**EXHIBIT #2**

**SOLICITATION NO. 0900000426**

* 1. Pricing
     1. Contractors are requested to provide the following information for each section.

## Claim Fees

### Please provide the following claim fees in your proposal:

* + - 1. Per claim pricing, including life-of-claim and life-of-contact pricing and cost-plus pricing

#### Medical only and indemnity claim pricing for workers’ compensation.

#### Please include definitions of all claim types.

A.2.1.3.1 Please provide multi-year contract options with your proposal.

* + - 1. Please provide takeover pricing information

#### Any fee or cost not specifically listed above that you would be incurred by the State of Oklahoma.

## Account Management

### Please include the following fees relating to account management in your proposal:

#### Account management fees

#### Fees for quarterly claim reviews

#### Banking fees

#### Carrier transition or data fees

#### Carrier oversight fees

#### Any fee or cost not specifically listed above that you would be incurred by the State of Oklahoma.

## RMIS

### Please include the following RMIS fees in your proposal:

#### Per ID RMIS fees for view only and full access.

#### Fee for custom reports

#### Fee for monthly transactional data feed to Riskonnect

#### Any fee or cost not specifically listed above that you would be incurred by the State of Oklahoma.

## Managed Care/Bill Review

### Please include the following managed care/bill review fees in your proposal: Are you going to charge for duplicate bill processing/

#### Bill repricing fees, including PPO and/or network fees and any charges for duplicate bill processing

#### MMSEA/Section 111 fees.

#### All managed care fees, including but not limited to:

A.5.1.3.1. Professional review fees

##### A.5.1.3.2. Pharmacy network/review fees

##### A.5.1.3.3. 24/7 Nurse triage fees

##### A.5.1.3.4. Utilization review fees

##### A.5.1.3.5. TCM and field case management fees

#### Any fee or cost not specifically listed above that you would be incurred by the State of Oklahoma.

## Other Fees

### Please include the following fees in your proposal:

#### Legal bill review fees

#### Outside/inside investigation fees

#### Subrogation fees

* + - 1. ISO (Insurance Services Office) fees
      2. Any fee or cost not specifically listed in the above categories that you would be incurred by the State of

#### Oklahoma.

## Non-technical questions:

### Please provide the following information with your written proposal:

#### A list of insurance coverage and corresponding limits to include:

##### E&O/Professional Liability

##### Fidelity

##### Workers’ Compensation

##### General Liability

##### Auto Liability

#### This information must also be provided for any organizations with which you would partner to provide

#### core claim administration/adjusting services.

#### Full disclosure on all financial arrangements that you have with any vendor which is being

#### recommended to provide services.  This includes any revenue sharing agreements or wholesale

#### agreements.

#### A proposed contract.

#### A complete listing of insurance carriers for which your organization is approved.

#### A current SAS70/SOC1/SSAE16.

#### References from three current and three former accounts may be required