



## INVITATION FOR SEALED BID

RFP 00-734

Description: MEDICARE SUPPLEMENT/MEDICARE RISK HMO

Department: CITY OF TULSA/BENEFITS

NIGP Commodity Code(s): 948-00-00-000-0

Total pages including this page is 22

**Important Instruction – Read Carefully:**

If you have obtained these bid specifications from either of:

City of Tulsa's Fax-on-Demand (918-596-1171) or

City of Tulsa's Website : <http://frontpage.webzone.net/purchasing>

you must notify the buyer Patricia Cummings of your intent to bid by e-mail at [pcummings@ci.tulsa.ok.us](mailto:pcummings@ci.tulsa.ok.us) in order to receive addenda. The buyer will always acknowledge your e-mail for your records. All addenda will be posted on fax-on-demand and the website.

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**Pay special attention to those pages with a reference to the following notes:**

**Note #1: Signature of authorized agent required**

**Note #2: Signature of an authorized agent and notarized required**

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**Your bid response should follow the same format listed above plus any additional format requested in the body of the bid invitation.**

**INVITATION FOR SEALED BIDS  
TO  
City of Tulsa**

200 CIVIC CENTER, ROOM 109, TULSA, OKLAHOMA 74103

Bid number and date of bid opening must appear on the lower  
left outside corner of bid envelopes and all related containers.

**DATE OF OPENING: April 5, 2001**

**BID NUMBER: RFP 00-734**

**BID MUST BE IN THE CITY CLERK'S OFFICE AT THE ABOVE ADDRESS BY 5:00 P.M. THE DAY  
PRECEDING THE "DATE OF OPENING" SHOWN ABOVE.**

**BIDS WILL BE OPENED AT 8:30 A.M. IN THE CITY COUNCIL ROOM ON THE DAY SPECIFIED UNDER "DATE OF OPENING."**

PUBLISHED IN THE TULSA DAILY COMMERCE AND LEGAL NEWS: March 5, 6, 7, 8, 9, 2001

Bid must be accompanied by bidder's bond, cashier's check or certified check in the amount of: NONE

PLEASE READ TERMS AND CONDITIONS ON THE NEXT PAGE BEFORE COMPLETING BID DOCUMENTS

\*\*\*\*\*

**THE FOLLOWING SECTION MUST BE COMPLETED BY BIDDER**

\*\*\*\*\*

Delivery will be made in not more than \_\_\_\_\_ days after receipt of order.

Payment terms \_\_\_\_\_ % \_\_\_\_\_ days.

City of Tulsa may increase quantity of order at the unit price bid for \_\_\_\_\_ days. (Bidder to Specify Days) I have examined the terms and specifications and the instructions to bidders herein and agree, provided I am awarded a contract, to provide the above described items for the sum shown in accordance with the terms and specifications stated herein. All deviations are in writing and attached hereto.

Enclosed is a  BID BOND ;  CASHIER'S CHECK;  Certified Check in the amount of \$ \_\_\_\_\_, which I agree the City of Tulsa may retain as liquidated damages in the event of my failure to comply with the terms of this bid.

**MUST BE SIGNED BY AUTHORIZED AGENT TO BE VALID**

FIRM NAME \_\_\_\_\_ by \_\_\_\_\_

STREET \_\_\_\_\_ TITLE \_\_\_\_\_

CITY STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

## GENERAL TERMS AND CONDITIONS OF SEALED BIDS

THESE ITEMS APPLY TO AND BECOME A PART OF THE BID.

### NO EXCEPTIONS TO THESE TERMS & CONDITIONS WILL BE CONSIDERED.

1. **BIDS MUST BE SUBMITTED ON THIS FORM ONLY INCLUDING A SIGNATURE OF AN AUTHORIZED AGENT.** Each bid shall be placed in a separate envelope. Be sure envelope is completely and properly identified and sealed, showing the bid number and date in the lower left hand corner. Bids must be time stamped in the office of the City Clerk by 5:00 P.M. on the day before date of opening.
2. No bidder may withdraw his proposal for a period of thirty (30) days after the date and hour set for the opening of bids.
3. All prices shall be quoted F.O.B. Tulsa, Oklahoma, and delivery to City of Tulsa location shall be without additional charge.
4. The bidder shall attach the manufacturer's name of the equipment or material to be furnished, type, model numbers, manufacturer's descriptive bulletins and specifications. All guarantees and warranties should be clearly stated. This data shall be in sufficient detail to describe accurately the equipment or material to be furnished. Manufacturer's specifications, in respect to the successful bidder, shall be considered as part of his contract with the City of Tulsa.
5. The bidder shall show in the proposal both the unit prices and total amount, where required, of each item listed. In the event of error or discrepancy in the mathematics, the unit prices shall prevail.
6. Any exceptions or deviations from written specifications shall be shown in writing and attached to the bid form.
7. Each bidder agrees to comply with the terms of Title 5, Chapter 1, of Tulsa, Oklahoma Charter and revised ordinances relating to equal employment opportunity.
8. **THE ENCLOSED FORMS REGARDING NON-COLLUSION AND FINANCIAL INTEREST MUST BE SIGNED, NOTARIZED, AND RETURNED WITH THE BID.**
9. The City of Tulsa reserves the right to reject any and all bids, to waive any technicalities in the bidding, and to award each item to different bidders or all items to a single bidder.
10. All bids must be accompanied by bidders bond, cash, certified or cashier's check in the amount shown on the face of the bid form. This amount shall be retained by the City of Tulsa as liquidated damages in the event the successful bidder (or bidders) fails to execute a contract, if required. The bidder agrees that said amount is presumed to be the damages sustained by the City due to the impracticability and extreme difficulty in fixing the actual damages. The office of the City Clerk will return the bid deposits to the unsuccessful bidders, after a contract has been awarded or all bids have been rejected.
11. In the event cash discounts are offered by the bidder, the discount date shall begin with the date of invoice, the date of receipt of all material covered by the purchase order, or the date of receipt by the City of Tulsa of the original copy of the purchase order with properly executed Affidavit of Claimant, whichever is the later date.
12. Direct purchase of certain items of equipment or material by the City of Tulsa are exempt from Federal Excise Tax and Oklahoma Sales Tax. In such cases the bidder shall quote prices which do not include Federal Excise Tax and Oklahoma Sales Tax. The City of Tulsa will furnish executed exemption certificates upon presentation by the bidder at the time of purchase.
13. Bid must show number of days required for delivery under normal conditions. Failure to state delivery time obligates bidder to complete delivery in fourteen (14) calendar days. Unrealistically short or long delivery promises may cause bid to be disregarded. Contractor must keep Purchasing Department advised at all times of status of order. Default in promised delivery or failure to meet specifications authorizes the Purchasing Agent to purchase supplies elsewhere and charge full increase of cost and handling to defaulting contractor. Consistent failure to meet delivery promises without valid reason may cause removal from bid list.
14. Bidder agrees to defend and save City of Tulsa from and against all demands, claims, suits, costs, expenses, damages and judgments based upon infringement of any patent relating to goods specified in this order or the ordinary use or operation of such goods by City or use or operation of such goods in accordance with bidders direction.
15. If the bid requires a written contract, the successful bidder shall execute a written contract with the City of Tulsa and return the required bonds and insurance certificates within ten (10) days after submission of contracts to said bidder by the City.



# BIDDER AFFIDAVIT - TITLE 74 O.S. (1974 SUPP.) 85.22-85.25

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

\_\_\_\_\_, of lawful age, being first duly sworn on oath says

**Authorized Agent**

1. (s)he is the duly authorized agent of \_\_\_\_\_, the bidder submitting the competitive bid which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and municipal officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the bid to which this statement is attached.
2. (s)he is fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such bid; and
3. neither the bidder nor anyone subject to the bidder's direction or control has been a party;
  - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
  - b. to any collusion with any municipal official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
  - c. in any discussions between bidders and any municipal official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
MY COMMISSION EXPIRES

