## SIGNATURE PAGE CC-1-2023

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:	Les Paschall
Signature:	Jes Vn/1/ (PRINT) 10/3/2023 (DATE)
Address:	765 East Route 70 Building A-100
	Mariton, NJ 08053
Telephone No.:	(856)797-4803
Fax No.:	(856)797-4813
E-Mail Address:	lpaschall@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)

#### **MANAGEMENT FEE FORM:**

The monthly Management Fee proposed below for the first 12 month term 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.

Contract Term - January 1, 2023 through December 31, 2023		
Monthly Management Fee:	<b>\$</b> 116,718.50	
Annualized Management Fee:	\$ 1,400,622.00	

The Vendor shall detail or itemize below any and all corporate overhead and support that are NOT included within the Management Fee, and provide the estimated monthly cost that the Vendor proposes to charge as a Pass-Through Cost to the County.

•	Monthly Cost		
	\$		
	\$		
	<b>d</b>		
	\$		
	\$		
	\$		
	0		
	\$		
	\$		
	ΙΨ		
	\$		
	\$		
	\$		
	¢		
	\$		

## **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 either year 1 or 2 of the two year contract.

Professional Liability Insurance					
Malpractice Premium	\$	\$38,000			•
Malpractice Claims	\$	\$25,000			
Tail coverage if separate	<u>\$</u>				
Errors and Omissions	\$				
Other	\$				
Other	\$				
			Total Annual Cost: \$	}	63,000
Commercial General Liability Insu	ıraı	nce			
Other	\$		······································		
Other	\$ \$	·			
omoi	<u>*</u>		Total Annual Cost: \$	5	
and the second second					
Workers Compensation Insurance		EC 004 40			
Premium	\$	56,081.42			
Other	\$				
Other	*		m . 1.4 1.0 .	p.	56 081 42
			Total Annual Cost:	<b>)</b> .	50,001.42
Vehicle Insurance					
Premium	\$				
Other	<u>\$</u>				
Other	\$				
	_		Total Annual Cost:	\$	
Deingunger / Stop I and /S125 00	n .a.	odrectible)			
Reinsurance / Stop Loss (\$125,00)		49,205.00			
		40,200.00			
Other	\$ \$	<del></del>			
Other	<u> </u>		Tatal Americal Coats	<b>ው</b>	49 205 00
			Total Annual Cost:	D.	40,200.00
Guarantee (\$20,000)			Total Annual Cost:	\$	20,000.00
Agreement of Surety (\$2,000,000)			Total Annual Cost:	<b>\$</b>	100,200.42

#### **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, c	reden	tialing, etc.			
Number of Hours:		Rate	<del>)</del> :		\$	N/A
HR: Orientation of	new and existing staf	f				
Number of Hours:		Rate	e:		\$	N/A
Regional Managem	ent: All activity, inclu	ıding	orientation of new and e	xisting staff,		
implementation of p	policy & procedures,	etc.				<b>N</b> 1/A
Number of Hours:		Rate	<del>)</del> :		\$	N/A
Corp/Regional Med	lical Director: All acti	ivity, i	including orientation of <b>p</b>	providers,		
implementation of	clinical protocols, poli	icy &	procedures, etc.			N1/A
Number of Hours:		Rate	<del>)</del> :		\$	N/A
Corp/Regional Nur	sing Management: Al	ll activ	vity, including orientation	n of new &		
existing staff, imple	mentation of nursing	polic	y & procedures, protocol	s, etc.		
Number of Hours:		Rate	e:		\$	N/A
Other:						N/A
Number of Hours:		Rate	<del>2</del> :		\$	IN/A
Other:						
Number of Hours:		Rate	e:		\$	N/A
Other:						N1/A
Number of Hours:		Rate	e:		\$	N/A
TRAVEL:						
	Airfare:	\$	N/A			
	Mileage:	\$	N/A			
	Parking:	\$	N/A			
	Rental Car:	\$	N/A			
	Accommodations:	\$	N/A			
	Meals:	\$	N/A			
	Per Diem:	\$ \$ \$ \$ \$ \$ \$	N./A			
	Other:	\$	N/A			
	Other:	\$	N/A			
			Tr	avel Subtotal	: \$	N/A

Team Building: Pizza, lunches, snacks, etc. (on-site)		\$	N/A
Time Keeping System:		<u>\$</u>	N/A
Other Start-Up Costs: List			
	\$	<b>.</b>	
	\$	_	
	\$	_	
	\$	_	
	\$	_	
	\$	_	
	\$	_	
	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 2022 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? What is the County's actual pass-through cost for this one insured employee?	\$ 10.10 \$ 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?	<b>\$</b> 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				
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				

# Type text here **RFP #CC-1-2023**

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

The Vendor shall provide quotes or costs based upon their 2022 plan rates. This worksheet is for one (1) full time employee.

