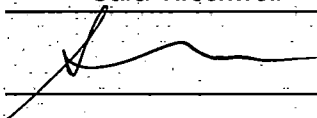


**SIGNATURE PAGE**  
**CC-1-2023**

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: CHS New Jersey, LLC  
(PRINT)

Preparer's Name: Sara Tirschwell  
(PRINT)

Signature:  September 23, 2022  
(DATE)

Address: 205 Powell Place  
Brentwood, TN 37027

Telephone No.: 615-373-3100

Fax No.: 615-760-8862

E-Mail Address: Dana.Bell@yescarecorp.com  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Dana Bell, Chief of Staff

FEIN: [REDACTED]

(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 Vendor's gross profit, and all corporate overhead and support. Corporate overhead and support shall include, but not be 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 the 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:                    \$134,553**  
**Annualized Management Fee                \$1,614,636**

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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**None**

**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 Vendors 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	\$0.00	
Malpractice Claims	\$0.00	
Tail coverage if separate	\$0.00	
Errors and Omissions	\$0.00	
Other	\$0.00	
<b>Total Annual Cost</b>		<b>\$0.00</b>

**Commercial General Liability Insurance**

Premium	\$0.00	
Other	\$0.00	
<b>Total Annual Cost</b>		<b>\$0.00</b>

**Workers Compensation Insurance**

Premium	\$0.00	
Other	\$0.00	
<b>Total Annual Cost</b>		<b>\$0.00</b>

**Vehicle Insurance**

Premium	\$0.00	
Other	\$0.00	
<b>Total Annual Cost</b>		<b>\$0.00</b>

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

Premium	\$0.00	
Other	\$0.00	
<b>Total Annual Cost</b>		<b>\$0.00</b>

**Guarantee (\$20,000)** *No charge from surety*

**Agreement of Surety (\$2,000,000)** *\$26,000*

**Note: Required insurance coverage above are included in the Management Fee**

**RFP #CC-1-2023**

**START UP FORM:**

Vendors are required to disclose all start-up costs, including staffing, travel, etc. to be pass 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 15<sup>th</sup> day post contract start date.

**STAFFING:**

**HR: Hiring, applications, interviewing, credentialing, etc.**

Number of Hours: 210 Rate: \$45.00 \$9,450

**HR: Orientation of new and existing staff**

Number of Hours: 84 Rate: \$45.00 \$3,780

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

Number of Hours: 160 Rate: \$90.00 \$14,400

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

Number of Hours: 40 Rate: \$180.00 \$7,200

**Corp/Regional Nursing Management: All activity, including orientation of new & existing staff, implementation of nursing policy & procedures, protocols, etc.**

Number of Hours: 80 Rate: \$75.00 \$6,000

**Other: Information Technology**

Number of Hours: 40 Rate: \$65.00 \$2,600

**Other:**

Number of Hours: Rate:

**TRAVEL:**

Airfare \$5,600  
Mileage: \$0  
Parking: \$1,500  
Rental Car: \$1,500  
Accommodations: \$5,120  
Meals: \$2,800  
Per Diem: \$0  
Other:  
Other:

**Travel Subtotal: \$16,520**

Team Building: Pizza, lunches, snacks, etc. (on-site) \$3,000

Time Keeping System: \$3,100

Other Start-up Costs List:

**Other Start-up Subtotal** \$0

**Total Start-up Costs** \$75,050

**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? *\$4,000 Individual*

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

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

What is the employee's monthly premium? *\$46.61 (Salary < \$50,000); \$49.08 (all others)*

What is the employee's bi-weekly premium deducted from paycheck?  
*\$21.51 (Salary < \$50,000); \$22.65 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$915.00*

**Employee goes to a primary care doctor**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee goes to a specialist**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee goes to the Emergency Room**

What is the co-pay? *30% coinsurance after deductible is met*

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

What is the Co-pay? *30% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$6,900 out of pocket max*

**Employee is authorized ten (10) Physical Therapy sessions**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee is authorized ten (10) Mental Health Counseling sessions**

What is the co-pay? *30% coinsurance after deductible is met*

**EMPLOYEE HEALTH INSURANCE FOR LOWEST PRICED PLAN (1 OF 3):**

**EMPLOYEE + CHILD**

Does this plan cover more than one child? Yes

What is the annual deductible, if any, for the employee to meet? *\$4,000 Individual / \$8,000 family*

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

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

What is the employee's monthly premium? *\$191.01 (Salary < \$50,000); \$201.07 (all others)*

What is the employee's bi-weekly premium deducted from paycheck?  
*\$88.16 (Salary < \$50,000); \$92.80 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$1,555.00*

**Employee or child goes to a primary care doctor**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee or child goes to a specialist**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee or child goes to the Emergency Room**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee or child is hospitalized for two inpatient days.**

**Medicare allowable cost is \$4,500**

What is the Co-pay? *30% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$13,800 out of pocket max*

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

What is the co-pay? *30% coinsurance after deductible is met*

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

What is the co-pay? *30% coinsurance after deductible is met*

**EMPLOYEE HEALTH INSURANCE FOR LOWEST PRICED PLAN (1 OF 3):**

**EMPLOYEE + FAMILY**

What is the annual deductible, if any, for the employee to meet? *\$4,000 Individual / \$8,000 family*

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

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

What is the employee's monthly premium? *\$339.82 (Salary < \$50,000); \$357.70 (all others)*

What is the employee's bi-weekly premium deducted from paycheck?  
*\$156.84 (Salary < \$50,000); \$165.09 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$2,605.00*

**Employee or family member goes to a primary care doctor**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee or family member goes to a specialist**

What is the co-pay? *30% coinsurance after deductible is met*

**Employee or family member goes to the Emergency Room**

What is the co-pay? *30% coinsurance after deductible is met*

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

What is the Co-pay? *30% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$13,800 out of pocket max*

**Employee or family member is authorized ten (10) Physical Therapy sessions**

What is the co-pay? *30% coinsurance after deductible is met*

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

What is the co-pay? *30% coinsurance after deductible is met*



RFP #CC-1-2023

**EMPLOYEE HEALTH INSURANCE FOR MIDLEVEL 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? *\$2,800 Individual*

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

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

What is the employee's monthly premium?

*\$160.46 (Salary < \$50,000); \$168.91 (\$50,000 - \$100,000); \$173.14 (all others)*

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

*\$74.06 (Salary < \$50,000); \$77.96 (\$50,000 - \$100,000); \$79.91 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$1,145.00*

**Employee goes to a primary care doctor**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee goes to a specialist**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee goes to the Emergency Room**

What is the co-pay? *20% coinsurance after deductible is met*

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

What is the Co-pay? *20% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$5,000 out of pocket max*

**Employee is authorized ten (10) Physical Therapy sessions**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee is authorized ten (10) Mental Health Counseling sessions**

What is the co-pay? *20% coinsurance after deductible is met*

**EMPLOYEE HEALTH INSURANCE FOR MIDDLE LEVEL PRICED PLAN (2 OF 3):**

**EMPLOYEE + CHILD**

Does this plan cover more than one child? Yes

What is the annual deductible, if any, for the employee to meet? *\$2,800 Individual / \$5,600 family*

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

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

What is the employee's monthly premium?  
*\$320.95 (Salary < \$50,000); \$337.85 (\$50,000 - \$100,000); \$346.28 (all others)*

What is the employee's bi-weekly premium deducted from paycheck?  
*\$148.13 (Salary < \$50,000); \$155.93 (\$50,000 - \$100,000); \$159.82 (all others)*

What is the County's actual pass-through cost for this one insured employee? \$1,945.00

**Employee or child goes to a primary care doctor**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee or child goes to a specialist**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee or child goes to the Emergency Room**

What is the co-pay? *20% coinsurance after deductible is met*

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

What is the Co-pay? *20% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$10,000 out of pocket max*

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

What is the co-pay? *20% coinsurance after deductible is met*

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

What is the co-pay? *20% coinsurance after deductible is met*

**EMPLOYEE HEALTH INSURANCE FOR MIDDLE LEVEL PRICED PLAN (2 OF 3):**

**EMPLOYEE + FAMILY**

What is the annual deductible, if any, for the employee to meet? *\$2,800 Individual / \$5,600 family*

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

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

What is the employee's monthly premium?

