
c) Performance Standards and Guarantees

Credibility and Proposal Specification - 10%
a) Financial Stability - AM Best
b) Years Writing Proposed Benefits
c) Adherence to Proposal Specifications

The District reserves the right to include additional evaluation criteria beyond the initial review to include, but not limited to the criteria identified in Texas Education Code 44.031(b). The District reserves the right to add additional evaluation steps, such as interviews, demonstrations, sample products, etc., to determine which response best meets the needs of the District. The District reserves the right to negotiate price, final terms and conditions, and/or any relevant factors prior to award.

18 **Award Information**

Being an awarded vendor signifies that your company is authorized to accept and fulfill orders received from authorized District staff; however, as an awarded vendor the District does not guarantee that your company will receive any business.

☐ I have read and understand.
(Required: Check if applicable)

19 **Contract Term**

An award recommendation will be made at the Lamar CISD Board of Trustees meeting scheduled on August 2025. If the award recommendation is approved, the initial term of this contract ("Contract") will be for one (1) year from August 2025 - August 2030. Thereafter, the District reserves the right to either renew the contract annually for up to four (4) additional one-year terms ("Renewal Terms") or to extend the contract on a month-to-month basis to prevent a lapse in the contract term until the District re-bids the Contract.

This contract may be terminated by the District at any time with or without cause and without penalty to the District. In the event of termination by the District prior to completion of the contract, compensation shall be prorated on the services actually performed, and the Contractor shall only be entitled to receive compensation for satisfactory work completed up to the date of termination.

☐ I have read, understand, and accept.
(Required: Check if applicable)

20	**Late Proposals Not Accepted** The "Close Date & Time" referenced on this solicitation is the deadline by which responses must be submitted via the Lamar CISD's web-based e-sourcing system. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.** Please give yourself ample time to enter your submission online prior to the deadline, at which time the online system will lock and will not accept any submissions. **IMPORTANT NOTES TO SUPPLIERS:** - Lamar CISD highly recommends that vendors submit their completed proposals 4 to 24 hours prior to the submission deadline in order to have time to address any errors they may encounter during the proposal submission process. - Lamar CISD will not be responsible for any late responses or for any technical issues that are out of the District's control.
21	. **PROPOSAL REQUIREMENTS** **The following items require an answer**
22	**Debarment or Suspension Certification** Non-Federal entities are prohibited from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement of good or services equal to or in excess of $100,000. Vendors receiving individual awards of $100,000 or more and all sub-recipients must certify that the organizations and its principals are not suspended or debarred. (I) Certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency under the Federal OMB, A-102, common rule. Failure to certify will render bidder non-responsive and will not be considered for award. ☐ [Please select] ☐ Agree ☐ Do not agree *(Required: Check only one)*
23	**Felony Conviction Notice** Texas Education Code, Section 44.034, Texas Education Code, Notification of Criminal History, Subsection (a), states "A person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "A school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract." Is your firm owned or operated by anyone who has been convicted of a felony? ☐ Yes ☐ No *(Required: Check only one)*

24 **Felony Conviction Details**

If your firm is owned or operated by anyone who has been convicted of a felony, please list their name and the details of the conviction. If not applicable, please enter N/A (not applicable).

(Required: Maximum 4000 characters allowed)

25 **Criminal Background Check Requirement**

If an employee of a contractor is covered under SB 9, the contractor must bear the burden of obtaining a national, fingerprint-based criminal history check. Under Section 22.0834 of the Education Code, the contractor is then required to certify to the district that the criminal history check has been performed. The contractor, not the district, is responsible for contacting DPS directly to set up an account for the purposes of obtaining criminal history record information. Under the statute SB 9, a contractor is required to conduct a criminal history review on an employee only when the following criteria have been met: *The employer has contracted with district to provide services. *The particular employee will have continuing duties relating to the contract with the district. * The particular employee will have contact with students. A contractor or sub-contractor may not work on District property or any location the District deems a place where students are regularly present when *they have been convicted of a felony or misdemeanor involving moral turpitude, as defined by Texas law or any other offense the District believes might compromise the safety of student, staff or property.

A Proposer's violation of this section shall constitute substantial failure. If the Proposer is the person or owner or operator of the business entity, that individual may not self-certify regarding the criminal history record information and its review, and must submit original evidence acceptable to the district with this Agreement showing compliance. Possession of fire arms, alcohol and/or drugs, even in vehicles, is strictly prohibited on school/district property. The use of tobacco products are not allowed on school district property. ~~~This is your electronic signature.

☐ Agree ☐ Do Not Agree

(Required: Check only one)

26 **Conflict of Interest Questionnaire**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

Does this vendor have conflict of interest with Lamar CISD?

☐ Yes ☐ No

(Required: Check only one)

27 **Anti-Collusion Statement**

I affirm that I am duly authorized to execute this contract; that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other Bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

☐ I agree.
(Required: Check if applicable)

28 **No Israel Boycott Certification**

Effective September 1, 2017, a Texas governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that it:

(1) does not boycott Israel; and
(2) will not boycott Israel during the term of the contract. (TEX. GOV'T CODE Ch. 2270)

"Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes. TEX. GOV'T CODE §808.001(1)

Vendor certifies that they do not boycott Israel, will not boycott Israel during the term of this Agreement, and are in compliance with Section 2270.002 of the Texas Government Code.

☐ Agree
(Required: Check if applicable)

29 **No Excluded Nation or Foreign Terrorist Organization Certification**

Effective September 1, 2017, Chapter 2252 of the Texas Government Code provides that a Texas governmental entity may not enter into a contract with a company engaged in active business operations with Sudan, Iran, or a foreign terrorist organization - specifically, any company identified on a list prepared and maintained by the Texas Comptroller under Texas Government Code §§806.051, 807.051, or 2252.153. (A company that the U.S. Government affirmatively declares to be excluded from its federal sanctions regime relating to Sudan, Iran, or any other federal sanctions regime relating to a foreign terrorist organization is not subject to the contract prohibition.)

Vendor certifies that they do not support foreign terrorist organizations and are in compliance with Sections 2252.152-154 of the Texas Government Code.

☐ Agree
(Required: Check if applicable)

30 **No Deviations or Exceptions**

I certify that there are NO deviations or exceptions from the attached specific terms, conditions, and specifications.

