#### SIGNATURE PAGE CC-4-2024

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) 9/15/2023 (DATE)
Address:	765 East Route 70, Building A-100
	Marlton, NJ
Telephone No.:	(267)249-3315
Fax No.:	(856)872-2532
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-4-2024

#### **Cost Proposal Sheets**

All sheets must be completed in their entirety, and no questions or fields left blank or unanswered. If any requested information is zero or not applicable, then enter "0" or "N/A" respectively. If any information is left blank or unanswered, then the County will assume a zero cost accordingly.

#### MANAGEMENT FEE FORM:

The monthly Management Fee proposed for the duration of the initial 36 month contract term shall be broken down into three separate amounts or one for each 12 month calendar year period. 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.

Monthly Management Fee (January 1, 2024 through December 31, 2024): \$ 99,028.00

Monthly Management Fee (January 1, 2025 through December 31, 2025): \$ 103,935.08

Monthly Management Fee (January 1, 2026 through December 31, 2026): \$ 109,086.83

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.

	<b>Monthly Cost</b>		
\$	n/a		
<b> </b> \$	n/a		
<b> </b> \$	n/a		
\$	n/a		
\$	n/a		
\$	n/a		
\$	n/a		
\$	n/a		
\$	n/a		
\$	n/a		
<b> </b> \$	n/a		

#### **START UP COST FORM:**

Other:

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 conclusion of the 15th day post contract start date.

STAFFING:			
HR: Hiring, applicat	ions, interviewing, ci		
Number of Hours:		Rate:	\$ n/a
HR: Orientation of n	new and existing staff		-1-
Number of Hours:		Rate:	s n/a
Regional Manageme	nt: All activity, inclu	ding orientation of new and existing staff,	
implementation of po	olicy & procedures, e	tc.	
Number of Hours:		Rate:	<sub>\$</sub> n/a
Corp/Regional Medi	cal Director: All activ	vity, including orientation of providers,	
implementation of cl	inical protocols, polic	cy & procedures, etc.	
Number of Hours:		Rate:	\$ n/a
Corp/Regional Nursi	ing Management: All	activity, including orientation of new &	
existing staff, implen	nentation of nursing	policy & procedures, protocols, etc.	
Number of Hours:		Rate:	\$ n/a
Other:			
Number of Hours:		Rate:	\$ n/a
Other:			
Number of Hours:		Rate:	\$ n/a
Other:			
Number of Hours:		Rate:	\$ n/a
TRAVEL:		∘ n/a	
	Airfare:	<u>v</u>	
	Mileage:	<u>\$ n/a</u>	
	Parking:	<u>\$ n/a</u>	
	Rental Car:	<u>\$ n/a</u>	
	Accommodations:	\$ n/a	
	Meals:	\$ n/a	
	Per Diem:	\$ n/a	
	Other:	\$ n/a	

Travel Subtotal: \$ n/a

Team Building: Pizza, lunches, snacks, etc. (on-site)			\$	n/a
Time Keeping System:			\$	n/a
Other Start-Up Costs: List				
	\$	n/a	_	
	\$	n/a	_	
	\$	n/a		
	Other S	tart-Up Subtotal:	\$	n/a
	Tota	al Start-Up Costs:	\$	n/a

#### **INSURANCE COST 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 36-month contract.

Professional Liability Insurance				
Malpractice Premium	\$	38,000.00		
Malpractice Claims	\$ \$	25,000.00		
Tail coverage if separate	\$	0		
Errors and Omissions	\$	0		
Other	\$	n/a		
Other	\$	n/a		
			Total Annual Cost: \$	63,000.00
			<del></del>	
Commercial General Liability Insu	ıran	ce		
Premium	\$	56,081.42		
Other	\$ \$ \$	n/a		
Other	\$	n/a		
			Total Annual Cost: \$	56,081.42
			_	
Workers Compensation Insurance				
Premium	\$	n/a		
Other		n/a		
Other	\$	n/a		0
			Total Annual Cost: \$	0
Vehicle Insurance				
Premium	\$	n/a		
Other	\$	n/a		
Other	\$	n/a		
			Total Annual Cost: \$	0
<u>Limited Health Exp</u> ense Benefit Co			0 deductible)	
Premium	\$	54,741.60		
Other	\$			
Other	\$			
			Total Annual Cost: \$	54,741.60
				00.000.00
Guarantee (\$20,000)			Total Annual Cost: \$	20,000.00
Agreement of Surety (\$1,000,000)			Total Annual Cost: \$	193,823.02

