SIGNATURE PAGE CC-17-2023

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS.

Company Name:	CFG Health Systems, LLC
	(PRINT)
Preparer's Name:	Jay Deppeler
Signature:	(PRINT) 3/28/2023 (DATE)
Address:	765 East Route 70 Building A-100
	Mariton, NJ 08053
Telephone No.:	(267)249-3315
Fax No.:	
E-Mail Address:	jdeppeler@cfgpc.com
	(This should be the email where Contracts would be sent)
Contact Person:	Denise Rahaman, Executive Director of Correctional Services
FEIN:	-
(Federal Employee ID)	
BRC:	

(Revised 2/2017)

ATTACHMENT 3 CC-17-2023

Cost Proposal Sheets

MANAGEMENT FEE FORM:

The monthly Management Fee proposed for the duration of the initial 30 month contract term shall be broken down into two separate amounts; one for the first 18-months and another for the subsequent 12-months. The Management Fee represents the Vendors gross profit, and all corporate overhead and support. Corporate overhead and support shall include, but not limited to all corporate and regional program support, services and personnel; as well as all Financial, IT, UM, and HR program support and services. Any and all legal defense and settlement costs and fees shall also be included within the Management Fee. Please note that Vendor's are proposing a monthly fee and not an annual fee below.

\$116,001.00

Monthly Management Fee (July 1, 2023 through December 31, 2024):	\$116,001.00
Monthly Management Fee (January 1, 2025 through December 31, 2025):	\$ 129,912.00
The Vendor shall detail or itemize below any and all corporate overhead and within the Management Fee, and provide the estimated monthly cost that the Pass-Through Cost to the County.	support that are NOT included Vendor proposes to charge as a
	Monthly Cost
·	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	[\$
	[\$
	\$
	<u></u>

CC-17-2023

INSURANCE FORM:

All insurance related costs below that the Vendor intends to charge as a pass-through cost to the County on an annual basis. The Vendor shall not include subcontractor costs, which are not allowed to be passed-through to the County. Please note that Vendor's will not be allowed to pass-through any costs greater than or more than five percent (5%) of the proposed costs for the duration of the 30-month contract.

Professional Liability Insurance				
Malpractice Premium	\$	38,000.00		
Malpractice Claims	\$ \$ \$ \$	25,000.00		
Tail coverage if separate	\$			
Errors and Omissions	\$			
Other	\$			
Other	\$	_		
		Total Annual Cost:	\$	63,000.00
Commercial General Liability Insu	ırance			
Premium		56,081.42		
Other	\$ \$ \$			
Other	\$			
		Total Annual Cost: \$	\$	56,081.42
Workers Compensation Insurance		•		·
Premium	\$	······		·
Other	\$ \$ \$			
Other	\$			
		Total Annual Cost: 5	\$	
Vehicle Insurance				
Premium	\$			
Other	\$ \$ \$			
Other	\$			•
		Total Annual Cost:	\$	
Reinsurance / Stop Loss (\$125,000) dedu	ctible)		
Premium	\$	49,205.00		
Other	\$			
Other	\$			40.005.00
		Total Annual Cost: \$	\$	49,205.00
		=		20,000,00
Guarantee (\$20,000)		Total Annual Cost: 3	\$	
Agreement of Surety (\$1,600,000)		= Total Annual Cost: 9	\$	188,286.42
TELEGISTIC OF PRIORS (MISONOSONO)			<u> </u>	

START UP FORM:

Vendors are required to disclose all start-up costs, including staffing, travel, etc. to be passed-through to the County. All costs shall be provided and focused on MCCI start-up activity only. The Vendor shall only be reimbursed for those actual costs verified with the start-up and shall not exceed those costs in any given category below. Please note that costs may be incurred beginning on the date of contract award by the County and shall terminate on the 15th day post contract start date.