☐ [Please select] ☐ Agree - No Deviations ☐ Do Not Agree - Please see below
(Required: Check only one)

31 Deviations and Exceptions

If your company intends to deviate from the Specifications listed in the attached documents, all such deviations and exceptions must be listed here, with complete and detailed conditions and information included. The District will consider any deviations or exceptions in its bid award decisions. The District reserves the right to accept or reject any proposals based upon any deviations indicated below. If none, please enter N/A (Not Applicable).

(Required: Maximum 4000 characters allowed)

32 Purchasing Cooperative

Has your company been awarded a purchasing cooperative contract? If yes, please list the names of the Cooperatives and the contract numbers you have with each. If none, please enter N/A (not applicable).

(Required: Maximum 4000 characters allowed)

33 Texas Public Information Act

The District is a public entity subject to the Texas Public Information Act (Tex. Govt. Code Ch. 552, "The Act"). Responses to this invitation are subject to release as public information unless the response or specific parts of the response are exempted from public disclosure under such Act. Respondents should consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information before responding to this invitation. The Act permits you, upon request for information from a member of the public, to make arguments to the attorney general that disclosure of the information would implicate your property or privacy interest.

☐ I have read and understand.
(Required: Check if applicable)

34 **Certificate of Interested Parties (Form 1295)**

Pursuant HB 1295, the addition of section 2252.908 of the Government Code, all awarded vendors must fill out electronically, with the Texas Ethics Commission's online filing application.
The law states that a governmental entity or state may not enter into certain contract with a business entity unless the business entity submits a disclosure of Interested Parties (Form 1295) to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The Texas Ethics Commission has adopted rules requiring the business to file Form 1295 electronically with the Commission. This form must then be signed and attached under the "Response Attachments" tab of this RFP, prior to any business transaction.
The 1295 filing application can be located at:
https://www.ethics.state.tx.us/filinginfo/1295/
Following is a link to a video, which explains this process and how to fill out the form:
https://www.ethics.state.tx.us/filinginfo/videos/Form1295/FirstLogin-Business/Form1295Login-Business.html

Instructions:
1. Create a login and password on the Texas Ethics website. (If you already have a login, you may skip this step)

2. **Login** and select **Manage My 1295 Forms**

3. Select **Start a New Certificate**

Business Name: Enter your business name, city, state and country of your place of business.
Who is the Contract With? Select “Other Governmental Entity"
Governmental Entity Name: Lamar CISD
Contract ID Number: Enter the Lamar CISD Contract ID number. This will be the RFP number that you are responding to.
Select Add More to add the names of any Interested Parties.
Select Next when there are no additional interested parties to add.
Select the button next to "I swear, or affirm...that information provided is true and correct"
Enter name of individual filling out the form

4. **Print** the form and fill out the Unsworn Declaration, section 6. **It must be signed and dated.**

5. **Upload** the completed, signed form to your Bid Response Attachments.

A new form must be completed for each contract entered into with Lamar CISD.

A sample Certificate of Interested Parties (Form 1295) form has been included for your reference in the "Attachments" tab of this RFP.

Questions? Check the 1295 FAQs at the following URL:
https://www.ethics.state.tx.us/resources/FAQs/FAQ_Form1295.php

(Optional: Maximum 4000 characters allowed)

35 **Compliance with Texas Law Regarding Foreign Organizations and Israel Boycotts Texas SB 252, HB 89 & HB 793**

This section applies only to a contract that: (1) is between a governmental entity and a company with 10 or more full-time employees; and (2) has a value of $100,000 or more that is to be paid wholly or partly from public funds of the governmental entity. Proposer hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State (the "Foreign Organization List"). In the event that Proposer is added to the Foreign Organization List at any time during the term of this Contract, Proposer shall promptly provide notice to Lamar CISD. Lamar CISD may, at its discretion, terminate this Contract immediately upon receipt and verification of information, by any means, that Proposer has been added to the Foreign Organization List. Proposer further certifies and verifies that neither Proposer, nor any affiliate, subsidiary, or parent company of Proposer, if any (the "Related Companies"), currently boycotts Israel, and Proposer agrees that Proposer and Related Companies will not boycott Israel during the term of this Contract. For purposes of this Contract, the term "boycott" shall mean refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory. The term "boycott" shall not include an action made for ordinary business purposes.

☐ Agree

(Required: Check if applicable)

36 **Certificate of Residency**

Pursuant to Government Code, Chapter 2252, Sub-chapter A, the District must be provided the following information for a response to be accepted. "A governmental entity may not award a governmental contract to a nonresident prosper unless the nonresident under Bids the lowest Bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to under Bid the nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located."

"Resident bidder" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

"Nonresident bidder" refers to a person who is not a resident.

☐ My company is a "nonresident bidder"

☐ My company is a "resident bidder"

(Required: Check all that apply)

37 **Certificate of Residency**

If answering the question above "My company is a non-resident bidder", please use this box to list State your company is located and the percentage amount (if required) your State requires your company to under-bid.

(Required: Maximum 4000 characters allowed)

38 **Clean Air and Water Act Certification**

I certify that my company is in compliance with all applicable standards, orders of regulations issued pursuant to the Clean Air Act of 1970, as amended (42 U.S.C. 1857 (h). Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15 as required under OMS Circular A-102, Attachment O, Paragraph 14 (1) regarding reporting violations to the grantor agency and to the United States Environmental Protection Agency Assistant Administrator for the Enforcement. I (We) the undersigned, agent for the firm, named below certify that the above information is true to the best of my knowledge.

☐ Agree

(Required: Check if applicable)

39 **Place of Business**

Does your ultimate parent company or majority owner have its principal place of business in the state of Texas?

☐ Yes ☐ No

(Required: Check only one)

40 **Place of Business**

Does your ultimate parent company or majority owner employ at least 500 people in the state of Texas?

☐ Yes ☐ No

(Required: Check only one)

41 **Non-resident Bidder's Certification**

Non-resident Bidder of Texas as defined in Texas Government Code Section 2252.001(3) ~~~ If your firm is not a Resident Bidder of Texas as defined in Texas Government Code Section 2252.001(4), indicate your firm's principal place of business City and State. If not applicable, please enter N/A (not applicable).

(Required: Maximum 4000 characters allowed)

42 .

PROPOSAL SPECIFICATIONS

The following items require an answer

43 **The effective date of coverage, September 1, 2027, is acknowledged and accepted.**

Indicate you agree below.

(Required: Maximum 1000 characters allowed)

44 **You have reviewed and accept the Plan's eligibility provisions.**

Indicate you agree below.

