**NEW JERSEY TURNPIKE AUTHORITY**

**Procurement and Materials Management Department**

**P.O. Box 5042**

**Woodbridge, NJ 07095-5042**

**Tel. 732-750-5300 Ext. 8639**

**Contact: Sherri Mangieri-Little**

**Email: mangierilittle@njta.com**

**Requisition No.: RM-196348**

**Date: September 02, 2025**

**REQUEST FOR QUOTATION**

**THIS IS NOT AN ORDER**

**Subject: Actuarial Attestation Services**

**PLEASE RETURN BY: SEPTEMBER 16, 2025 VIA EMAIL TO THE ABOVE**

**To All Bidders:**

**This bid solicitation is being conducted pursuant to the Authority’s enabling statute as found in *N.J.S.A*. 27:23-6.1, N.J.A.C 19:9-2.1 et seq., and the Authority’s Instructions to Bidders which provide the applicable terms and conditions for the resulting contract. See Instructions to Bidders available online at** [**https://www.njta.com/doing-business/goods-and-services**](https://www.njta.com/doing-business/goods-and-services)

Please print the information requested below with submission of price quote.

**Company Name:** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Telephone No.:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

Federal Tax ID Number OR Taxpayer ID Number:

Business Corporation  Partnership  Individual

**DIVISION OF REVENUE REGISTRATION- Must be submitted with Quotation.**

Pursuant to the terms of *N.J.S.A.* 52:32-44, bidders are required to submit to the Authority proof of valid business registration with the New Jersey Division of Revenue in the Department of Treasury, prior to entering into a contract with the Authority. **No contract shall be entered into by the Authority unless the bidder first provides proof of valid business registration.** In addition, bidders are required to provide to the Authority proof of valid business registration with the Division of Revenue for any and all subcontractors that will be used to provide goods or services under the contract. A copy of the bidder’s and any subcontractor’s valid Certificate of Registration should be included with the bid submission and must be in effect prior to the contract award.

All questions regarding this requirement should be referred to the Division of Revenue hotline at (609) 292-9292 or/online: <https://www.nj.gov/treasury/revenue/busregcert.shtml>

**CODE OF ETHICAL STANDARDS-** Bidders are advised that the Authority has adopted the New Jersey Uniform Code of Ethics, a copy of which can be viewed by going to the following website: <http://nj.gov/ethics/docs/ethics/uniformcode.pdf> By submitting a bid, bidders agree to be subject to the intent and purpose of said Code and to the requirements of the Division on Ethical Standards of the State of New Jersey.

**SMALL BUSINESS/MINORITY BUSINESS/WOMAN OWNED BUSINESS /VETERAN OWNED/DISABLED VETERAN OWNED BUSINESS ENTERPRISE**

If your firm is registered with the State of New Jersey as a Small Business Enterprise (SBE) and/or certified as a Woman Business Enterprise (WBE), a Minority Business Enterprise (MBE), a Veteran Owned Business (VOB) or as a Disabled Veteran Owned Business (DVOB), you must send a copy of the Registration/Certification Form(s) with your quotation.

Please check off the gross receipt category of your business if registered as an SBE.

SBE Category 1 $0 thru $500,000

SBE Category 2 $500,001 thru $5,000,000

SBE Category 3 $5,000,001 thru $12,000,000

Not applicable

SBE Registration Number: Click or tap here to enter text.

Please check below, if applicable.

WBE  MBE  VOB  DVOB

**INTENTION:**

It is the intention of the Authority to issue a two-year Notice of Award and Agreement for the procurement of Actuarial Attestation Services. Services under this Agreement will be delivered as directed by the Authority. The term of the contract shall be for two years with the option to extend for two (2) additional one-year terms at the Authority’s discretion and Consultant’s concurrence. Please contact Sherri Mangieri-Little with any questions regarding this procurement contract at 732-750-5300 extension 8639 or [mangierilittle@njta.com](mailto:mangierilittle@njta.com).

**ANY INQUIRIES CONCERNING THIS SOLICITATION MUST BE SENT VIA EMAIL NO LATER THAN THREE (3) BUSINESS DAYS BEFORE RECEIPT OF QUOTATIONS.**

**BID SUMMARY SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM NO.** | **QTY\*** | **DESCRIPTION** | **UNIT PRICE** | **TOTAL PRICE** |
|  | **12 Plans** | **Actuarial Attestation Services for all Pharmacy Benefit Plans**  **AS PER SCOPE OF WORK** | **$** | **$** |

**\*If an additional plan is later included, the Authority will pay the unit price for the additional UBOI**

**The award will be made to the lowest, responsible bidder for the total price.**

The Fee shall include all professional, administrative and clerical services and all out-of-pocket expenses incurred in connection with the completion of the Services required herein. Travel time or costs are not reimbursable.

**CONTRACT PERIOD:** The contract shall be for a term of two (2) years. At the expiration of this contract, providing the consultant services have been satisfactorily performed in the sole opinion of the Authority and the consultant is willing to continue under the same terms and conditions, the Authority reserves the right to make two (2) extensions of this contract for not more than one year each. Quotation should not include Federal Excise Tax or N.J. State Sales & Use Tax as the Authority is exempt from payment of same.

**BIDS WILL BE CONSIDERED FIRM FOR A PERIOD OF SIXTY (60) BUSINESS DAYS**

**FOLLOWING THE RETURN DATE**

**PLEASE EMAIL YOUR QUOTATION, DO NOT MAIL.**

**ELECTRONIC PAYMENT** – The successful vendor will be required to accept payment(s) for goods or services via automatic Direct Payments (ACH Credits) from the Authority. No other form of payment will be provided. See Exhibit L in the Instructions to Bidders on the Authority’s website [**http://www.njta.com/doing-business/goods-and-services**](http://www.njta.com/doing-business/goods-and-services).

Submit invoice(s) for payment to [invoicefb@njta.com](mailto:invoicefb@njta.com).

Authorized Signature: Click or tap here to enter text.

Print Name and Title: Click or tap here to enter text. Date: Click or tap here to enter text.

Very truly yours,

Angela McNally, Director

Procurement and Materials Management

**NEW JERSEY TURNPIKE AUTHORITY**

**SCOPE OF WORK FOR ACTUARIAL ATTESTATION SERVICES**

The New Jersey Turnpike Authority (“Authority”) is seeking quotations to enter into a two-year contract with a firm (“Consultant”) to conduct actuarial attestation services for all of the Authority’s Pharmacy Benefit Plans in conjunction with its application for the Retiree Drug Subsidy (“RDS”), for the benefit years ending December 31, 2026, and December 31, 2027, respectively. All proposers must be currently registered and certified as approved actuaries by the Center for Medicare Services (“CMS”), Retiree Drug Subsidy Program.

Information for Proposers:

* Proposer will determine whether the Authority’s retiree pharmacy plans provide creditable coverage and are actuarially equivalent to the standard Medicare Part D plan as defined by the Center for Medicare and Medicaid Services (CMS).
* Proposer will determine whether the Authority’s plans provide “creditable coverage” as defined by CMS.
* For all plans offering creditable coverage, proposer will determine whether the plans pass the actuarial equivalence test as defined by CMS.
* If the Authority’s plans pass the actuarial equivalence test; proposer will complete the “Actuarial Attestation” section of the online RDS application for the respective application plan year.
* If the Authority’s plan(s) fail the actuarial equivalence test; proposer will recommend actions that the Authority may take to pass the test and work with the Authority and CMS to complete Actuarial Attestation of the online RDS application.
* Proposer will issue a final report with description of analysis and data documenting the work performed.
* Actuarial attestation services must be provided in strict conformance with all applicable CMS/RDS rules and must be completed before the respective application deadline for each benefit year.
* Actuarial attestation is required for the twelve (12) pharmacy benefit plan designs, or Unique Benefit Option Identifiers (“UBOI”) as defined by CMS/RDS.
* All twelve (12) of the UBOI’s have been deemed creditable in conjunction with the Authority’s latest 2025 RDS Application. The Authority is in the process of considering additional prescription drug offerings which will require additional actuarial attestation services in future benefit years. Below is the grid listing the Benefit Option Name, Unique Benefit Option Identifier, and Benefit Option Type as filed with Retiree Drug Subsidy program with CMS for the 2025 Application.

