EXHIBIT 1

RFP 6198 Evaluation Sheet for Employee Health Clinic Operations & Management Services

Respondent's Business Name					Carel	ere, LLC- E	BAFO	CareHere, LLC		Concentra -BAFO		FO	Co	ncentra		Cerner C	orporation	Marathon	Health Inc,	We	Care, TLC	Denton Community Health Clinic Vera Wi			Whole Health	
Principal Place of Business (City and State)						Brentwood, TN		1	Brentwood, TN			Addison, TX		Add	dison, TX		Kansas City, MO		Winooski, Vermont		Lak	e Mary, FL	Dento	on, Texas	S	eattle, WA
ITEM	Quantity	Time Period	uc	M Type of Service Requested	Cost of Servi		Total Cost of Service	Cost of Se		Total Cost of Service	Cost of Ser	rvice Total Co	st of Service	Cost of Service	Total Cos	of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service		Total Cost of Service
Implementation (One Time Costs)									•						*					•						
1	1	1	E.	A Implementation Fees	\$	- \$		\$	-		\$ 40,5	600.00 \$	40,500.00	\$ 40,500.00	\$	40,500.00	\$ 79,800.00	\$ 79,800.00	\$ 111,972.00	\$ 111,972.00	\$ 5,250.00	0 \$ 5,250.0	20,000.00	\$ 20,00	0.00 \$ 346,450.0	0 \$ 346,450.00
2	1	1	E.	A Transition Costs/Fees	\$	- \$		\$	-		\$ 23,0	00.00 \$	23,000.00		\$	-		\$ -		Inlcuded in implementation cost above	\$ -	\$ -	\$ 50,000.00	\$ 50,00	0.00	\$ -
3	1	1	E.	A Data Transfer Costs/Fees	\$	- \$		\$	-		\$ 7,0	00.00 \$	7,000.00		\$	-		\$ -		Inicuded in implementation cost above	\$ -	\$.	\$ 10,000.00	\$ 10,00	0.00 \$ 31,000.0	\$ 31,000.00
Monthly Cost																										
4	1500	12	PE	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 1)	\$	20.00 \$	360,000.00	\$	20.00 \$	360,000.00	\$	12.82 \$	230,760.00	\$ 10.03	\$ \$	180,540.00	\$ 21.39	\$ 385,020.00	\$ 22.71	\$ 408,780.00	\$ 20.0	0 \$ 360,000.0	0 \$ 21.00	\$ 378,00	0.00 \$ 29.0	0 \$ 522,000.00
	1500	12	PE	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 2)	\$	20.00 \$	360,000.00	\$	20.00 \$	360,000.00	\$	13.46 \$	242,298.00	\$ 10.53	3 \$	189,567.00	\$ 15.23	\$ 274,176.00	\$ 22.71	\$ 408,780.00	\$ 20.0	0 \$ 360,000.0	0 \$ 21.00	\$ 378,00	0.00 \$ 29.5	8 \$ 532,440.00
	1500	12	PE	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 3)	\$	20.00 \$	360,000.00	\$	20.00 \$	360,000.00	\$	14.13 \$	254,412.90	\$ 11.06	5 \$	199,045.35	\$ 15.73	\$ 283,140.00	\$ 22.71	\$ 408,780.00	\$ 20.0	0 \$ 360,000.0	0 \$ 21.00	\$ 378,00	0.00 \$ 30.1	7 \$ 543,060.00
	1500	12	PE	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 4)	\$	20.00 \$	360,000.00	\$	20.00 \$	360,000.00	\$	14.84 \$	267,133.55	\$ 11.63	1 \$	208,997.62	\$ 15.44	\$ 277,920.00	\$ 22.71	\$ 408,780.00	\$ 21.0	0 \$ 378,000.0	0 \$ 21.00	\$ 378,00	0.00 \$ 30.7	8 \$ 554,040.00
	1500	12	PE	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 5)	\$	20.00 \$	360,000.00	\$	20.00 \$	360,000.00	\$	15.58 \$	280,490.22	\$ 12.19	9 \$	219,447.50	\$ 15.97	\$ 287,460.00	\$ 22.71	\$ 408,780.00	\$ 22.0	5 \$ 396,900.0	0 \$ 21.00	\$ 378,00	0.00 \$ 31.3	9 \$ 565,020.00
5	1500	12	PE	Disease Management Administration Costs (if not included in above PEPM fee)	\$	- \$		\$	_			\$			\$	_		\$ -	Included in fixed fee	Included in fixed fee	\$ -	\$.	\$0	\$	_	ş -
6	1500	12	PER	Wellness Program (if not included in above PEPM fee)	\$	- \$		\$	-			\$	-		\$	-		\$ -	Included in fixed fee	Included in fixed fee	\$ -	\$ -	\$3	\$ 54,00	0.00	\$ -
7	900	12	E.	Supplement #1 - HRA Biometric Costs (if not included in above PEPM fee - Question L.12.))	\$	- \$		\$	_			23.18 \$	104,310.00		\$		\$ 89.75	\$ 403,875.00	\$ 50.00	\$ 45,000.00	\$ 25.50	\$ 114,750.0	0 included with HRA	and PEPM	\$ 35.2	2 \$ 31,698.00
8	5	12	М	O Malpractice Insurance (question L.9)	\$ 4	88.75 \$	26,325.00	\$	438.75 \$	26,325.00	included	\$	-	included	\$	-	included		Included in fixed fee	Included in fixed fee	included		\$ 20,000.00	\$ 100,00	0.00 included	
				Total Five Year Cost			\$1,826,325.00			\$1,826,325.00		\$	1,449,904.67		\$1,	038,097.47		\$1,991,391.00		\$2,200,872.00		\$1,974,900.0	0	\$2,124,00	0.00	\$3,125,708.00

