

AMENDMENT # 1

STATE OF LOUISIANA

DIVISION OF ADMINISTRATION

OFFICE OF GROUP BENEFITS

NOTICE OF INTENT TO CONTRACT (NIC)

FOR

**FULLY-INSURED
HEALTH MAINTENANCE ORGANIZATION**

Issued August 1, 2007

*****REVISED PREMIUM QUOTATION FORM*****

Premium Proposal Form is to be submitted in a separate envelope marked:

“Fully Insured HMO NIC Premium Proposal”

on the outside of the envelope.

A. HMO PREMIUM QUOTATION FORM

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (i.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 1 – New Orleans Area (ZIP Codes 70000-70199)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 2 – Houma/Thibodaux Area (ZIP Codes 70300-70399)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 3 – Hammond Area (ZIP Codes 70400-70799)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 4 – Lafayette Area (ZIP Codes 70500-70599, excluding all of Jefferson Davis Parish)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 5 – Lake Charles Area (ZIP Codes 70600-70699, including all of Jefferson Davis Parish)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 6 – Baton Rouge Area (70700 -70899)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 7– Alexandria Area (ZIP Codes 71300-71499)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 8– Shreveport Area (ZIP Codes 71000-71199)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for each proposed region (I.e. If you are quoting all nine regions, you will provide nine monthly premiums utilizing the form below.) You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 9 – Monroe Area (ZIP Codes 71200-71299)

	Fixed Monthly Premium, Fully Insured
Single Active Employee Premium for 01/01/08 – 06/30/08	\$ _____ <i>Do not include OGB's Administrative Fee of \$15.00 in your Quote above.</i>
	Maximum Percentage Increase or Decrease:
Renewal: (07/01/08 – 06/30/09)	_____ %
Renewal: (07/01/09 – 06/30/10)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____

B. PREMIUM QUOTATION FORM FOR OPTIONAL MENTAL HEALTH RIDER

You must provide a fixed monthly premium for a single active employee for the first six months of the initial contract period (January 1, 2008 to June 30, 2008) for the optional, employee-pay-all mental health rider which provides treatment for these diagnoses as any other illness. This optional rider premium must be applicable for all regions proposed. Differences in premiums by HMO service area will not be permitted. Your quotation should include all classes of coverage shown below.

You must provide the maximum percentage of increase or maximum percentage of decrease for each renewal period in the spaces below. **The percentage will be computed against the original premium for the first six months of the initial contract period.** If the following blanks are not completed, prices during renewal period will be the same as the original.

Class	Fixed Monthly Premium, Fully Insured
Actives	
Single (Employee only)	\$
Employee and Spouse	\$
Employee and Child(ren)	\$
Family	\$
Retirees without Medicare and Re-employed Retirees	
Single (Retiree only)	\$
Retiree and Spouse	\$
Retiree and Child(ren)	\$
Family	\$
Retirees, One with Medicare	
Single (Retiree only)	\$
Retiree and Spouse	\$
Retiree and Child(ren)	\$
Family	\$
Retirees, Two with Medicare	
Retiree and Spouse	\$
Family	\$
	Maximum Percentage Increase or Decrease:
Renewal Period (07/01/2008 – 06/30/2009)	_____ %
Renewal Period (07/01/2009 – 06/30/2010)	_____ %

Name of HMO _____

Signature of Authorized Representative _____

Title _____ Date _____