(Required: Maximum 1000 characters allowed)

45	**Preliminary renewal rates must be submitted nine months prior to the effective date.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
46	**All sections of the workbook are completed in their entirety, in the format requested.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
47	**The vendor will be responsible for producing the Summary Plan Description. The District reserves the right to review / revise the SPD prior to finalization.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
48	**Vendor agrees to provide an SPD draft within 60 days of the effective date.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
49	**Vendor agrees to provide Summary of Benefits and Coverage (SBC) within 14 business days after notification of final plan designs.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
50	**Vendor agrees to provide all communication materials in electronic format.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
51	**Vendor agrees to provide all standard reports to the District and its professional advisor.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*

52	**Vendor agrees to provide monthly reports to the Districts data warehouse vendor at no additional charge.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
53	**Vendor will accept weekly pharmacy data feeds (if the pharmacy benefit is carved out) and integrate the data into its medical management program.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
54	**Vendor agrees to provide Rx integration files for OOP / ACA compliance.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
55	**Vendor agrees to provide a dedicated reporting contact** Vendor agrees to provide a dedicated reporting contact for the District and its consultant. This person would be responsible for running ad hoc reports for the District and/or its consultant's discretion, at no additional cost to the District. Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
56	**You must permit the employer to have access to all files on request (e.g., a claims audit).** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
57	**Vendor allows a pre and post implementation audit.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*

58	**Your contract must require no more than a 90-day notice of termination.** Your contract must require no more than a 90-day notice of termination. Your contract cannot prohibit the group from terminating coverage at any time. There must be no penalties for late notification or for termination off anniversary. Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
59	**Vendor agrees to comply with the Performance Guarantees, and penalties for non-compliance, as provided in this RFP.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
60	**Vendor has specifically listed all deviations from the RFP and coverage requirements. NOTE: Deviations MUST be listed; vendors cannot simply make "general" references to the proposal.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
61	**You are in compliance with all HIPAA Privacy, Electronic Data Interface (EDI) and Security Regulations and will use HIPAA 834 (ASC X12N 834) for the file transmission layout.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
62	**Your organization has online capabilities in the following areas:** 1) Provider selection – tools that will help members select reputable and effective providers. 2) Quality comparison – tools that will help members compare quality outcomes of providers and facilities. 3) Price comparison – tools that will allow members to compare the price for services of various hospitals, providers, lab and x-ray facilities, etc. 4) Wellness information and tools (i.e. BMI calculator, target heart rate calculator)." Indicate you agree below. *(Required: Maximum 1000 characters allowed)*

63	**Run-out claims will be paid by the existing carrier. Your pricing should assume no processed-in claim payments. ASO fees are mature and void of IBNR fee during the initial 12 month period.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
64	**Programs or tools that can enhance a member's experience are included in your proposal.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
65	**Vendor agrees to work alongside a secondary administrator should the District elect to implement a slice plan offering.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
66	**Vendor has outlined any ASO pricing modifications resulting from the implementation of a secondary administrator in the orange columns of the ASO Pricing Sheet.** Indicate you agree below. *(Required: Maximum 1000 characters allowed)*
67	**SECTION I** **SECTION I - GENERAL COMPANY INFORMATION** If additional space is needed to elaborate on any of your responses, you may upload a Response Attachment. Please be sure to clearly identify the Section Number, Section Title, and Attribute Number that the attachment corresponds to.
68	**Please confirm your organization will be ready to begin services on the stated effective dates of September 1, 2027.** *(Required: Maximum 1000 characters allowed)*
69	**Indicate what year the company was founded and describe the ownership structure.** *(Required: Maximum 1000 characters allowed)*

70	**Please provide the number of employees in your organization.** *(Required: Numbers only)*
71	**Please provide the ratings of your company (A.M. Best, Moody's, Standard & Poor's).** *(Required: Maximum 1000 characters allowed)*
72	**Have you recently been acquired or been involved with any mergers/acquisitions? If yes, please describe.** *(Required: Maximum 1000 characters allowed)*
73	**What is the legal name of your organization as it should appear on the Agreement?** *(Required: Maximum 1000 characters allowed)*
74	**What is the name of your parent organization if you have one?** *(Optional: Maximum 1000 characters allowed)*
75	**Please provide the main address, phone number, fax number, email address, web address for your company as well as your internal identification code for this RFP.** *(Required: Maximum 4000 characters allowed)*
76	**Provide the contact information of the individual authorized to answer questions related to this RFP, including their name, title, physical address, direct office phone number, fax number, cell phone number and email address.** *(Required: Maximum 4000 characters allowed)*

77	**What is the total number of employer clients that you have for the services you are proposing? What is the average size of your client as well as the largest?** *(Required: Maximum 1000 characters allowed)*
78	**How many school districts or other public institutions do you provide similar services for? What is the largest school district you currently service?** *(Required: Maximum 4000 characters allowed)*
79	**Does your organization have the necessary resources, staffing, and infrastructure to successfully implement and support a program of the District's size and complexity by the effective date specified in this RFP?** *(Required: Maximum 4000 characters allowed)*
80	**Will you need to hire additional customer service personnel if awarded this business?** *(Required: Maximum 1000 characters allowed)*
81	**Where will the account team be located?** *(Required: Maximum 1000 characters allowed)*
82	**REFERENCES** Provide references for three current accounts comparable in size to the District (prefer public sector account, school district and/or Texas based references). Provide two former accounts lost in the past year also in comparable size to the District. Include reference contact name, office phone number and email address. Include the length of relationship, number of employees of the reference and services provided to the reference.

83 **Reference 1**

Current accounts comparable in size to the District (prefer public sector account, school district and/or Texas based references).
Include reference contact name, office phone number and email address.
Include the length of relationship, number of employees of the reference and services provided to the reference.

(Required: Maximum 4000 characters allowed)

84 **Reference 2**

Current accounts comparable in size to the District (prefer public sector account, school district and/or Texas based references).
Include reference contact name, office phone number and email address.
Include the length of relationship, number of employees of the reference and services provided to the reference.

(Required: Maximum 4000 characters allowed)

85 **Reference 3**

(Required: Maximum 4000 characters allowed)

86 **Reference 1 - Former Account**

Provide two former accounts lost in the past year also in comparable size to the District.
Accounts comparable in size to the District (prefer public sector account, school district and/or Texas based references).
Include reference contact name, office phone number and email address.
Include the length of relationship, number of employees of the reference and services provided to the reference.

