

CITY COUNCIL MINUTES

November 9, 2020

Standard Purchasing Resolution 8: Best Value Award – Medical Services

Resolution #2020-11-165-J-4a

RESOLVED, That Troy City Council hereby **AWARDS** a two (2) year contract to *Ascension Michigan at Work of Madison Heights, MI*, with the option to renew for three 3-year periods as a result of a best value evaluation process for Medical Services; at prices contained in the bid tabulation opened October 1, 2020; a copy of which shall be **ATTACHED** to the original Minutes of this meeting, with the contract expiring October 31, 2022.

BE IT FINALLY RESOLVED, That the award is **CONTINGENT** upon the contractor's submission of properly executed bid documents, including insurance certificates and all other specified requirements.

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MEDICAL SERVICES

PURCHASE/SERVICE CONTRACT

PAGE:

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CONTRACT TO:

FURNISH TWO (2) YEAR REQUIREMENTS FOR MEDICAL SERVICES (On an as needed basis) FOR THE CITY OF TROY Human Resources Department and the Fire Department; WITH THREE ONE (1) YEAR RENEWAL OPTIONS.

PRICING shall be in accordance with all RFP specifications and Scope of Work of RFP-COT 21-11.

Audiogram \$30.00
Breath Alcohol Test \$35.00
Back Evaluation (no X-ray) Included w/physical
DOT Physical Pre-Placement \$70.00
DOT Physical Re-Certification \$70.00
DOT Regulated Drug Screen \$65.00
EKG Resting \$56.00
Fitness for Duty/Return to Work Physical \$45.00
General Health Panel 2 331393 (Chem23,CBC,UA) CBC \$31.00,
Chem \$50.00,
UA \$8.00
Hepatitis B Surface Antibody Quant 8475 \$40.00
Hepatitis B Vaccine-1st Injection \$79.00
Hepatitis B Vaccine-2nd Injection \$79.00
Hepatitis B Vaccine-3rd Injection \$79.00
Non-Regulated Drug Screen \$48.00
OSHA Respirator Questionnaire \$25.00
Physical Pre-Placement \$50.00
Pulmonary Function Test \$55.00
Respirator Physical \$45.00
Stress Test – ECHO \$350.00
TB Skin Test \$22.00
Tetanus Toxoid Vaccine \$50.00
Vision Titmus/Color Perception \$23.00
X-Ray Chest - 2 View \$88.00
X-Ray Lumbar Spine-2 View \$122.00
NFPA 1582 Fit For Duty Physicals \$500.00 Initial/\$200.00 Recert
Hours of Operation: Monday-Friday,
7:30AM - 4PM
24 Hour Phone No.: After hours injury care provided in Hospital ER's
Contact Person: Kory Showers, Account Executive
Phone No.: 248-905-1420

CITY COUNCIL AWARD DATE: 11/19/2020.

RESOLUTION# 2020-11-165-J-4a

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
 2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
 3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
 4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.
- NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

PURCHASE/SERVICE CONTRACT

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aryBeth Murz
Purchasing Manager

