



Arlington Public Schools

Procurement Office
2110 Washington Blvd., Arlington, VA 22204 • Phone: (703) 228-7643 • Fax: (703) 841-0681
www.apsva.us

December 18, 2023

Via email

CareFirst BlueCross BlueShield
Attn: Sue Yenyo, Sales Consultant, National Accounts
3060 Williams Drive, Suite 200
Fairfax VA 22031
Email: sue.yenyo@carefirst.com

Subject: Contract 56FY23 – Health Care Services for Arlington Public Schools

Dear Ms. Yenyo:

Amendment No.2 is presented for your signature to revise the Pricing Schedule by Including the EAP Training and Critical Incidents Response. An Appendix to the Pricing Schedule is included with the revisions shown in **red** for addition and **Black** for deletion.

Please indicate your acceptance by having an officer of your firm sign and return the acceptance portion. Upon receipt, this office will sign and execute the Amendment and return one copy to your office. Your response is requested no later than five (5) days from the date of this letter.

All other terms and conditions shall remain unchanged.

Sincerely,

Hamed Hameedi

Hamed Hameedi
Senior Procurement Specialist/Procurement Office
Direct: (703) 228-7643
Email: hamed.hameedi@apsva.us



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Amendment No.2

Subject: Contract 56FY23 – Health Care Services for Arlington Public Schools

Contractor

CareFirst BlueCross BlueShield
3060 Williams Drive, Suite 200
Fairfax VA 22031

Contract No.

56FY23

By mutual agreement, Contract No. 56FY23 is amended to revise the Pricing Schedule by Including the EAP Training and Critical Incidents Response. An Appendix to the Pricing Schedule is included with the revisions shown in **red** for addition and **Black** for deletion.

All other terms and conditions shall remain unchanged.

CareFirst BlueCross BlueShield

Signature: 

Title: Vice President, Public & Labor

Printed Name: Joseph Scibilia

Date: 12/18/2023

APS:

Signature: 

Title: Assistant Director of Procurement

Printed Name: Danielle Godfrey

Date: January 2, 2024

PRICING SCHEDULE (REVISED AMENDMENT 2)

1. Self-Insured-Preferred Provider Organization (SI-PPO) Plan and Self-Insured Health Maintenance Organization plan (SI-HMO):

TOTAL	
OAP Low	1115
OAP High	766
HMO	1775
Total	3656

Self-Insured	PPO & HMO			Comments
Fees	2024	2025	2026	
Medical Plans PEPM	\$29.75	\$29.75	\$29.75	
Network Access Fee	See comments	See comments	See comments	Included fee is based as a % of claims. Under the proposed BlueCard program, a Host BCBS plan may withhold an access fee of up to █████ (but not to exceed █████ for any claim) of the provider discount the plan has obtained from its participating providers.
Utilization Review Fees	Included	Included	Included	
Claims Fiduciary	\$0.96	\$0.96	\$0.96	Fiduciary Option 4 is included in our proposal.
Nurse Line	Included	Included	Included	
MHSA Network and Non-Claims Admin.	Included	Included	Included	
MHSA Claims Administration	Included	Included	Included	
OON Claim Management	Included	Included	Included	CareFirst will negotiate out-of-network claims on APS's behalf and reprice non-contracted claims through a vendor-partner. When successful, a 40% fee is applied to the savings generated.
Total Admin. Fee	\$30.71	\$30.71	\$30.71	

Additional Services included in the above Administrative Fee		
Additional Services	Response	Explanation
Non-Standard Service Hours	Not included	
Standard Reports	Included	
Ad hoc Reports	Included	Any applicable fee will be dependent on timing and difficulty.
800 Telephone Links	Included	
Reporting On-Demand Access	Included	
Large Case Management	Included	
On-site APS-dedicated nurse practitioner	Included	As requested, this is provided as a separate line item and includes up to a \$300,000 budget.
Implementation Fees	Included	CareFirst is providing APS with an annual Wellness Fund of \$125,000 and \$100,000 General Fund as outlined in the caveats of our proposal.
Fees for Monthly Data Feeds to Data Warehouse vendor	Included	
Stop Loss Interface Fees	Not included	Not applicable since APS does not currently have stop loss.
Integration with PBM fees	Not included	Our proposal assumes pharmacy will be placed with CareFirst.
Fees for Monthly Data Feeds to Data Warehouse vendor		
Rate Guarantee	Included	
Rate Cap Admin Fees:	Included	CareFirst is offering 3 year flat fees with 2% increase in years 4 and 5. CareFirst has also provided APS with a 1 st year only 9 month fee holiday as outlined in the caveats of our proposal.
Second Year	0%	
Third Year	0%	

1.2. Prescription Drug Coverage:

Administrative Fees	2024	2025	2026
Per member per month	\$0.00	\$0.00	\$0.00

Financial Offer- Network (Primary financial offer)			
Confirmation if the following are included or excluded in the guaranteed/estimated discount from AWP.			
Network Inclusion/Exclusions	Mail Channel	Retail Channel	Specialty Channel
U&C	Included	Included	Included
OTCs	Excluded	Excluded	Excluded
Compounds	Excluded	Excluded	Excluded
Vaccines	Excluded	Excluded	Excluded
Specialty Drugs	Included	Included	Included
LDD	Included	Included	Included
Bio-Similar	Included	Included	Included
Authorized Generics	Included	Included	Included
ZBC (Using calculated Ingredient Cost; not 100% discount)	Included	Included	Included
COBs	Excluded	Excluded	Excluded
DMRs	Excluded	Excluded	Excluded
Home Infusion	Included	Included	Included
LTC	Included	Included	Included
I/T/U (Indian/Tribal Health Providers)	Included	Included	Included
Military/ VA	Excluded	Excluded	Excluded
Non-Formulary Drugs	Excluded	Excluded	Excluded
Formulary Excluded Drugs	Excluded	Excluded	Excluded
Out-of-Network/Non-Contracted	Excluded	Excluded	Excluded
Claims with Ancillary Charges (if excluded, please define in comment section)	Included	Included	Included
Claims with Copay Assistance (if excluded, please define in comment section)	Excluded	Excluded	Excluded
Claims with an Override	Included	Included	Included
Subrogation Claims	Excluded	Excluded	Excluded
DAW 5 Claims	Excluded	Excluded	Excluded
Repackaged NDCs	Excluded	Excluded	Excluded
Unit dose/Unit of Use NDCs	Included	Included	Included
Rural Pharmacies	Included	Included	Included

List all other exclusions not listed in the table above		
List all other exclusions not listed in the table above:	COVID Anti-Virals and COVID test kits	
If Rural Pharmacies are excluded, please define and provide a current list.	Not Applicable	
APS guarantees are measured and reconciled on a dollar-for-dollar basis with 100% of any shortfalls recouped by APS.	Accept	
APS prefer each distinct pricing guarantee to be measured and reconciled individually. Please confirm agreement.	Do not accept	Discount and Dispensing fees are measured in aggregate, however surpluses in one guarantee (for example, Discount guarantee) will not be used to offset shortages in another guarantee (for example,

		Dispensing Fee or Rebate Guarantee). Rebates are reconciled in aggregate but are not used to offset outside the Rebate channel.
Please describe any limitations to the Pricing Guarantees (Network, Specialty, Rebates, etc.), if any.	Please refer to explanations throughout the questionnaire.	
Network name & type for Retail 30:	Broad Network	
Which Retail 30 network are you proposing? Please provide a description in the comment section below.	Extensive broad network of retail pharmacies comprised of all major chains and local retail locations.	
Are the "Financial Offer Retail 30" rates estimates or guarantees?	Guarantees	

Retail 30 standard drugs (Non-Specialty Drugs)			
Financial Offer Retail 30	2024	2025	2026
Generic AWP Discount	84.00%	84.25%	84.50%
Generic Dispensing Fee	\$0.35	\$0.35	\$0.35
Brand AWP Discount	19.00%	19.10%	19.20%
Brand Dispensing Fee	\$0.35	\$0.35	\$0.35
Network name & type for Retail 90:		Mail at Retail Network	
Which Retail 90 network are you proposing? Please provide a description in the comment section below.		Retail 90 assumes CVS Voluntary Maintenance Choice.	
Are the "Financial Offer Retail 90" rates estimates or guarantees?		Guarantees	
Retail 90 standard drugs (Non-Specialty Drugs)			
Financial Offer Retail 90	2024	2025	2026
Generic AWP Discount	86.50%	86.60%	86.70%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00
Brand AWP Discount	25.00%	25.00%	25.00%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.00
Describe as Mandatory, Maintenance/Choice/Smart 90, etc. for Mail network.		Voluntary Maintenance Choice	
Which Mail network are you proposing? Please provide a description in the comment section below.		Exclusive	With Voluntary Maintenance Choice, members have the option of having their maintenance medications filled at any CVS retail pharmacy or through the CVS Caremark Mail Service Pharmacy.
Are the "Financial Offer Mail Service" rates estimates or guarantees?		Guarantees	
Mail standard drugs (Non-Specialty Drugs)			
Financial Offer Mail Service	2024	2025	2026
Generic AWP Discount	86.50%	86.60%	86.70%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00
Brand AWP Discount	25.00%	25.00%	25.00%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.00