(Required: Maximum 4000 characters allowed)

87	**Reference 2 - Former Account** Provide two former accounts lost in the past year also in comparable size to the District. Accounts comparable in size to the District (prefer public sector account, school district and/or Texas based references). Include reference contact name, office phone number and email address. Include the length of relationship, number of employees of the reference and services provided to the reference. *(Required: Maximum 4000 characters allowed)*
88	**What differentiates your organization from others in the industry? Please include specific details about the networks you partner with, highlighting any unique relationships, coverage advantages, employee navigation services, and innovations that set your organization apart.** *(Required: Maximum 4000 characters allowed)*
89	**To the extent applicable, are you now and will you remain duly licensed and in full compliance with all federal and state statutory administrative requirements?** *(Required: Maximum 4000 characters allowed)*
90	**Do you agree to do what is necessary to execute an agreement within 30 days of award of service(s)?** *(Required: Maximum 1000 characters allowed)*

91	**If you plan on using any third-party organizations please provide a detailed list of who will participate in the execution of the services you will provide as a part of your proposal response (name, nature of relationship, length of affiliation).** *(Required: Maximum 4000 characters allowed)*
92	**Does your organization utilize artificial intelligence (AI) to improve ASO administration, customer service, and/or the overall member experience? If so, please provide a detailed explanation of how AI is applied in these areas.** *(Required: Maximum 4000 characters allowed)*
93	**Will you agree to comply with the proposed medical plan Performance Guarantees (as outlined in this RFP)? If you are unable to comply with the proposed guarantees, provide your alternate proposal.** *(Required: Maximum 4000 characters allowed)*
94	**Provide a detailed implementation plan, including action items and due dates. Include support for implementation and open enrollment.** *(Required: Maximum 4000 characters allowed)*
95	**SECTION II** **SECTION II - ASO TOPICS**

96	**Any and all administrative fees must be noted on ASO Pricing Sheet. Services performed via claims fund transfers must be noted on the grid; as a fixed cost PEPM (Transparency).**

97	**Please confirm if you would allow the District to have a second administrator operate alongside your services. Additionally, outline the cost associated with this arrangement and provide standalone pricing on the ASO Pricing Sheet.** *(Required: Maximum 1000 characters allowed)*

98	**Please confirm you will provide the District with 24 month's Run-Out upon termination.** *(Required: Maximum 1000 characters allowed)*

99	**Discuss your claim subrogation process and recovery fees charged to the plan.** *(Required: Maximum 4000 characters allowed)*

100	**Discuss internal quality assessment programs and internal audit procedures including additional protocols in place for ICD-10 accuracy.** *(Required: Maximum 4000 characters allowed)*

101	**Discuss your fraud, waste, and abuse programs.** *(Required: Maximum 4000 characters allowed)*

102	**Discuss disaster recovery and emergency operations pertaining to data back ups.** *(Required: Maximum 4000 characters allowed)*
103	**Audit Requirements: The District requires access to 100% of all claims data, including all necessary data fields to perform a comprehensive analysis of claims paid by the plan for the applicable period, including all claims payment fields, provider name, provider billing address, and provider contact information. The carrier must remove any restrictions that limit the District's access to services, including the selection of a third-party audit vendor. The carrier must also confirm their willingness to provide a copy of the administrator's written audit policy.** *(Required: Maximum 4000 characters allowed)*
104	**SECTION III** **SECTION III - GENERAL ADMINISTRATION INFORMATION**
105	**What is the normal lead-time required to implement a group?** *(Required: Maximum 1000 characters allowed)*
106	**Do you require a deposit or imprest claims? If so, how much do you require?** *(Required: Maximum 1000 characters allowed)*
107	**What mediums do you accept for plan enrollment?** *(Required: Maximum 4000 characters allowed)*

108	**Describe your eligibility file feed process.** *(Required: Maximum 4000 characters allowed)*
109	**How often is membership updated?** *(Required: Maximum 4000 characters allowed)*
110	**Can you maintain membership by employee and dependent?** *(Required: Maximum 4000 characters allowed)*
111	**Describe your client billing process and if you allow the District a 60 day grace period to pay your monthly invoice?** *(Required: Maximum 4000 characters allowed)*
112	**Please confirm if funding will be handled on a checks issued or checks cleared basis.** *(Required: Maximum 4000 characters allowed)*

113	**Describe your banking procedures.** *(Required: Maximum 4000 characters allowed)*
114	**Please provide an overview of your reporting capabilities, including the types of standard and custom reports available. If reports must be requested, please also let us know standard and rush turnaround times for each request. Additionally, clarify whether these reports can be accessed directly within your system or if requests must be submitted each time a report is needed.** *(Required: Maximum 4000 characters allowed)*
115	**Can you house employee's location/department in your system for billing and claims reporting? If this requires additional lines of code to accommodate, confirm there will be no additional cost.** *(Required: Maximum 4000 characters allowed)*
116	**If you are awarded this business, how soon after the notification of the award would you be able to have a draft of the Administrative Agreement(s) / ID Cards?** *(Required: Maximum 4000 characters allowed)*
117	**With respect to ID cards:**

118	**Do you charge a fee for card preparation?** *(Required: Maximum 1000 characters allowed)*
119	**Do you charge for replacement cards?** *(Required: Maximum 1000 characters allowed)*
120	**Can you put the plan sponsor name and logo on the ID cards? Is there an additional cost for this?** *(Required: Maximum 1000 characters allowed)*
121	**Can you do a combination medical / Rx card (if the PBM is carved-out)? Is there an additional cost for this?** *(Required: Maximum 1000 characters allowed)*
122	**Will your communication and ID cards for the District's employees be sent to employee's residences?** *(Required: Maximum 1000 characters allowed)*
123	**Do you have any limitations on integrating with specific PBM vendors?** *(Required: Maximum 4000 characters allowed)*
124	**Describe internal performance standards for the customer service unit.** *(Required: Maximum 4000 characters allowed)*

125	**Describe the capabilities your website has for the following items**

126	**Price Comparison** *(Required: Maximum 4000 characters allowed)*

127	**Lower Cost Alternatives Available** *(Required: Maximum 4000 characters allowed)*

128	**Provider Selection** *(Required: Maximum 4000 characters allowed)*

129	**Quality Comparison** *(Required: Maximum 4000 characters allowed)*

130	**Wellness Information and Tools** *(Required: Maximum 4000 characters allowed)*