Beth Murz

Opening Date: 10/01/2020
Date Reviewed: 10/01/2020

CITY OF TROY
BID TABULATION
MEDICAL SERVICES

RFP-COT 21-11
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VENDOR NAME:		Ascension Michigan at Work
CITY:		Madison Heights, MI
PROPOSAL: FURNISH TWO (2) YEAR REQUIREMENTS FOR MEDICAL SERVICES (On an as needed basis) FOR THE CITY OF TROY WITH THREE ONE (1) YEAR RENEWAL OPTIONS		
Medical Services Cost	Proposed Fee per item/package	
Audiogram	\$30.00	
Breath Alcohol Test	\$35.00	
Back Evaluation (no X-ray)	Included w/physical	
DOT Physical Pre-Placement	\$70.00	
DOT Physical Re-Certification	\$70.00	
DOT Regulated Drug Screen	\$65.00	
EKG Resting	\$56.00	
Fitness for Duty/Return to Work Physical	\$45.00	
General Health Panel 2 331393 (Chem23,CBC,UA)	CBC \$31.00, Chem \$50.00, UA \$8.00	
Hepatitis B Surface Antibody Quant 8475	\$40.00	
Hepatitis B Vaccine-1st Injection	\$79.00	
Hepatitis B Vaccine-2nd Injection	\$79.00	
Hepatitis B Vaccine-3rd Injection	\$79.00	
Non-Regulated Drug Screen	\$48.00	
OSHA Respirator Questionnaire	\$25.00	
Physical Pre-Placement	\$50.00	
Pulmonary Function Test	\$55.00	
Respirator Physical	\$45.00	
Stress Test – ECHO	\$350.00	
TB Skin Test	\$22.00	
Tetanus Toxoid Vaccine	\$50.00	
Vision Titmus/Color Perception	\$23.00	
X-Ray Chest - 2 View	\$88.00	
X-Ray Lumbar Spine-2 View	\$122.00	
NFPA 1582 Fit For Duty Physicals	\$500.00 Initial/\$200.00 Recert	
Hours of Operation:	Monday-Friday, 7:30AM - 4PM	
24 Hour Phone No.:	After hours injury care provided in Hospital ER's	
Contact Person:	Kory Showers, Account Executive	
Phone No.:	248-905-1420	
References:	Y or N	Y
Can meet insurance requirements:	Y or N	Y
Completed Vendor Questionnaire:	Y or N	Y
Terms:	Agreed as stated in RFP	
Exceptions:	Y or N	N
Acknowledgement:	Y or N	Electronic Signature
Forms:	Y or N	Y

Attest:

(*Bid Opening conducted via a Go-To Meeting)

Peter Hullinger

Kristine Kallek

Jodi Kolakowski

Jackie Ahlstrom

MaryBeth Murz,

Purchasing Manager



**CITY OF TROY
ELECTRONIC BID PROPOSAL**

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The undersigned proposes to **FURNISH TWO (2) YEAR REQUIREMENTS FOR MEDICAL SERVICES (On an as needed basis) FOR THE CITY OF TROY WITH THREE ONE (1) YEAR RENEWAL OPTIONS** in accordance with the attached specifications. The specifications are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: Ascension Michigan at Work

FEE PROPOSAL:

Medical Services Cost:	Proposed Fee per item/package
Audiogram	\$30
Breath Alcohol Test	\$35
Back Evaluation (no X-ray)	Included w/physical
DOT Physical Pre-Placement	\$70
DOT Physical Re-Certification	\$70
DOT Regulated Drug Screen	\$65
EKG Resting	\$56
Fitness for Duty/Return to Work Physical	\$45
General Health Panel 2 331393 (Chem23,CBC,UA)	CBC \$31, Chem \$50, UA \$8
Hepatitis B Surface Antibody Quant 8475	\$40
Hepatitis B Vaccine-1st Injection	\$79
Hepatitis B Vaccine-2nd Injection	\$79
Hepatitis B Vaccine-3rd Injection	\$79
Non-Regulated Drug Screen	\$48
OSHA Respirator Questionnaire	\$25
Physical Pre-Placement	\$50
Pulmonary Function Test	\$55
Respirator Physical	\$45
Stress Test – ECHO	\$350
TB Skin Test	\$22
Tetanus Toxoid Vaccine	\$50
Vision Titmus/Color Perception	\$23
X-Ray Chest - 2 View	\$88
X-Ray Lumbar Spine-2 View	\$122
NFPA 1582 Fit For Duty Physicals	\$500 Initial / \$250 Recert

NOTE: Complete the Fee Proposal Schedule as detailed above. If a test or service cannot be provided indicate as such on the appropriate line item and label as a "No Bid" item. The City will consider a dual award; for example awarding a company for pre-employment and another company for after-hour issues.

INFORMATION:

For additional general information or questions concerning this project please contact **MaryBeth Murz**, Purchasing Manager, at (248) 680-7291 between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday.

DESIGNATED CITY REPRESENTATIVE:

Peter Hullinger, Assistant Fire Chief at (248)524-3417 (Peter.Hullinger@troymi.gov) is the designated City Representative for this project.

CONTACT INFORMATION:

Hours of operation: Monday-Friday, 7:30am-4pm 24 Hour Phone No. After hours injury care provided in Hospital ER's

Contact Person: Kory Showers, Account Executive Phone No. (248) 905-1420

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment, references, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible total proposer meeting specifications; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations; or to award to multiple bidders; whatever is deemed to be in the City's best interest. It is the intent to seek approval for this service at the October 12, 2020 City Council Meeting.

LOCAL PREFERENCE:

The City of Troy reserves the right to award a contract to a local business, one which pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

CONTRACT FORMS:

Bidders should complete and sign the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment, the Certification regarding "Iran Linked Business" and the Familial Disclosure Forms and return with your bid proposal. Due to COVID-19 restrictions the City is waiving Notary requirements; but note that all forms must be signed and dated.

PURCHASE ORDER:

After the Troy City Council has approved the award recommendation and acceptable insurance is received, the successful bidder will receive a purchase order issued from the City of Troy, which will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the bidder to perform the contract in accordance with the bid specifications. A contract document will not be issued.

COMPANY NAME: Ascension Michigan at Work

REFERENCES:

The City of Troy requires that your company list at least three (3) clients who have recently had similar work and material installed by your company; specifically at Fire Stations, Government entities or similar applications. If your company has done work for the City of Troy in the past, it is required the City be listed as one of your references.

COMPANY:	PLEASE SEE ATTACHED	
ADDRESS:		
PHONE:	CONTACT:	
EMAIL:		
COMPANY:		
ADDRESS:		
PHONE:	CONTACT:	
EMAIL:		
COMPANY:		
ADDRESS:		
PHONE:	CONTACT:	
EMAIL:		

IMPORTANT:

The City shall have the right to require by written order, changes in, additions to, or deductions from the work required by the bid documents provided that if changes, additions, or deductions are made, the general character of the work as a whole is not changed thereby. Adjustments in the Contract price, if any, because of any change, addition, or deduction in the work, shall be determined as hereinafter provided, and any claim for extension of time for completion shall be adjusted at the time of ordering the changes, additions, or deductions.

No claim for change, addition, or deduction, or adjusting of price, or extension of time for completion thereof, shall be made or allowed unless done in pursuance of written order from the City specifically authorizing such change, addition, or deduction. Drawings without a written order shall not be considered such authority. Written notice of such claims shall be made to the designated City representative before the commencement of the work. Where the written order diminishes the quality of work to be done, this shall not constitute a basis for a claim for damages or anticipated profits on the work that may be dispensed with.

COMPANY NAME: Ascension Michigan at Work



SPECIFICATIONS

Background

The City of Troy currently employs 330 full-time employees and 200-450 seasonal and part-time employees.

The Human Resources Department performs a wide range of personnel, employment and labor relations related functions in support of City operations. Human Resources services include recruitment, testing and selection of qualified candidates; employment and labor relation matters; and compliance with personnel, employment and labor laws, regulations, and best practices.

The City has six bargaining units representing approximately two thirds of the full-time employees; the remaining full-time employees are non-represented. All part-time employees are non-union. The City has 180 volunteer firefighters. These unions and the terms of their respective collective bargaining agreements are as follows:

Annual Medical Services usage *estimates* based on prior years:

Pre-Employment Physicals including Non-Regulated Drug Screens:	150
DOT Medical Card Pre-employment Physicals:	45
DOT Regulated Drug Screens:	35
Hepatitis Injections:	25
Fitness for Duty/Return to Work Evaluation:	5

Group	Affiliation	Current Agreement
AFSCME Local #574 Hourly Employees	AFSCME – American Federation of State, County and Municipal Employees	7/1/2016 – 6/30/2021
Clerical & Non-sworn Police Personnel	MAP – Michigan Association of Police	7/1/2018 – 6/30/2023
Troy Command Officers Association (TCOA)	N/A	7/1/2019 – 6/30/2024
Troy Communication Supervisors Association (TCSA)	COAM – Command Officers Association of Michigan	7/1/2016 – 6/30/2021
Troy Fire Staff Officers Association (TFSOA)	MAFF – Michigan Association of Fire Fighters	7/1/2019 – 6/30/2024
Troy Police Officers Association (TPOA)	POAM - Police Officers Association of Michigan	7/1/2020 – 6/30/2024

Objective

Provide occupational medical services including (but not limited to): pre-employment physicals, treatment for on the job injuries, fitness for duty/return to work physicals, non-DOT drug screens and DOT-regulated drug and alcohol screens.

