

APPENDIX A

RATE PROPOSAL (3-Year Agreement)

This "Summary of Proposed Rates" is to be executed and returned with your proposal. I certify that our proposal addresses all criteria required in the Request for Qualification and that I have read and understand the Scope of Work as presented in the Request for Qualification.

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)
I. Insurance Benefit Plan Vendor Selection Fee	\$ _____	\$ _____	\$ _____
II. Cost Containment Strategies Fee	\$ _____	\$ _____	\$ _____
III. HCPC Facilitation & Employee Training Fee	\$ _____	\$ _____	\$ _____
IV. Retiree Medical Insurance Analysis Fee	\$ _____	\$ _____	\$ _____
IV. Additional Facilitator Charges Anticipated (postage, copying, telephone, travel expenses, etc. Please explain charges)	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

SIGNATURE AND TITLE OF OWNER OR AUTHORIZED PERSON:

(Name and Title)

(Date)