

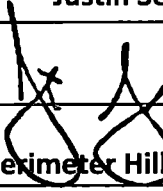
SIGNATURE PAGE
CC-4-2024

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: Wellpath LLC
(PRINT)

Preparer's Name: Justin Searle
(PRINT)

Signature:  October 3, 2023
(DATE)


Address: 3340 Perimeter Hill Dr., Nashville, TN 37211

Telephone No.: 858-205-6628

Fax No.: 615-324-5798

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

Contact Person: Laura Busbin - 229-364-8404 - laura.busbin@wellpath.us

FEIN: 
(Federal Employee ID)

BRC: 

(Revised 2/2017)

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):	<input type="text" value="\$ 89,929.47"/>
Monthly Management Fee (January 1, 2025 through December 31, 2025):	<input type="text" value="\$ 91,447.07"/>
Monthly Management Fee (January 1, 2026 through December 31, 2026):	<input type="text" value="\$ 95,466.15"/>

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
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START UP COST 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 conclusion of the 15th day post contract start date.

STAFFING:

HR: Hiring, applications, interviewing, credentialing, etc.		
Number of Hours:	640	Rate: \$31.25
		<u>\$ 20,000</u>
HR: Orientation of new and existing staff		
Number of Hours:	1,545.60	Rate: \$68.49
		<u>\$ 105,861</u>
Regional Management: All activity, including orientation of new and existing staff, implementation of policy & procedures, etc.		
Number of Hours:	40	Rate: \$275.00
		<u>\$ 11,000</u>
Corp/Regional Medical Director: All activity, including orientation of providers, implementation of clinical protocols, policy & procedures, etc.		
Number of Hours:	40	Rate: \$175.00
		<u>\$ 7,000</u>
Corp/Regional Nursing Management: All activity, including orientation of new & existing staff, implementation of nursing policy & procedures, protocols, etc.		
Number of Hours:	40	Rate: \$85.00
		<u>\$ 3,400</u>
Other:		
Number of Hours:		Rate:
		<u>\$</u>
Other:		
Number of Hours:		Rate:
		<u>\$</u>
Other:		
Number of Hours:		Rate:
		<u>\$</u>

TRAVEL:

Airfare:	<u>\$ 10,000</u>
Mileage:	<u>\$ 3,000</u>
Parking:	<u>\$ 750</u>
Rental Car:	<u>\$ 3,000</u>
Accommodations:	<u>\$ 8,908</u>
Meals:	<u>\$ 4,000</u>
Per Diem:	<u>\$</u>
Other:	<u>\$</u>
Other:	<u>\$</u>

Travel Subtotal: \$ 29,658

Team Building: Pizza, lunches, snacks, etc. (on-site) \$ 6,500

Time Keeping System: \$ 2,000

Other Start-Up Costs: List

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Other Start-Up Subtotal: \$ _____

Total Start-Up Costs: \$ 185,419

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	\$ 19,520.27	
Malpractice Claims	\$ 181,094.11	(included in management fee)
Tail coverage if separate	\$ _____	
Errors and Omissions	\$ _____	
Other _____	\$ _____	
Other _____	\$ _____	
Total Annual Cost:		\$ 200,614.38

Commercial General Liability Insurance

Premium	\$ 2,250.00	
Other EPL Claims Cost	\$ 10,953.51	
Other Property	\$ 415.26	
Total Annual Cost:		\$ 13,618.77

Workers Compensation Insurance

Premium	\$ 6,202.91	
Other WC Claims Cost	\$ 28,781.50	
Other _____	\$ _____	
Total Annual Cost:		\$ 34,984.41

Vehicle Insurance

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

Reinsurance/Stop Loss

Limited Health Expense Benefit Coverage (\$125,000 deductible)

Premium	\$ 20,438.08	
Other _____	\$ _____	
Other _____	\$ _____	
Total Annual Cost:		\$ 20,438.08

Guarantee (\$20,000)

Total Annual Cost: \$ 500.00

Agreement of Surety (\$1,000,000)

Total Annual Cost: \$ 25,000.00

PROVIDER NETWORK AND CLAIMS MANAGEMENT COST FORM (2023 Rates):

CLAIMS PROCESSING

Is your company able to process and pay claims 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?

