

Cost Proposal
Option 1: Long Term Care (LTC) Reimbursement
Request for Proposal Number 6325 Z1

Bidder Name: _____

Description	Quantity	UOM	Initial Contract Term Years 1 - 5
LONG TERM CARE REIMBURSEMENT			
Rate Reimbursement	5	YR	
Field Audit (estimated quantity)	80	EA	

RENEWAL PRICING

Description	Quantity	UOM	FIRST OPTIONAL Renewal YEAR 1	FIRST OPTIONAL Renewal Year 2	SECOND OPTIONAL Renewal Year 1	SECOND OPTIONAL Renewal Year 2	THIRD OPTIONAL Renewal Year 1	THIRD OPTIONAL Renewal Year 2
LONG TERM CARE REIMBURSEMENT								
Rate Reimbursement	1	YR						
Field Audit (estimated quantity)	7	EA						