*\$618.97 (Salary < \$50,000); \$651.54 (\$50,000 - \$100,000); \$667.83 (all others)*

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

*\$285.68 (Salary < \$50,000); \$300.71 (\$50,000 - \$100,000); \$308.23 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$3,255.00*

**Employee or child goes to a primary care doctor**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee or child goes to a specialist**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee or child goes to the Emergency Room**

What is the co-pay? *20% coinsurance after deductible is met*

**Employee or child is hospitalized for two inpatient days.**

**Medicare allowable cost is \$4,500**

What is the Co-pay? *20% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$10,000 out of pocket max*

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

What is the co-pay? *20% coinsurance after deductible is met*

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

What is the co-pay? *20% coinsurance after deductible is met*

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? *\$1,250 Individual*

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

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

What is the employee's monthly premium?

*\$311.22 (Salary < \$50,000); \$327.60 (\$50,000 - \$100,000); \$343.98 (all others)*

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

*\$143.64 (Salary < \$50,000); \$151.20 (\$50,000 - \$100,000); \$158.76 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$1,325.00*

**Employee goes to a primary care doctor**

What is the co-pay? *\$25 per visit*

**Employee goes to a specialist**

What is the co-pay? *\$50 per visit*

**Employee goes to the Emergency Room**

What is the co-pay? *\$250 per visit and 20% coinsurance after deductible is met*

**Employee is hospitalized for two inpatient days.**

**Medicare allowable cost is \$4,500**

What is the Co-pay? *\$250 per admission and 20% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$4,000 out of pocket max*

**Employee is authorized ten (10) Physical Therapy sessions**

What is the co-pay? *\$50 per visit*

**Employee is authorized ten (10) Mental Health Counseling sessions**

What is the co-pay? *\$25 per non-facility-based visit  
Facility based 20% coinsurance after deductible is met*

**EMPLOYEE HEALTH INSURANCE FOR PREMIUM PRICED PLAN (3 OF 3):**

**EMPLOYEE + CHILD**

Does this plan cover more than one child? Yes

What is the annual deductible, if any, for the employee to meet? *\$1,250 Individual / \$2,500 family*

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

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

What is the employee's monthly premium?  
*\$598.50 (Salary < \$50,000); \$630.00 (\$50,000 - \$100,000); \$661.48 (all others)*

What is the employee's bi-weekly premium deducted from paycheck?  
*\$276.23 (Salary < \$50,000); \$290.77 (\$50,000 - \$100,000); \$305.30 (all others)*

What is the County's actual pass-through cost for this one insured employee? \$2,255.00

**Employee or child goes to a primary care doctor**

What is the co-pay? *\$25 per visit*

**Employee or child goes to a specialist**

What is the co-pay? *\$50 per visit*

**Employee or child goes to the Emergency Room**

What is the co-pay? *\$250 per visit and 20% coinsurance after deductible is met*

**Employee or child is hospitalized for two inpatient days.**

**Medicare allowable cost is \$4,500**

What is the Co-pay? *\$250 per admission and 20% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$8,000 out of pocket max*

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

What is the co-pay? *\$50 per visit*

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

What is the co-pay? *\$25 per non-facility-based visit  
Facility based 20% coinsurance after deductible is met*

**EMPLOYEE HEALTH INSURANCE FOR PREMIUM PRICED PLAN (3 OF 3):**

**EMPLOYEE + FAMILY**

What is the annual deductible, if any, for the employee to meet? *\$1,250 Individual / \$2,500 family*

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

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

What is the employee's monthly premium?