STAFFING:						
HR: Hiring, applica	ations, interviewing, o	creden	itialing, etc.			
Number of Hours:		Rate	2:	_\$	}	N/A
HR: Orientation of	new and existing staf	ff		_		
Number of Hours:		Rate	2:	_\$	S	N/A
Regional Managen	ent: All activity, incl	luding	orientation of new and ex	isting staff,		
implementation of	policy & procedures,	, etc.				
Number of Hours:		Rate	ð:	_\$	S	N/A
Corp/Regional Med	dical Director: All act	tivity,	including orientation of p	roviders,		
implementation of	clinical protocols, pol	licy &	procedures, etc.			27/4
Number of Hours:		Rate	e:	_\$	S	N/A
Corp/Regional Nui	rsing Management: A	All acti	vity, including orientation	of new &		
existing staff, imple	ementation of nursing	g polic	y & procedures, protocols	, etc.		
Number of Hours:		Rate	e:	<u>\$</u>		_N/A
Other:						
Number of Hours:		Rat	e:	<u> </u>	S	N/A
Other:						
Number of Hours:		Rat	e;	9	5	N/A
Other:						
Number of Hours:		Rat	e:	<u> </u>	<u> </u>	N/A
TRAVEL:			·			
	Airfare:	\$	<u>N/A</u>			
	Mileage:	\$	<u>N/A</u>			
	Parking:	\$	_N/A			
	Rental Car:	\$	N/A			
	Accommodations:	\$	N/A			
	Meals:	\$	N/A			
	Per Diem:	\$	N/A			
	Other:		N/A			
	Other:	\$	N/A			
			Trav	el Subtotal: 🤰	3	N/A

Team Building: Pizza, lunches, snacks, etc. (on-site)		\$	N/A
Time Keeping System:		\$	<u>N/A</u>
Other Start-Up Costs: List			
	\$	_	
	\$	_	
	\$	_	
· · · · · · · · · · · · · · · · · · ·	\$	_	
	\$	_	
	\$	_	
	\$	_	
	Other Start-Up Subtotal:	_\$	N/A
	Total Start-Up Costs:	\$	N/A

EMPLOYEE HEALTH INSURANCE FOR LOWEST PRICED PLAN (1 OF 3):

The Vendor shall provide quotes or costs based upon their 2023 plan rates. This worksheet is for one (1) full time employee.

EMPLOYEE ONLY

What is the annual deductible, if any for the employee to meet?	\$ 1500
Does your company assist in meeting employee deductibles for this plan?	Yesx_No
Does your company assist in contributing to an employee FSA	YesXNo
What is the employee's monthly premium?	\$ 21.88
What is the employee's bi-weekly premium deducted from paycheck?	\$ 10.10
What is the County's actual pass-through cost for this one insured employee?	\$ 13,193.23
Employee goes to a primary care doctor What is the co-pay?	\$ \$30
Employee goes to a specialist What is the co-pay?	\$ 50
Employee goes to the Emergency Room What is the co-pay?	\$ 200
Employee is hospitalized for two inpatient days. Medicare allowable cost is \$4,500	
What is the co-pay?	\$ 500/day
What is the employee's out of pocket cost	\$ 20%
Employee is authorized ten (10) Physical Therapy sessions What is the co-pay?	\$ 50
Employee is authorized ten (10) Mental Health Counseling sessions What is the co-pay?	\$ 50

EMPLOYEE + CHILD

to meet?	\$	1500			
Does your company assist in meeting employee deductibles for this plan?	· —	Yes	x	_No	
Does your company assist in contributing to an employee FSA		Yes	x	_No	
What is the employee's monthly premium?	\$_	38.26			
What is the employee's bi-weekly premium deducted from paycheck? What is the County's actual pass-through cost for this insured Employee	\$	17.66			_
+ Child?		13,193.23	_		
Employee or child goes to a primary care doctor What is the co-pay?	\$	30	·	- <u>-</u>	
Employee or child goes to a specialist What is the co-pay?	<u>\$</u> _	50			-
Employee or child goes to the Emergency Room What is the co-pay?	\$	200			
Employee or child is hospitalized for two inpatient days. Medicare allowable cost is \$4,500					
What is the co-pay?	\$	500/DAY			
What is the employee's out of pocket cost	\$	20%		<u> </u>	
Employee or child is authorized ten (10) Physical Therapy sessions What is the co-pay?	\$	50		·	
Employee or child is authorized ten (10) Mental Health Counseling sessions					
What is the co-pay?	\$	50		. <u> </u>	

EMPLOYEE + FAMILY					
What is the individual and/or annual family deductible if any, for the employee to meet?	\$ 15	500		·	
Does your company assist in meeting employee deductibles for this plan?		_ Yes	x	_No	
Does your company assist in contributing to an employee FSA		_Yes	X	_No	
What is the employee's monthly premium?	\$ 3	83.15			_
What is the employee's bi-weekly premium deducted from paycheck? What is the County's actual pass-through cost for this insured employee + family?		176.84			
		13,193.23			_
Employee or family member goes to a primary care doctor What is the co-pay?	\$ 3	0			
Employee or family member goes to a specialist What is the co-pay?	\$ 50)			
Employee or family member goes to the Emergency Room What is the co-pay?	\$ 2	200			
Employee or family member is hospitalized for two inpatient days. Medicare allowable cost is \$4,500				•	
What is the co-pay?	\$	500/DAY			
What is the employee's out of pocket cost	\$ 20	% 			_
Employee or family member is authorized ten (10) Physical Therapy sessions					
What is the co-pay?	\$ 50	0			_
Employee or family member is authorized ten (10) Mental Health					
Counseling sessions What is the co-pay?	\$ ⁵⁰				
That is the co-pay:					_

EMPLOYEE HEALTH INSURANCE FOR MIDLEVEL PRICED PLAN (2 OF 3):

The Vendor shall provide quotes or costs based upon their 2023 plan rates. This worksheet is for one (1) full time employee.

EMPLOYEE ONLY_					
What is the annual deductible, if any for the employee to meet?	\$	750			
Does your company assist in meeting employee deductibles for this plan?		Yes	×	(No	
Does your company assist in contributing to an employee FSA	_	Yes	×		
What is the employee's monthly premium?	\$	50.22			
What is the employee's bi-weekly premium deducted from paycheck?	\$	23.18			
What is the County's actual pass-through cost for this one insured	Ť				<u>·</u>
employee?	\$	13,193.23			
					
Employee goes to a primary care doctor					
What is the co-pay?	\$	20			
• •					
Employee goes to a specialist					
What is the co-pay?	\$	50	_		
Employee goes to the Emergency Room		200			
What is the co-pay?	\$	200			
Employee is hospitalized for two inpatient days. Medicare allowable					
cost is \$4,500	ው	300/DAY			
What is the co-pay?	\$	10%			
What is the employee's out of pocket cost	<u> </u>		-		
Employee is authorized ten (10) Physical Therapy sessions					
What is the co-pay?	\$	50			
What is the co-pay:	Ψ				
Employee is authorized ten (10) Mental Health Counseling sessions					
What is the co-pay?	\$	50			

EMPLOYEE + CHILD	
Does this plan cover more than one child?	No
What is the individual and/or annual deductible, if any for the employee	
to meet?	\$ 750
Does your company assist in meeting employee deductibles for this plan?	
Does your company assist in contributing to an employee FSA	YesX_No
What is the employee's monthly premium?	\$ 80.45
What is the employee's bi-weekly premium deducted from paycheck?	\$ 37.13
What is the County's actual pass-through cost for this insured Employee	
+ Child?	\$ 13,193,23
Employee or child goes to a primary care doctor	
What is the co-pay?	\$ 20
Employee or child goes to a specialist	
What is the co-pay?	\$ 50
Employee or child goes to the Emergency Room	
What is the co-pay?	\$ 200
Employee or child is hospitalized for two inpatient days. Medicare	
allowable cost is \$4,500	€ 300/DAY
What is the co-pay?	\$ 10%
What is the employee's out of pocket cost	\$ 10%
D 1 1212 d 1 1 4 (16) Pl - 1-170	
Employee or child is authorized ten (10) Physical Therapy sessions	€ 50
What is the co-pay?	\$ 50
Employee as skild is sutherized to (10) Montal Health Commelies	
Employee or child is authorized ten (10) Mental Health Counseling sessions	
	\$ ⁵⁰
What is the co-pay?	Φ

