**VALUE-ADDED BENEFITS**

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| **Bidder Name:** |  |

**Instructions**

Complete a copy of Value-Added Benefits for each proposed value-added benefit. Solely for the purpose of completing this form, the Bidder should assume the same enrollment as presented in Major Subcontractors.

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| **Benefit Name:** |  |
| **Benefit description, including any limitations and prior authorization requirements** |  |
| **Projected utilization in year one (total units)** |  |
| **Price per unit** |  |
| **Gross value** |  |
| **Offsetting costs (provide amount and basis for estimate)** |  |
| **Net Value (gross value minus offsetting costs)**  |  |