A Proposal to the State of Georgia To Provide Employee Assistance Program and Worklife Services eRPF Number: 40300-240-DAS00000100

APS Healthcare Quality Review, Inc.

ATTACHMENT J COST WORKSHEET

Offeror shall provide a fixed cost for the initial term and any renewal terms exercised by DOAS for the following Tiers:

Tier 1 Pricing	Tier 2 Pricing	Tier 3 Pricing
Up to four (4) counseling	Up to six (6) counseling	Up to eight (8) counseling
sessions per person, per	sessions per person, per	sessions per person, per
problem, per contract year	problem, per contract year	problem, per contract year
with a Work/life component.	with a Work/life component.	with a Work/life component.
Cost \$ 1.32 per	Cost \$ <u>1.37</u> per	Cost \$ 1.74 per covered
covered employee per month	covered employee per month	employee per month

Additi	onal Services: The Offeror should provide pricing fo	r additional optional services:
1.	Geriatric Case Management: \$_0.31	_ per covered employee per month
2.	Confirmed Referrals: \$ 0.07	per covered employee per month
3.	Substance Abuse Case Management: \$ 0.02	per covered employee per montl