Attachment 4 - REVISED dated 5/15/2015
Cost Proposal
Request for Proposal # 4973 Z1

Price quoted shall be firm for three (3) years from date of an award. After the first term, pricing may not increase more than 3% over the previous year. Price increase requests may not occur more than once per year. Any request for an increase must be submitted in writing to the State Purchasing Bureau a minimum of 30 days prior to the proposed effective date of the increase, and must show cause and be accompanied by supporting documentation. Further documentation may be required by the State to authenticate the increase (such as invoices). Failure to supply any requested supporting documentation may be grounds to cancel the contract. The State further reserves the right to reject any proposed price increase, cancel the contract and re-bid if determined to be in the best interest of the State. The State will be given full proportionate benefit of any rate decrease for the term of the contract. No price increases are to be billed without prior written approval by the State Purchasing Bureau.

					Years #1-3			Year #4		Year #5	
	Programs and Program Descriptons	Name of Service or Product (if applicable)	Volume / Participation	Billing Measurement (PEPM, Flat, Etc)	Unit Price	Set-up Fees	Estimated Annual Price	Unit Price	Estimated Annual Price	Unit Price	Estimated Annual Price
1	**Implementation**										
	One-Time Implementation Fee				$ -	$ -	$ -	$ -	$ -	$ -	$ -
2	**Account Management (Onsite Staff, Strategy)**										
	Onsite Program Manager		1		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Onsite Wellness Specialist		1		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Travel and Materials Expenses				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (describe)				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
3	**Wellness Portal / Incentive Tracking / Health Assessment**										
	Online Health Assessment		12,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Core Base Fee		12,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Customer Service Line				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Import - Eligibility File Data Feeds				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Misc Imports / Exports				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Device Integration				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Histrocal biometric data feeds				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Incentive Tracking and Monitoring		19,600		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
4	**Biometric Screening**										
	Onsite Screenings				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Onsite Coordination Fee (Base)				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Onsite Biomteric Screening- Fingerstick		9,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Exit counselling		9,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Home Test Kit		1,500		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Physician Form		1,500		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Travel Estimate				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other, Specify				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
5	**Wellness Programming**										
	Walking Program		6,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Cardio Program		3,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Nutrition Program		3,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (describe)				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
6	**Health Coaching / Advising**										
	Online Programs		500		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Lifestyle Modification Programs - telephonic		4,600								
	Health Advising - post HRA - onsite		7,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Health Advising - post HRA - telephonic		5,000		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -

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	Programs and Program Descriptons	Name of Service or Product (if applicable)	Volume / Participation	Billing Measurement (PEPM, Flat, Etc)	Unit Price	Set-up Fees	Estimated Annual Price	Unit Price	Estimated Annual Price	Unit Price	Estimated Annual Price
7	**Chronic Condition Management Programs**										
	Diabetes		450		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Depression		250		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	CAD		50		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Heart Failure		25		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Back Pain		200		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Asthma		200		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	COPD		25		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Maternity		25		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Cancer		25		$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
8	**Reporting and Measurement**										
	Scheduled Reporting				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Custom Reporting				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (describe)				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
9	**Communication and Engagement**										
	Online Communications				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Print Communications				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Wellness champions toolkits				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (describe)				$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Annual Cost						$ -		$ -		$ -
	Total Annual Cost - Core Services						$ -		$ -		$ -
	Annual Cost Per Eligible						$ -		$ -		$ -

Alternative Services Proposed

Programs and Program Descriptons	Assumptions	Estimated Units		Unit Price		Estimated Annual Price	Unit Price	Estimated Annual Price	Unit Price	Estimated Annual Price
Low Volume Screening Options										
Lab relationship/vouchers		500		$ -		$ -	$ -	$ -	$ -	$ -
Convenience/Retail Clinics		500		$ -		$ -	$ -	$ -	$ -	$ -
Alternative Wellness Programming										
Onsite Coaching Programs				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -
				$ -		$ -	$ -	$ -	$ -	$ -