131	**Describe your internal and/or external data-warehousing capabilities.** *(Required: Maximum 4000 characters allowed)*
132	**Please confirm if members and plan sponsors can perform the following tasks ONLINE?**
133	**Enrollment (New Hires and Open Enrollment)** *(Required: Maximum 1000 characters allowed)*
134	**Changes in Status** *(Required: Maximum 1000 characters allowed)*
135	**Billing (Plan Administrators Only)** *(Required: Maximum 1000 characters allowed)*
136	**Claim Inquiry** *(Required: Maximum 1000 characters allowed)*
137	**Provider Search** *(Required: Maximum 1000 characters allowed)*
138	**ID Card Request** *(Required: Maximum 1000 characters allowed)*

139	**Electronic EOB** *(Required: Maximum 1000 characters allowed)*
140	**Terminations** *(Required: Maximum 1000 characters allowed)*
141	**Access Provider Directories** *(Required: Maximum 1000 characters allowed)*
142	**Reinstatements** *(Required: Maximum 1000 characters allowed)*
143	**Health Risk Assessments** *(Required: Maximum 1000 characters allowed)*
144	**Other (please list out other capabilities)** *(Required: Maximum 1000 characters allowed)*
145	**Is there an additional cost for online member self-service tools? If yes, describe.** *(Required: Maximum 4000 characters allowed)*

146	**Confirm you will handle Escheat for the District and provide an overview of your options.** *(Required: Maximum 1000 characters allowed)*
147	**If the District prefers the TPA to manage the Disabled Dependent Eligibility Verification process, please confirm your ability to handle this on their behalf. Additionally, provide details on your processes, including how decisions are made and communicated to the District.** *(Required: Maximum 4000 characters allowed)*
148	**Are claims on an auto pay or auto notify cadence?** *(Required: Maximum 1000 characters allowed)*
149	**Please confirm you can meet the District requests for three (3) on-site representatives or an annual allowance to fund the staffing of these roles.** *(Required: Maximum 4000 characters allowed)*
150	**SECTION IV** **SECTION IV - NETWORK CONTRACTURAL**
151	**Please describe your approach to plan design & network flexibility, particularly your ability to accommodate employer-specific network arrangements. Include examples of how you have tailored plan designs and networks to address the unique needs of other clients.** *(Required: Maximum 4000 characters allowed)*

152	**Please confirm if you have client specific networks built out with:**

153	**Memorial Hermann** *(Required: Maximum 1000 characters allowed)*

154	**Kelsey Seybold** *(Required: Maximum 1000 characters allowed)*

155	**Describe how your organization prices out-of-network claims and the measures you take to ensure the District's overall costs are being minimized when Out-of-Network utilization occurs.** *(Required: Maximum 4000 characters allowed)*

156	**Describe how Out-of-Network providers are reimbursed by your organization. Provide an overview of your process, including discussion on initiatives to negotiate single case provider contracts.** *(Required: Maximum 4000 characters allowed)*

157	**How are Out-of-Network allowable amounts determined? Please explain methodology and any partnerships or vendors used in the determination of reasonable and customary.** *(Required: Maximum 4000 characters allowed)*

158	**Please provide an overview of your IDR process management, including your approach to provider negotiations and the availability of data for clients on associated costs and outcomes.** *(Required: Maximum 4000 characters allowed)*
159	**Would you allow the District to mange the IDR process internally or utilize a Third Party vendor of their choice?** *(Required: Maximum 4000 characters allowed)*
160	**The District currently opts into the Mental Health Parity. Discuss how your organization approaches Mental Health Benefits and the measures you take to ensure costs are managed accurately and effectively when their members need these services.** *(Required: Maximum 4000 characters allowed)*
161	**Please describe the availability of EPO plans, “skinny network” plan options, which systems are included, how the vendor measures cost and utilization efficacy benchmarks for participating hospitals.** *(Required: Maximum 4000 characters allowed)*

162	**Please provide commentary regarding your organization's approach to Centers of Excellence networks, as well as your efforts to ensure Providers and Facilities in your networks meet or exceed all HEDIS measures?** *(Required: Maximum 4000 characters allowed)*
163	**Please outline any initiatives to negotiate single case provider contracts.** *(Required: Maximum 4000 characters allowed)*
164	**Discuss "high performance" surgical network initiatives.** *(Required: Maximum 4000 characters allowed)*
165	**Discuss the availability of "referenced based pricing" strategies.** *(Required: Maximum 4000 characters allowed)*
166	**Discuss your ability to offer navigation tools and strategies to direct patient care to lower cost procedural codes like OP X-Ray and Lab services.** *(Required: Maximum 4000 characters allowed)*

167	**Discuss any Air Ambulance contracts to minimize balance billing issues for plan members.** *(Required: Maximum 4000 characters allowed)*
168	**Provide details on how your plan handles out-of-area dependents, specifically as it relates to limited-network plans.** *(Required: Maximum 4000 characters allowed)*
169	**Do you own your Texas provider network or do you do subcontract the network quoted? If you should subcontract, please identify network.** *(Required: Maximum 4000 characters allowed)*
170	**Describe the following:**
171	**Provider Selection Process** *(Required: Maximum 4000 characters allowed)*

172	**Credentialing Process** *(Required: Maximum 4000 characters allowed)*
173	**Recredentialing Process** *(Required: Maximum 4000 characters allowed)*
174	**Does your network include clinician-staffed clinics in a retail setting? (e.g. RediClinic, etc.) Please elaborate.** *(Required: Maximum 4000 characters allowed)*
175	**Do you have tiered network capabilities? Please elaborate and provide suggestions for the District.** *(Required: Maximum 4000 characters allowed)*
176	**The District prefers non-capitation fee arrangements for networks. If your proposal must include capitation fees, please clearly outline them in the ASO Pricing Sheet.**

177	**The District is NOT interested in any Shared Savings Arrangements. Please confirm your proposals do not include this. If so, please clearly outline below when Shared Savings Arrangements would be applied and clearly outline any fees/costs associated with such programs.** *(Required: Maximum 4000 characters allowed)*
178	**SECTION V** **SECTION V - CASE DISEASE MANAGEMENT**
179	**Discuss Telemedicine initiatives; not exclusive to telephonic applications, but including audio/visual web based abilities.** *(Required: Maximum 4000 characters allowed)*
180	**Describe the navigation tools available for increasing member advocacy as a consumer such as OP lab, imaging, ER, Urgent care, etc.** *(Required: Maximum 4000 characters allowed)*
181	**Describe your processes for standard pre-certification and utilization review procedures for inpatient and outpatient surgical procedures.** *(Required: Maximum 4000 characters allowed)*