Scope of Services:

The City of Troy is seeking proposals from companies to provide Occupational Medical Services including (but not limited to):

- Pre-employment physicals
- Treatment for on the job injuries
- Fitness for duty/return to work physicals
- Non-DOT drug screens
- DOT-regulated drug and alcohol screens.
- Online OSHA Respirator Questionnaire
- NFPA 1582 Fit for Duty Physicals

Hours

The Medical Services Company shall be available for services during traditional business hours Monday – Friday and also available for on the job injury treatment 24/7. Additional evening hours preferred for pre-employment physicals. Partnerships with other agencies or locations for 24/7 treatment will be considered.

Location

Location(s) must be in the City of Troy or with proximity to the City of Troy. If more than one location will be available/utilized, please detail.

Details

Pre-placement physicals results must be received by the City within **four business days** under usual conditions.

Drug/Alcohol Screen results for reasonable suspicion or after an accident must be provided **immediately** to the City.

All positive drug screens must be provided **immediately** to the City.

Details on job incurred injury treatment must be provided to the City **immediately or before one business day has elapsed.**

Timeline

Implementation November 1, 2020 or upon City Council approval whichever comes first.

Payment Terms

Payment will be remitted net 30 days following receipt and authorization of applicable invoice(s).

Contract

The contract will begin at the time of execution of a contract. Please include with your proposal a copy of your proposed form of contract for the services to be provided; if applicable.

Mandatory Requirements

These guidelines are provided to assist firms submitting in response to the Request for Proposal in formulating a thorough process. The successful firm ensures and understands that:

1. All required insurances are to be maintained by the Company during the course of the contract.
2. The Company will provide a single point of contact for the duration of the contract.
3. The Company will meet with the Human Resource Director and any or all applicable City departments, as appropriate, and as directed to review specific concerns or issues.
4. The Company shall attend all meetings as requested.
5. The Company shall provide status updates to the City, as requested.
6. The Company shall demonstrate that the qualifications of its personnel assigned to the City of Troy; include previous work experience involving similarly sized municipal organizations with at least three (3) years providing these or similar Occupational Medical Services.
7. The Company shall demonstrate experience coordinating treatment and payments with Workers' Compensation Insurers/Administrators.
8. The Company shall have demonstrated ability to provide quality services in a timely manner.
9. The Company shall have demonstrated the ability to provide appropriate record keeping, appropriate maintenance of records, appropriate accounting and billing procedures.

Selection Criteria

Proposals will be evaluated and ranked. The City of Troy reserves the right to reject any and all proposals, to make an award based directly on the proposals, or to negotiate further with one or more firms. The firm selected will be chosen on the basis of the apparent greatest benefit to the City, including but not limited to:

1. Experience of firm.
2. Experience and qualifications of firm's personnel assigned to this contract.
3. References.
4. Depth and stability of the firm.
5. Accessibility and responsiveness staff.
6. Cost.

The City reserves the right to interview one or more qualifying firms as part of the evaluation and selection process. The decision as to which proposer to contact (if any) will be based upon the most qualified, capable, experienced, and cost effective proposer(s) determined in the evaluation process. The lowest price proposed may not have a direct bearing on the final selection.

The City of Troy has provided specifications and requirements, which will assist in the procurement of the highest quality services possible to meet the requirements and needs of the City. Recommendations from proposers are encouraged and will be reviewed and evaluated based on the best interests of the City. The proposal evaluation criteria should be viewed as standards that measure how well a firm's approach meets the desired requirements and needs of the City.

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE and ENDORSEMENT**. The required Insurance Certificate and Endorsement must be submitted to the city within 5 days of the verbal/ electronic request after the bid award. The Insurance Certificate and Endorsement may be faxed to the Purchasing Office at (248) 619-7608, and is the only bid document accepted in this format.