**The Bidder Affidavit must be completed, signed by an authorized agent, and notarized.**

# CONTRACTOR/BIDDER INFORMATION SHEET

To be completed by all Bidders  
For Contracts with the City of Tulsa  
(Please print or type)

Project No. or Description \_\_\_\_\_  
\_\_\_\_\_

Full Name of Bidder \_\_\_\_\_

Legal Identity  
(Corporation, Partnership,  
Individual, etc.) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

FAX No. \_\_\_\_\_

Taxpayer Identification Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Webpage Address \_\_\_\_\_

**RFP 00-734**  
**MEDICARE SUPPLEMENT/  
MEDICARE RISK HMO  
BENEFITS**

You are invited to submit a proposal to the City of Tulsa, Oklahoma, in accordance with the terms, conditions, and instructions as set forth in this Request for Proposal. No commissions or brokerage fees will be paid by the City of Tulsa in the selection or employment of a Medicare supplement/Medicare risk HMO provider. You must give a bid on the attached Plan design for all affected participants. If you believe there are additional changes required in the plan design to control cost indicate such in your response to the RFP. Your response must include:

- a copy of your standard contract,
- a list of exclusions,
- the completed Interest Affidavit,
- the completed Bidder Affidavit,
- the completed Pricing Page, Attachment #3,
- the completed Benefits Summary, Attachment #2,

If these items are not included with the returned response, your bid will not be accepted for review.

Please submit questions to:

**PATRICIA CUMMINGS**  
**CITY OF TULSA**  
**200 CIVIC CENTER, RM. 802F**  
**TULSA, OKLAHOMA 74103**  
**(918) 596-7561**  
**FAX (918) 699-3021**

All responses to questions will be in writing to all potential bidders. Questions received later than five days prior to bid submittal date may not be answered.

## **SUBMISSION OF PROPOSALS**

Each bid package must be sealed and include fifteen (15) copies of the completed proposal. All proposals must be received by 5:00 p.m. on April 4, 2001, and should be addressed as follows:

**Deputy City Clerk  
Attn: Dana Towers  
City Hall, Room 109  
200 Civic Center  
Tulsa, Oklahoma 74103**

**Late bids will be returned unopened.**

## **IMPORTANT**

The final approval of the selected administrator will be subject to the final determination of the City and will be contingent on the successful completion of a contract between the City and the successful bidder.

## **AWARD OF CONTRACT**

1. Authority of the Mayor. The Mayor shall have the authority to award contracts within the purview of this chapter.
2. Lowest Secure Bidder. Contracts shall be awarded to the lowest secure bidder meeting specifications. In determining "lowest secure bidder", in addition to price, the following factors shall be considered:
  - a. the ability, capacity, and skill of the bidder to perform the contract or provide the service required;
  - b. whether the bidder can perform the contract or provide the service promptly or within the time specified, without delay or interference;
  - c. the character, integrity, reputation, judgement, experience, and efficiency of the bidder;

- d. the quality of performance of previous contracts or services;
  - e. the previous and existing compliance by the bidder with laws and ordinances relating to the contract or service;
  - f. the sufficiency of the financial resources and ability of the bidder to perform the contract or provide the service;
  - g. the quality, availability and adaptability of the supplies or contractual services to the particular use required;
  - h. the ability of the bidder to provide future maintenance and service for the use of the subject of the contract; and,
  - i. the number and scope of conditions attached to the bid.
3. The City of Tulsa reserves the right to refuse any and all bids.

### **EFFECT OF PERIOD OF PROPOSALS**

All terms and conditions within the proposal must remain in effect until at least July 31, 2001 to allow sufficient review, negotiation and approval time by the City of Tulsa.

### **ORAL PRESENTATIONS**

Each finalist, will be required to conduct an oral presentation at a time to be selected by the City of Tulsa and agreeable to the bidder.

### **FINAL EVALUATION AND SELECTION**

Each finalist will be evaluated based on the capabilities described in the written proposal and will be evaluated according to the following criteria:

- 1. General organization and experience of the administrator.
- 2. Financial arrangements.

