

State of South Carolina South Carolina Public Employee Benefit Authority

Request For Proposal Amendment 1

Solicitation Number: PEBA0442024 Date Issued: 01/21/2025 Procurement Officer: Georgia Gillens, CPPO, CPPB, NIGP-CPP

Phone: 803.734.0010

Email Address: mailto:ggillens@peba.sc.gov

DESCRIPTION: Pharmacy Benefits Management Services

SUBMIT OFFER BY (Opening Date/Time): 02/20/2025 3:00 PM

The Term "Offer" Means Your "Proposal". Your offer must be submitted in a sealed package. The Solicitation Number & Opening Date should appear on the package exterior. See the clause entitled "Submitting Your Offer or Modification."

SUBMIT YOUR SEALED OFFER TO EITHER OF T	THE FOLLOWING ADDRESSES:							
MAILING ADDRESS: S.C. Public Employee Benefit Authority P.O. Box 11960 Columbia, SC 29211-1960	PHYSICAL ADDRESS: S.C. Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223							
Attention: Georgia Gillens	Attention: Georgia Gillens							
AWARD & AMENDMENTS Award will be posted on 03/21/2025. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: www.procurement.sc.gov/doing-biz/bid-ops/peba.								
You must submit a signed copy of this form with your Offer. By submitting a proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of one hundred twenty (120) calendar days after the Opening Date. See the clause entitled "Signing Your Offer."								
NAME OF OFFEROR (Full legal name of business submitting the offer)	Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity (i.e., a separate corporation, partnership, sole proprietorship, etc.).							
AUTHORIZED SIGNATURE								
(Person must be authorized to submit binding offer to contract on behalf of Offeror.)								
TITLE	STATE VENDOR NO.							
(Business title of person signing above)	(Register to obtain S.C. Vendor No. at www.procurement.sc.gov)							
PRINTED NAME DATE SIGNED	STATE OF INCORPORATION							
(Printed name of person signing above)	(If you are a corporation, identify the state of incorporation.)							
OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision) Sole Proprietorship Partnership Other								
Corporate entity (not tax-exempt) Corporation (tax-exempt) Government entity (federal, state or local)								

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HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)			NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.)				
			Area Code, Number, Extension Facsimile				
				Email address			
PAYMENT ADDRESS (Address to which payments will be sent.) Payment Address same as Home Office Address Payment Address same as Notice Address (check only one)			ORDER ADDRESS (Address to which purchase orders will be sent) Order Address same as Home Office Address Order Address same as Notice Address (check only one)				
Offerors ackno				mendment nu	imber and its date	of issue. (See th	e clause
Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendmen No.	Amendment Issue Date	Amendment No.	Amendment Issue Date
				<u> </u>			<u> </u>
DISCOUNT PROMPT PA' (See the clause "Discount for Payment"	YMENT entitled Prompt	Calendar Days (%)	20 Calenda	ur Days (%)	30 Calendar Days (%) Ca	lendar Days (%)

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REQUEST FOR PROPOSAL – PEBA0442024 Pharmacy Benefits Management Services

PLEASE NOTE: The original Request for Proposal document stands as written with the exception of changing the date of the pre-proposal meeting due to the threat of inclement weather.

The new date and time for the in-person pre-proposal meeting is Monday, January 27, 2025, at 2:00 PM at 202 Arbor Lake Drive, Columbia SC 29223.

All other terms and conditions remain as written.