Additional Information		
Please list any limitations including Days Supply, if applicable. (Mail)	Mail Day supply is 84 days or greater.	
Which specialty network are you proposing? Please provide a description in the comment section below.	Exclusive	CVS Specialty Pharmacies only.
Are the "Financial Offer Specialty Drugs at Retail" rates estimates or guarantees?	Guarantees	

Specialty drugs filled at Retail			
Financial Offer Specialty Drugs at Retail	2024	2025	2026
Generic AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Generic Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Brand AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Brand Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
New to Market Brand AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
New to Market Brand Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
LDD AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
LDD Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Biosimilar AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Biosimilar Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy

Additional Information		
Are the "Financial Offer Specialty Drugs at Mail/Specialty" rates estimates or guarantees?	Guarantees	

Specialty drugs filled at Mail/Specialty Pharmacy:			
Financial Offer Specialty Drugs at Mail/Specialty	2024	2025	2026
Generic AWP Discount	20.00% combined overall specialty discount	20.10% combined overall specialty discount	20.20% combined overall specialty discount
Generic Dispensing Fee	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic
Brand AWP Discount	20.00% combined overall specialty discount	20.10% combined overall specialty discount	20.20% combined overall specialty discount
Brand Dispensing Fee	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic

New to Market Brand AWP Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount
New to Market Brand Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee
LDD AWP Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount
LDD Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee
Biosimilar AWP Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount
Biosimilar Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee

Additional Information		
Please list any limitations including Days Supply, if applicable. (Specialty)	The maximum days' supply coverage for specialty drugs is 30 days.	
Please list any additional Specialty Drug exclusions not otherwise included above.	Not Applicable	
Specialty network guarantees will include a separate overall discount guarantee for Specialty Brands and Specialty Generics.	Disagree	The Specialty discount guarantee of AWP-20.00% (Year 1) applies to both brand and generic Specialty drugs.
Specialty pricing will be guaranteed on the individual drug (NDC or GPI) level, overall Discount, or both?	Overall discount	The Specialty discount guarantee of AWP-20.00% (Year 1) applies to both brand and generic Specialty drugs.
In addition to the aggregate specialty guarantee, does the Bidder agree to provide individual specialty drug guarantees? (If Contractor selects "Aggregate and Individual Specialty Drug Guarantees," please ensure the specialty list includes discounts or upload a guaranteed price list in Section 16: Optional Attachments)	Disagree	
Are you willing to offer an overall PMPM guarantee? If offering a PMPM guarantee please upload details including exclusions in the Optional Attachments section.	No	

1.2.1. Credits and Allowances:

Credits and Allowances					
Type	One time	2024	2025	2026	Comment
Implementation	\$57,500.00	\$0.00	\$0.00	\$0.00	Implementation credit is a one-time credit that will be invoiced in full within the first 90 days of 1/1/2024 .
Other	Pharmacy Management Fund and a Pharmacy Loyalty Credit	\$50,000.00	\$50,000.00 \$10,000.00	\$50,000.00 \$10,000.00	We are providing a Pharmacy Management Fund for the 2024, 2025, and 2026 contract years; invoices are required. The loyalty credit will be provided within the 1 st 90 days of the 1 st quarter as outlined in the caveats.

1.2.2. Rebates

Financial Offer- Rebates	Response	Explanation
Name of proposed formulary	Formulary 2	Formulary 2 is our standard formulary which includes the Advanced Control Specialty Formulary (ACSF).
Please attach a list of all drugs excluded from proposed formulary, if any.	Attached	Please refer to attachment labeled, "CareFirst 2023 Formulary 2 - Exclusions" and "Drug Exclusion Plan Design List." List is subject to change.
Copay/Co-insurance requirements:	In order to qualify for three-tier qualifying Rebates, Members under this Agreement must be covered under a three-tier qualifying plan design. A three-tier qualifying plan design consists of a plan design with the first tier comprised of Generic Drugs, the second tier comprised of Preferred Brand Drugs, and the third tier comprised of Non-Preferred Brand Drugs, with at least a \$15.00 co-payment differential between Preferred and Non-Preferred Brand Drugs, at least a \$15.00 differential in the minimum Copayment, or a differential of Coinsurance 1.5 times or 50 percentage points between the Preferred and Non-Preferred Brand Drug (for example, if Preferred Brand Drug Coinsurance was 20%, the Non-Preferred Brand Drug Coinsurance would need to be 30% to qualify).	
Does the Rebate offer apply to the current plan benefit design and formulary type (Open, Exclusionary)	Yes	Our Formulary 2 is an open formulary with drug exclusions.

Additional Category Included/ excluded from Rebate proposal		
Category	Standard Brand Drugs	Specialty Drugs
U&C	Included	Included
Compounds	Excluded	Excluded
LDD	Excluded	Excluded
Bio-Similar	Excluded	Excluded
ZBC (Using calculated Ingredient Cost; not 100% discount)	Included	Included
Multisource Brands	Included	Included
Diabetic test strips and OTC insulins	Excluded	Excluded
All OTCs (Not including Diabetic test strips and OTC insulins)	Excluded	Excluded
Non-rebatable Specialty NDCs (If excluded, please provide a list of NDCs)	Included	Included
Non-rebatable Brand NDCs (If excluded, please provide a list of NDCs)	Included	Included
Home Infusion	Excluded	Excluded
LTC	Included	Included
Vaccines	Excluded	Excluded

Military/ VA	Excluded	Excluded
Out-of-Network/Non-Contracted Pharmacies	Excluded	Excluded
Rural Pharmacies (If excluded, please define.)	Included	Included
COBs	Excluded	Excluded
DMRs	Excluded	Excluded
Claims with Ancillary Charges (if excluded, please define in comment section)	Included	Included
Claims with Copay Assistance (if excluded, please define in comment section)	Excluded	Excluded
Discount Card Claims	Excluded	Excluded
Claims with an Override	Included	Included
Subrogation Claims	Excluded	Excluded
DAW 5 Claims	Excluded	Excluded
Repackaged NDCs	Excluded	Excluded
Unit dose	Included	Included
Unit of Use NDCs	Included	Included
Claims for beauty aids and cosmetics	Included	Included
Multi-Source Generic Claims	Excluded	Excluded
Single-Source Generic Claims	Excluded	Excluded
Claims where after meeting the deductible the Member's Cost Share under the applicable Benefit Design is greater than or equal to 50%	Included	Included

Other exclusions not listed above		
other exclusions not listed above.	COVID Anti-Virals and COVID Test Kits	
Contractor agrees to pass-through 100% of their received Manufacturer Derived Revenue.	Partial Agree	CareFirst retains MAF
Contractor agrees to pass-through 100% of Manufacturer Derived Revenue whether directly paid to Contractor or Contractor's affiliate, subsidiary, or subcontractor (Such as GPO or Rebate Aggregator), less any bona fide service fees.	Partial Agree	CareFirst retains MAF.
Contractor will disclose all Manufacturer derived revenue directly paid to Contractor or Contractor's affiliate, subsidiary, or subcontractor (Such as GPO or Rebate Aggregator).	Disagree	.

% of Manufacturer Derived Revenue (whether directly paid to Contractor or Contractor's affiliate, subsidiary, or subcontractor) passed through to APS.		
Category	Standard Brand Drugs - enter % passed through to plan	Specialty Drugs- enter % passed through to plan
Rebates	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Incentive rebates categorized as mail-order purchase discounts	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Credits	N/A	N/A
Market Share Incentives	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Promotional Allowances	N/A	N/A
Commissions	N/A	N/A

Market Share Utilization	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Drug pull-through programs	N/A	N/A
Implementation Allowances	N/A	N/A
Rebate Submission Fees	N/A	N/A
Formulary Placement Fees	N/A	N/A
Administrative Fees	Not included under the definition of rebates.	Not included under the definition of rebates.
Inflation Caps/Pricing Protection	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Price Concessions	N/A	N/A
Performance-based Incentives	N/A	N/A
Data Fees	N/A	N/A
Volume-based Incentives	N/A	N/A
Other	N/A	N/A

Expected total rebate dollar amount the client will receive during the three-year term of the contract. Provide estimated rebate amount for Biosimilars, LDD, and any ancillary claims in the "All Other" bucket.

