STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: COBRA Administration for the State of Ohio

CONTRACT NUMBER: CSP900213 EFFECTIVE DATES: 2/5/13 TO 6/30/15

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP900213 that opened on 6 July 2012. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Administrative Services as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

Carol Clingman, CPPB
carol.clingman@das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

www.ohio.gov/procure

ATTACHMENT TEN
COST SUMMARY FORM

COBRA Administration CSP900213

UNSPSC CATEGORY CODE: 80100000

The State is requesting both a per-employee per-month (PEPM) and Per-Occurrence price with a fixed price per year to include retention by the COBRA administrator of the 2% administration premium surcharge to offset administrative fees for the State with a minimum commitment of three years as shown on page 2, paragraph 3. The term of any Contract renewal may be in one year increments, with a maximum renewal of up to four (4) year's total. Renewal options require approval of both parties. The Offeror's Not to Exceed Costs must include all labor and expenses to perform the Work as outlined in Scope of Work, Attachment One, Part One.

OAKS ID Number: 24117

Description	Cost	
	Per Employee Per month	
1. Initial Set-up Fee (if applicable)	None	
COBRA Administration Costs		
2. Current COBRA Continuant Takeover	Included	
3. Qualifying Event Notice	Included	
4. Open Enrollment Packet	None	
5. Other (specify)	$0.21 per active Medical participant	
Additional Services/Fees		
6. Reports - Includes standard and custom reports	Included	
7. Incidental Expenses	Included	
8. Data interface	Included	
9. Data interface	Included	
10. Specify any other one-time fee(s) that may apply	None	
11. Discounts (specify details and amounts)	None	
12. Total Not-to-Exceed Cost for Year 1 (12 months)	12	$138,600
(May be less than 12 months – please give monthly price)		$ 11,550
13. Deduction of start-up (one time) costs	0	
14. Total Not-to-Exceed Cost for Year 2 (12 Months)	$ 138,600	
15. Total Not-to-Exceed Cost for Year 3 (12 Months)	$ 138,600	
16. Total Not-to-Exceed Cost for Years 1, 2 and 3 (36 Months)	$ 415,800	
17. Commissions – Identify any/all proposed commissions and acknowledge that rates are net of commissions.	0	

All costs are in U.S. Dollars.
The State is not responsible for any costs not identified.
There are no additional reimbursements for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

CONTRACT NO: CSP900213-1(06/30/15)

87441
United Healthcare Insurance Company
301 N. Hurstbourne Parkway
Suite 150
Louisville, KY 40222

Remit to Address:

TERMS: Net 30 Days

87441
United Healthcare Insurance Company
22703 Network Place
Chicago, IL 60673-1227

CONTRACTOR'S CONTACT: Ms. Marlene Gordon

Telephone (502) 326-8839
Fax (866) 525-1740
Email Marlene_Gordon@uhc.com