# PROVIDER NETWORK AND CLAIMS MANAGEMENT COST FORM (2023 Rates);

<u>CLAIMS PROCESSING</u>		
Is your company able to process and pay claims in-house?  If yes, then what would be the cost per claim, if any, that the Vendor will pass-	Yes	No
through to the County?	\$ 5.00	
Is your company able to process and pay claims electronically in-house?	× Yes	No
If yes, then what would be the cost per claim, if any, that the Vendor will pass-through to the County?	\$ 1.50	
PROVIDER NETWORK		
Does your company participate in a provider discount network (e.g. BC/BS,		1000000
Optima, Anthem, Cigna, Amerihelath, etc.)?	Yes	<u>X</u> No
If yes, then what is the cost per inmate per month to participate in the network,	n/o	
that the Vendor will pass-through to the County?	\$ n/a	
THIRD PARTY ADMINISTRATOR		
Does your company use a third party administrator to process and pay each		
claim?	Yes	xNo
If yes, then what is the cost per per claim, that the Vendor will pass-through to		
the County?	¢/-	

# 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? What is the County's actual pass-through cost for this one insured	\$ 10.10
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
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 ton (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?	\$	Yes 1500		_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	×	_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		
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?	\$	50		
Employee or child is authorized ten (10) Mental Health Counseling sessions				
What is the co-pay?	\$	50		

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?	YesxNo
Does your company assist in contributing to an employee FSA	YesX_No
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?	<u>\$</u> 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?	\$ 50

#### 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 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	
Employee goes to a primary care doctor		
What is the co-pay?	\$ 20	
The state of the s		_
Employee goes to a specialist		
What is the co-pay?	\$ 50	_
Employee goes to the Emergency Room	. 200	
What is the co-pay?	\$	
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%	_
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				
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?	\$	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?	\$	80.45		
What is the employee's bi-weekly premium deducted from paycheck?	\$ 3	37.13		
What is the County's actual pass-through cost for this insured Employee				
+ Child?	\$ 1	3,193.23		
Employee or child goes to a primary care doctor		00		
What is the co-pay?	\$	20		
Employee or child goes to a specialist		50		
What is the co-pay?	\$	50		
Employee or child goes to the Emergency Room	•			
What is the co-pay?	<u>\$_</u>	200		
Employee or child is hospitalized for two inpatient days. Medicare				
allowable cost is \$4,500				
What is the co-pay?	\$	300/DAY		
What is the co-pay:  What is the employee's out of pocket cost	\$	10%		
what is the employee's out of pocket cost	Ψ			
Employee or child is authorized ten (10) Physical Therapy sessions				
What is the co-pay?	\$	50		
The second secon	<u>~</u>			
Employee or child is authorized ten (10) Mental Health Counseling				
sessions				
What is the co-pay?	\$	50		
The state of the s	-			

EMPLOYEE + FAMILY	
What is the individual and/or annual family deductible if any, for the	
employee to meet?	\$ 750
D	Yes X No
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 his weekly premium deducted from psychoek?	<del></del>
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
rainity?	5 10,100.20
Employee or family member goes to a primary care doctor	
What is the co-pay?	\$ 20
what is the co-pay:	Ψ 20
Employee or family member goes to a specialist	
What is the co-pay?	\$ 50
, and it the es puj.	
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
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_		4			
What is the annual deductible, if any for the employee to meet?	\$	500			
1					
Does your company assist in meeting employee deductibles for this plan?	1	Yes	X	_No	
Does your company assist in contributing to an employee FSA	4	Yes	X	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					
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		_	-
E I D					
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					
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			

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?	No \$ 500
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?	Yes X No Yes X No Yes X No  155.22  \$ 71.64  \$ 13,193.23
Employee or child goes to a primary care doctor What is the co-pay?  Employee or child goes to a specialist What is the co-pay?	\$ 20 \$ 50
Employee or child goes to the Emergency Room What is the co-pay?  Employee or child is hospitalized for two inpatient days. Medicare	\$ 200
allowable cost is \$4,500  What is the co-pay?  What is the employee's out of pocket cost	\$ 250/DAY \$ 5%
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

## 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 plans	? Yes x No
Does your company assist in contributing to an employee FSA	Yes X No
What is the employee's monthly premium?	\$ 1234.37
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?	\$ 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?	\$ 200
Employee or family member is hospitalized for two inpatient days.	
Medicare allowable cost is \$4,500	© 250/DAY
What is the co-pay?	\$ 250/DAY \$ 5%
What is the employee's out of pocket cost	\$ 0.0
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
mac to the co pay.	

# EMPLOYEE DENTAL INSURANCE PLANS:

SOFT REST - ALLEY

#### **LOWEST PRICED PLAN**

LOWEST PRICED PLAN	
Employee Only	
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	\$ none
What is the County's actual pass-through cost for this one insured employee + family?	\$ 350
MID-LEVEL PRICED PLAN N/A	
Employee Only	0
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	\$

#### 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	\$ 0
Annual Eye Exam Co-pay	\$30
Glasses Deductible or limit What is the County's actual pass-through cost for this one insured employee?	\$ Plan pays \$100 \$ 0
Employee + Family	
Employee Monthly Cost	\$ 0
Annual Eye Exam Co-pay	\$ 30
Glasses Deductible or limit What is Monmouth County's actual pass through cost for this one insured employee + family?	\$ Plan pays \$100 per family member  \$ 0
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 What is the County's actual pass-through cost for this one insured	\$ \$210 allowance
employee + family?	\$ 0