Staffing Hourly Rates (ranges)

ITEM		иом	Type of Service Requested	Cost of Service
9		HR	Physician (MD or DO)	\$116.22
10		HR	Nurse Practioner (NP)	\$88.40
11		HR	Physician's Assistant (PA)	NA
12		HR	Nurse (LVN)	NA
13		HR	Nurse (RN)	NA
14		HR	Medical Assistant (MA)	\$20.80
15		HR	Office Administration	NA

Cost of Service	Cost of S	ervice
\$116.22	\$	133.33
\$88.40	\$	117.89
NA	\$	117.89
NA		
NA		
\$20.80	s	23.88
NA		

Cost	of Service
\$	133.33
\$	117.89
\$	117.89
\$	23.88

Co	st of Service		Cost	of Service
\$	205,000.00	Does not include benefit load of 25%	\$	135.5
\$	110,000.00	Does not include benefit load of 25%	\$	65.3
\$	110,000.00	Does not include benefit load of 25%		
\$	70,000.00	Does not include benefit load of 25%		
\$	70,000.00	Does not include benefit load of 25%	\$	51.0
\$	36,000.00	Does not include benefit load of 25%	\$	25.0
s	35,000.00	of 25%	\$	-

			Ī
Cost of Service	Cos	st of Service	
			personnel costs, includir CMEs, incentive pay, tax
190,000 to 220,000	\$	142,775.00	benefits, insurance, etc.
90,000 - 110,00	\$	233,775.00	
\$ -		N/A	
\$ -		N/A	
70,000 to 80,000	\$	71,800.00	
31,200 to 35,360	\$	215,400.00	
\$0			

Services Propos	al Pricing: Service	s (If not included	d within PEPM pricing)