Estimated Rebate Amounts	2024	2025	2026	Total
Standard Brands filled at Retail	\$467,443	\$481,462	\$495,903	\$1,444,807
Standard Brands filled at Mail	\$1,172,492	\$1,207,667	\$1,243,902	\$3,624,061
Standard Brands filled at Specialty	N/A	N/A	N/A	N/A
Specialty Brands filled at Retail	N/A	N/A	N/A	N/A
Specialty Brands filled at Mail	N/A	N/A	N/A	N/A
Specialty Brands filled at Specialty	\$893,200	\$919,996	\$947,590	\$2,760,786

Rebates Guarantees

Description	Response	Explanation
For the following table, "Financial Offer Rebates," are you willing to provide estimates or guarantees?	Guarantees	We are providing a fixed per brand script rebate guarantee.

Financial Offer Rebates	2024	2025	2026
Retail/30 per brand claim	\$276.43	\$284.72	\$293.26
Retail/90 per brand claim	\$719.32	\$740.90	\$763.13
Mail per brand claim	\$719.32	\$740.90	\$763.13
Specialty Drugs at Specialty/Mail per brand claim	\$2,800.00	\$2,884.00	\$2,970.50
Specialty Drugs at Retail per brand claim	Included In Specialty Drugs at Specialty	Included In Specialty Drugs at Specialty	Included In Specialty Drugs at Specialty
Please provide any comments on your entries in the above table:	text	Retail 90 assumes Voluntary Maintenance Choice	

Included Services

Services (Eligibility)	Please indicate Included or Excluded	Additional Cost	Comment
Administration of eligibility submitted in a Contractor/PBM-standard digital format.	Included	Dollars. \$0.00	Text
Eligibility maintenance.	Included	Dollars. \$0.00	Text

Hard copy eligibility submission.	Included	Dollars. \$0.00	Text
Please list any eligibility services that aren't included in the bid below and provide cost.	All eligibility services are included in our bid, there are no additional costs.		
Services (Support)			
APS is allowed access to PBM's systems to support coverage, eligibility & authorization activities.	Excluded	Dollars. N/A	
Connectivity charges to customer and provider support system.	Included	Dollars. \$0.00	
Please list any support services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Claim Adjudication)			
Administration of PBM standard plan designs including tiered (3 and greater) co-payments, coinsurance, maximum limits, out-of-pocket limits, and deductibles.	Included	Dollars. \$0.00	
In-network claims adjudication via on-line claims adjudication system.	Included	Dollars. \$0.00	
Direct reimbursement/out-of-network claims adjudication (including check and EOB)	Excluded	Dollars. \$1.50 per paid claim	
On-line claims history retention more than 12 months.	Included	Dollars. \$0.00	
Transfer of claims to medical carrier and consultants.	Included	Dollars. \$0.00	Since we have integrated medical and pharmacy claims, there is no need to transfer claims. CareFirst will provide monthly files to APS and your consultant at no additional cost.
Compound Claim Adjudication	Included	Dollars. \$0.00	Included in overall pricing of compound claim adjudication.
Vaccine Claim Adjudication	Included	Dollars. \$0.00	Included in overall pricing of vaccine claim adjudication.
Please list any claim adjudication services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Retail Pharmacy Network)			
Establish, maintain, credential and contract an adequate panel of participating network pharmacies.	Included	Dollars. \$0.00	
Develop & distribute communication materials to participating pharmacies regarding the program.	Included	Dollars. \$0.00	
Toll-free access to Help Desk for eligibility/claims processing assistance.	Included	Dollars. \$0.00	
Toll-free access to PBM pharmacists to obtain DUR assistance.	Included	Dollars. \$0.00	
Monitor network pharmacy performance and compliance, including generic substitution rates, formulary program conformance, and	Included	Dollars. \$0.00	

DUR intervention conformance through retail network management initiatives and reporting.			
Standard pharmacy audit program (including desktop, member survey, and onsite pharmacy audits).	Included	Dollars. \$0.00	
Enhanced audit program (please describe).	Excluded	Dollars. N.A	We do not offer an enhanced audit program at this time.
Please list any retail pharmacy network services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Clinical Programs)			
Point of Sale Edits.	Included	Dollars. \$0.00	
Dose/Quantity Duration Edits.	Included	Dollars. \$0.00	
Step Therapy Edits.	Included	Dollars. \$0.00	
Dispensing Quantity Edits.	Included	Dollars. \$0.00	
Physician prescribing summaries.	Included	Dollars. \$0.00	
High utilization management.	Included	Dollars. \$0.00	
Patient-specific notifications to physicians regarding drug therapy problems (i.e. non-compliance, early discontinuation, suboptimal therapy) based on integrated prescription, medical, and laboratory data.	Included	Dollars. \$0.00	
Please list any clinical program services that aren't included in the bid below and provide cost.	text	Pharmacy Advisor - \$0.50 PMPM Safety and Monitoring - \$0.06 PMPM Drug Savings Review - \$0.30 PMPM	
Services (Reviews and Appeals Management)			
Prior Authorization - Clinical	Excluded	Dollars. \$30.00 Per Review	
Prior Authorization - Administrative	Included	Dollars. \$0.00	
First Level Appeals	Excluded	Dollars. \$100.00 Per Request	
Higher Level Appeals	Excluded	Dollars. \$500.00 Per Request	
Clinical - conditions of coverage reported by physician	Excluded	Dollars. \$30.00 Per Review	
Please list any review and appeal management services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Reporting)			
Standard management reports.	Included	Dollars. \$0.00	
Daily or weekly claims detail file (sent to APS and/or consultants).	Included	Dollars. \$0.00	
Quarterly or annual claims detail electronic file (sent to APS and/or consultants).	Included	Dollars. \$0.00	
Web-based online, decision support tool allowing APS access to reports and ad hoc query capabilities.	Included	Dollars. \$0.00	

Additional ad hoc/custom report production, reprogramming and testing of non-standard requirements for APS.	Included	Dollars. \$0.00	
Up to 10 programming hours to support specialized reporting or benefit design.	Included	Dollars. \$0.00	
Please list any reporting services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Member Services)			
Toll-free telephone access to customer service for the program for use by plan members, benefits personnel, and physicians.	Included	Dollars. \$0.00	
Toll-free telephone access to voice response unit for location of network pharmacies in zip code area.	Included	Dollars. \$0.00	
24-hour access to a Contractor pharmacist via toll-free telephone service.	Included	Dollars. \$0.00	
Contractor enrollment package for new members, including announcement letter, descriptive brochure, & mail-service envelope.	Included	Dollars. \$0.00	
Distribution of customized materials, except as described elsewhere.	Included	Dollars. \$0.00	CareFirst will include any customized materials within a mailing, upon request. There are additional costs involved for customized materials.
Optional Explanation of Benefits (OEOB) to describing the application of deductibles and coinsurance.	Included	Dollars. \$0.00	All Explanation of Benefits are available through our CareFirst website.
Customized, targeted member mailings for supporting formulary initiatives.	Included	Dollars. \$0.00	In some circumstances, we may create materials that meet APS's branding needs. When designing branded materials for an account, CareFirst requires a camera-ready proof of the logo and identification of all colors by Pantone Matching System number. Additionally, as a part of the Blue Cross Blue Shield Association, CareFirst must abide by the brand guidelines set forth by the Association and regulators to ensure CareFirst's brand compliance. Should APS wish to customize communication materials, we are happy to work with you to do so. Additional costs, are dependent on the level of customization required.

Please list any member services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Contractor Website)			
Standard member website capabilities including online prescription ordering and status, coverage and benefit information, health information, and assessment resources.	Included	Dollars. \$0.00	
Online drug cost comparison tool including formulary status and average cost per prescription.	Included	Dollars. \$0.00	
Please list any Contractor website services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Account Management)			
APS clinical and plan consulting, analysis and cost projections.	Included	Dollars. \$0.00	
Annual analysis of program utilization and impact of plan design and managed care interventions.	Included	Dollars. \$0.00	
Please list any account management services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Mail Pharmacy Services)			
Processing of prescriptions received via Internet, fax, phone or mail.	Included	Dollars. \$0.00	
Refill orders received by phone or Internet 24 hours a day, 7 days a week.	Included	Dollars. \$0.00	
Handling and postage expense of home delivery prescriptions.	Included	Dollars. \$0.00	
Expedited delivery.	Included	Dollars. \$0.00	
Braille prescription labels for visually impaired.	Included	Dollars. \$0.00	
Communication/educational materials included in medication packages including benefit summary statement, drug information leaflet, mail-service envelope, and refill forms (as needed).	Included	Dollars. \$0.00	
General communications regarding utilization of home delivery including brochures, table tent cards, posters, content for general e-mail messaging to members, newsletter content.	Included	Dollars. \$0.00	
Please list any Mail pharmacy services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.