EMPLOYEE ONLY		Type text here
What is the annual deductible, if any for the employee to meet?	\$ 1500	туре техт неге
Does your company assist in meeting employee deductibles for this plan?	Yes	xNo
Does your company assist in contributing to an employee FSA	Yes	x_No
What is the employee's monthly premium?	\$ 21.88	
What is the employee's bi-weekly premium deducted from paycheck? What is the County's actual pass-through cost for this one insured employee?	\$ 10.10 \$ 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	
What is the employee's out of pocket cost	\$ 20%	
Employee is authorized ten (10) Physical Therapy sessions What is the co-pay?	\$ <sup>50</sup>	
Employee is authorized ten (10) Mental Health Counseling sessions		
What is the co-pay?	<b>\$</b> 50	

# EMPLOYEE + CHILD

Does this plan cover more than one child? What is the individual and/or annual deductible, if any for the employee to meet?	<u>*</u>	Yes 1500		No	
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?	\$	17.66			
What is the County's actual pass-through cost for this insured Employee + Child?	\$	13,193.23		<del> </del>	
Employee or child goes to a primary care doctor What is the co-pay?	\$	30			
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					
What is the co-pay?	\$	500/DAY			
What is the employee's out of pocket cost	\$	20%			
Employee or child is authorized ten (10) Physical Therapy sessions What is the co-pay?	<u>\$</u>	50			
Employee or child is authorized ten (10) Mental Health Counseling sessions		<b>5</b> 0			
What is the co-pay?	<u>\$</u>	50 —————			

EMPLOYEE + FAMILY What is the individual and/or annual family deductible if any, for the	
employee to meet?	\$ 1500
Does your company assist in meeting employee deductibles for this plan?	
Does your company assist in contributing to an employee FSA	YesNo
What is the employee's monthly premium?	\$ 383.15
What is the employee's bi-weekly premium deducted from paycheck?	\$ 176.84
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?	\$ 30
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?	\$ 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
Employee or family member is authorized ten (10) Mental Health Counseling sessions	
What is the co-pay?	\$ <sup>50</sup>

į

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

The Vendor shall provide quotes or costs based upon their 2022 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	x	No	
Does your company assist in contributing to an employee FSA		Yes	X	No	
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					
employee?	\$	13,193.23			
	<u> </u>				
Employee goes to a primary care doctor					
What is the co-pay?	\$	20			
	Ť				
Employee goes to a specialist					
What is the co-pay?	\$	50			
,, 100 to pay.	<del></del>				
Employee goes to the Emergency Room					
What is the co-pay?	\$	200			
The same of pays	<u> </u>			-	
Employee 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%			
Walle to the conference of the	<u> </u>				
Employee is authorized ten (10) Physical Therapy sessions					
What is the co-pay?	\$	50			
, same as water to graft.					-
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?	
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  What is the employee's monthly premium?  What is the employee's bi-weekly premium deducted from paycheck?  What is the County's actual pass-through cost for this insured Employee + Child?	
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?	\$ <sup>50</sup>
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? What is the employee's out of pocket cost	\$ 300/DAY \$ 10%
Employee or child is authorized ten (10) Physical Therapy sessions What is the co-pay?	\$ <sup>50</sup>
Employee or child is authorized ten (10) Mental Health Counseling sessions	
What is the co-pay?	\$ <sup>50</sup>

.

**EMPLOYEE + FAMILY** What is the individual and/or annual family deductible if any, for the employee to meet? Does your company assist in meeting employee deductibles for this plan? No Yes Х Does your company assist in contributing to an employee FSA No Yes 726.97 What is the employee's monthly premium? 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 + 13,193.23 family? 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? \$ 50 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 What is the co-pay? 300/DAY 10% What is the employee's out of pocket cost Employee or family member is authorized ten (10) Physical Therapy sessions 50 \$ What is the co-pay? Employee or family member is authorized ten (10) Mental Health

\$

50

Counseling sessions What is the co-pay?

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

The Vendor shall provide quotes or costs based upon their 2022 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?	<u>\$</u>	500			
Does your company assist in meeting employee deductibles for this plan?		Yes	х	No	
Does your company assist in meeting employee deductions for this plant.  Does your company assist in contributing to an employee FSA		Yes			
	•			110	
What is the employee's monthly premium?	<u>\$</u> \$	105.05 48.51			
What is the employee's bi-weekly premium deducted from paycheck?	\$	46.51			
What is the County's actual pass-through cost for this one insured	_				
employee?	<u>\$</u>	13,193.23			
Employee goes to a primary care doctor					
What is the co-pay?	\$	20			
What is the oo pay.	<u> </u>				
Employee goes to a specialist What is the co-pay? Employee goes to the Emergency Room	\$				
		50			
What is the co-pay?	<u>\$</u>	200			
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			
- v					
Employee is outhorized ton (10) Montal Health Counseling sessions					
Employee is authorized ten (10) Mental Health Counseling sessions	Φ	50			
What is the co-pay?	\$				

EMPLOYEE + CHILD					
Does this plan cover more than one child?	X	Yes		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	X	No	
Does your company assist in contributing to an employee FSA		Yes	X	No	
What is the employee's monthly premium?	\$	155.22			
What is the employee's bi-weekly premium deducted from paycheck?	<u>\$</u>	71.64			
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			
What is the co-pay.	<u> </u>				_
Employee or child goes to a specialist		•			
What is the co-pay?	\$	50			
What is all to pay.	<u> </u>				
Employee or child goes to the Emergency Room					
What is the co-pay?	\$	200			
1, 7					
Employee or child 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 or child is authorized ten (10) Physical Therapy sessions					
What is the co-pay?	\$	50			
William to the page.	<u> </u>				_
Employee or child is authorized ten (10) Mental Health Counseling					
sessions					
What is the co-pay?	\$	50			
man in the co half.	<u>~</u>				_

:

EMPLOYEE + FAMILY What is the individual and/or annual family deductible if any, for the \$ 500 employee to meet? No Does your company assist in meeting employee deductibles for this plan? Yes No Does your company assist in contributing to an employee FSA Yes 1234.37 \$ What is the employee's monthly premium? What is the employee's bi-weekly premium deducted from paycheck? \$ 569.71 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 50 \$ What is the co-pay? Employee or family member goes to the Emergency Room \$ 200 What is the co-pay? Employee or family member is hospitalized for two inpatient days. Medicare allowable cost is \$4,500 250/DAY What is the co-pay? 5% 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

\$

# EMPLOYEE DENTAL INSURANCE PLANS:

## **LOWEST PRICED PLAN**

Employee Only	j ;
Employee Monthly Cost	\$ 0
Employee Deductible	\$ 0
Employee Plan Maximum What is the County's actual pass-through cost for this one insured employee?	\$ none \$ 350
Employee + Family	
Employee Monthly Cost	\$ 42.94
Employee Deductible	\$ 0
Employee Plan Maximum What is the County's actual pass-through cost for this one insured employee + family?	\$ none \$ 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	\$
employee?	<u>\$</u>
Employee + Family	i
Employee Monthly Cost	\$
Employee Deductible	\$
Employee Plan Maximum 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	\$ 1000
What is the County's actual pass-through cost for this one insured employee?	\$ 350
Employee + Family	
Employee Monthly Cost	\$ 57.94
Employee Deductible	\$ 150
Employee Plan Maximum  What is the County's actual pass-through cost for this one insured	\$ 1000
employee + family?	\$ 350

#### EMPLOYEE EYE INSURANCE PLANS:

# **LOWEST PRICED PLAN Employee Only Employee Monthly Cost** \$30 Annual Eye Exam Co-pay Plan pays \$100 Glasses Deductible or limit What is the County's actual pass-through cost for this one insured employee? \$ **Employee + Family Employee Monthly Cost** 0 Annual Eye Exam Co-pay 30 Plan pays \$100 per family member Glasses Deductible or limit What is Monmouth County's actual pass through cost for this one insured 0 employee + family? MID-LEVEL PRICED PLAN N/A **Employee Only** \$ Annual Eye Exam Co-pay \$ Glasses Deductible or limit \$ Employee Plan Maximum 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 employee + family? \$

## PREMIUM PRICED PLAN

# **Employee Only**

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?	\$ 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?	X Yes	No
If yes, then what would be the cost per claim?	\$ 5	
	İ	
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	