EMPLOYEE + FAMILY

What is the individual and/or annual family deductible if any, for the employee to meet?	\$	750			
Does your company assist in meeting employee deductibles for this plan?		Yes	X	No	
Does your company assist in contributing to an employee FSA		Yes	Х	Nọ	
What is the employee's monthly premium?	\$	726.97			
What is the employee's bi-weekly premium deducted from paycheck?	\$	335.53		_	
What is the County's actual pass-through cost for this insured employee +			<u> </u>	-	
family?	<u>\$</u>	13,193.23			
Employee or family member goes to a primary care doctor					
What is the co-pay?	\$	20			
Employee or family member goes to a specialist					
What is the co-pay?	\$	50			
Employee or family member goes to the Emergency Room					
What is the co-pay?	<u>\$</u>	200			
Employee or family member is hospitalized for two inpatient days. Medicare allowable cost is \$4,500					
What is the co-pay?	\$	300/DAY			
What is the employee's out of pocket cost	\$	10%			
Employee or family member is authorized ten (10) Physical Therapy sessions					
What is the co-pay?	\$	50			
Employee or family member is authorized ten (10) Mental Health					
Counseling sessions					
What is the co-pay?	\$	50			

EMPLOYEE HEALTH INSURANCE FOR PREMIUM PRICED PLAN (3 OF 3):

The Vendor shall provide quotes or costs based upon their 2023 plan rates. This worksheet is for one (1) full time employee.

EMPLOYEE ONLY					
What is the annual deductible, if any for the employee to meet?	\$	500			
Does your company assist in meeting employee deductibles for this plan?		Yes	x	_No	
Does your company assist in contributing to an employee FSA		— Yes	Х	No	
What is the employee's monthly premium?	\$	105.05			
What is the employee's bi-weekly premium deducted from paycheck?	\$	48.51		-,	
What is the County's actual pass-through cost for this one insured	<u> </u>			·	
employee?	\$_	13,193.23			_
Employee goes to a primary care doctor					
What is the co-pay?	\$	20			
Employee goes to a specialist					
What is the co-pay?	\$	50			
Employee goes to the Emergency Room					
What is the co-pay?	\$_	200	<u></u>	<u> </u>	
Employee is hospitalized for two inpatient days. Medicare allowable cost is \$4,500					
What is the co-pay?	\$	250/DAY			
What is the employee's out of pocket cost	\$	5%			
Employee is authorized ten (10) Physical Therapy sessions					
What is the co-pay?	\$	50			
Employee is authorized ten (10) Mental Health Counseling sessions					
What is the co-pay?	\$	50 	<u> </u>		

EMPLOYEE + CHILD								
Does this plan cover more than one child?		X	_Yes	3	_		_No	
What is the individual and/or annual deductible, if any for the employee to meet?	\$		500				—	
Does your company assist in meeting employee deductibles for this plan?			Yes	s		X	No	
Does your company assist in contributing to an employee FSA			- Yes			X	No	
What is the employee's monthly premium?	\$	15	55.22					
What is the employee's bi-weekly premium deducted from paycheck? What is the County's actual pass-through cost for this insured Employee	\$	71	1.64					
+ Child?	\$	_13	,193.2	3				
Employee or child goes to a primary care doctor								
What is the co-pay?	\$	20	0	!				
Employee or child goes to a specialist				ı				
What is the co-pay?	\$	5	50					-
Employee or child goes to the Emergency Room								
What is the co-pay?	\$		00				<u>.</u>	
Employee or child is hospitalized for two inpatient days. Medicare								
allowable cost is \$4,500 What is the co-pay?	er.		250/0	JAY				
What is the employee's out of pocket cost	\$		5%					
Employee or child is authorized ten (10) Physical Therapy sessions								
What is the co-pay?	\$	5	0					
Employee or child is authorized ten (10) Mental Health Counseling sessions								
What is the co-pay?	\$. 5	50					
		-						

EMPLOYEE + FAMILY What is the individual and/or annual family deductible if any, for the employee to meet? \$ 500 Does your company assist in meeting employee deductibles for this plan? No Yes No Does your company assist in contributing to an employee FSA Yes 1234.37 What is the employee's monthly premium? 569.71 What is the employee's bi-weekly premium deducted from paycheck? What is the County's actual pass-through cost for this insured employee + family? 13,193.23 Employee or family member goes to a primary care doctor What is the co-pay? Employee or family member goes to a specialist What is the co-pay? Employee or family member goes to the Emergency Room What is the co-pay? \$ 200 Employee or family member is hospitalized for two inpatient days. Medicare allowable cost is \$4,500 250/DAY What is the co-pay? What is the employee's out of pocket cost Employee or family member is authorized ten (10) Physical Therapy sessions

What is the co-pay?