|  |  |  |
| --- | --- | --- |
| Benefit Option Name | Unique Benefit Option Identifier (UBOI) | Benefit Option Type |
| RXC51 | 5/5/10 MO 5/5/10 | Self Funded |
| RXC2 | 5/5/5 MO 0/0/0 | Self Funded |
| RXC5 | 0/0/10% MO 0/0/10% | Self Funded |
| RXC15 | 1/1/5 MO 1/1/5 | Self Funded |
| RXC4 | 10/10/20 MO 10/10/20 | Self Funded |
| RXC3 | 5/5/10 MO 0/0/0 | Self Funded |
| RXC1A | 3/10/25 MO 5/15/40 | Self Funded |
| RXC1B | 3/50/50 MO 3/100/100 | Self Funded |
| RXVF1 | 3/10/NA MO 5/15/NA | Self Funded |
| RXC6 | 10/10/20 MO 0/0/0 | Self Funded |
| RXCD1 | 1/1/1 MO 0/0/0 | Self Funded |
| RXC1 | 5/5/15 MO 5/5/15 | Self Funded |

* Refer to page 7 for the High Level Design Copay/ Exhibit with detail for all (12) pharmacy plan designs for your information and review.

**REFERENCES AND OTHER SOLICITATION REQUIREMENTS**

Proposers are required to submit the following with the Request for Quotation. Failure to submit these documents may result in rejection of the bid.

1. Provide three (3) references detailing the proposers experience in performing tasks similar to those listed in the Scope of Work. Provide client name, address, industry (if not obvious), contact name, title, phone number and/or email.
2. Provide proof of registration/certification issued by CMS.

**NEW JERSEY TURNIKE AUTHORITY**

**HIGH LEVEL RX DESIGN/COPAY EXHIBIT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **100 PILLS OR 30 DAYS SUPPLY (Whichever is Greater) AT RETAIL / 100 PILLS OR 90 DAYS SUPPLY (Whichever is greater) AT HOME DELIVERY** | | | | | | | | | | | |
| **RXC1A/R RX PLAN DESIGN** | | | **RXC1B/R RX PLAN DESIGN** | | | **RXVF1/R RX PLAN DESIGN** | | | **RXC1 RX PLAN DESIGN** | | |
|  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |
| Generic | $3 | $5 | Generic | $3 | $3 | Generic | $3 | $5 | Generic | $5 | $5 |
| Single Source Brand | $10 | $15 | Single Source Brand | $50 | $100 | Single Source Brand | $10 | $15 | Single Source Brand | $5 | $5 |
| Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $10 | $15 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $50 | $100 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | N/A | N/A | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $5 | $5 |
| Multi-Source Brand | $25 | $40 | Multi-Source Brand | $50 | $100 | Multi-Source Brand | N/A | N/A | Multi-Source Brand | $15 | $15 |
| Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $25 | $40 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $50 | $100 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | N/A | N/A | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $15 | $15 |
| OOP Max (Single/Family) | $1,000 / $2,000 | | OOP Max (Single/Family) | $1,000 / $2,000 | | OOP Max (Single/Family) | $1,000 / $2,000 | | OOP Max (Single/Family) | N/A | |
| **"DAW1" => Physician does not want Generic Substituted for Brand Name;**  **"DAW2" => Physician is OK with Generic Substitution, but Member insists on Brand Name** | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **100 PILLS OR 30 DAYS SUPPLY (Whichever is Greater) AT RETAIL / 100 PILLS OR 90 DAYS SUPPLY (Whichever is greater) AT HOME DELIVERY** | | | | | | | | | | | |
| **RXC2 RX PLAN DESIGN** | | | **RXC3 RX PLAN DESIGN** | | | **RXC4 RX PLAN DESIGN** | | | **RXC5 RX PLAN DESIGN** | | |
|  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |
| Generic | $5 | $0 | Generic | $5 | $0 | Generic | $10 | $10 | Generic | 0% | 0% |
| Single Source Brand | $5 | $0 | Single Source Brand | $5 | $0 | Single Source Brand | $10 | $10 | Single Source Brand | 0% | 0% |
| Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $5 | $0 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $5 | $0 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $10 | $10 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | 0% | 0% |
| Multi-Source Brand | $5 | $0 | Multi-Source Brand | $10 | $0 | Multi-Source Brand | $20 | $20 | Multi-Source Brand | 10% | 10% |
| Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $5 | $0 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $10 | $0 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $20 | $20 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | 10% | 10% |
| OOP Max (Single/Family) | N/A | | OOP Max (Single/Family) | N/A | | OOP Max (Single/Family) | N/A | | OOP Max (Single/Family) | N/A | |
| **"DAW1" => Physician does not want Generic Substituted for Brand Name;**  **"DAW2" => Physician is OK with Generic Substitution, but Member insists on Brand Name** | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **100 PILLS OR 30 DAYS SUPPLY (Whichever is Greater) AT RETAIL / 100 PILLS OR 90 DAYS SUPPLY (Whichever is greater) AT HOME DELIVERY** | | | | | | | | | | | |
| **RXCD1 RX PLAN DESIGN** | | | **RXC15 RX PLAN DESIGN** | | | **RXC51 RX PLAN DESIGN** | | | **RXC6 RX PLAN DESIGN** | | |
|  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |  | **Retail** | **Home Delivery** |
| Generic | $1 | $0 | Generic | $1 | $1 | Generic | $5 | $5 | Generic | $10 | $0 |
| Single Source Brand | $1 | $0 | Single Source Brand | $1 | $1 | Single Source Brand | $5 | $5 | Single Source Brand | $10 | $0 |
| Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $1 | $0 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $1 | $1 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $5 | $5 | Multi-Source Brand with Dispensed as Written from the Physician (MSB and DAW1) | $10 | $0 |
| Multi-Source Brand | $1 | $0 | Multi-Source Brand | $5 | $5 | Multi-Source Brand | $10 | $10 | Multi-Source Brand | $20 | $0 |
| Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $1 | $0 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $5 | $5 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $10 | $10 | Multi-Source Brand and Member Requests MSB (MSB and DAW2) | $20 | $0 |
| OOP Max (Single/Family) | N/A | | OOP Max (Single/Family) | N/A | | OOP Max (Single/Family) | N/A | | OOP Max (Single/Family) | N/A | |
| **"DAW1" => Physician does not want Generic Substituted for Brand Name;**  **"DAW2" => Physician is OK with Generic Substitution, but Member insists on Brand Name** | | | | | | | | | | | |

