

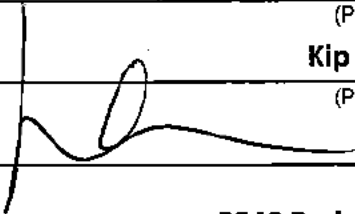
SIGNATURE PAGE
CC-17-2023

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: Wellpath LLC
(PRINT)

Preparer's Name: Kip Hallman
(PRINT)

Signature:  4/13/23
(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)

ATTACHMENT 3

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Cost Proposal Sheets

MANAGEMENT FEE FORM:

The monthly Management Fee proposed for the duration of the initial 30 month contract term shall be broken down into two separate amounts; one for the first 18-months and another for the subsequent 12-months. 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 (July 1, 2023 through December 31, 2024):

\$ 72,016.50

Monthly Management Fee (January 1, 2025 through December 31, 2025):

\$ 83,619.39

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	\$ 344,004.13
Travel	\$ 776.40
Insurance	\$ 7,429.04
Pharmacy	\$ 36,265.58
On-Site	\$ 18,176.68
MAT (non-staffing)	\$ 64,757.86
Medical Supplies	\$ 4,696.22
Off-Site	\$ 33,359.37
Other	\$ 4,500.34
Performance Bond	\$ 500.00
	\$

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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	\$ 19,520.27	
Malpractice Claims	\$ 181,094.11 (included in Management Fee)	
Tail coverage if separate	\$ 0.00	
Errors and Omissions	\$ 0.00	
Other	\$ ---	
Other	\$ ---	
Total Annual Cost:		\$ 200,614

Commercial General Liability Insurance

Premium	\$ 2,250.00	
Other EPL Claims	\$ 9,448.18	
Other Property	\$ 365.26	
Total Annual Cost:		\$ 12,063

Workers Compensation Insurance

Premium	\$ 6,624.61	
Other	\$ 30,738.20	
Other	\$ ---	
Total Annual Cost:		\$ 37,363

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
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Agreement of Surety (\$1,600,000) (\$400,000)	Total Annual Cost:	\$ 6,000
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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: **640** Rate: **\$31.25** \$ 20,000

HR: Orientation of new and existing staff

Number of Hours: **1,553.60** Rate: **\$70.16** \$ 109,001

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

Number of Hours: **40** Rate: **\$275.00** \$ 11,000

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

Number of Hours: **40** Rate: **\$175.00** \$ 7,000

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** \$ 3,400

Other:

Number of Hours: Rate: \$

Other:

Number of Hours: Rate: \$

Other:

Number of Hours: Rate: \$

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: \$ 188,559

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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? \$ 3,000.00

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? \$ 79.92

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

What is the County's actual pass-through cost for this one insured employee? \$ 586.86/month

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 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? \$ 20% after deductible

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

EMPLOYEE + CHILD

Does this plan cover more than one child?	<u> X </u> Yes	<u> </u> No
What is the individual and/or annual deductible, if any for the employee to meet?	<u>\$ 6,000.00</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>\$ 340.36</u>	
What is the employee's bi-weekly premium deducted from paycheck?	<u>\$ 157.09</u>	
What is the County's actual pass-through cost for this insured Employee + Child?	<u>\$ 909.21</u>	
Employee or child goes to a primary care doctor What is the co-pay?	<u>\$ 20% after deductible</u>	
Employee or child goes to a specialist What is the co-pay?	<u>\$ 20% after deductible</u>	
Employee or child goes to the Emergency Room What is the co-pay?	<u>\$ 20% after deductible</u>	
Employee or child 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 or child is authorized ten (10) Physical Therapy sessions What is the co-pay?	<u>\$ 20% after deductible</u>	
Employee or child is authorized ten (10) Mental Health Counseling sessions What is the co-pay?	<u>\$ 20% after deductible</u>	

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 X No

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

What is the employee's monthly premium? \$ 617.07

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

What is the County's actual pass-through cost for this insured employee + family? \$ 1,335.92

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

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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? \$ 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? \$ 154.34

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

What is the County's actual pass-through cost for this one insured employee? \$ 558.63

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? \$ 50.00 / Session

Employee is authorized ten (10) Mental Health Counseling sessions

What is the co-pay? \$ 50.00 / 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? \$ **361.65**

What is the employee's bi-weekly premium deducted from paycheck? \$ **166.87**

What is the County's actual pass-through cost for this insured Employee + Child? \$ **974.57**

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? \$ **50.00 / Session**

Employee or child is authorized ten (10) Mental Health Counseling sessions
What is the co-pay? \$ **50.00 / 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?

\$ **723.29**

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

\$ **333.83**

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

\$ **1,364.97**

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?

\$ **50.00 / Session**

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

What is the co-pay?

\$ **50.00 / Session**

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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? \$ 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? \$ 243.57

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

What is the County's actual pass-through cost for this one insured employee? \$ 487.99

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 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? \$ 50.00 / Session

Employee is authorized ten (10) Mental Health Counseling sessions

What is the co-pay? \$ 50.00 / 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? \$ 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? \$ 380.40

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

What is the County's actual pass-through cost for this insured Employee + Child? \$ 990.36

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 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? \$ 50.00 / Session

Employee or child is authorized ten (10) Mental Health Counseling sessions
What is the co-pay? \$ 50.00 / Session

EMPLOYEE + FAMILY

What is the individual and/or 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? \$ **832.36**

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

What is the County's actual pass-through cost for this insured employee + family? \$ **1,310.63**

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 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? \$ **50.00 / Session**

Employee or family member is authorized ten (10) Mental Health Counseling sessions
What is the co-pay? \$ **50.00 / Session**

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EMPLOYEE DENTAL INSURANCE PLANS (2023 rates):

LOWEST PRICED PLAN

Employee Only

Employee Monthly Cost \$ 10.77

Employee Deductible \$ 75.00

Employee Plan Maximum \$ 1,250.00

What is the County's actual pass-through cost for this one insured employee? \$ 9.95

Employee + Family

Employee Monthly Cost \$ 35.32

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? \$ 30.71

MID-LEVEL PRICED PLAN

Employee Only

Employee Monthly Cost \$ 24.39

Employee Deductible \$ 25.00

Employee Plan Maximum \$ 2,000.00

What is the County's actual pass-through cost for this one insured employee? \$ 22.55

Employee + Family

Employee Monthly Cost \$ 80.06

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? \$ 69.62

PREMIUM PRICED PLAN

No 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? \$ _____

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EMPLOYEE EYE INSURANCE PLANS (2023 rates):

LOWEST PRICED PLAN

Employee Only

Employee Monthly Cost	\$ 5.99
Annual Eye Exam Co-pay	\$ 10.00
Glasses Deductible or limit	\$ 130 frames allowance / \$25 lenses co-payment
What is the County's actual pass-through cost for this one insured employee?	\$ 0.00

Employee + Family

Employee Monthly Cost	\$ 15.77
Annual Eye Exam Co-pay	\$ 10.00
Glasses Deductible or limit	\$ 130 frames allowance / \$25 lenses co-payment
What is Monmouth County's actual pass through cost for this one insured employee + family?	\$ 0.00

MID-LEVEL PRICED PLAN

No 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

No 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?

\$ _____

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PROVIDER NETWORK AND CLAIMS MANAGEMENT (2023 rates):

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