ITEM			UOM	Type of Service Requested			Total Cost of		Total Cost of												i			Total C	Cost of		
			OO!	Type of Service Requested	Cost of S	ervice	Service	Cost of Service	Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Servi	ce Cost of	f Service Total (Cost of Service	Cost of Service	Total Cost of Se	vice Cost	t of Service	Total Cost of	i Service C	Cost of Service	Ser	vice Cost	of Service	Total Cost of Service
16	1088	5	EA	Cholesterol Test (Lipid PanelHDL/LDL, Total Cholesterol, Trigylcerides)	\$	5.10	\$ 27,744.00	\$ 5.10	\$ 27,744.00	\$6.00	\$ 32,640.00	\$6.00	\$ 32,640.0	0 \$	2.75 \$	14,960.00 \$	5.00	\$ 27,20	0.00 \$	2.00	\$ 10	.0,880.00 \$	6.35	\$ 3	4,544.00 \$	5.85	31,824.00
17	1088	5	EA	Blood Sugar Test (Fasting and Non-Fasting)	\$	2.80	\$ 15,232.00	\$ 2.80	\$ 15,232.00	\$ 2.56	\$ 13,926.40	\$ 2.56	\$ 13,926.4	10 \$	3.50 \$	19,040.00 \$	4.25	\$ 23,12	0.00 \$	2.00	\$ 1	.0,880.00 \$	2.36	i \$ 1	2,838.40 \$	0.40 \$	2,176.00
18	1048	5	EA	A1C Test	\$	4.00	\$ 20,960.00	\$ 4.00	\$ 20,960.00	\$ 4.65	\$ 24,366.00	\$ 4.65	\$ 24,366.0	0 \$	6.00 \$	31,440.00 \$	6.00	\$ 31,44	0.00 \$	4.00	\$ 21	0,960.00 \$	6.50	\$ 3	4,060.00 \$	9.59	50,251.60
19	180	5	EA	Strep Test (Rapid and Regular)	\$	1.33	\$ 1,197.00	\$ 1.33	\$ 1,197.00	\$ 7.32	\$ 6,588.00	\$ 7.32	\$ 6,588.0	10 \$	15.08 \$	13,572.00 \$	7.50	\$ 6,75	0.00 \$	11.75	\$ 1/	.0,575.00 \$	3.87	\$	3,483.00 \$	7.81	7,029.00
20	39	5	EA	Flu Test	\$	13.56	\$ 2,644.20	\$ 13.56	\$ 2,644.20	\$ 12.00	\$ 2,340.00	\$ 12.00	\$ 2,340.0	0 \$	225.00 \$	43,875.00 \$	14.00	\$ 2,73	0.00 \$	12.00	\$	2,340.00 \$	12.66	, \$	2,468.70 \$	17.00 \$	3,315.00
21	540	5	EA	Flu Shot	\$	11.50	\$ 31,050.00	\$ 11.50	\$ 31,050.00	\$ 17.80	\$ 48,060.00	\$ 17.80	\$ 48,060.0	10 \$	27.50 \$	74,250.00 \$	26.00	\$ 70,20	0.00 \$	10.50	\$ 2	8,350.00 \$	16.62	: \$ 4	14,874.00 \$	22.00	59,400.00
22	37	5	EA	Tetanus Shot	\$	30.65	\$ 5,670.25	\$ 30.65	\$ 5,670.25	\$ 24.00	\$ 4,440.00	\$ 24.00	\$ 4,440.0	0 \$	96.00 \$	17,760.00 \$	35.00	\$ 6,47	5.00 \$	23.55	\$ /	4,356.75 \$	30.77	\$	5,692.45 \$	43.33	8,016.05
23		5	EA	Hepatitis A Vaccinations	\$	45.40	o	\$ 45.40	\$ -	\$ 55.00	0	\$ 55.00	\$ -	\$	105.00	0 \$	72.00		0 \$	14.30	ļ	0 \$	65.61		0 \$	77.11	0
		5	EA	Hepatitis B Vaccinations	\$	25.10	0	\$ 25.10	\$ -	\$ 31.00	0	\$ 31.00	\$ -			0			0		<u> </u>	0			0		0
24		5	EA	Pregnancy Test (Blood)	\$	10.00	0	\$ 10.00	\$ -	\$ 39.00	0	\$ 39.00	\$ -	\$	6.50	0 \$	10.00		0 \$	9.00	<u> </u>	0 \$	11.25		0 \$	1.11	0
25			EA	Lab Draw Fees	Included			Included		no additional fees		no additional fees		\$	8.00	\$	10.00		\$	-	j	\$				N/A	
26			EA	Lab Processing Fees	Included			Included		no additional fees		no additional fees				\$	-		\$	-	İ	\$				N/A	
27			EA	EKG	Included			Included		The only additional expense is the cost of the machine itself (Approximately \$10,000)		The only additional expense is the cost of the machine itself (Approximately \$10,000)			N/A	No	ot included in Y1		\$	-		\$	-			N/A	
							\$ 104,497.45		\$ 104,497.45		\$ 132,360.40		\$ 132,360.4	10	\$	214,897.00		\$ 167,91	5.00		\$ 8	8,341.75		\$ 13	7,960.55	Ş	162,011.65
				PEPM FEE + LAB COSTS			¢1 020 922 45		¢1 020 922 41		¢1 E02 26E 07		¢1 170 457	07		¢2 206 200 00		¢2 260 7	97.00		\$2.00	62 241 75		62.2	61 060 EE		¢2 207 710 6E