\$ _____

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?

\$ _____

PROVIDER NETWORK

Does your company participate in a provider discount network (e.g. BC/BS, Optima, Anthem, Cigna, Amerihelath, etc.)?

Yes No

If yes, then what is the cost per inmate per month to participate in the network, that the Vendor will pass-through to the County?

\$ _____

THIRD PARTY ADMINISTRATOR

Does your company use a third party administrator to process and pay each claim?

Yes No

If yes, then what is the cost per per claim, that the Vendor will pass-through to the County?

\$ 18.00 per claim

EMPLOYEE HEALTH INSURANCE FOR LOWEST PRICED PLAN COST FORM (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? \$ 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 cost? \$ \$79.92

What is the employee's bi-weekly premium deducted from paycheck? \$ 36.89

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

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

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

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

Employee is hospitalized for five (5) inpatient days (Medicare allowable is \$11,250).
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 per session? \$ 20% after deductible

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

EMPLOYEE + CHILD

Does this plan cover more than one child? Yes No
 What is the individual and 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 cost? \$ 340.36

What is the employee's bi-weekly premium deducted from paycheck? \$ 157.09

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

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 five (5) inpatient days (Medicare allowable is \$11,250).
 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 per session? \$ 20% after deductible

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

EMPLOYEE + FAMILY

What is the individual and 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 cost? \$ 617.07

What is the employee's bi-weekly premium deducted from paycheck? \$ 284.80

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

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 five (5) inpatient days (Medicare allowable is \$11,250).
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 per session? \$ 20% after deductible

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

EMPLOYEE HEALTH INSURANCE FOR MIDLEVEL PRICED PLAN COST FORM (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? \$ 2,500.00

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 cost? \$ 154.34

What is the employee's bi-weekly premium deducted from paycheck? \$ 71.23

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

Employee goes to a primary care doctor

What is the co-pay? \$ 30.00

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 five (5) inpatient days (Medicare allowable is \$11,250).

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 per session? \$ 25 per session

Employee is authorized ten (10) Mental Health Counseling sessions

What is the co-pay per session? \$ 25 per session

EMPLOYEE + CHILD

Does this plan cover more than one child? Yes No
 What is the individual and 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 cost? \$ 361.55
 What is the employee's bi-weekly premium deducted from paycheck? \$ 166.87
 What is the County's actual monthly pass-through cost for this insured Employee + Child(ren)? \$ _____

Employee or child goes to a primary care doctor
 What is the co-pay? \$ 30.00

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 five (5) inpatient days (Medicare allowable is \$11,250).
 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 per session? \$ 25 per session

Employee or child is authorized ten (10) Mental Health Counseling sessions
 What is the co-pay per session? \$ 25 per session

EMPLOYEE + FAMILY

What is the individual and 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 cost? \$ 723.29

What is the employee's bi-weekly premium deducted from paycheck? \$ 333.83

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

Employee or family member goes to a primary care doctor
What is the co-pay? \$ 30.00

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 five (5) inpatient days (Medicare allowable is \$11,250).
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 per session? \$ 25 per session

Employee or family member is authorized ten (10) Mental Health Counseling sessions
What is the co-pay per session? \$ 25 per session

EMPLOYEE HEALTH INSURANCE FOR PREMIUM PRICED PLAN COST FORM (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? \$ 750.00

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 cost? \$ 243.57

What is the employee's bi-weekly premium deducted from paycheck? \$ 112.42

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

Employee goes to a primary care doctor

What is the co-pay? \$ 30.00

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 five (5) inpatient days (Medicare allowable is \$11,250).

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 per session? \$ 30.00 per session

Employee is authorized ten (10) Mental Health Counseling sessions

What is the co-pay per session? \$ 30.00 per session

EMPLOYEE + CHILD

Does this plan cover more than one child? Yes No
 What is the individual and 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 cost? \$ 380.40

What is the employee's bi-weekly premium deducted from paycheck? \$ 175.57

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

Employee or child goes to a primary care doctor
 What is the co-pay? \$ 30.00

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 five (5) inpatient days (Medicare allowable is \$11,250).
 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 per session? \$ 30 per session

Employee or child is authorized ten (10) Mental Health Counseling sessions
 What is the co-pay per session? \$ 30 per session

EMPLOYEE + FAMILY

What is the individual and annual family 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 cost? \$ 832.36

What is the employee's bi-weekly premium deducted from paycheck? \$ 384.17

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

Employee or family member goes to a primary care doctor
What is the co-pay? \$ 30.00

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 five (5) inpatient days (Medicare allowable is \$11,250).
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 per session? \$ 30 per session

Employee or family member is authorized ten (10) Mental Health Counseling sessions
What is the co-pay per session? \$ 30 per session

EMPLOYEE DENTAL INSURANCE PLANS COST FORM (2023 Rates):

LOWEST PLAN

Employee Only

Employee's Annual Deductable?	\$ 75.00
Employee Monthly Premium?	\$ 10.77
Plan Maximum Benefit Cost?	\$ 1,250.00
What is the County's actual monthly pass-through cost for this one insured employee?	\$

Employee + Family

Employee's Annual Deductable?	\$ 225.00
Employee Monthly Premium?	\$ 35.52
Plan Maximum Benefit Cost?	\$ 1,250
What is the County's actual monthly pass-through cost for this one insured employee + family?	\$

MID-LEVEL PLAN

Employee Only

Employee's Annual Deductable?	\$ 25.00
Employee Monthly Premium?	\$ 24.39
Plan Maximum Benefit Cost?	\$ 2,000
What is the County's actual monthly pass-through cost for this one insured employee?	\$

Employee + Family

Employee's Annual Deductable?	\$ 75.00
Employee Monthly Premium?	\$ 80.06
Plan Maximum Benefit Cost?	\$ 2,000.00
What is the County's actual monthly pass-through cost for this one insured employee + family?	\$

PREMIUM PLAN

Employee Only

Employee's Annual Deductable? \$ _____

Employee Monthly Premium? \$ _____

Plan Maximum Benefit Cost? \$ _____

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

Employee + Family

Employee's Annual Deductable? \$ _____

Employee Monthly Premium? \$ _____

Plan Maximum Benefit Cost? \$ _____

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

EMPLOYEE EYE INSURANCE PLANS COST FORM (2023 Rates):

LOWEST PRICED PLAN

Employee Only

Employees Annual Deductable?	\$ None
Employee Monthly Premium?	\$ 5.99
Plan Maximum Benefit Cost?	\$ No max/allowances varies by services
Annual Eye Exam Co-pay?	\$ 10.00
Glasses Annual Deductible?	\$ 130 allowance for frames/25 co pay for lenses
What is the County's actual monthly pass-through cost for this one insured employee?	\$ None

Employee + Family

Employees Annual Deductable?	\$ 15.77
Employee Monthly Premium?	\$ No max/ allowances varies by services
Plan Maximum Benefit Cost?	\$ 10.00
Annual Eye Exam Co-pay?	\$ 130 allowance for frames/25 co pay for lenses
Glasses Annual Deductible?	\$
What is Monmouth County's actual monthly pass through cost for this one insured employee + family?	\$

MID-LEVEL PRICED PLAN

Employee Only

Employees Annual Deductable?	\$
Employee Monthly Premium?	\$
Plan Maximum Benefit Cost?	\$
Annual Eye Exam Co-pay?	\$
Glasses Annual Deductible?	\$
What is the County's actual monthly pass-through cost for this one insured employee?	\$

Employee + Family

Employees Annual Deductable? \$ _____

Employee Monthly Premium? \$ _____

Plan Maximum Benefit Cost? \$ _____

Annual Eye Exam Co-pay? \$ _____

Glasses Annual Deductible? \$ _____

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

PREMIUM PRICED PLAN

Employee Only

Employees Annual Deductable? \$ _____

Employee Monthly Premium? \$ _____

Plan Maximum Benefit Cost? \$ _____

Annual Eye Exam Co-pay? \$ _____

Glasses Annual Deductible? \$ _____

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

Employee + Family

Employees Annual Deductable? \$ _____

Employee Monthly Premium? \$ _____

Plan Maximum Benefit Cost? \$ _____

Annual Eye Exam Co-pay? \$ _____

Glasses Annual Deductible? \$ _____

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