1.3. Vision coverage:

Enrollment (Current Population)	
Employee Only	1248
Employee + Spouse	234
Employee + Child(ren)	221
Employee + Family	300
Total Subscribers:	2003

Vision	2024	2025	2026
Employee Only	\$8.40	\$8.40	\$8.40
Employee + Spouse	\$16.80	\$16.80	\$16.80
Employee + Child(ren)	\$17.64	\$17.64	\$17.64
Employee + Family	\$24.62	\$24.62	\$24.62

1.4. Onsite Nurse Practitioner:

Onsite Nurse	2024	2025	2026
Implementation/Startup Fee	\$0	\$0	\$0
Ongoing Fee (PEPM)	\$6.84	\$6.84	\$6.84

1.5. Employee Assistance Program (EAP):

EAP	3 Session Model	6 Session Model	10 Session Model	Comments
One-time implementation/start-up fee	N/A	N/A	N/A	There are no implementation fees.
Annual renewal/maintenance fee	N/A	N/A	N/A	There are no annual renewal/maintenance fees.
Fee per participant per month	\$1.00 PEPM	\$1.30 PEPM	\$1.63 PEPM	

1.5.1. EAP Training and Critical Incident Response:

Services*	Fee
Training	<ul style="list-style-type: none"> \$595 per Hour
Critical Incidents	<ul style="list-style-type: none"> Under 24- Hour response \$367 per hour; over 24- hour response \$270 per hour

*The pricing includes 30 hours of EAP Training and Critical Incidents Response (general purpose) at no charge to APS.

1.6. Administration of FSAs and COBRA

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
One-time implementation/start-up fee	\$250		Waived with multiple products	
Annual renewal/maintenance fee	\$0	\$0	\$150	We've provided the Commuter pricing in the COBRA & Commuter fee review.
Take over charge/rollover from prior vendor	\$0	\$0	\$10.00 per continuant	
Fee per participant per month	\$2.93	\$2.93		

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
Discrimination testing	One round included annually additional test \$600 per test.	One round included annually additional test \$600 per test.		
FSA debit card	Included	Not applicable		
Eligibility feeds in excess of 52 per year	Included	Included		
Amount of Imprest balance required	Not applicable	Not applicable		
Minimum check amount	\$5	Not applicable		
Plan document	Included, changes additional fee	Included, changes additional fee		
SPD development & printing	Information provided to APS electronically	Information provided to APS electronically		
Communication materials	Welcome kit and standard communications included	Welcome kit and standard communications included		
Open enrollment meetings	Included, with number of meetings to be mutually agreed upon	Included with number of meetings to be mutually agreed upon		
Fees for ad hoc reports	To be determined based on complexity and available data.	To be determined based on complexity and available data.		
Other services and fees associated, please describe	Refer to the attached fee review.	Refer to the attached fee review.		Refer to the attached fee review.
			Per Event Basis:	Comments
Per continuant per month charge			\$0.40 Per Employee Per Month (PEPM).	We are not proposing event-based COBRA admin.
Outside carrier elig feeds and premium remittance (per carrier per month)			\$25.00 per carrier per month	
COBRA Qual. Event Notice (including distribution and processing)			Included	
COBRA/HIPAA Initial Notice			Included	
WHCRA Notices			\$2.25 per notice (optional)	
CHIPRA Notices			Not included	

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
PPACA Notices			Not included	
State Continuation Notices			Available in California, Texas, New York, Iowa, and South Dakota for additional PEPM.	
Past Due Notices			Included in participant's monthly statement	
Direct Billing (per retiree per month)			Optional	
Retro COBRA/HIPAA Initial Notices			\$3.00 per retro COBRA special rights notice (optional) \$2.00 per retro OE notice (optional)	
Post-COBRA HIPAA Cert of Cov			HIPAA Certificates of Creditable Coverage are no longer required effective December 31, 2014 based upon Department of Health and Human Services and the Centers for Medicare & Medicaid Services final regulations.	
Medicare Part D Notices			Not included	
HIPAA Privacy Notices			\$2.60 per HIPAA special enrollment notice	
Open Enrollment Service (packaging and distribution)			Standard Open enrollment packets: \$15.00*	
Assumptions:	Indicate agreement or provide additional detail:			
Mailing costs included	Yes for Welcome Kit	Yes for Welcome Kit	Standard Open enrollment packets: \$15.00*	
Standard FSA reports include:				
Monthly executive summary report	Yes	Yes		
Monthly member detail report	Yes	Yes		
Monthly utilization report	Yes	Yes		

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
Monthly Member Health Statements included	Member account information is available online.	Member account information is available online.	COBRA information for the participant is available on the member portal.	
Other assumptions	Refer to the attached fee review.	Refer to the attached fee review.	Refer to the attached fee review.	

Service Fees			
Product Name	Fee Type	Fee	Description
Commuter	Admin Fee	\$3.50 PPPM	Per Participant Per Month
COBRA	Admin Fee	\$0.40 PEPM	Per Eligible Per Month
COBRA Open Enrollment	Additional Service Fee	\$15.00	Standard Service Open Enrollment: WW will manage adding, updating or terminating plans; carrier and billing updates; and will produce and mail an updated premium statement to Qualified Beneficiaries and COBRA Continuant announcing the applicable COBRA premium change for the Employer's plan(s)' next determination period. WW updates, prints, and mails OE notifications on behalf of the Employer, up to 7 sheets of paper (double-sided), to Qualified Beneficiaries and COBRA Continuant (to the extent requested by Employer). WW will provide carrier and billing updates. Postage and additional printing fees may apply in some situations and will be disclosed to the Employer.
COBRA Open Enrollment	Set Up Fee	\$150.00	A per-plan year open enrollment setup fee will be assessed.
Takeover of Existing COBRA Participants	Additional Service Fee	\$10.00	Acquisition and integration of existing COBRA participant information including the production of new monthly payment invoices, tracking the remainder of the eligibility period, and providing 24/7 access to participant information via IVR, Internet, and toll-free participant services support. One-time fee per takeover processed.

Commuter Services Fees

Account closing	\$25.00 (one-time fee, withheld from forfeiture funds and not to exceed total forfeiture)
Debit card (transit and parking)	Included
Direct deposit or check reimbursement	Included
Disbursement/Reimbursement options	Included
Online member account statements	Included
Electronic communications	Included
24/7 access to web portal	Included
Reporting via web	Included
24/7 call center support	Included
Paper communications collateral	Quoted based on volume
File conversion	\$150 per hour
Custom reporting	\$150 per hour
Single sign on (SAML 2.0)	Quoted per request
Incidental expenses	Quoted per request (e.g., printing, copying, postage for custom materials or non-standard mailings, retrieval of archived records, etc.)
Custom Welcome Kit packets (Annual fee)	<p>Branded package (\$1,000):</p> <ul style="list-style-type: none"> • Employer and HealthEquity cobranded debit card (Employer logo printed in one color) • Employer and HealthEquity cobranded card mailer with standard content • HealthEquity branded trifold with standard content • Standard HealthEquity legal inserts <p>Messaging package (\$2,500):</p> <ul style="list-style-type: none"> • Employer and HealthEquity cobranded debit card (Employer logo printed in one color) • Employer and HealthEquity cobranded card mailer with standard content • Custom message areas on card mailer • HealthEquity branded inserts with standard content • One custom insert • Standard HealthEquity legal inserts

COBRA Service Fees

General Rights notice to newly covered employees	Included
Qualifying Event administration	Included
Election processing	Included
Premium billing and collection	Included
COBRA termination processing	Included
Client reporting	Included
Carrier eligibility reporting	Included
Standard file specifications	Included
Custom file specifications	\$150.00 per hour
Custom programming	\$150.00 per hour
24/7 access to web portal	Included
Call center support	Included
HIPAA Special Enrollment notice	\$2.60 per notice (optional service)
Women's Health and Cancer Rights notice	\$2.25 per notice (optional service)
Premium remittance to carrier	\$25.00 per carrier per month (optional service)
Retroactive COBRA General Rights notice	\$3.00 per notice (optional service)
Retroactive HIPAA Special Enrollment notice	\$2.00 per notice (optional service)
Open Enrollment support service	<p>- Partial (\$8.00 per rate change notice, \$150 per plan year setup fee): We will produce and mail a rate change notice. We will manage carrier and billing updates. Fees billed per rate change notice.</p> <p>- Standard (\$15.00 per packet, \$150 per plan year setup fee): We will produce and mail participant open enrollment notice and election form packages, up to seven sheets of paper (double sided). We will manage carrier and billing updates. Fees are billed per packet.</p> <p>- Custom (\$22.00 per packet, \$150 per plan year setup fee): We will produce and mail participant open enrollment notice and election form packages, up to thirty sheets of paper (double sided). We will manage carrier and billing updates. Fees are billed per packet.</p>

