

	<p align="center">State of South Carolina South Carolina Public Employee Benefit Authority</p> <p align="center">Request For Proposal Amendment 3</p>	<p>Solicitation Number: PEBA0442024 Date Issued: 02/24/2025 Procurement Officer: Georgia Gillens, CPPO, CPPB, NIGP-CPP Phone: 803.734.0010 Email Address: mailto:ggillens@peba.sc.gov</p>	
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DESCRIPTION: **Pharmacy Benefits Management Services**

SUBMIT OFFER BY (Opening Date/Time): **03/17/2025 3:00 PM**

The Term "Offer" Means Your "Proposal". Your offer must be submitted in a sealed package. The Solicitation Number & Opening Date should appear on the package exterior. See the clause entitled "Submitting Your Offer or Modification."

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

<p>MAILING ADDRESS: S.C. Public Employee Benefit Authority P.O. Box 11960 Columbia, SC 29211-1960 Attention: Georgia Gillens</p>	<p>PHYSICAL ADDRESS: S.C. Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223 Attention: Georgia Gillens</p>
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<p align="center">AWARD & AMENDMENTS</p>	<p>Award will be posted on 05/02/2025. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: www.procurement.sc.gov/doing-biz/bid-ops/peba.</p>
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You must submit a signed copy of this form with your Offer. By submitting a proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of one hundred twenty (120) calendar days after the Opening Date. See the clause entitled "Signing Your Offer."

<p>NAME OF OFFEROR</p> <p>(Full legal name of business submitting the offer)</p>	<p>Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity (i.e., a separate corporation, partnership, sole proprietorship, etc.).</p>	
<p>AUTHORIZED SIGNATURE</p> <p>(Person must be authorized to submit binding offer to contract on behalf of Offeror.)</p>		
<p>TITLE</p> <p>(Business title of person signing above)</p>	<p>STATE VENDOR NO.</p> <p>(Register to obtain S.C. Vendor No. at www.procurement.sc.gov)</p>	
<p>PRINTED NAME</p> <p>(Printed name of person signing above)</p>	<p>DATE SIGNED</p>	<p>STATE OF INCORPORATION</p> <p>(If you are a corporation, identify the state of incorporation.)</p>

OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision)

Sole Proprietorship Partnership Other _____

Corporate entity (not tax-exempt) Corporation (tax-exempt) Government entity (federal, state or local)

PAGE TWO
(Return Page Two with your Offer)

<p>HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)</p> 	<p>NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.)</p> <hr/> <p>Area Code, Number, Extension Facsimile</p> <hr/> <p>Email address</p>
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<p>PAYMENT ADDRESS (Address to which payments will be sent.)</p> <p>___ Payment Address same as Home Office Address ___ Payment Address same as Notice Address (check only one)</p>	<p>ORDER ADDRESS (Address to which purchase orders will be sent)</p> <p>___ Order Address same as Home Office Address ___ Order Address same as Notice Address (check only one)</p>
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<p>ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See the clause entitled "Amendments to Solicitation.")</p>							
Amendmen t No.	Amendmen t Issue Date	Amendmen t No.	Amendmen t Issue Date	Amendmen t No.	Amendmen t Issue Date	Amendmen t No.	Amendme nt Issue Date

<p>DISCOUNT FOR PROMPT PAYMENT (See the clause entitled "Discount for Prompt Payment")</p>	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	___ Calendar Days (%)
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REQUEST FOR PROPOSAL – PEBA0442024

Pharmacy Benefits Management Plan

PLEASE NOTE: The original Request for Proposal and Amendment 1 document are superseded and are being replaced in their entirety by Amendment 2 and Amendment 3. It is recommended that Offerors discard all superseded documents as described above and refer and respond only to the solicitation as described in Amendment 2 and Amendment 3. Attachment 24 includes responses to follow-up questions submitted in writing by the deadline. Any changes agreed to as a result of Attachment 24, Q&A have been incorporated into Amendment 3. Changes are highlighted in yellow. However, Offerors are responsible for reading the entire document in the event the State inadvertently failed to highlight a change. The questions and answers submitted in writing by the deadline are included as an attachment for information only. Only the changes incorporated in Amendment 3 are relevant.

Deadline for questions has passed.

See new opening date on cover page.

Please see new EXCEL spreadsheets for the items below. These updated versions supersede the previous versions and need to be submitted with your offer.

Offeror’s Financial Proposal Response – PBM (Amendment 3)

Offeror’s Technical Proposal Response – PBM (Amendment 3)

See updated Attachment 7.

Add the definition below to PART 1, 1.1 DEFINITIONS, CAPITALIZATION, AND HEADINGS

Acquisition Cost means the Contractor’s actual net purchase price for the ingredient(s) dispensed from a Home Delivery Pharmacy or Specialty Pharmacy for a Prescription as reflected in the most recent purchase invoices and/or remittance statements received from the Contractor pharmacy’s wholesaler, manufacturer, distributor or any other seller for the applicable drug on the date dispensed. “Acquisition Cost” applies only to Claims dispensed at Contractor’s Specialty Pharmacies and Contractor’s Home Delivery Pharmacies. “Acquisition Cost” does not apply to Claims filled at any other pharmacies. Any portion of the Claim paid by a Drug Manufacturer under a copay assistance, patient assistance, or Drug Manufacturer coupon program AND RECEIVED BY PEBA shall be excluded from the Acquisition Cost calculation.

Page 47, Amendment 2, delete Section 5.1.4, Tab A-8 paragraph 3

In Part 3 of Tab A-8, Formulary Analysis, Offerors shall indicate the formulary tier (i.e., generic, preferred brand, non-preferred brand) for each drug listed and for the appropriate plan (Column F: Commercial Plan and Column G: EGWP - Medicare primary Members). The Offeror shall select the appropriate tier from the drop-down list provided in Columns F and G.

Replace Page 47, Amendment 2, Section 5.1.4 Tab A-8 paragraph 3 with the following language:

Offerors shall submit a Microsoft Excel format spreadsheet in addition to their Financial Proposal that estimates the total pharmaceutical revenue paid to PEBA by AHFS Therapeutic Class for the Commercial Plan and EGWP Plans separately. The basis of the estimate will be the prescription drug data supplied by PEBA for this solicitation and shall be based on utilization dispensed in 2024. Must be submitted with Financial Proposal.

All other terms and conditions remain unchanged.