|  |
| --- |
| **New Jersey Turnpike Authority**  **Draft Agreement**  **ACTUARIAL ATTESTATION SERVICES**  THIS AGREEMENT, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and between the New Jersey Turnpike Authority, a body corporate and politic of the State of New Jersey having its principal office at 1 Turnpike Plaza, Woodbridge, New Jersey (the “Authority”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_having principal offices located at \_\_\_\_\_\_\_\_“Consultant”).  WITNESSETH, that the said Consultant, for and in consideration of the payments hereinafter specified, hereby covenants, and agrees to furnish the Insurance Archaeology Services specified in this contract in strict conformance with scope of work attached hereto and made a part hereof. Defined terms used herein carry the same meaning as defined in the scope of work.  The term of the Agreement shall commence on the date of the Agreement and terminate two (2) years therefrom, unless earlier terminated. The Authority may opt, at its sole discretion, to renew this Agreement for two (2) additional one (1) year terms.  The Consultant agrees to defend, indemnify and save harmless the Authority, its officers, agents and employees and each and every one of them against and from, and to make payment of all or completed actions, suits, demands for damages or costs of every kind and description actually and reasonably incurred (including attorneys’ fees and costs and court costs) (collectively “Liabilities”) including, without implied limitations, Liabilities for damage to property or Liabilities for injury or death of the officers, agents and employees of the Consultant or of its sub consultants or of the officers, agents and employees of the Authority), resulting from any act or omission or from the willful misconduct of the Consultant or of any of its officers, agents, employees or sub consultants or of the Authority, its officers, agents, and employees, in any manner related to the subject matter of this Agreement. Any money due to the Consultant under and by virtue of this Agreement as shall be considered necessary by the Authority may be retained by the Authority and held until any and all Liabilities shall have been settled and suitable evidence to that effect furnished to the Authority. The obligations in this Section shall survive the termination, expiration or rescission of this Agreement.  In consideration of the premises, the Authority hereby agrees to pay, as sole compensation for the performance of the Agreement, payments for the actual quantity of authorized work performed, as provided in the scope of work, at the prices for the Scheduled Items of Work in the Proposal.  This Agreement is to be binding upon the Authority, its successor or successors, and upon the Consultant and its heirs, executor, administrators, successor or successors, and is voidable and may be terminated by the Authority, in accordance with the terms of the scope of work, or upon violation by the Consultant of any statute relative thereto.    IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this agreement and to affix their respective corporate seals thereto on the day and year first above written.  ATTEST: NEW JERSEY TURNPIKE AUTHORITY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Jennifer Kanski James D. Carone  Secretary to the Authority Executive Director  [Corporate Seal]  ATTEST:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name / Title Name / Title  [Corporate Seal] |
|  |
|  |