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- (X) We can meet the specified insurance requirements. **ENDORSEMENT WILL BE PROVIDED UPON AWARD. SEE ATTACHED FOR CERTIFICATES.**
- () We cannot meet the specified insurance requirements.
- () We do not carry the specified limits but can obtain the additional insurance coverage of \$_____, at the cost of \$_____.
- NOTE:** Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- () Our proposal is reduced by \$_____ if we lower the requirement to \$_____.
- NOTE:** Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage as well as the required endorsements **SHALL** be attached to the proposal document at the time of submission of the proposal to the Office of the City Clerk.

NOTE: Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this proposal being completed incorrectly.

OTHER: Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

INSURANCE VERIFICATION:

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

WORKERS' COMPENSATION INSURANCE, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

AUTOMOBILE LIABILITY, including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

COMPANY NAME: **Ascension Michigan at Work**

ADDITIONAL INSURED:

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be ***Additional Insureds***: The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

CANCELLATION NOTICE:

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy
Purchasing Manager
500 West Big Beaver
Troy, MI 48084

PROOF OF INSURANCE COVERAGE:

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested.

If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

LETTER VERIFICATION:

The recommended bidder will be notified to submit a letter from the *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. ***The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.*** This process will occur before presentation of the award recommendation to the Troy City Council.

FINAL INSURANCE CERTIFICATE SUBMISSION:

After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) business additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. The company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

COMPANY NAME: Ascension Michigan at Work

VENDOR QUESTIONNAIRE

DATE: 9/30/2020
Month/Date/Year

FIRM NAME: Ascension Michigan at Work

OFFICE LOCATION that will service the Account: Madison Heights, Rochester and Southfield
OTHER LOCATIONS, if any: Macomb Twp, Grosse Pointe Woods, Novi, Livonia, East China, Grand Blanc, Howell

FIRM ESTABLISHED: 1985 / 20__ STATE: Michigan Years in Business in Michigan: 35 years

TYPE OF ORGANIZATION: (Circle One)

- a. Individual
- b. Partnership
- c. Corporation
- d. Joint Venture
- e. Other

1. How many years has your Company been providing Medical Services? Provide historical narrative. _____

Ascension Michigan at Work has 35 years of experience providing occupational health and wellness services to the business community. We are committed to providing the highest quality of medical care and preventative services as well as safety and health education to the business community. Clients include City, County and State Government Agencies, School Districts and Fortune 500 companies. Our growth and established relationships with the business community has enabled Ascension Michigan at Work to become the largest hospital based occupational health program in Michigan offering 14 clinic locations.

- 2. Describe your Company's philosophy relative to Medical Services.**

Ascension Michigan at Work is a full-service provider offering occupational health and wellness programs. Our goal is to manage and prevent work related injuries and illnesses, reduce lost work time and help employees achieve and maintain an active, productive life. Under the direction of Andrew Vosburgh, MD, we have an aggressive return to work philosophy and promote transitional work programs. Emphasis is placed on patient education and improvement of overall health. Ascension Michigan at Work is committed to providing the highest quality medical care to the business community and strives to customize our services to meet the needs of employers at a reasonable cost.

3. How many similar clients does your Company currently serve with the type of services the City is interested in securing? Explain the capacity of the services provided.

Ascension Michigan at Work provides services to 93 public sector clients. Services include: Workers Compensation Injury Care/Management, Physical Examinations (Executive, Pre-hire, DOT, NFPA, MCOLES, Hazmat, Silica, Annual, Return to work, Fit for duty, Well exams, Respirator evaluations, Fit testing), Drug / Alcohol DOT and NonDOT Screening (Urine drug screening, eScreen instant drug screening, Hair testing, Breath alcohol testing, MRO services), Wellness Programs (Travel medicine, Immunizations, Flu shots, Mobile heart and vascular screenings, On-site wellness program) and COVID-19 Services (Testing,



Request for Proposals

Medical Services - Vendor Questionnaire (*continued*)

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4. Provide experience and qualifications of personnel to be assigned to the City. Include name and position title, total years experience with current Company and other education, certifications, summary of pertinent experience and qualifications and other information regarding Medical Services experience that would assist the City in determining the qualifications of the individuals and their ability to complete the services needed.

Staffing model includes: Board Certified Physicians, Certified and Registered Advanced Practice Practitioners (PA-C, NP), Registered Nurses, Medical Assistants, Front Office Receptionists, Account Executives and Billing Staff.