182	**What third-party solutions do you offer for chronic diabetes management? If the District chooses to utilize one, please specify the vendors with whom you have established preferred pricing or existing partnerships, and identify if fees for the service would be directly billed through your organization.** *(Required: Maximum 4000 characters allowed)*
183	**What third-party solutions do you offer for at home infusion therapies? If the District chooses to utilize one, please specify the vendors with whom you have established preferred pricing or existing partnerships, and identify if fees for the service would be directly billed through your organization.** *(Required: Maximum 4000 characters allowed)*
184	**Discuss the integration capabilities of your managed behavioral healthcare programs with other programs/plans subject to the Mental Health Parity Act, such as EAP and utilization management treatment plans.** *(Required: Maximum 4000 characters allowed)*
185	**Discuss in detail the integration of all the various data components that feed your predictive model and note any vendors that are outsourced and their function.** *(Required: Maximum 4000 characters allowed)*

186	**Does your organization provide any "Nurse Lines"? If so, please provide some commentary regarding this service.** *(Required: Maximum 4000 characters allowed)*
187	**Does your organization provide any Wellness programs, web based publications, health risk assessments, wellness reminders, incentive programs etc., to promote overall population health?** *(Required: Maximum 4000 characters allowed)*
188	**Discuss your communication efforts and campaigns to engage members identified as high-risk?** *(Required: Maximum 4000 characters allowed)*
189	**Describe your advocacy process of transitional care from in-hospital to out-patient settings.** *(Required: Maximum 4000 characters allowed)*
190	**Describe your Health Risk Assessments and/or Personal Health Record capabilities?** *(Required: Maximum 4000 characters allowed)*

191	**Does your organization provide focused disease management treatment groups? Please provide details if applicable.** *(Required: Maximum 4000 characters allowed)*
192	**Describe your Case Manager advocacy on-site at strategic Hospital systems, if available.** *(Required: Maximum 4000 characters allowed)*
193	**How will you assist the District and their employees in emphasizing employee health and promote and encourage healthy behaviors?** *(Required: Maximum 4000 characters allowed)*
194	**How will you promote and encourage high quality care (including use of evidence-based treatment) from the providers?** *(Required: Maximum 4000 characters allowed)*
195	**Describe in detail your large case/catastrophic case management program.** *(Required: Maximum 4000 characters allowed)*

196	**During case management, does your staff negotiate fee reductions with providers and vendors?** *(Required: Maximum 4000 characters allowed)*
197	**Describe your catastrophic case management program. What reports will be provided and at what frequency?** *(Required: Maximum 4000 characters allowed)*
198	**Is your DM program developed internally, or provided through an outside vendor? If an outside vendor, please indicate the name(s) of the firm(s).** *(Required: Maximum 4000 characters allowed)*
199	**Describe any in- or out-of-state Centers of Excellence required by your plans.** *(Required: Maximum 4000 characters allowed)*
200	**What diagnoses / chronic conditions are covered by disease management programs you offer?** *(Required: Maximum 4000 characters allowed)*

201	**How do you identify potential DM candidates? What sources of data do you use?** *(Required: Maximum 4000 characters allowed)*
202	**Do you agree to providing enhanced case management service for hospitalization cases? If so, what does that look like?** *(Required: Maximum 4000 characters allowed)*
203	**Does your organization propose to provide the following DM intervention?**
204	**Written Communications** *(Required: Maximum 1000 characters allowed)*
205	**Group Education** *(Required: Maximum 1000 characters allowed)*
206	**One-on-One Interventions** *(Required: Maximum 1000 characters allowed)*
207	**Telephone Monitoring** *(Required: Maximum 1000 characters allowed)*

208	**Clinical Interventions** *(Required: Maximum 1000 characters allowed)*
209	**Other Proposed Interventions (describe)** *(Required: Maximum 1000 characters allowed)*
210	**How will outcomes be reported for each proposed intervention?** *(Required: Maximum 4000 characters allowed)*
211	**Give detailed information about the technology platforms you currently support, including:**
212	**Hardware platforms (e.g., desktop, servers, etc.)** *(Required: Maximum 4000 characters allowed)*
213	**Operating system** *(Required: Maximum 4000 characters allowed)*

214	**Database management software** *(Required: Maximum 4000 characters allowed)*
215	**Communnications protocols supported** *(Required: Maximum 4000 characters allowed)*
216	**Distribution options and capabilities** *(Required: Maximum 4000 characters allowed)*
217	**Are the following reports available to the District? If so, indicate frequency next to your response.**
218	**Cost Savings Reports** *(Required: Maximum 1000 characters allowed)*
219	**Utilization Reports** *(Required: Maximum 1000 characters allowed)*

220	**How do you measure the cost-effectiveness of your program?** *(Required: Maximum 4000 characters allowed)*
221	**Are you willing to guarantee return on investment (ROI)? If yes, please describe terms and conditions in detail.** *(Required: Maximum 4000 characters allowed)*
222	**Are you willing to provide a multi-year rate guarantee? If so, how many years?** *(Required: Maximum 4000 characters allowed)*
223	**SECTION VI** **SECTION VI -UTILIZATION MANAGEMENT**
224	**Do you have a standard pre-certification requirement for any of the following: (Provide Yes or No)**
225	**Hospitalizations** *(Required: Maximum 1000 characters allowed)*
226	**Outpatient Surgery** *(Required: Maximum 1000 characters allowed)*

227	**Specified Diagnosis Procedures**
	(Required: Maximum 1000 characters allowed)

228	**Durable Medical Equipment**
	(Required: Maximum 1000 characters allowed)

229	**Corrective Appliances / Prosthetics**
	(Required: Maximum 1000 characters allowed)

230	**Skilled Nursing Facility**
	(Required: Maximum 1000 characters allowed)

231	**Home Health Care**
	(Required: Maximum 1000 characters allowed)

232	**Musculoskeletal Services (e.g. chiropractic)**
	(Required: Maximum 1000 characters allowed)

233	**Medical Services (e.g. physical therapy)**
	(Required: Maximum 1000 characters allowed)

234	**Inpatient Mental Health / Substance Abuse**
	(Required: Maximum 1000 characters allowed)

