

Request for Proposal for Pharmacy Benefit Management Services

Tab A-10: Financial Proposal

Representations made by the Offeror in this Proposal become contractual obligations that must be met during the contract term.

Instructions: Please complete the financial exhibit below in its entirety. It is S.C. Public Employee Benefit Authority's intent to conduct as fair and equitable analysis as possible, and for that reason the information requested is very detailed.

The Financial Proposal is based on the current program in which the PBM will pass-through 100% of all costs and pharmaceutical manufacturer revenue to the S.C. Public Employee Benefit Authority for Non-Medicare participants. For the Medicare primary participants, this includes a transparent Indirect EGWP + Wrap plan beginning January 1, 2016. (For those participants who opt-out of the Indirect EGWP + Wrap, the Plan will continue to utilize the Retiree Drug Subsidy program.) Each component (i.e. the non-Medicare benefits, the Indirect EGWP and the Wrap benefits) will be provided on a self funded basis.

In Table I below, all-inclusive administrative fees must be provided on a per member per month, or PMPM, basis. Fees shall be quoted separately for Non-Medicare participants and Medicare Primary participants. The administrative fee quoted for Medicare primary participants shall be a blended rate taking into account the Offeror's assumption of the expected distribution of participants enrolled in the Indirect EGWP + Wrap plan versus those participants who opt out of the program. The administrative fees must include the cost associated with providing the State with all required services described in Part III of the RFP, Scope of Work. The administrative fees must also include the cost associated with any additional clinical and/or administrative programs the Offeror chooses to include (per Part III Scope of Work, Section A, #6(aaa)). These additional programs must be listed in the cover letter of the Offeror's Financial Proposal. No additional supplemental pricing information (i.e. optional programs, deviations or caveats to the specifications of the RFP) shall be submitted in the Offeror's response to the RFP.

In Table II below, please provide the requested pricing information for participants enrolled in the Indirect EGWP + Wrap plan.

In Table III below, please provide the requested pricing information for participants **not** enrolled in the Indirect EGWP + Wrap plan. The pricing guarantees (i.e. ingredient cost discounts, dispensing fees and rebates) must be provided in accordance with the instructions found Part V of the RFP, Information for Offerors to Submit, B. Financial Proposal, 2. Offeror's Financial Proposal Response for Tab A-10.

Table I	GUARANTEES		
	1/1/16 - 12/31/16	1/1/17 - 12/31/17	1/1/18 - 12/31/18
Administrative Fees (PMPM)			
1. Non-Medicare Administrative Fee (per member per month)			
2. Medicare Primary Administrative Fee (per Medicare primary member per month, regardless of whether the participant is enrolled in or opted out of the Indirect EGWP+Wrap plan)			

Table II	GUARANTEES		
	1/1/16 - 12/31/16	1/1/17 - 12/31/17	1/1/18 - 12/31/18
Indirect EGWP + Wrap Plan			
INGREDIENT COSTS (Percent off AWP)			
1. Retail*			
a.) Brand			
b.) Generic			
2. Retail 90*			
a.) Brand			
b.) Generic			
3. Mail			
a.) Brand			
b.) Generic			
4. Specialty			
a.) Brand			
b.) Generic			
DISPENSING FEES (Per Script)			
5. Retail*			
a.) Brand			
b.) Generic			
6. Retail 90*			
a.) Brand			
b.) Generic			
7. Mail			
a.) Brand			
b.) Generic			
8. Specialty			
a.) Brand			
b.) Generic			

REBATES (Per Script)			
9. Guaranteed Pharma Revenue			
a.) per Brand Script at a Retail pharmacy			
b.) per Brand Script at a Retail 90 pharmacy			
c.) per Brand Script at the Mail Order pharmacy			
d.) per Brand Script at the Specialty pharmacy			

* Pricing guarantees shown above for retail pharmacies excludes locally-owned pharmacies.

Table III

Standard Plan Transparent Arrangement, Non-Medicare Participants, Savings Plan Medicare Primary Participants, and Standard Plan Medicare Participants who have opted out of the Indirect EGWP + Wrap Plan	GUARANTEES		
	1/1/16 - 12/31/16	1/1/17 - 12/31/17	1/1/18 - 12/31/18
INGREDIENT COSTS (Percent off AWP)			
1. Retail*			
a.) Brand			
b.) Generic			
2. Retail 90*			
a.) Brand			
b.) Generic			
3. Mail			
a.) Brand			
b.) Generic			
4. Specialty			
a.) Brand			
b.) Generic			
DISPENSING FEES (Per Script)			
5. Retail*			
a.) Brand			
b.) Generic			
6. Retail 90*			
a.) Brand			
b.) Generic			
7. Mail			
a.) Brand			
b.) Generic			
8. Specialty			
a.) Brand			
b.) Generic			
REBATES (Per Script)			
9. Guaranteed Pharma Revenue			
a.) per Brand Script at a Retail pharmacy			
b.) per Brand Script at a Retail 90 pharmacy			
c.) per Brand Script at the Mail Order pharmacy			
d.) per Brand Script at the Specialty pharmacy			

* Pricing guarantees shown above for retail pharmacies excludes locally-owned pharmacies.

I hereby certify that the fixed, single, all-inclusive PMPM administrative fees offered in Table I above include the costs associated with providing the State with all required services described in the Pharmacy Benefit Management Services RFP, including but not limited to Part III, Scope of Work, Sections A through L. Furthermore, the pricing guarantees offered in Table II and Table III above have been developed in accordance to the specifications described in the RFP, including but not limited to Part V: Information for Offerors to Submit, Section B: Financial Proposal, sub-section 2., and shall remain unchanged, subject to the Change Order provision of the RFP, for the initial two (2) year term of the contract.

Offeror Name

Printed Name of Authorized Representative

Signature Authorized Representative

Date