All clinical staff must meet State licensing, registry and credentialing requirements for all patient care services. Upon award, copies of professional licenses and certificates

5. Provide your understanding of the service and special qualifications and experience that you bring to the City if selected.

As a hospital based occupational health program and with our excellent customer satisfaction rate, we offer quality and service that you and your employees know and trust. Our clinics are dedicated to providing services to occupational health clients only. We are not an Urgent Care open to the general public.

6. Describe methods of communication with your clients.

Ascension Michigan at Work prides ourselves in outstanding communication with our clients. Systoc, our occupational health database and electronic medical record, allows us to send timely medical work status reports after every patient visit. Providers are available to discuss and answer any questions regarding patient treatment and status. Each client has an assigned Account Executive who is the point of contact for establishing and maintaining protocols and any account service. All staff is available by phone or email.

7. What are your billing procedures?

Billing can be customized according to client specific needs. Invoices are generated in a timely manner and are itemized to include date of visit, patient name, services rendered and associated costs.

FIRM NAME: Ascension Michigan at Work



Request for Proposal
Medical Services - Vendor Questionnaire (continued)
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8. List any EXCEPTIONS/ALTERNATES to the specifications contained in this Request for Proposal?

N/A

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Firm Representative: Britt Brewster

Title of Authorized Firm Representative: Michigan Market Manager; Ascension Michigan at Work

Representative's Name: Britt Brewster
(print)

Firm Name: Ascension Michigan at Work

Address: 27351 Dequindre Rd, Madison Heights, MI 48071

Phone Number: 248-561-9083

Fax Number: 248-967-7715

E-mail: Britt.Brewster@ascension.org

Date: 9/30/2020



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Medical Services
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SIGNATURE PAGE

PRICES

Prices quoted shall remain firm for 90 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm from date of award through successful completion of all specified requirements of this contract.

SIGNATURE OF AUTHORIZED FIRM REPRESENTATIVE: Britt Brewster

NOTE: The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this offer and is in receipt of all addendum as issued.

FIRM: Ascension Michigan At Work

ADDRESS: 27351 Dequindre Rd CITY Madison Heights STATE MI ZIP 48071

TELEPHONE NUMBER (248) 561-9083 FAX NUMBER (248) 967-7716

REPRESENTATIVE'S NAME Britt Brewster

SIGNATURE OF AUTHORIZED FIRM REPRESENTATIVE: (Print) Britt Brewster

TERMS: Agreed as stated in RFP EMAIL: Britt.Brewster@ascension.org

COMPLETION: AS SPECIFIED IN BID REQUIREMENTS.

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from City specifications and this proposal must be stated below. The reason(s) for the exception, substitution, and/or deviation are an integral part of this proposal offer:

ACKNOWLEDGEMENT: I, Britt Brewster, certify that I have read the Instructions to Bidders (4 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED FIRM REPRESENTATIVE: Britt Brewster

IMPORTANT: All City of Troy purchases require a MATERIAL SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA "Right to Know" Law.

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: PRICES QUOTED SHALL BE IN U.S. CURRENCY.



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A Corporation duly organized and doing business under the laws of the State of Michigan
for whom Britt Brewster, bearing the office title of Michigan Market Manager,
whose signature is affixed to this proposal, is duly authorized to execute contracts.

A partnership, all members of which, with addresses, is:

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

AN INDIVIDUAL, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

~~_____~~

~~_____~~



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Britt Brewster _____, being duly sworn deposed, says that he/she
(Print Full Name)

is **Michigan Market Manager** _____. The party making the foregoing proposal or bid,
(State Official Capacity in Company)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

Britt Brewster

SIGNATURE OF PERSON SUBMITTING BID



NOTARY'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20__ in and for _____
_____ County.

My commission expires:



CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2-Contracts.

☒ *I am able to certify to the above statements.*

Ascension Michigan at Work

Name of Agency/Company/Company *(Please Print)*

Britt Brewster Michigan Market Manager

Name and title of authorized representative *(Please Print)*

Britt Brewster

9/30/2020

Signature of authorized representative

Date

[] I am unable to certify to the above statements. Attached is my explanation.