*\$1,034.22 (Salary < \$50,000); \$1,088.64 (\$50,000 - \$100,000); \$1,143.07 (all others)*

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

*\$477.33 (Salary < \$50,000); \$502.45 (\$50,000 - \$100,000); \$527.57 (all others)*

What is the County's actual pass-through cost for this one insured employee? *\$3,775.00*

**Employee or child goes to a primary care doctor**

What is the co-pay? *\$25 per visit*

**Employee or child goes to a specialist**

What is the co-pay? *\$50 per visit*

**Employee or child goes to the Emergency Room**

What is the co-pay? *\$250 per visit and 20% coinsurance after deductible is met*

**Employee or child is hospitalized for two inpatient days.**

**Medicare allowable cost is \$4,500**

What is the Co-pay? *\$250 per admission and 20% coinsurance after deductible is met*

What is the employee's out of pocket cost? *\$8,000 out of pocket max*

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

What is the co-pay? *\$50 per visit*

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

What is the co-pay? *\$25 per non-facility-based visit  
Facility based 20% coinsurance after deductible is met*

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**EMPLOYEE DENTAL INSURANCE PLAN:**

**LOWEST PRICED PLAN**

**Employee Only**

Employee Monthly Cost	\$23.14
Employee Deductible	\$100.00
Employee Plan Maximum	\$1,500.00
What is the County's actual pass-through cost for this one insured employee	\$0.00

**Employee Plus Family**

Employee Monthly Cost	\$75.21
Employee Deductible	\$100.00/person \$300/family
Employee Plan Maximum	\$1,500.00 per individual
What is the County's actual pass-through cost for this one insured employee	\$0.00

**MID-LEVEL PRICE PLAN**

**Employee Only**

Employee Monthly Cost	\$54.93
Employee Deductible	\$50.00
Employee Plan Maximum	\$2,000.00
What is the County's actual pass-through cost for this one insured employee	\$0.00

**Employee Plus Family**

Employee Monthly Cost	\$168.52
Employee Deductible	\$50.00/person \$150/family
Employee Plan Maximum	\$2,000.00 per individual
What is the County's actual pass-through cost for this one insured employee	\$0.00

**PREMIUM PRICE PLAN – N/A – only two dental plans offered**

**Employee Only**

Employee Monthly Cost	NA
Employee Deductible	NA
Employee Plan Maximum	NA
What is the County's actual pass-through cost for this one insured employee	NA

**Employee Plus Family**

Employee Monthly Cost	NA
Employee Deductible	NA
Employee Plan Maximum	NA
What is the County's actual pass-through cost for this one insured employee	\$0.00

**RFP #CC-1-2023**

**EMPLOYEE EYE INSURANCE PLAN:**

**LOWEST PRICED PLAN**

**Employee Only**

Employee Monthly Cost	\$4.14
Annual Eye Exam Co-pay	\$10.00
Glasses Deductible or Limit	\$100.00 allowance
What is the County's actual pass-through cost for this one insured employee	\$0.00

**Employee Plus Family**

Employee Monthly Cost	\$12.18
Annual Eye Exam Co-pay	\$10.00
Glasses Deductible or Limit	\$100.00 allowance
What is the County's actual pass-through cost for this one insured employee	\$0.00

**MID-LEVEL PRICE PLAN**

**Employee Only**

Employee Monthly Cost	\$7.89
Annual Eye Exam Co-pay	\$10.00
Glasses Deductible or Limit	\$200.00
What is the County's actual pass-through cost for this one insured employee	\$0.00

**Employee Plus Family**

Employee Monthly Cost	\$23.18
Annual Eye Exam Co-pay	\$10.00
Glasses Deductible or Limit	\$200.00
What is the County's actual pass-through cost for this one insured employee	\$0.00

**PREMIUM PRICE PLAN – N/A – only two eye plans offered**

**Employee Only**

Employee Monthly Cost	NA
Annual Eye Exam Co-pay	NA
Glasses Deductible or Limit	NA
What is the County's actual pass-through cost for this one insured employee	NA

**Employee Plus Family**

Employee Monthly Cost	NA
Annual Eye Exam Co-pay	NA
Glasses Deductible or Limit	NA
What is the County's actual pass-through cost for this one insured employee	\$0.00



**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? ***\$12.00 per claim***

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? ***\$12.00 per claim***

Is your company able to process and pay claims in-house? ***No***

Is your company able to process and pay claims electronically In-house? ***No***