

STATE OF NEBRASKA SERVICE CONTRACT AWARD

State Purchasing Bureau
301 Centennial Mall South, 1st Floor
Lincoln, Nebraska 68508

OR
P.O. Box 94847
Lincoln, Nebraska 68509-4847
Telephone: (402) 471-2401
Fax: (402) 471-2089

CONTRACT NUMBER
35079 04

PAGE 1 of 3	ORDER DATE 12/15/10
BUSINESS UNIT 65083708	BUYER RUTH GRAY (AS)
VENDOR NUMBER: 504672	
VENDOR ADDRESS: BLUE CROSS BLUE SHIELD OF NE PO BOX 3248 OMAHA NEBRASKA 68180-0001	

AN AWARD HAS BEEN MADE TO THE VENDOR/CONTRACTOR NAMED ABOVE FOR THE SERVICES AS LISTED BELOW FOR THE PERIOD:

JANUARY 01, 2011 THROUGH JUNE 30, 2012

THIS CONTRACT IS NOT AN EXCLUSIVE CONTRACT TO FURNISH THE SERVICES SHOWN BELOW, AND DOES NOT PRECLUDE THE PURCHASE OF SIMILAR SERVICES FROM OTHER SOURCES.

THE STATE RESERVES THE RIGHT TO EXTEND THE PERIOD OF THIS CONTRACT BEYOND THE TERMINATION DATE WHEN MUTUALLY AGREEABLE TO THE VENDOR/CONTRACTOR AND THE STATE OF NEBRASKA.

Original/Bid Document 2395 Z1

Contract to provide administrative and support services for the State of Nebraska Employee Health Care Benefit Plans for the period effective January 1, 2011 through June 30, 2012 with the option to extend for up to a six (6) month period as mutually agreed upon by all parties.

The State may request that payment be made electronically instead of by state warrant. ACH/EFT Enrollment Form can be found at: <http://www.das.state.ne.us/accounting/forms/achenrol.pdf>

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system mean the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

The contractor certifies that the contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The contractor also agrees to include the above requirements in any and all subcontracts into which it enters. The contractor shall immediately notify the Department if, during the term of this contract, contractor becomes debarred. The Department may immediately terminate this contract by providing contractor written notice if contractor becomes debarred during the term of this contract. If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at: www.das.state.ne.us.
2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation require to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

The contract shall incorporate the following previously submitted documents:

1. Contract Award;
2. Any Contract Amendments, in order of significance;
3. Any Request for Proposal Addenda and/or Amendments to include Questions and Answers;
4. The original RFP document;
5. The signed Request for Proposal form; and


BUYER

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6. The Contractor's Proposal.

CONTACT: Angela Hogan, Account Executive
ADDRESS: Blue Cross and Blue Shield of Nebraska, 1233 Lincoln Mall, Suite 100, Lincoln, NE 68508
PHONE: 402-458-4816
FAX: 402-477-2952
EMAIL: angela.hogan@bcbsne.com

CONTACT: Jerome Rewolinski, Director of Account Management
ADDRESS: Blue Cross and Blue Shield of Nebraska, 7261 Mercy Road, Omaha, NE 68124
PHONE: 402-548-4783
FAX: 402-392-4155
EMAIL: jerome.rewolinski@bcbsne.com

THIS IS THE FIRST RENEWAL OF THE CONTRACT AND IS INCLUSIVE OF AMENDMENT ONE (1). Items 9-16 added to reflect the State's change from calendar year to fiscal year.

Line Description

- 1 Medical Claims 2009 and 2010
BlueChoice 01/01/09 - 06/30/09
- 2 Claims BLUESELECT
Period 01/01/09 - 06/30/09
- 3 Claims BCBS PPO
Period 01/01/09 - 06/30/09
- 4 Claims BCBS PPO HI
Period 01/01/09 - 06/30/09
- 5 Claims BLUECHOICE
Period 07/01/09 - 06/30/10
- 6 Claims WELLNESS PPO
Period 07/01/09 - 06/30/10
- 7 Claims BCBS PPO
Period 07/01/09 - 06/30/10
- 8 Claims BCBS PPO HI
Period 07/01/09 - 06/30/10
- 9 CLAIMS BLUECHOICE
PERIOD 07/01/10 - 06/30/11
- 10 CLAIMS WELLNESS PPO
PERIOD 07/01/10 - 06/30/11
- 11 CLAIMS BCBS PPO

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BUYER INITIALS

STATE OF NEBRASKA SERVICE CONTRACT AWARD

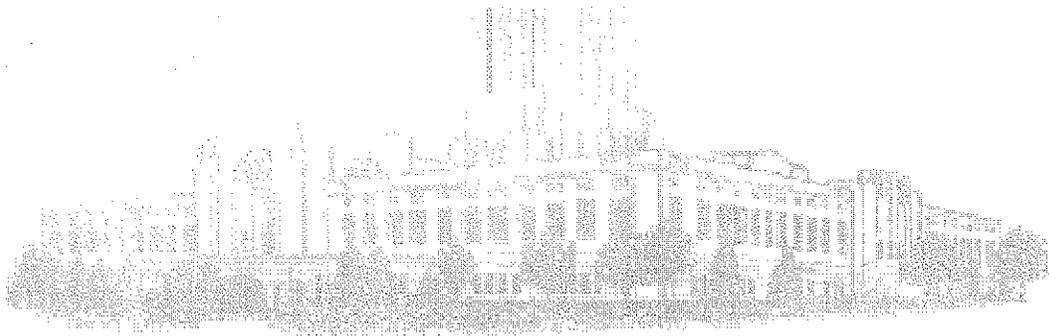
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Line	Description
	PERIOD 07/01/10 - 06/30/11
12	CLAIMS BCBS PPOHI PERIOD 07/01/10 - 06/30/11
13	CLAIMS BLUECHOICE PERIOD 07/01/11 - 06/30/12
14	CLAIMS WELLNESS PPO PERIOD 07/01/11 - 06/30/12
15	CLAIMS BCBS PPO PERIOD 07/01/11 - 06/30/12
16	CLAIMS BCBS PPOHI PERIOD 07/01/11 - 06/30/12



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