Counseling sessions

What is the co-pay?

Employee or family member is authorized ten (10) Mental Health

\$ 50

\$ 50

EMPLOYEE DENTAL INSURANCE PLANS:

LOWEST PRICED PLAN

Employee Only	i
Employee Monthly Cost	\$ 0
Employee Deductible	\$ 0
Employee Plan Maximum	\$ none
What is the County's actual pass-through cost for this one insured employee?	\$ 350
Employee + Family	:
Employee Monthly Cost	\$ 42.94
Employee Deductible	\$
Employee Plan Maximum What is the County's actual pass-through cost for this one insured	\$ none
employee + family?	\$ 350 ·· —
MID-LEVEL PRICED PLAN N/A	
Employee Only	•
Employee Monthly Cost	\$
Employee Deductible	\$
Employee Plan Maximum What is the County's actual pass-through cost for this one insured	
What is the County's actual pass-through cost for this one insured employee?	\$
Employee + Family	
Employee Monthly Cost	\$
Employee Deductible	<u>\$</u>
Employee Plan Maximum What is the Countrie cotted page through aget for this are ingured	\$
What is the County's actual pass-through cost for this one insured employee + family?	\$

PREMIUM PRICED PLAN

Employee Only

Employee Monthly Cost	\$	6.00	
Employee Deductible	\$	50	!
Employee Plan Maximum	<u>\$</u>	1000	
What is the County's actual pass-through cost for this one insured employee?	. \$	350	<u> </u>
Employee + Family		-	i
Employee Monthly Cost	\$	57.94	
Employee Deductible	\$	150	:
Employee Plan Maximum	\$	1000	: :
What is the County's actual pass-through cost for this one insured employee + family?	\$	350	

EMPLOYEE EYE INSURANCE PLANS:

LOWEST PRICED PLAN

Employee Only			
Employee Monthly Cost	\$	0	
Annual Eye Exam Co-pay	\$	\$30	
Glasses Deductible or limit	\$	Plan pays	\$100
What is the County's actual pass-through cost for this one insured employee?	\$	0	
Employee + Family			
Employee Monthly Cost	\$	0	
Annual Eye Exam Co-pay	\$	30	:
Glasses Deductible or limit	\$	Plan pays \$	100 per family member
What is Monmouth County's actual pass through cost for this one insured employee + family?	\$_	0	
MID-LEVEL PRICED PLAN N/A			
Employee Only			:
Annual Eye Exam Co-pay	\$.		·
Glasses Deductible or limit	\$		
Employee Plan Maximum What is the Countrie natural page through goet for this one incured	\$:
What is the County's actual pass-through cost for this one insured employee?	\$		
Employee + Family			
Employee Monthly Cost	\$		
Annual Eye Exam Co-pay	\$	 -	·
Glasses Deductible or limit What is the County's actual pass-through cost for this one insured	\$		İ
employee + family?	\$		
			· !

PREMIUM PRICED PLAN

Employee Only

Employee Monthly Cost	\$ 0
Annual Eye Exam Co-pay	\$ Allows \$45
Glasses Deductible or limit What is the County's actual pass-through cost for this one insured	\$ \$210 allowance
employee?	\$ 0
Employee + Family	:
Employee Monthly Cost	\$ 0
Annual Eye Exam Co-pay	\$ Allows 45
Glasses Deductible or limit	\$ \$210 allowance
What is the County's actual pass-through cost for this one insured employee + family?	\$ 0

PROVIDER NETWORK AND CLAIMS MANAGEMENT:

What is the cost per Inmate per month to participate in a provider discount network (e.g. BC/BS, Optima, Anthem, Cigna, Amerihealth, etc.) and passed-through to the County?	\$ N/A	
If your company uses a third party administrator to process and pay each claim, then what is the cost per claim that will be passed-through to the County?	\$ N/A	
Is your company able to process and pay claims in-house?	Yes	No
If yes, then what would be the cost per claim?	\$ 5	·- <u></u> -
Is your company able to process and pay claims electronically in-house?	X Yes	No
If yes, then what would be the cost per claim?	\$ 1.50	