235	**Outpatient Mental Health / Substance Abuse** *(Required: Maximum 1000 characters allowed)*
236	**Other (please outline)** *(Required: Maximum 1000 characters allowed)*
237	**Does precertification include the analysis and determination of any of the following:**
238	**Appropriate level of care (e.g., IP vs. OP)** *(Required: Maximum 1000 characters allowed)*
239	**Reasonable length of stay of IP confinement** *(Required: Maximum 1000 characters allowed)*
240	**Actual medical necessity & appropriateness of surgery or service being requested (e.g., does service require performance?)** *(Required: Maximum 1000 characters allowed)*
241	**Necessity for the services of an assistant surgeon with each operative procedure analysis** *(Required: Maximum 1000 characters allowed)*
242	**Necessity for a proposed preoperative hospital day** *(Required: Maximum 1000 characters allowed)*

243	**Necessity for a proposed 23-hour observation stay following OP surgery** *(Required: Maximum 1000 characters allowed)*
244	**Other (please outline)** *(Required: Maximum 4000 characters allowed)*
245	**Within the past twelve months, in what percentage of all precertification cases was a letter of noncertification (denial) for Medical Necessity / Appropriateness for the procedure/service issued?** *(Required: Maximum 4000 characters allowed)*
246	**What percentage of ALL preservice reviews requires your physician advisor review for decision making?** *(Required: Maximum 4000 characters allowed)*
247	**Does your firm perform concurrent review services?** *(Required: Maximum 1000 characters allowed)*
248	**Please advise the following for the concurrent review staff (should total 100%):**

249	**% of Full-time EE's of the UM firm** *(Required: Maximum 1000 characters allowed)*
250	**% of Part-time EE's of the UM firm** *(Required: Maximum 1000 characters allowed)*
251	**% Subcontracted/Consulting reviewers (e.g., on-call only, registry, home health agency personnel)** *(Required: Maximum 1000 characters allowed)*
252	**Indicate your standard method of reporting savings from the review of IP hospitalization.** *(Required: Maximum 4000 characters allowed)*
253	**Indicate your standard method of reporting savings from the review of OP hospitalization.** *(Required: Maximum 4000 characters allowed)*
254	**Does your organization perform hospital bill audits? If yes, describe the program and the basis of your compensation.** *(Required: Maximum 4000 characters allowed)*

255 .

MEDICAL ASO PROPOSAL SPECIFICATIONS DEVIATIONS

If you have any Deviations to the Proposal Specifications, OR need to add additional commentary on any item of the Questionnaire, please include this here

256 **1. Name of Specification and Deviation/Commentary**

(Optional: Maximum 4000 characters allowed)

257 **2. Name of Specification and Deviation/Commentary**

(Optional: Maximum 4000 characters allowed)

258 **3. Name of Specification and Deviation/Commentary**

(Optional: Maximum 4000 characters allowed)

259 **4. Name of Specification and Deviation/Commentary**

(Optional: Maximum 4000 characters allowed)

260 **5. Name of Specification and Deviation/Commentary**

(Optional: Maximum 4000 characters allowed)

261 .

MEDICAL PERFORMANCE GUARANTEES

262 .

Implementation

263 **ID Card Production & Distribution - Metric**

(Required: Maximum 4000 characters allowed)

264 **ID Card Production & Distribution - $ PEPY at Risk**

$

(Required: Numbers only)

265 .

Claim Administration

266 **Overall Account Management - Metric**

(Required: Maximum 4000 characters allowed)

267 **Overall Account Management - $ PEPY at Risk**

$

(Required: Numbers only)

268 **Turnaround Time - Metric**

(Required: Maximum 4000 characters allowed)

269 **Turnaround Time - $ PEPY at Risk**

$

(Required: Numbers only)

270 **Total Claim Accuracy - Metric**

(Required: Maximum 4000 characters allowed)

271 **Total Claim Accuracy - $ PEPY at Risk**

$

(Required: Numbers only)

272 **.**

Member Satisfaction

273 **Member Satisfaction - Metric**

(Required: Maximum 4000 characters allowed)

274 **Member Satisfaction - $ PEPY at Risk**

$

(Required: Numbers only)

275 **.**

Member Services

276 **Telephone Service Factor - Metric**

(Required: Maximum 4000 characters allowed)

277 **Telephone Service Factor - $ PEPY at Risk**

$

(Required: Numbers only)

278 **Average Speed of Answer - Metric**

(Required: Maximum 4000 characters allowed)

279 **Average Speed of Answer - $ PEPY at Risk**

$

(Required: Numbers only)

280 **Abandonment Rate - Metric**

(Required: Maximum 4000 characters allowed)

281 **Abandonment Rate - $ PEPY at Risk**

$

(Required: Numbers only)

282 **First Call Resolution - Metric**

(Required: Maximum 4000 characters allowed)

283 **First Call Resolution - $ PEPY at Risk**

$

(Required: Numbers only)

284 **Please enter your Guarantees Disclaimer here. If no disclaimer, enter N/A.**

(Required: Maximum 4000 characters allowed)

285 .

ADDITIONAL GUARANTEES

286 .

Discount Guarantees

Please provide for each network you are quoting. If you do not provide guarantees on all networks quoted, please indicate.

287 .

Guaranteed Discount %

288 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

289 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

290 .

% of Admin Fee at Risk

291 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

292 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

293 .

Annual Fees at Risk $

294 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

295 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

296 .

In-Network Utilization Guarantees

Please provide for each network you are quoting. If you do not provide guarantees on all networks quoted, please indicate.

297 .

Guaranteed Discount %

298 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

299 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

300 .

% of Admin Fee at Risk

301	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
302	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
303	**.** Annual Fees at Risk $
304	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
305	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
306	**.** **Claim Target/Net Cost Guarantees** Please provide for each network you are quoting. If you do not provide guarantees on all networks quoted, please indicate.
307	**.** Is this network the only network you are proposing?
308	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
309	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*

310	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*
311	**.** If not, do you provide guarantees on the other network?
312	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
313	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
314	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*
315	**.** Applicable up to Claim $ Amount
316	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
317	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
318	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*

319 .
Billed or Paid Claims?