3. Scope, responsiveness, and quality of administrative services; including, data processing and management information reporting capabilities.
4. Claims processing organization and procedures.
5. Utilization management and quality assurance programs and services.
6. Ability to comply with specifications as presented.

## **OBJECTIVES AND STRATEGY**

The Employee Benefits Committee wants to provide its retirees the best possible Medicare Risk and/or Supplement product available. The retiree will pay the cost of that coverage and the City will provide the administration.

The approximate number of retirees over age 65 is:

Municipal	697
Police	100
Fire	285

## **ACCOUNT SERVICE**

- Routine account administration and services to be provided to include the review of the late entrant and/or incapacitated application for approval and denial.
- Participation in employee enrollment meetings.
- Ability for employees to receive (by phone or printed list) credential information on network providers.
- Overall account responsibility is to be handled by one primary contact who is located in Tulsa, Oklahoma.
- The City desires the ability for employees to have a 24 hour hot line by which employees traveling out-of-area can call for direction to network providers in other locations.

- The City desires that participants be given continuity of care and credit for any and all 2001 accrued deductibles.

### **PREMIUM AND BILLING RATES**

- Three tier structure (retiree only, retiree and spouse; and retiree, spouse, and eligible dependents)
- Direct claim submission.
- The administrator will be totally responsible for its errors.
- The City will retain the rights of eligibility.
- Subsequently, changes in rates and fees must be provided by March 1, 2002 for rates to be effective on the subsequent July 1, 2002.

### **ADMINISTRATION MATERIALS**

Customized ID cards, claims forms, etc. to be prepared by the carrier.

### **RISK SHARING**

The City is looking for a three-year rate guarantee for Administrative Service fees and claims.

### **PERFORMANCE GUARANTEES**

Performance guarantees related to claim payment, service, member satisfaction, etc. will be negotiated prior to the nomination of a provider. Proposals should include any performance guarantees and standards which the bidder wishes to propose.

### **CONTRACT GUARANTEE**

All contracts must be guaranteed for the rate guarantee periods and cannot be canceled by the administrator except for the City's non payment of rates or fees.

## **MANAGEMENT REPORTS**

Management reports will be required quarterly, showing utilization patterns.

## **AUDITS**

With reasonable prior notice, the selected carrier must agree to City auditors to conduct an audit of all claims and billing systems and records related to the City account.

## ATTACHMENT I

1. Please list the states where you are currently approved to offer a Medicare Risk/supplemental product.
2. By July 1, 2001 will you have a reciprocal arrangement between your Networks or with other HOMOS to provide coverage for an enrollee who resides in another location for part of the year?
3. If your plan does not already offer an unlimited prescription drug benefit (e.g., no annual or lifetime maximum) as part of your standard benefits offering, or as an option, are you willing to do so? Please give a separate quote for this coverage.
4. Are you willing to negotiate price in order to recognize the efficiencies Inherent in group contracts versus individual contracts?
5. Are you willing to cover the pre-65 dependents of Medicare or cover disabled employees who were disabled prior to age 65?
6. Please provide three employer references who have participated in your Plan.

## ATTACHMENT II

### CITY OF TULSA RETIREE MEDICARE RISK HMO

Proposed Medicare Plan

#### I. COVERAGE FOR INPATIENT SERVICES

(When medically indicated as prescribed by your Secure Horizons Contracting Primary Care Physician AND authorized by your Primary Medical Group's Patient Care Committee)

##### 1. HOSPITALIZATION

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Semiprivate room (private if medically necessary)</li><li>• Nursing services</li><li>• Inpatient physician and surgical services including anesthesia</li><li>• All meals including special diets</li><li>• Drugs and medication</li><li>• Laboratory tests</li><li>• X-rays and other radiology services</li><li>• Necessary medical supplies and appliances</li><li>• Inpatient alcohol/drug detoxification and rehabilitation</li><li>• Blood and its administration (see limitations and exclusions)</li><li>• Special care units</li><li>• Rehabilitation services</li></ul> | <p>Covered in full for unlimited days as medically necessary. For those Medicare patients that become effective with Secure Horizons during an Inpatient Hospital Stay, Medicare will continue to pay as primary for such inpatient Hospital Stay. Members will be required by Medicare to continue to pay \$184 per day for days 61-90 or until discharged.</p> |
| <ul style="list-style-type: none"><li>• Organ transplants at a Medicare</li></ul>   |  |

approved transplant facility: bone marrow (allogenic and autologous), cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas

2. SKILLED NURSING FACILITY CARE

- Semiprivate room
- Regular nursing services
- All meals including special diets
- Physical, occupational, and speech therapy
- Drugs furnished by the facility
- Necessary medical supplies
- Use of appliances such as a wheelchair

Covered in full for 100 days of skilled nursing facility care per benefit period\*\* after a 3-day hospital stay. Plan reserves the right to waive the 3-day hospital stay when medically indicated.

\*\*A period of consecutive days that begins with a hospitalization and ends when 60 consecutive days have passed without an additional inpatient SNF stay. There can be more than 1 benefit period per year.

II. COVERAGE FOR EMERGENCY AND URGENTLY NEEDED SERVICES

1. OUT-OF AREA EMERGENCY AND URGENTLY NEEDED SERVICES<sup>1</sup>

Covered worldwide-\$50 co-payment per visit. Waived if admitted.

2. IN AREA EMERGENCY SERVICES<sup>2</sup>

**Covered - \$50 co-payment per visit. Waived if admitted.**

3. INPATIENT HOSPITAL SERVICES

**Covered in full worldwide for unlimited days.**

4. AMBULANCE SERVICES

Covered in full worldwide for medically necessary transports.

<sup>1</sup>A Member should notify his/her Primary Care Physician of emergency services within 48 hours or as soon as possible.

<sup>2</sup>A Member should notify his/her Primary Care Physician of emergency services within 48 hours or as soon as possible.

III. COVERAGE FOR OUTPATIENT AND PHYSICIAN SERVICES  
(When medically indicated as prescribed by your Secure Horizons Contracting Primary Care Physician AND authorized by your Primary Medical Group's Patient Care Committee)

1. PROFESSIONAL SERVICES/BASIC HEALTH SERVICES

- Office Visits \$5 co-payment per visit
- Consultation, diagnosis, and treatment by specialist \$5 co-payment per visit
- Physical and occupational therapy and speech pathology services \$5 co-payment per visit
- Medical and surgical care Covered in full w/office visit.
- Allergy tests and treatment (serum) Covered in full w/office visit.
- Medical supplies including casts, dressings and splints Covered in full w/office visit.
- Pap smears Covered in full w/office visit.

2. X-RAY SERVICES Covered in full.

- Including annual mammography screening if medically indicated and authorized by your Secure Horizons Contracting Primary Medical Group Covered in full.

3. LABORATORY SERVICES Covered in full.

- |    |   |   |
|----|---|---|
| 4. | ANNUAL PHYSICAL EXAMINATION   | \$5 co-payment per visit  |
| 5. | VISION CARE   | \$5 co-payment per visit  |
|    | <ul style="list-style-type: none"> <li>• Examination for glasses (Refraction)</li> <li>• Eyeglasses or contacts</li> </ul>  | <p>\$20 co-payment at contracting providers. Lenses and frames every two years, as needed. Co-payment applies to frames and/or lenses. (maximum allowable: \$75 for frames or \$100 for contacts)</p> |
| 6. | HEARING EXAMINATION   | \$5 co-payment per visit  |
| 7. | IMMUNIZATIONS   | \$5 co-payment per visit, except for Pneumococcal and Influenza vaccines which are covered in full.   |
|    | <ul style="list-style-type: none"> <li>• Includes flu injections and all Medicare approved immunizations</li> </ul>   |   |
| 8. | OUTPATIENT HOSPITAL SERVICES  |   |
|    | <ul style="list-style-type: none"> <li>• Including outpatient surgical services</li> <li>• Blood (see limitations and exclusions)</li> <li>• Radiation Therapy</li> </ul> | <p>Covered in full.<br/>Covered in full.<br/>Covered in full.</p>   |
| 9. | HEALTH EDUCATION  | Covered in full.  |

