**Intent to Bid Form**

Date

Mr. John Hardy  
Senior Health Consultant  
Segal  
101 North Wacker, Suite 500  
Chicago, IL 60606

**Re: University of Arkansas System Medical Plan Services, RFP No. 111021**

Dear Mr. Hardy:

This is to confirm that we have received the University of Arkansas System Medical Plan Services, RFP No. 111021, for the University of Arkansas System.

**We intend to submit a proposal for the following (check all that apply):**

* Medical Plan TPA and Provider Network Services
* Out-of-Network Claims Repricing and Provider Negotiation Services
* One or More of the Requested Clinical Carveout Programs
* One or More of the Requested Benefit Administration Services in Approach B
* **We advise you that we will not be submitting a proposal.**

***Please confirm you satisfy the following minimum essential requirements or explain why you believe the requirement not to be relevant:***

| **Requirement** | **Confirmed (Yes / No)** | **Comment** |
| --- | --- | --- |
| 1. **Acceptable Plan Design Provisions**—must be able to match the current coverage levels. |  |  |
| 1. **Acceptable Rate Structure –** the basis used in the quoting of rates, fees or must conform to what is contained in the RFP, firm rates must be quoted – estimates are not acceptable. |  |  |
| 1. **Conformance to Initial Rate Guarantees-**3 years |  |  |
| 1. **Minimum Ratings by Agencies**—must have a rating of Baa by Moody’s, BBB by Fitch and BBB by Standard & Poor’s or other acceptable indication of financial strength. |  |  |
| 1. **Agree to Accept all Current Coverage Amounts on Each Covered Employee**—no currently enrolled employee will lose coverage through the transition. |  |  |
| 1. **Acceptable Account Management & Service Plan**—Named account manager that is professional and agreed upon by System staff with an annual plan designed to support UAS and its campus needs. |  |  |
| 1. **Appropriate licensing** – must be licensed to do business in Arkansas. |  |  |

The individual representing our company during the proposal process will be:

Representative Name: Telephone Number:

Sincerely,

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| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |