


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
(PRINT)

Signature:  3/28/2023
(DATE)

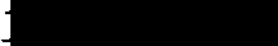
Address: 765 East Route 70 Building A-100
Marlton, NJ 08053

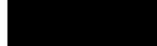
Telephone No.: (267)249-3315

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)

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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 Insurance

Premium	\$ 56,081.42	
Other	\$	
Other	\$	
Total Annual Cost:		\$ 56,081.42

Workers Compensation Insurance

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

Vehicle Insurance

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

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

Premium	\$ 49,205.00	
Other	\$	
Other	\$	
Total Annual Cost:		\$ 49,205.00

Guarantee (\$20,000)

Total Annual Cost:	\$ 20,000.00
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Agreement of Surety (\$1,600,000)

Total Annual Cost:	\$ 188,286.42
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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: _____ Rate: _____ \$ N/A

HR: Orientation of new and existing staff

Number of Hours: _____ Rate: _____ \$ N/A

Regional Management: All activity, including orientation of new and existing staff, implementation of policy & procedures, etc.

Number of Hours: _____ Rate: _____ \$ N/A

Corp/Regional Medical Director: All activity, including orientation of providers, implementation of clinical protocols, policy & procedures, etc.

Number of Hours: _____ Rate: _____ \$ N/A

Corp/Regional Nursing Management: All activity, including orientation of new & existing staff, implementation 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:

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

Travel Subtotal: \$ N/A

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

\$ N/A

Time Keeping System:

\$ N/A

Other Start-Up Costs: List

\$

\$

\$

\$

\$

\$

\$

Other Start-Up Subtotal: \$ N/A

Total Start-Up Costs: \$ N/A

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does your company assist in contributing to an employee FSA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

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? \$ 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? \$ 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

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?

____ Yes No

Does your company assist in contributing to an employee FSA

____ Yes 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?

\$ 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 _____

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EMPLOYEE HEALTH INSURANCE FOR MIDDLELEVEL 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 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

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? \$ 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? 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 No
Does your company assist in contributing to an employee FSA? Yes 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
What is the co-pay? \$ 300/DAY
What is the employee's out of pocket cost? \$ 10%

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?

\$ 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 No

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 + 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**

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

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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 No

Does your company assist in contributing to an employee FSA Yes 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

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

What is the employee's monthly premium? \$ 155.22

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

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? \$ 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

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 plan?

Yes No

Does your company assist in contributing to an employee FSA

Yes 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

What is the co-pay?

\$ 250/DAY

What is the employee's out of pocket cost

\$ 5%

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

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EMPLOYEE DENTAL INSURANCE PLANS:

LOWEST PRICED PLAN

Employee Only

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	\$ 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

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?	\$

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	\$ 1000
What is the County's actual pass-through cost for this one insured employee + family?	\$ 350

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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 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

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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

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

Yes

No

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

\$ 1.50