IV. COVERAGE FOR ADDITIONAL SERVICES  
(When medically indicated as prescribed by your Secure Horizons Contracting Primary Care Physician AND authorized by your Primary Medical Group's Patient Care Committee)

- |  |  |
|--|--|
| <p>1. OUTPATIENT MENTAL HEALTH CARE</p>  | <p>\$20 co-payment per visit.<br/>Unlimited number of visits</p>                             |
| <p>2. INPATIENT MENTAL HEALTH CARE<br/>In a Medicare approved psychiatric Hospital</p>   | <p>Covered in full.<br/>(190 day lifetime limit)</p>   |
| <p>3. HOME HEALTH CARE</p> <ul style="list-style-type: none"> <li>• Part-time skilled nursing care</li> <li>• Part-time home health aide in conjunction with skilled care</li> <li>• Physical, speech, and occupational therapy</li> <li>• Medical social services</li> <li>• Medical supplies and equipment provided by the agency</li> </ul> | <p>Covered in full as medically necessary for an unlimited number of home health visits.</p> |
| <p>4. OTHER HEALTH SERVICES AND SUPPLIES</p> <ul style="list-style-type: none"> <li>• Durable medical equipment and medical supplies</li> <li>• Prosthetic devices</li> <li>• Therapeutic shoes/inserts for severe diabetic disease</li> </ul>   | <p>Covered in full.</p>  |

- |   |   |
|---|---|
| <p>5. IMMUNOSUPPRESSIVE DRUGS</p> <ul style="list-style-type: none"><li>• Includes Imuran, Sandimmune and any other FDA approved outpatient immunosuppressive agent</li></ul> | <p>Covered at 80% according to Medicare Coverage Period Guidelines. Following the maximum coverage period by Medicare, Secure Horizons will cover these drugs at 50%.<sup>3</sup></p> |
| <p>6. INJECTABLE DRUGS FOR OSTEOPOROSIS</p>   | <p>Covered in full for postmenopausal homebound women under a physician's supervision.</p>  |
| <p>7. SELF-ADMINISTERED ERYTHROPOIETIN</p>  | <p>Covered in full when self-administered at home for dialysis patients.</p>  |

<p>8. SELF-ADMINISTERED ORAL ANTICANCER DRUGS</p> <ul style="list-style-type: none"> <li>• Includes drugs as approved by Medicare or their generic equivalent.</li> </ul>	<p>Covered in full when approved by a Secure Horizons Contracting Physician, (Coverage limited to FDA approved oral anticancer drugs, having the same active ingredients and being used for the same medical conditions as chemotherapy drugs that are not self-administered)</p>
<p>9. PREVENTIVE MEDICAL CARE</p> <ul style="list-style-type: none"> <li>• Routine Physical Exam</li> <li>• Immunization</li> <li>• Prescription Drugs</li> </ul>	<p>\$5 office visit co-payment, including appropriate lab and x-ray.</p> <p>\$5 office visit co-payment.</p> <p>\$5/\$10/\$15 co-payment</p>

<sup>3</sup>Members may be asked to pay the full cost of immunosuppressive drugs at the time of purchase. Should this occur, the Member will receive prompt reimbursement from Secure Horizons upon submission of a copy of their receipt and a letter stating the date of their transplant.

ALL BENEFITS, UNLESS OTHERWISE STATED, ARE BASED ON MEDICARE GUIDELINES. All services and benefits for care and conditions within each of the following classifications shall be excluded from coverage under this plan except such services as may be specifically provided.

**ATTACHMENT III**

**2001 MEDICARE RISK/SUPPLEMENT PROPOSAL  
PRICING QUOTE**

**FY 2001-2002**

\$ \_\_\_\_\_

**FY 2002-2003**

\$ \_\_\_\_\_

**FY 2003-2004**

\$ \_\_\_\_\_