320 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

321 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

322 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

323 .
Estimated Annual Admin. Fee Subject to Discount

324 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

325 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

326 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

327 .
% of Admin Fee at Risk

328	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
329	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
330	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*
331	**.** Annual Fees at Risk $
332	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
333	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
334	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*
335	**.** PEPM Fees at Risk
336	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*

337 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

338 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

339 **.**
Target Claim Factor

340 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

341 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

342 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

343 **.**
Risk-Free Corridor Range (PEPM)

344 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

345 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

346 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

347 **.**

*Risk Corridor Range - Customer Pays (PEPM)

348 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

349 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

350 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

351 **.**

*Amount at Risk

352 **Carrier Network (1)**

(Required: Maximum 1000 characters allowed)

353 **Carrier Network (2)**

(Required: Maximum 1000 characters allowed)

354 **Carrier Network (3)**

(Required: Maximum 1000 characters allowed)

355	. *Risk Corridor Range - Administrator Pays (PEPM)
356	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
357	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
358	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*
359	. *Amount at Risk
360	**Carrier Network (1)** *(Required: Maximum 1000 characters allowed)*
361	**Carrier Network (2)** *(Required: Maximum 1000 characters allowed)*
362	**Carrier Network (3)** *(Required: Maximum 1000 characters allowed)*

363	**Please enter your Guarantees Disclaimer here. If no disclaimer, enter N/A.** *(Required: Maximum 4000 characters allowed)*
364	**DENTAL** **Dental Plan Confirmations**
365	**Do you offer ID cards to plan sponsors? Do you charge a fee for ID cards? If so, what is this fee?** *(Required: Maximum 4000 characters allowed)*
366	**Do you place any limits on liability for error in your contract? If yes, are these limits per occurrence? Do you agree to pay any excise taxes that may be imposed under the Code when the excise tax is applicable due to your organization's error?** *(Required: Maximum 4000 characters allowed)*
367	**Please confirm rate guarantee and/or rate cap for plans quoted.** *(Required: Maximum 4000 characters allowed)*

368	**Performance or Network guarantees?** *(Required: Maximum 4000 characters allowed)*
369	**You have reviewed and accept the plan's eligibility provisions outlined in the RFP?** *(Required: Maximum 4000 characters allowed)*
370	**Detail any deviations from current plan design** *(Required: Maximum 4000 characters allowed)*
371	**Can you match the current preventive care incentives? Examples: Pregnancy gets an extra cleaning, cancer screenings, diabetes care** *(Required: Maximum 4000 characters allowed)*
372	**Can you match the current plan enhancements? Do you offer dental maximum rollover?** *(Required: Maximum 4000 characters allowed)*

373

DENTAL

Dental Distruption Analysis

Please review Exhibit 23 to complete column H

374

Provider (1)

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

375

Network Status

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

376

Provider (2)

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

377 **Network Status**

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

378 **Provider (3)**

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

379 **Network Status**

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

380 **Provider (4)**

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

381

Network Status

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

382

Provider (5)

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

383

Network Status

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

384

Provider (6)

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

385

Network Status

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

386

Provider (7)

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

387

Network Status

Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.)

(Optional: Maximum 1000 characters allowed)

388

Provider (8)

Include:

- Provider Name
- Provider Address
- Provider City, State, Zip Code
- Provider Tax ID
- Provider Facility

(Optional: Maximum 4000 characters allowed)

389	**Network Status** Y/N (A "Y" is Defined as Contracted In-Network , does not include Non-Contracted processed at the In-Network benefit level, or wrap networks.) *(Optional: Maximum 1000 characters allowed)*

Bid Lines

1	**ASO PRICING:** PLEASE NOTE, ANY / ALL PROGRAM COSTS THE CLIENT WILL NEED TO COVER MUST BE DISCLOSED BELOW

2 Package Header

Claims Administration Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

2.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

2.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

2.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

2.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

2.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

3 Package Header

Network Access Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

3.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

3.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

3.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

3.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

3.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

4 Package Header

Commissions

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

4.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

4.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

4.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

4.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

4.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

5 Package Header

Claims Fiduciary Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

5.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

5.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

5.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

5.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

5.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

6 Package Header

Utilization Management Program Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

6.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

6.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

6.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

6.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

6.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

7 Package Header

Case Management Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

7.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

7.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

7.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

7.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

7.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

8 Package Header

Disease Management Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

8.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

8.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

8.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

8.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

8.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

9 Package Header

Chronic Diabetes Management

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

9.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

9.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

9.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

9.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

9.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

10 **Package Header**

Infusion Management

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

10.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

10.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

10.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

10.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

10.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

11 **Package Header**

Behavioral Health

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

11.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

11.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

11.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

11.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

11.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

12

Package Header

Wellbeing Management Program

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

12.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

12.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

12.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

12.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

12.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

13

Package Header

Tobacco Cessation Program Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

13.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

13.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

13.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

13.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

13.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

14

Package Header

Maternity Program

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

14.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

14.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

14.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

14.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

14.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

15

Package Header

24 Hour Nurse line

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

15.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

15.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

15.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

15.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

15.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

16 ## Package Header

Telemedicine

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

16.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

16.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

16.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

16.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

16.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

17 Package Header

Stop Loss Carve Out Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

17.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

17.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

17.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

17.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

17.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

18 Package Header

Pharmacy Carve Out Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

18.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

18.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

18.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

18.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

18.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

19 **Package Header**

Outside Vendor Feed Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

19.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

19.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

19.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

19.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

19.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

20 Package Header

Subrogation Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

20.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

20.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

20.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

20.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

20.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

21 **Package Header**

OON Medicare Pricing

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

21.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

21.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

21.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

21.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

21.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

22

Package Header

Outpatient Dialysis Medicare Pricing

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

22.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

22.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

22.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

22.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

22.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

23

Package Header

Coordination of Benefits

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

23.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

23.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

23.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

23.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

23.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

24 Package Header

Medical Bill and Hospital Audit Program

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

24.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

24.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

24.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

24.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

24.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

25 Package Header

Jcode Rebates (if applicable)

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

25.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

25.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

25.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

25.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

25.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

26 **Package Header**

Gag Clause Reporting

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

26.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

26.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

26.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

26.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

26.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

27 Package Header

Mental Health Parity Testing

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

27.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

27.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

27.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

27.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

27.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

28 **Package Header**

IDR Processing Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

28.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

28.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

28.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

28.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

28.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

29

Package Header

IDR Processing Fee

Quantity: 1 UOM: EA Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Package Items

29.1 Year 1 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

29.2 Year 2 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

29.3 Year 3 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

29.4 Year 4 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

29.5 Year 5 Pricing
(Response required)

Quantity: 1 UOM: EA Price: $ Total: $

Supplier Notes:

☐ Additional notes *(Attach separate sheet)*

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature