

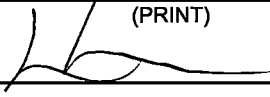
SIGNATURE PAGE
CC-1-2023

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: Wellpath LLC
(PRINT)

Preparer's Name: Kip Hallman
(PRINT)

Signature:  9/29/2022
(DATE)


Address: 3340 Perimeter Hill Drive
Nashville, TN 37211

Telephone No.: 858-283-8619

Fax No.: 615-324-5731

E-Mail Address: kip.hallman@wellpath.us
***** (This should be the email where Contracts would be sent) *****

Contact Person: Kip Hallman, President

FEIN: 
(Federal Employee ID)

BRC: _____

(Revised 2/2017)

RFP #CC-1-2023

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:

\$ 55,762.95

Annualized Management Fee:

\$ 669,155.00

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
Salaries / Wages / Benefits / Bonuses	\$ 377,572.41
Travel	\$ 1,480.70
Insurance	\$ 16,926.45
Pharmacy	\$ 47,024.99
On-Site	\$ 12,998.09
MAT (non-staffing)	\$ 6,641.22
Medical Supplies	\$ 4,119.09
Off-Site	\$ 29,046.73
Other	\$ 3,556.85
Performance Bond	\$ 2,500.00
	\$

RFP #CC-1-2023

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 either year 1 or 2 of the two year contract.

Professional Liability Insurance

Malpractice Premium	\$ 19,520.27	
Malpractice Claims	\$ 117,210.50	
Tail coverage if separate	\$	
Errors and Omissions	\$	
Other	\$	
Other	\$	
Total Annual Cost:		\$ 136,731

Commercial General Liability Insurance

Premium	\$ 2,250.00	
Other <u>EPL Claims</u>	\$ 8,661.92	
Other <u>Property</u>	\$ 421.18	
Total Annual Cost:		\$ 11,333

Workers Compensation Insurance

Premium	\$ 6,179.36	
Other	\$ 28,672.21	
Other	\$	
Total Annual Cost:		\$ 34,852

Vehicle Insurance

Premium	\$ 250.00	
Other	\$	
Other	\$	
Total Annual Cost:		\$ 250

Reinsurance / Stop Loss (\$125,000 deductible)

Premium	\$ 19,652	
Other	\$	
Other	\$	
Total Annual Cost:		\$ 19,652

Guarantee (\$20,000)

Total Annual Cost: \$ 300

Agreement of Surety (\$2,000,000)

Total Annual Cost: \$ 30,000

RFP #CC-1-2023

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, applications, interviewing, credentialing, etc.

Number of Hours: 640	Rate: \$82.81	\$ 53,000
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HR: Orientation of new and existing staff

Number of Hours: 776.80	Rate: \$48.05	\$ 37,325.24
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Regional Management: All activity, including orientation of new and existing staff, implementation of policy & procedures, etc.

Number of Hours: 0	Rate: \$0	\$ 0
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Corp/Regional Medical Director: All activity, including orientation of providers, implementation of clinical protocols, policy & procedures, etc.

Number of Hours: 0	Rate: \$0	\$ 0
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Corp/Regional Nursing Management: All activity, including orientation of new & existing staff, implementation of nursing policy & procedures, protocols, etc.

Number of Hours: 0	Rate: \$0	\$ 0
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Other:

Number of Hours:	Rate:	\$
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Other:

Number of Hours:	Rate:	\$
------------------	-------	----

Other:

Number of Hours:	Rate:	\$
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TRAVEL:

Airfare:	\$ 15,000
Mileage:	\$ 2,500
Parking:	\$ 0
Rental Car:	\$ 1,750
Accommodations:	\$ 31,092
Meals:	\$ 7,000
Per Diem:	\$ 0
Other:	\$
Other:	\$

Travel Subtotal: \$ 57,342

Team Building: Pizza, lunches, snacks, etc. (on-site)

\$ 11,500

Time Keeping System:

\$ 2,500

Other Start-Up Costs: List

Advertising	\$ 20,000
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Other Start-Up Subtotal: \$ 20,000

Total Start-Up Costs: \$ 181,667

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

What is the annual deductible, if any for the employee to meet?	<u>\$ 3,000.00</u>
Does your company assist in meeting employee deductibles for this plan?	<u> </u> Yes <u> X </u> No
Does your company assist in contributing to an employee FSA	<u> </u> Yes <u> X </u> No
What is the employee's monthly premium?	<u>\$ 75.00</u>
What is the employee's bi-weekly premium deducted from paycheck?	<u>\$34.63</u>
What is the County's actual pass-through cost for this one insured employee?	<u>\$576.79 / month</u>
Employee goes to a primary care doctor What is the co-pay?	<u>\$ 20% after deductible</u>
Employee goes to a specialist What is the co-pay?	<u>\$ 20% after deductible</u>
Employee goes to the Emergency Room What is the co-pay?	<u>\$ 20% after deductible</u>
Employee is hospitalized for two inpatient days. Medicare allowable cost is \$4,500 What is the co-pay?	<u>\$ 20% after deductible</u>
What is the employee's out of pocket cost	<u>\$ ----</u>
Employee is authorized ten (10) Physical Therapy sessions What is the co-pay?	<u>\$ 20% after deductible</u>
Employee is authorized ten (10) Mental Health Counseling sessions What is the co-pay?	<u>\$ 20% after deductible</u>

EMPLOYEE + CHILD

Does this plan cover more than one child? Yes No
What is the individual and/or annual deductible, if any for the employee to meet? \$ 6,000.00

Does your company assist in meeting employee deductibles for this plan? Yes No

Does your company assist in contributing to an employee FSA Yes No

What is the employee's monthly premium? \$ 319.59

What is the employee's bi-weekly premium deducted from paycheck? \$ 147.50
What is the County's actual pass-through cost for this insured Employee + Child? \$ 901.95

Employee or child goes to a primary care doctor
What is the co-pay? \$ 20% after deductible

Employee or child goes to a specialist
What is the co-pay? \$ 20% after deductible

Employee or child goes to the Emergency Room
What is the co-pay? \$ 20% after deductible

Employee or child is hospitalized for two inpatient days. Medicare allowable cost is \$4,500
What is the co-pay? \$ 20% after deductible
What is the employee's out of pocket cost \$ -----

Employee or child is authorized ten (10) Physical Therapy sessions
What is the co-pay? \$ 20% after deductible

Employee or child is authorized ten (10) Mental Health Counseling sessions
What is the co-pay? \$ 20% after deductible

EMPLOYEE + FAMILY

What is the individual and/or annual family deductible if any, for the employee to meet?

\$ 6,000.00

Does your company assist in meeting employee deductibles for this plan? Yes No

Does your company assist in contributing to an employee FSA Yes No

What is the employee's monthly premium?

\$ 579.41

What is the employee's bi-weekly premium deducted from paycheck?

\$ 267.42

What is the County's actual pass-through cost for this insured employee + family?

\$ 1329.77

Employee or family member goes to a primary care doctor

What is the co-pay?

\$ 20% after deductible

Employee or family member goes to a specialist

What is the co-pay?

\$ 20% after deductible

Employee or family member goes to the Emergency Room

What is the co-pay?

\$ 20% after deductible

Employee or family member is hospitalized for two inpatient days.

Medicare allowable cost is \$4,500

What is the co-pay?

\$ 20% after deductible

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?

\$ 20% after deductible

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

What is the co-pay?

\$ 20% after deductible

RFP #CC-1-2023

EMPLOYEE HEALTH INSURANCE FOR MIDDLE LEVEL 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? \$ 2,500.00

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? \$ 144.92

What is the employee's bi-weekly premium deducted from paycheck? \$ 66.89

What is the County's actual pass-through cost for this one insured employee? \$ 547.49

Employee goes to a primary care doctor

What is the co-pay? \$ 25.00

Employee goes to a specialist

What is the co-pay? \$ 50.00

Employee goes to the Emergency Room

What is the co-pay? \$ 250.00

Employee is hospitalized for two inpatient days. Medicare allowable cost is \$4,500

What is the co-pay? \$ 30% after deductible

What is the employee's out of pocket cost \$ ---

Employee is authorized ten (10) Physical Therapy sessions

What is the co-pay? \$ 50 / session

Employee is authorized ten (10) Mental Health Counseling sessions

What is the co-pay? \$ 50 / session

EMPLOYEE + CHILD

Does this plan cover more than one child? Yes No
What is the individual and/or annual deductible, if any for the employee to meet? \$ 5,000.00

Does your company assist in meeting employee deductibles for this plan? Yes No
Does your company assist in contributing to an employee FSA Yes No

What is the employee's monthly premium? \$ 339.48
What is the employee's bi-weekly premium deducted from paycheck? \$ 756.68
What is the County's actual pass-through cost for this insured Employee + Child? \$ 958.11

Employee or child goes to a primary care doctor
What is the co-pay? \$ 25.00

Employee or child goes to a specialist
What is the co-pay? \$ 50.00

Employee or child goes to the Emergency Room
What is the co-pay? \$ 250.00

Employee or child is hospitalized for two inpatient days. Medicare allowable cost is \$4,500
What is the co-pay? \$ 30% after deductible
What is the employee's out of pocket cost \$ ---

Employee or child is authorized ten (10) Physical Therapy sessions
What is the co-pay? \$ 50 / session

Employee or child is authorized ten (10) Mental Health Counseling sessions
What is the co-pay? \$ 50 / session

EMPLOYEE + FAMILY

What is the individual and/or annual family deductible if any, for the employee to meet? \$5,000.00

Does your company assist in meeting employee deductibles for this plan? Yes No

Does your company assist in contributing to an employee FSA Yes No

What is the employee's monthly premium? \$ 679.15

What is the employee's bi-weekly premium deducted from paycheck? \$ 313.45

What is the County's actual pass-through cost for this insured employee + family? \$ 1348.89

Employee or family member goes to a primary care doctor
What is the co-pay? \$ 25.00

Employee or family member goes to a specialist
What is the co-pay? \$ 50.00

Employee or family member goes to the Emergency Room
What is the co-pay? \$ 250.00

Employee or family member is hospitalized for two inpatient days.
Medicare allowable cost is \$4,500
What is the co-pay? \$ 30% after deductible
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? \$ 50 / session

Employee or family member is authorized ten (10) Mental Health Counseling sessions
What is the co-pay? \$ 50 / session

RFP #CC-1-2023

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? \$ 1,500.00

Does your company assist in meeting employee deductibles for this plan? Yes No

Does your company assist in contributing to an employee FSA Yes No

What is the employee's monthly premium? \$ 223.53

What is the employee's bi-weekly premium deducted from paycheck? \$ 104.09

What is the County's actual pass-through cost for this one insured employee? \$ 492.86

Employee goes to a primary care doctor

What is the co-pay? \$ 25.00

Employee goes to a specialist

What is the co-pay? \$ 50.00

Employee goes to the Emergency Room

What is the co-pay? \$ 250.00

Employee is hospitalized for two inpatient days. Medicare allowable cost is \$4,500

What is the co-pay? \$ 20% after deductible

What is the employee's out of pocket cost \$ ---

Employee is authorized ten (10) Physical Therapy sessions

What is the co-pay? \$ 50 / session

Employee is authorized ten (10) Mental Health Counseling sessions

What is the co-pay? \$ 50 / session

EMPLOYEE + CHILD

Does this plan cover more than one child? Yes No

What is the individual and/or annual deductible, if any for the employee to meet? \$ 3,000.00

Does your company assist in meeting employee deductibles for this plan? Yes No

Does your company assist in contributing to an employee FSA? Yes No

What is the employee's monthly premium? \$ 352.22

What is the employee's bi-weekly premium deducted from paycheck? \$ 162.56

What is the County's actual pass-through cost for this insured Employee + Child? \$ 994.06

Employee or child goes to a primary care doctor

What is the co-pay? \$ 25.00

Employee or child goes to a specialist

What is the co-pay? \$ 50.00

Employee or child goes to the Emergency Room

What is the co-pay? \$ 250.00

Employee or child is hospitalized for two inpatient days. Medicare allowable cost is \$4,500

What is the co-pay? \$ 20% after deductible

What is the employee's out of pocket cost? \$ ---

Employee or child is authorized ten (10) Physical Therapy sessions

What is the co-pay? \$ 50 / session

Employee or child is authorized ten (10) Mental Health Counseling sessions

What is the co-pay? \$ 50 / session

EMPLOYEE + FAMILY

What is the individual and/or annual family deductible if any, for the employee to meet?

\$ 3,000.00

Does your company assist in meeting employee deductibles for this plan?

Yes No

Does your company assist in contributing to an employee FSA

Yes No

What is the employee's monthly premium?

\$ 770.70

What is the employee's bi-weekly premium deducted from paycheck?

\$ 355.71

What is the County's actual pass-through cost for this insured employee + family?

\$ 1333.45

Employee or family member goes to a primary care doctor

What is the co-pay?

\$ 25.00

Employee or family member goes to a specialist

What is the co-pay?

\$ 50.00

Employee or family member goes to the Emergency Room

What is the co-pay?

\$ 250.00

Employee or family member is hospitalized for two inpatient days.

Medicare allowable cost is \$4,500

What is the co-pay?

\$ 20% after deductible

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?

\$ 50 / session

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

What is the co-pay?

\$ 50 / session

RFP #CC-1-2023

EMPLOYEE DENTAL INSURANCE PLANS:

LOWEST PRICED PLAN

Employee Only

Employee Monthly Cost	\$ 10.56
Employee Deductible	\$ 75.00
Employee Plan Maximum	\$ 1,250.00
What is the County's actual pass-through cost for this one insured employee?	\$ 10.55

Employee + Family

Employee Monthly Cost	\$ 33.64
Employee Deductible	\$ 225.00
Employee Plan Maximum	\$ 1,250.00
What is the County's actual pass-through cost for this one insured employee + family?	\$ 33.63

MID-LEVEL PRICED PLAN

Employee Only

Employee Monthly Cost	\$ 23.91
Employee Deductible	\$ 25.00
Employee Plan Maximum	\$ 2,000.00
What is the County's actual pass-through cost for this one insured employee?	\$ 23.91

Employee + Family

Employee Monthly Cost	\$ 76.25
Employee Deductible	\$ 75.00
Employee Plan Maximum	\$ 2,000.00
What is the County's actual pass-through cost for this one insured employee + family?	\$ 52.33

PREMIUM PRICED PLAN

Employee Only

Employee Monthly Cost \$ _____

Employee Deductible \$ _____

Employee Plan Maximum \$ _____

What is the County's actual pass-through cost for this one insured employee? \$ _____

Employee + Family

Employee Monthly Cost \$ _____

Employee Deductible \$ _____

Employee Plan Maximum \$ _____

What is the County's actual pass-through cost for this one insured employee + family? \$ _____

RFP #CC-1-2023

EMPLOYEE EYE INSURANCE PLANS:

LOWEST PRICED PLAN

Employee Only

Employee Monthly Cost	\$ 7.34
Annual Eye Exam Co-pay	\$ 10.00
Glasses Deductible or limit	\$ 130 allowance for frames /
What is the County's actual pass-through cost for this one insured employee?	\$25 co-pay for lenses
	\$ ---

Employee + Family

Employee Monthly Cost	\$ 19.34
Annual Eye Exam Co-pay	\$ 10.00
Glasses Deductible or limit	\$ 130 allowance for frames /
What is Monmouth County's actual pass through cost for this one insured employee + family?	\$25 co-pay for lenses
	\$ ---

MID-LEVEL PRICED PLAN

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 \$ _____

Annual Eye Exam Co-pay \$ _____

Glasses Deductible or limit \$ _____

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? \$ _____

RFP #CC-1-2023

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?

\$ **0**

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?

\$ **2.50%**

Is your company able to process and pay claims in-house?

Yes No

If yes, then what would be the cost per claim?

\$ **0**

Is your company able to process and pay claims electronically in-house?

Yes No

If yes, then what would be the cost per claim?

\$ **0**