2. **Self-Insured Health Maintenance Organization plan (SI-HMO):**

TOTAL	
OAP Low	1115
OAP High	766
HMO	1775
Total	3656

Self- Insured	Self-Insured Health Maintenance Organization plan (SI-HMO)			
Fees	2024	2025	2026	Comments
Medical Plans PEPM	\$29.75	\$29.75	\$29.75	
Network Access Fee	See comments	See comments	See comments	Included fee is based as a % of claims. Under the proposed BlueCard program, a Host BCBS plan may withhold an access fee of up to █████ (but not to exceed █████ for any claim) of the provider discount the plan has obtained from its participating providers. Please refer to the caveats section of our proposal for a complete detailed description.
Utilization Review Fees	Included	Included	Included	
Claims Fiduciary	\$0.96	\$0.96	\$0.96	Fiduciary Option 4 is included in our proposal.
Nurse Line	Included	Included	Included	
MHSA Network and Non Claims Admin.	Included	Included	Included	
MHSA Claims Administration	Included	Included	Included	
OON Claim Management	Included	Included	Included	CareFirst will negotiate out-of-network claims on APS's behalf and reprice non-contracted claims through a vendor-partner. When successful, a 40% fee is applied to the savings generated.
Total Admin. Fee	\$30.71	\$30.71	\$30.71	

End of Pricing Schedule

APPENDIX TO PRICING SCHEDULE (REVISED AMENDMENT 2)

2. Self-Insured-Preferred Provider Organization (SI-PPO) Plan and Self-Insured Health Maintenance Organization plan (SI-HMO):

TOTAL	
OAP Low	1115
OAP High	766
HMO	1775
Total	3656

Self-Insured	PPO & HMO			Comments
Fees	2024	2025	2026	
Medical Plans PEPM	\$29.75	\$29.75	\$29.75	
Network Access Fee	See comments	See comments	See comments	Included fee is based as a % of claims. Under the proposed BlueCard program, a Host BCBS plan may withhold an access fee of up to █████ (but not to exceed █████ for any claim) of the provider discount the plan has obtained from its participating providers.
Utilization Review Fees	Included	Included	Included	
Claims Fiduciary	\$0.96	\$0.96	\$0.96	Fiduciary Option 4 is included in our proposal.
Nurse Line	Included	Included	Included	
MHSA Network and Non-Claims Admin.	Included	Included	Included	
MHSA Claims Administration	Included	Included	Included	
OON Claim Management	Included	Included	Included	CareFirst will negotiate out-of-network claims on APS's behalf and reprice non-contracted claims through a vendor-partner. When successful, a 40% fee is applied to the savings generated.
Total Admin. Fee	\$30.71	\$30.71	\$30.71	

Additional Services included in the above Administrative Fee		
Additional Services	Response	Explanation
Non-Standard Service Hours	Not included	
Standard Reports	Included	
Ad hoc Reports	Included	Any applicable fee will be dependent on timing and difficulty.
800 Telephone Links	Included	
Reporting On-Demand Access	Included	
Large Case Management	Included	
On-site APS-dedicated nurse practitioner	Included	As requested, this is provided as a separate line item and includes up to a \$300,000 budget.
Implementation Fees	Included	CareFirst is providing APS with an annual Wellness Fund of \$125,000 and \$100,000 General Fund as outlined in the caveats of our proposal.
Fees for Monthly Data Feeds to Data Warehouse vendor	Included	
Stop Loss Interface Fees	Not included	Not applicable since APS does not currently have stop loss.
Integration with PBM fees	Not included	Our proposal assumes pharmacy will be placed with CareFirst.
Fees for Monthly Data Feeds to Data Warehouse vendor		
Rate Guarantee	Included	
Rate Cap Admin Fees:	Included	CareFirst is offering 3 year flat fees with 2% increase in years 4 and 5. CareFirst has also provided APS with a 1 st year only 9 month fee holiday as outlined in the caveats of our proposal.
Second Year	0%	
Third Year	0%	

1.2. Prescription Drug Coverage:

Administrative Fees	2024	2025	2026
Per member per month	\$0.00	\$0.00	\$0.00

Financial Offer- Network (Primary financial offer)			
Confirmation if the following are included or excluded in the guaranteed/estimated discount from AWP.			
Network Inclusion/Exclusions	Mail Channel	Retail Channel	Specialty Channel
U&C	Included	Included	Included
OTCs	Excluded	Excluded	Excluded
Compounds	Excluded	Excluded	Excluded
Vaccines	Excluded	Excluded	Excluded
Specialty Drugs	Included	Included	Included
LDD	Included	Included	Included
Bio-Similar	Included	Included	Included
Authorized Generics	Included	Included	Included
ZBC (Using calculated Ingredient Cost; not 100% discount)	Included	Included	Included
COBs	Excluded	Excluded	Excluded
DMRs	Excluded	Excluded	Excluded
Home Infusion	Included	Included	Included
LTC	Included	Included	Included
I/T/U (Indian/Tribal Health Providers)	Included	Included	Included
Military/ VA	Excluded	Excluded	Excluded
Non-Formulary Drugs	Excluded	Excluded	Excluded
Formulary Excluded Drugs	Excluded	Excluded	Excluded
Out-of-Network/Non-Contracted	Excluded	Excluded	Excluded
Claims with Ancillary Charges (if excluded, please define in comment section)	Included	Included	Included
Claims with Copay Assistance (if excluded, please define in comment section)	Excluded	Excluded	Excluded
Claims with an Override	Included	Included	Included
Subrogation Claims	Excluded	Excluded	Excluded
DAW 5 Claims	Excluded	Excluded	Excluded
Repackaged NDCs	Excluded	Excluded	Excluded
Unit dose/Unit of Use NDCs	Included	Included	Included
Rural Pharmacies	Included	Included	Included

List all other exclusions not listed in the table above		
List all other exclusions not listed in the table above:	COVID Anti-Virals and COVID test kits	
If Rural Pharmacies are excluded, please define and provide a current list.	Not Applicable	
APS guarantees are measured and reconciled on a dollar-for-dollar basis with 100% of any shortfalls recouped by APS.	Accept	
APS prefer each distinct pricing guarantee to be measured and reconciled individually. Please confirm agreement.	Do not accept	Discount and Dispensing fees are measured in aggregate, however surpluses in one guarantee (for example, Discount guarantee) will not be used to offset shortages in another guarantee (for example,

		Dispensing Fee or Rebate Guarantee). Rebates are reconciled in aggregate but are not used to offset outside the Rebate channel.
Please describe any limitations to the Pricing Guarantees (Network, Specialty, Rebates, etc.), if any.	Please refer to explanations throughout the questionnaire.	
Network name & type for Retail 30:	Broad Network	
Which Retail 30 network are you proposing? Please provide a description in the comment section below.	Extensive broad network of retail pharmacies comprised of all major chains and local retail locations.	
Are the "Financial Offer Retail 30" rates estimates or guarantees?	Guarantees	

Retail 30 standard drugs (Non-Specialty Drugs)			
Financial Offer Retail 30	2024	2025	2026
Generic AWP Discount	84.00%	84.25%	84.50%
Generic Dispensing Fee	\$0.35	\$0.35	\$0.35
Brand AWP Discount	19.00%	19.10%	19.20%
Brand Dispensing Fee	\$0.35	\$0.35	\$0.35
Network name & type for Retail 90:		Mail at Retail Network	
Which Retail 90 network are you proposing? Please provide a description in the comment section below.		Retail 90 assumes CVS Voluntary Maintenance Choice.	
Are the "Financial Offer Retail 90" rates estimates or guarantees?		Guarantees	
Retail 90 standard drugs (Non-Specialty Drugs)			
Financial Offer Retail 90	2024	2025	2026
Generic AWP Discount	86.50%	86.60%	86.70%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00
Brand AWP Discount	25.00%	25.00%	25.00%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.00
Describe as Mandatory, Maintenance/Choice/Smart 90, etc. for Mail network.		Voluntary Maintenance Choice	
Which Mail network are you proposing? Please provide a description in the comment section below.		Exclusive	With Voluntary Maintenance Choice, members have the option of having their maintenance medications filled at any CVS retail pharmacy or through the CVS Caremark Mail Service Pharmacy.
Are the "Financial Offer Mail Service" rates estimates or guarantees?		Guarantees	
Mail standard drugs (Non-Specialty Drugs)			
Financial Offer Mail Service	2024	2025	2026
Generic AWP Discount	86.50%	86.60%	86.70%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00
Brand AWP Discount	25.00%	25.00%	25.00%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.00

Additional Information		
Please list any limitations including Days Supply, if applicable. (Mail)	Mail Day supply is 84 days or greater.	
Which specialty network are you proposing? Please provide a description in the comment section below.	Exclusive	CVS Specialty Pharmacies only.
Are the "Financial Offer Specialty Drugs at Retail" rates estimates or guarantees?	Guarantees	

Specialty drugs filled at Retail			
Financial Offer Specialty Drugs at Retail	2024	2025	2026
Generic AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Generic Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Brand AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Brand Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
New to Market Brand AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
New to Market Brand Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
LDD AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
LDD Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Biosimilar AWP Discount	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy
Biosimilar Dispensing Fee	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy	Included in Specialty Drug at Specialty Pharmacy

Additional Information		
Are the "Financial Offer Specialty Drugs at Mail/Specialty" rates estimates or guarantees?	Guarantees	

Specialty drugs filled at Mail/Specialty Pharmacy:			
Financial Offer Specialty Drugs at Mail/Specialty	2024	2025	2026
Generic AWP Discount	20.00% combined overall specialty discount	20.10% combined overall specialty discount	20.20% combined overall specialty discount
Generic Dispensing Fee	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic
Brand AWP Discount	20.00% combined overall specialty discount	20.10% combined overall specialty discount	20.20% combined overall specialty discount
Brand Dispensing Fee	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic	Retail: \$0.35 combined brand/generic Mail: \$0.00 combined brand/generic

New to Market Brand AWP Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount
New to Market Brand Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee
LDD AWP Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount
LDD Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee
Biosimilar AWP Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount	Included in combined overall Specialty Discount
Biosimilar Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee	Included in combined Dispensing Fee

Additional Information		
Please list any limitations including Days Supply, if applicable. (Specialty)	The maximum days' supply coverage for specialty drugs is 30 days.	
Please list any additional Specialty Drug exclusions not otherwise included above.	Not Applicable	
Specialty network guarantees will include a separate overall discount guarantee for Specialty Brands and Specialty Generics.	Disagree	The Specialty discount guarantee of AWP-20.00% (Year 1) applies to both brand and generic Specialty drugs.
Specialty pricing will be guaranteed on the individual drug (NDC or GPI) level, overall Discount, or both?	Overall discount	The Specialty discount guarantee of AWP-20.00% (Year 1) applies to both brand and generic Specialty drugs.
In addition to the aggregate specialty guarantee, does the Bidder agree to provide individual specialty drug guarantees? (If Contractor selects "Aggregate and Individual Specialty Drug Guarantees," please ensure the specialty list includes discounts or upload a guaranteed price list in Section 16: Optional Attachments)	Disagree	
Are you willing to offer an overall PMPM guarantee? If offering a PMPM guarantee please upload details including exclusions in the Optional Attachments section.	No	

1.2.1. Credits and Allowances:

Credits and Allowances					
Type	One time	2024	2025	2026	Comment
Implementation	\$57,500.00	\$0.00	\$0.00	\$0.00	Implementation credit is a one-time credit that will be invoiced in full within the first 90 days of 1/1/2024 .
Other	Pharmacy Management Fund and a Pharmacy Loyalty Credit	\$50,000.00	\$50,000.00 \$10,000.00	\$50,000.00 \$10,000.00	We are providing a Pharmacy Management Fund for the 2024, 2025, and 2026 contract years; invoices are required. The loyalty credit will be provided within the 1 st 90 days of the 1 st quarter as outlined in the caveats.

1.2.2. Rebates

Financial Offer- Rebates	Response	Explanation
Name of proposed formulary	Formulary 2	Formulary 2 is our standard formulary which includes the Advanced Control Specialty Formulary (ACSF).
Please attach a list of all drugs excluded from proposed formulary, if any.	Attached	Please refer to attachment labeled, "CareFirst 2023 Formulary 2 - Exclusions" and "Drug Exclusion Plan Design List." List is subject to change.
Copay/Co-insurance requirements:	In order to qualify for three-tier qualifying Rebates, Members under this Agreement must be covered under a three-tier qualifying plan design. A three-tier qualifying plan design consists of a plan design with the first tier comprised of Generic Drugs, the second tier comprised of Preferred Brand Drugs, and the third tier comprised of Non-Preferred Brand Drugs, with at least a \$15.00 co-payment differential between Preferred and Non-Preferred Brand Drugs, at least a \$15.00 differential in the minimum Copayment, or a differential of Coinsurance 1.5 times or 50 percentage points between the Preferred and Non-Preferred Brand Drug (for example, if Preferred Brand Drug Coinsurance was 20%, the Non-Preferred Brand Drug Coinsurance would need to be 30% to qualify).	
Does the Rebate offer apply to the current plan benefit design and formulary type (Open, Exclusionary)	Yes	Our Formulary 2 is an open formulary with drug exclusions.

Additional Category Included/ excluded from Rebate proposal		
Category	Standard Brand Drugs	Specialty Drugs
U&C	Included	Included
Compounds	Excluded	Excluded
LDD	Excluded	Excluded
Bio-Similar	Excluded	Excluded
ZBC (Using calculated Ingredient Cost; not 100% discount)	Included	Included
Multisource Brands	Included	Included
Diabetic test strips and OTC insulins	Excluded	Excluded
All OTCs (Not including Diabetic test strips and OTC insulins)	Excluded	Excluded
Non-rebatable Specialty NDCs (If excluded, please provide a list of NDCs)	Included	Included
Non-rebatable Brand NDCs (If excluded, please provide a list of NDCs)	Included	Included
Home Infusion	Excluded	Excluded
LTC	Included	Included
Vaccines	Excluded	Excluded

Military/ VA	Excluded	Excluded
Out-of-Network/Non-Contracted Pharmacies	Excluded	Excluded
Rural Pharmacies (If excluded, please define.)	Included	Included
COBs	Excluded	Excluded
DMRs	Excluded	Excluded
Claims with Ancillary Charges (if excluded, please define in comment section)	Included	Included
Claims with Copay Assistance (if excluded, please define in comment section)	Excluded	Excluded
Discount Card Claims	Excluded	Excluded
Claims with an Override	Included	Included
Subrogation Claims	Excluded	Excluded
DAW 5 Claims	Excluded	Excluded
Repackaged NDCs	Excluded	Excluded
Unit dose	Included	Included
Unit of Use NDCs	Included	Included
Claims for beauty aids and cosmetics	Included	Included
Multi-Source Generic Claims	Excluded	Excluded
Single-Source Generic Claims	Excluded	Excluded
Claims where after meeting the deductible the Member's Cost Share under the applicable Benefit Design is greater than or equal to 50%	Included	Included

Other exclusions not listed above		
other exclusions not listed above.	COVID Anti-Virals and COVID Test Kits	
Contractor agrees to pass-through 100% of their received Manufacturer Derived Revenue.	Partial Agree	CareFirst retains MAF
Contractor agrees to pass-through 100% of Manufacturer Derived Revenue whether directly paid to Contractor or Contractor's affiliate, subsidiary, or subcontractor (Such as GPO or Rebate Aggregator), less any bona fide service fees.	Partial Agree	CareFirst retains MAF.
Contractor will disclose all Manufacturer derived revenue directly paid to Contractor or Contractor's affiliate, subsidiary, or subcontractor (Such as GPO or Rebate Aggregator).	Disagree	.

% of Manufacturer Derived Revenue (whether directly paid to Contractor or Contractor's affiliate, subsidiary, or subcontractor) passed through to APS.		
Category	Standard Brand Drugs - enter % passed through to plan	Specialty Drugs- enter % passed through to plan
Rebates	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Incentive rebates categorized as mail-order purchase discounts	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Credits	N/A	N/A
Market Share Incentives	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Promotional Allowances	N/A	N/A
Commissions	N/A	N/A

Market Share Utilization	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Drug pull-through programs	N/A	N/A
Implementation Allowances	N/A	N/A
Rebate Submission Fees	N/A	N/A
Formulary Placement Fees	N/A	N/A
Administrative Fees	Not included under the definition of rebates.	Not included under the definition of rebates.
Inflation Caps/Pricing Protection	Provided to client based on proposed rebate guarantees.	Provided to client based on proposed rebate guarantees.
Price Concessions	N/A	N/A
Performance-based Incentives	N/A	N/A
Data Fees	N/A	N/A
Volume-based Incentives	N/A	N/A
Other	N/A	N/A

Expected total rebate dollar amount the client will receive during the three-year term of the contract. Provide estimated rebate amount for Biosimilars, LDD, and any ancillary claims in the "All Other" bucket.

Estimated Rebate Amounts	2024	2025	2026	Total
Standard Brands filled at Retail	\$467,443	\$481,462	\$495,903	\$1,444,807
Standard Brands filled at Mail	\$1,172,492	\$1,207,667	\$1,243,902	\$3,624,061
Standard Brands filled at Specialty	N/A	N/A	N/A	N/A
Specialty Brands filled at Retail	N/A	N/A	N/A	N/A
Specialty Brands filled at Mail	N/A	N/A	N/A	N/A
Specialty Brands filled at Specialty	\$893,200	\$919,996	\$947,590	\$2,760,786

Rebates Guarantees

Description	Response	Explanation
For the following table, "Financial Offer Rebates," are you willing to provide estimates or guarantees?	Guarantees	We are providing a fixed per brand script rebate guarantee.

Financial Offer Rebates	2024	2025	2026
Retail/30 per brand claim	\$276.43	\$284.72	\$293.26
Retail/90 per brand claim	\$719.32	\$740.90	\$763.13
Mail per brand claim	\$719.32	\$740.90	\$763.13
Specialty Drugs at Specialty/Mail per brand claim	\$2,800.00	\$2,884.00	\$2,970.50
Specialty Drugs at Retail per brand claim	Included In Specialty Drugs at Specialty	Included In Specialty Drugs at Specialty	Included In Specialty Drugs at Specialty
Please provide any comments on your entries in the above table:	text	Retail 90 assumes Voluntary Maintenance Choice	

Included Services

Services (Eligibility)	Please indicate Included or Excluded	Additional Cost	Comment
Administration of eligibility submitted in a Contractor/PBM-standard digital format.	Included	Dollars. \$0.00	Text
Eligibility maintenance.	Included	Dollars. \$0.00	Text

Hard copy eligibility submission.	Included	Dollars. \$0.00	Text
Please list any eligibility services that aren't included in the bid below and provide cost.	All eligibility services are included in our bid, there are no additional costs.		
Services (Support)			
APS is allowed access to PBM's systems to support coverage, eligibility & authorization activities.	Excluded	Dollars. N/A	
Connectivity charges to customer and provider support system.	Included	Dollars. \$0.00	
Please list any support services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Claim Adjudication)			
Administration of PBM standard plan designs including tiered (3 and greater) co-payments, coinsurance, maximum limits, out-of-pocket limits, and deductibles.	Included	Dollars. \$0.00	
In-network claims adjudication via on-line claims adjudication system.	Included	Dollars. \$0.00	
Direct reimbursement/out-of-network claims adjudication (including check and EOB)	Excluded	Dollars. \$1.50 per paid claim	
On-line claims history retention more than 12 months.	Included	Dollars. \$0.00	
Transfer of claims to medical carrier and consultants.	Included	Dollars. \$0.00	Since we have integrated medical and pharmacy claims, there is no need to transfer claims. CareFirst will provide monthly files to APS and your consultant at no additional cost.
Compound Claim Adjudication	Included	Dollars. \$0.00	Included in overall pricing of compound claim adjudication.
Vaccine Claim Adjudication	Included	Dollars. \$0.00	Included in overall pricing of vaccine claim adjudication.
Please list any claim adjudication services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Retail Pharmacy Network)			
Establish, maintain, credential and contract an adequate panel of participating network pharmacies.	Included	Dollars. \$0.00	
Develop & distribute communication materials to participating pharmacies regarding the program.	Included	Dollars. \$0.00	
Toll-free access to Help Desk for eligibility/claims processing assistance.	Included	Dollars. \$0.00	
Toll-free access to PBM pharmacists to obtain DUR assistance.	Included	Dollars. \$0.00	
Monitor network pharmacy performance and compliance, including generic substitution rates, formulary program conformance, and	Included	Dollars. \$0.00	

DUR intervention conformance through retail network management initiatives and reporting.			
Standard pharmacy audit program (including desktop, member survey, and onsite pharmacy audits).	Included	Dollars. \$0.00	
Enhanced audit program (please describe).	Excluded	Dollars. N.A	We do not offer an enhanced audit program at this time.
Please list any retail pharmacy network services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Clinical Programs)			
Point of Sale Edits.	Included	Dollars. \$0.00	
Dose/Quantity Duration Edits.	Included	Dollars. \$0.00	
Step Therapy Edits.	Included	Dollars. \$0.00	
Dispensing Quantity Edits.	Included	Dollars. \$0.00	
Physician prescribing summaries.	Included	Dollars. \$0.00	
High utilization management.	Included	Dollars. \$0.00	
Patient-specific notifications to physicians regarding drug therapy problems (i.e. non-compliance, early discontinuation, suboptimal therapy) based on integrated prescription, medical, and laboratory data.	Included	Dollars. \$0.00	
Please list any clinical program services that aren't included in the bid below and provide cost.	text	Pharmacy Advisor - \$0.50 PMPM Safety and Monitoring - \$0.06 PMPM Drug Savings Review - \$0.30 PMPM	
Services (Reviews and Appeals Management)			
Prior Authorization - Clinical	Excluded	Dollars. \$30.00 Per Review	
Prior Authorization - Administrative	Included	Dollars. \$0.00	
First Level Appeals	Excluded	Dollars. \$100.00 Per Request	
Higher Level Appeals	Excluded	Dollars. \$500.00 Per Request	
Clinical - conditions of coverage reported by physician	Excluded	Dollars. \$30.00 Per Review	
Please list any review and appeal management services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Reporting)			
Standard management reports.	Included	Dollars. \$0.00	
Daily or weekly claims detail file (sent to APS and/or consultants).	Included	Dollars. \$0.00	
Quarterly or annual claims detail electronic file (sent to APS and/or consultants).	Included	Dollars. \$0.00	
Web-based online, decision support tool allowing APS access to reports and ad hoc query capabilities.	Included	Dollars. \$0.00	

Additional ad hoc/custom report production, reprogramming and testing of non-standard requirements for APS.	Included	Dollars. \$0.00	
Up to 10 programming hours to support specialized reporting or benefit design.	Included	Dollars. \$0.00	
Please list any reporting services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Member Services)			
Toll-free telephone access to customer service for the program for use by plan members, benefits personnel, and physicians.	Included	Dollars. \$0.00	
Toll-free telephone access to voice response unit for location of network pharmacies in zip code area.	Included	Dollars. \$0.00	
24-hour access to a Contractor pharmacist via toll-free telephone service.	Included	Dollars. \$0.00	
Contractor enrollment package for new members, including announcement letter, descriptive brochure, & mail-service envelope.	Included	Dollars. \$0.00	
Distribution of customized materials, except as described elsewhere.	Included	Dollars. \$0.00	CareFirst will include any customized materials within a mailing, upon request. There are additional costs involved for customized materials.
Optional Explanation of Benefits (OEOB) to describing the application of deductibles and coinsurance.	Included	Dollars. \$0.00	All Explanation of Benefits are available through our CareFirst website.
Customized, targeted member mailings for supporting formulary initiatives.	Included	Dollars. \$0.00	In some circumstances, we may create materials that meet APS's branding needs. When designing branded materials for an account, CareFirst requires a camera-ready proof of the logo and identification of all colors by Pantone Matching System number. Additionally, as a part of the Blue Cross Blue Shield Association, CareFirst must abide by the brand guidelines set forth by the Association and regulators to ensure CareFirst's brand compliance. Should APS wish to customize communication materials, we are happy to work with you to do so. Additional costs, are dependent on the level of customization required.

Please list any member services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Contractor Website)			
Standard member website capabilities including online prescription ordering and status, coverage and benefit information, health information, and assessment resources.	Included	Dollars. \$0.00	
Online drug cost comparison tool including formulary status and average cost per prescription.	Included	Dollars. \$0.00	
Please list any Contractor website services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Account Management)			
APS clinical and plan consulting, analysis and cost projections.	Included	Dollars. \$0.00	
Annual analysis of program utilization and impact of plan design and managed care interventions.	Included	Dollars. \$0.00	
Please list any account management services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.
Services (Mail Pharmacy Services)			
Processing of prescriptions received via Internet, fax, phone or mail.	Included	Dollars. \$0.00	
Refill orders received by phone or Internet 24 hours a day, 7 days a week.	Included	Dollars. \$0.00	
Handling and postage expense of home delivery prescriptions.	Included	Dollars. \$0.00	
Expedited delivery.	Included	Dollars. \$0.00	
Braille prescription labels for visually impaired.	Included	Dollars. \$0.00	
Communication/educational materials included in medication packages including benefit summary statement, drug information leaflet, mail-service envelope, and refill forms (as needed).	Included	Dollars. \$0.00	
General communications regarding utilization of home delivery including brochures, table tent cards, posters, content for general e-mail messaging to members, newsletter content.	Included	Dollars. \$0.00	
Please list any Mail pharmacy services that aren't included in the bid below and provide cost.			We have noted any services that are available at an additional cost.

1.3. Vision coverage:

Enrollment (Current Population)	
Employee Only	1248
Employee + Spouse	234
Employee + Child(ren)	221
Employee + Family	300
Total Subscribers:	2003

Vision	2024	2025	2026
Employee Only	\$8.40	\$8.40	\$8.40
Employee + Spouse	\$16.80	\$16.80	\$16.80
Employee + Child(ren)	\$17.64	\$17.64	\$17.64
Employee + Family	\$24.62	\$24.62	\$24.62

1.4. Onsite Nurse Practitioner:

Onsite Nurse	2024	2025	2026
Implementation/Startup Fee	\$0	\$0	\$0
Ongoing Fee (PEPM)	\$6.84	\$6.84	\$6.84

1.5. Employee Assistance Program (EAP):

EAP	3 Session Model	6 Session Model	10 Session Model	Comments
One-time implementation/start-up fee	N/A	N/A	N/A	There are no implementation fees.
Annual renewal/maintenance fee	N/A	N/A	N/A	There are no annual renewal/maintenance fees.
Fee per participant per month	\$1.00 PEPM	\$1.30 PEPM	\$1.63 PEPM	

1.5.1. EAP Training and Critical Incident Response:

Services*	Fee
Training	▪ \$595 per Hour
Critical Incidents	▪ Under 24- Hour response \$367 per hour; over 24- hour response \$270 per hour

*The pricing includes 30 hours of EAP Training and Critical Incidents Response (general purpose) at no charge to APS.

2.6. Administration of FSAs and COBRA

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
One-time implementation/start-up fee	\$250		Waived with multiple products	
Annual renewal/maintenance fee	\$0	\$0	\$150	We've provided the Commuter pricing in the COBRA & Commuter fee review.
Take over charge/rollover from prior vendor	\$0	\$0	\$10.00 per continuant	
Fee per participant per month	\$2.93	\$2.93		

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
Discrimination testing	One round included annually additional test \$600 per test.	One round included annually additional test \$600 per test.		
FSA debit card	Included	Not applicable		
Eligibility feeds in excess of 52 per year	Included	Included		
Amount of Imprest balance required	Not applicable	Not applicable		
Minimum check amount	\$5	Not applicable		
Plan document	Included, changes additional fee	Included, changes additional fee		
SPD development & printing	Information provided to APS electronically	Information provided to APS electronically		
Communication materials	Welcome kit and standard communications included	Welcome kit and standard communications included		
Open enrollment meetings	Included, with number of meetings to be mutually agreed upon	Included with number of meetings to be mutually agreed upon		
Fees for ad hoc reports	To be determined based on complexity and available data.	To be determined based on complexity and available data.		
Other services and fees associated, please describe	Refer to the attached fee review.	Refer to the attached fee review.		Refer to the attached fee review.
			Per Event Basis:	Comments
Per continuant per month charge			\$0.40 Per Employee Per Month (PEPM).	We are not proposing event-based COBRA admin.
Outside carrier elig feeds and premium remittance (per carrier per month)			\$25.00 per carrier per month	
COBRA Qual. Event Notice (including distribution and processing)			Included	
COBRA/HIPAA Initial Notice			Included	
WHCRA Notices			\$2.25 per notice (optional)	
CHIPRA Notices			Not included	

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
PPACA Notices			Not included	
State Continuation Notices			Available in California, Texas, New York, Iowa, and South Dakota for additional PEPM.	
Past Due Notices			Included in participant's monthly statement	
Direct Billing (per retiree per month)			Optional	
Retro COBRA/HIPAA Initial Notices			\$3.00 per retro COBRA special rights notice (optional) \$2.00 per retro OE notice (optional)	
Post-COBRA HIPAA Cert of Cov			HIPAA Certificates of Creditable Coverage are no longer required effective December 31, 2014 based upon Department of Health and Human Services and the Centers for Medicare & Medicaid Services final regulations.	
Medicare Part D Notices			Not included	
HIPAA Privacy Notices			\$2.60 per HIPAA special enrollment notice	
Open Enrollment Service (packaging and distribution)			Standard Open enrollment packets: \$15.00*	
Assumptions:	Indicate agreement or provide additional detail:			
Mailing costs included	Yes for Welcome Kit	Yes for Welcome Kit	Standard Open enrollment packets: \$15.00*	
Standard FSA reports include:				
Monthly executive summary report	Yes	Yes		
Monthly member detail report	Yes	Yes		
Monthly utilization report	Yes	Yes		

Administration of FSAs and COBRA	Health FSA	Dependent FSA	COBRA Services/HIPAA	Comments
Monthly Member Health Statements included	Member account information is available online.	Member account information is available online.	COBRA information for the participant is available on the member portal.	
Other assumptions	Refer to the attached fee review.	Refer to the attached fee review.	Refer to the attached fee review.	

Service Fees			
Product Name	Fee Type	Fee	Description
Commuter	Admin Fee	\$3.50 PPM	Per Participant Per Month
COBRA	Admin Fee	\$0.40 PEP	Per Eligible Per Month
COBRA Open Enrollment	Additional Service Fee	\$15.00	Standard Service Open Enrollment: WW will manage adding, updating or terminating plans; carrier and billing updates; and will produce and mail an updated premium statement to Qualified Beneficiaries and COBRA Continuant announcing the applicable COBRA premium change for the Employer's plan(s)' next determination period. WW updates, prints, and mails OE notifications on behalf of the Employer, up to 7 sheets of paper (double-sided), to Qualified Beneficiaries and COBRA Continuant (to the extent requested by Employer). WW will provide carrier and billing updates. Postage and additional printing fees may apply in some situations and will be disclosed to the Employer.
COBRA Open Enrollment	Set Up Fee	\$150.00	A per-plan year open enrollment setup fee will be assessed.
Takeover of Existing COBRA Participants	Additional Service Fee	\$10.00	Acquisition and integration of existing COBRA participant information including the production of new monthly payment invoices, tracking the remainder of the eligibility period, and providing 24/7 access to participant information via IVR, Internet, and toll-free participant services support. One-time fee per takeover processed.

Commuter Services Fees

Account closing	\$25.00 (one-time fee, withheld from forfeiture funds and not to exceed total forfeiture)
Debit card (transit and parking)	Included
Direct deposit or check reimbursement	Included
Disbursement/Reimbursement options	Included
Online member account statements	Included
Electronic communications	Included
24/7 access to web portal	Included
Reporting via web	Included
24/7 call center support	Included
Paper communications collateral	Quoted based on volume
File conversion	\$150 per hour
Custom reporting	\$150 per hour
Single sign on (SAML 2.0)	Quoted per request
Incidental expenses	Quoted per request (e.g., printing, copying, postage for custom materials or non-standard mailings, retrieval of archived records, etc.)
Custom Welcome Kit packets (Annual fee)	<p>Branded package (\$1,000):</p> <ul style="list-style-type: none"> • Employer and HealthEquity cobranded debit card (Employer logo printed in one color) • Employer and HealthEquity cobranded card mailer with standard content • HealthEquity branded trifold with standard content • Standard HealthEquity legal inserts <p>Messaging package (\$2,500):</p> <ul style="list-style-type: none"> • Employer and HealthEquity cobranded debit card (Employer logo printed in one color) • Employer and HealthEquity cobranded card mailer with standard content • Custom message areas on card mailer • HealthEquity branded inserts with standard content • One custom insert • Standard HealthEquity legal inserts

COBRA Service Fees

General Rights notice to newly covered employees	Included
Qualifying Event administration	Included
Election processing	Included
Premium billing and collection	Included
COBRA termination processing	Included
Client reporting	Included
Carrier eligibility reporting	Included
Standard file specifications	Included
Custom file specifications	\$150.00 per hour
Custom programming	\$150.00 per hour
24/7 access to web portal	Included
Call center support	Included
HIPAA Special Enrollment notice	\$2.60 per notice (optional service)
Women's Health and Cancer Rights notice	\$2.25 per notice (optional service)
Premium remittance to carrier	\$25.00 per carrier per month (optional service)
Retroactive COBRA General Rights notice	\$3.00 per notice (optional service)
Retroactive HIPAA Special Enrollment notice	\$2.00 per notice (optional service)
Open Enrollment support service	<p>- Partial (\$8.00 per rate change notice, \$150 per plan year setup fee): We will produce and mail a rate change notice. We will manage carrier and billing updates. Fees billed per rate change notice.</p> <p>- Standard (\$15.00 per packet, \$150 per plan year setup fee): We will produce and mail participant open enrollment notice and election form packages, up to seven sheets of paper (double sided). We will manage carrier and billing updates. Fees are billed per packet.</p> <p>- Custom (\$22.00 per packet, \$150 per plan year setup fee): We will produce and mail participant open enrollment notice and election form packages, up to thirty sheets of paper (double sided). We will manage carrier and billing updates. Fees are billed per packet.</p>

3. **Self-Insured Health Maintenance Organization plan (SI-HMO):**

TOTAL	
OAP Low	1115
OAP High	766
HMO	1775
Total	3656

Self- Insured	Self-Insured Health Maintenance Organization plan (SI-HMO)			
Fees	2024	2025	2026	Comments
Medical Plans PEPM	\$29.75	\$29.75	\$29.75	
Network Access Fee	See comments	See comments	See comments	Included fee is based as a % of claims. Under the proposed BlueCard program, a Host BCBS plan may withhold an access fee of up to █████ (but not to exceed █████ for any claim) of the provider discount the plan has obtained from its participating providers. Please refer to the caveats section of our proposal for a complete detailed description.
Utilization Review Fees	Included	Included	Included	
Claims Fiduciary	\$0.96	\$0.96	\$0.96	Fiduciary Option 4 is included in our proposal.
Nurse Line	Included	Included	Included	
MHSA Network and Non Claims Admin.	Included	Included	Included	
MHSA Claims Administration	Included	Included	Included	
OON Claim Management	Included	Included	Included	CareFirst will negotiate out-of-network claims on APS's behalf and reprice non-contracted claims through a vendor-partner. When successful, a 40% fee is applied to the savings generated.
Total Admin. Fee	\$30.71	\$30.71	\$30.71	

End of Pricing Schedule