EXHIBIT 1

		Respondent's Business Name		CareHere, LLC- BAFO	CareHere, LLC	Concentra -BAFO	Concentra	Cerner Corporation	Marathon Health Inc,	We Care, TLC	Denton Community Health Clinic	Vera Whole Health	
			Principal Place of Business (City and State	Brentwood, TN	Brentwood, TN	Addison, TX	Addison, TX	Kansas City, MO	Winooski, Vermont	Lake Mary, FL	Denton, Texas	Seattle, WA	
	,		•	•	•	<u>, </u>				_	-	· · · · · · · · · · · · · · · · · · ·	
Services P	roposal Pricing	g: Optional Se	rvices										
ITEM		UOM	Type of Service Requested	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	
28		EA	Post offer Physicals	Included	Included	no additional fees	no additional fees	included	Included in Fixed Fee		\$ -	N/A	
29		EA	Annual Physicals	Included	Included	no additional fees	no additional fees	included	Included in Fixed Fee		s -	N/A	
30		EA	Drug Test Collection	The pass-through cost for a drug test is 59.50. CareHere does not charge an additional fee for the collection.	The pass-through cost for a drug test is \$9.50. CareHere does not charge an additional fee for the collection.	no additional fees	no additional fees	included	Not Included	\$ 6.20	\$ 6.87	N/A	
31		EA	Onsite X-Ray Machine	\$44,387-\$100,000	\$44,387-\$100,000	Depending on available facility, \$100,000-\$150,000 for room buildout and equipment plus cost of radiology staff.	Depending on available facility, \$100,000-\$150,000 for room buildout and equipment plus cost of radiology staff.	N/A	Not included in this model	\$ 60,000.00	will depend	N/A	
		•							<u></u>				
Cost of Ad	Iditional Service	es Identified b	y Respondent:										
ITEM			DESCRIPTION	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL		TOTAL	
32		Worker's	Compensation and Occupational Health Services	\$3 PEPM	\$3 PEPM					\$ 60,387.00			
33		On-Site F	Registered Dietician for 16 hours a week	Included in PEPM	Included in PEPM								
34		Medical	Benefits are included for the onsite clinic staff. Benefits are included in the staffing rates.	Included in Staffing Rates	Included in Staffing Rates								
35			e charges 65 cents per visit for Mal-Practice Insurance. CareHere used good faith estimate mine an annual cost of \$5,285 annually for mal-practice.		Included in Mal- Practice Estimate Above								
36				CareHere can provide multiple options for an Onsite X-Ray machine. A permanent unit will cost approximately \$100,000 and will require extensive build out. CareHere can also provid a portable X-Ray Unit for approximately \$44,387. 80th options will require a full-time	CareHere can provide multiple options for a Onsite X-Ray machine. A permanent unit wi cost approximately \$100,000 and will require extensive build out. CareHere can also provi a portable X-Ray Unit for approximately	ill re ide							
37			On site Rx despensing - passed through at cost (annual estimate provided)									\$ 126,036.00	
38			Clinic sent off-site labs - passed through at cost (annual estimate provided)									\$ 63,018.00	
			and health coach								39.00 to 49.00		
			lumin urine test	_							\$ 11.68		
		Ultrasou	nd services (various)	=.							Medicare fee rates		
			or (support with change, stress management, anxiety management and so on)	_							26.44 to 35.00		
		After hou	urs on call care - telephone consultation- per oncall period	_							\$100		
	-	/ALUATION											
			nnce with Specifications	20.0	20.0	14.9	14.9	17.1	15.0	15.3	17.5	18.5	
			ors of Probable Performance	30.0	30.0	23.3	23.3	28.1	27.9	22.5	21.8	18.3	
			otal Cost of Ownership	41.0	41.0	50.0	50.0	35.9	33.4	38.3	35.0	24.1	
		100 Total	-	91.0	91.0	88.1	88.1	81.0	76.2	76.1	74.2	60.8	