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	Ascension Michigan at Work
Street Address	27351 Dequindre Rd
City	Madison Heights
State, Zip	MI, 48071
Corporate I.D. Number/State	-----
Taxpayer I.D. #	38-3322109

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent: Britt Brewster

Printed Name of Vendor's Authorized Agent: Britt Brewster

Witness Signature: Korinne Showers

Printed Name of Witness: Korinne Showers



Proposer's Sworn and Notarized Familial Disclosure
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of Britt Brewster (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of Ascension Michigan at Work and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

BIDDER:

Ascension Michigan at Work

By: Britt Brewster

Its: Michigan Market Manager

STATE OF MICHIGAN)

)ss.

COUNTY OF Oakland)

This instrument was acknowledged before me on the 30th day of September, 2020, by

Kory Showers

REFERENCES

City of Southfield

26000 Evergreen Rd., Southfield, MI 48076

248-796-4703 Contact: James Meadows

jmeadows@cityofsouthfield.com

Shelby Township

52700 Van Dyke Ave., Utica, MI 48316

586-726-7241 Contact: Danielle McCoy

dmccoy@shelbytwtp.org

City of Novi

45175 W. Ten Mile Rd., Novi, MI 48375

248-347-0452 Contact: Tia Gronlund Fox

tgronlundfox@.org

City of Royal Oak

203 South Troy St., Royal Oak, MI 48068

248-246-3070 Contact: Dennis Van de Laar

dennisvdl@romi.gov

City of Rochester Hills

1000 Rochester Hills Dr., Rochester Hills, MI 48309

248-656-4708 Contact: Pamela Gordon

gordonp@rochesterhills.org

Washington Township

57900 Van Dyke Ave., Washington Township, MI 48094

586-781-6161 Contact: Bryan Tyrell

tyrellb@ctwfd.org

City of Livonia

33000 Civic Center Dr., Livonia, MI 48154

734-466-2526 Contact: Vickie Wuerth

vwuerth@ci.livonia.mi.us

Ascension Michigan **at Work**



Ascension

September 30, 2020

Mary Beth Murz, Purchasing Manager
City of Troy
500 West Big Beaver
Troy MI 48084

Dear Ms. Murz:

Thank you for the opportunity to submit the attached proposal to provide occupational Medical Services (RFP-COT 21-11) for the City of Troy. We welcome the opportunity to share information about our comprehensive occupational health and wellness program.

Ascension Michigan at Work has 35 years of experience and provides services for all industries including governmental agencies. Currently we are the designated occupational health provider to over 90 municipalities throughout southeast Michigan.

I look forward to hearing from you and discussing the next step in the proposal process. You can reach me directly at (248) 905-1420 or by email, korinne.showers@ascension.org. Thank you.

In Good Health,

Kory Showers

Account Executive

Ascension Michigan at Work

Britt Brewster

Michigan Market Manager

Ascension Michigan at Work



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: November 4, 2020

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager
Lisa Burnham, Controller
Jeanette Menig, Human Resources Director
Peter Hullinger, Assistant Fire Chief
MaryBeth Murz, Purchasing Manager

Subject: Standard Purchasing Resolution 8: Best Value Award – Medical Services

History

- The City of Troy utilizes Occupational Medical Services for pre-employment evaluations, drug screens, return to work authorizations, collection of Department of Transportation (DOT) mandated random drug and alcohol screens, other tests/evaluation and treatment of work-related injuries.
- Services also include similar evaluations prior to services as a volunteer firefighter and treatment of injuries related to the volunteer service.
- Quality Occupational Medical Services are necessary for the prevention, treatment and rehabilitation of occupational illnesses and injuries.
- Pre-employment evaluations help us assess if prospective employees are able to perform the essential functions of a job.
- *Concentra Medical Centers* have provided our primary Occupational Medical Services since the early 2000's.

Purchasing

- September 21, 2020 a Request for Proposal was issued and posted on the Michigan Inter-governmental Trade Network (MITN) website; www.mitn.info.
- 52 firms were notified of this bid opportunity.
- October 1, 2020, a bid opening was conducted and Proposals were received as required by City Charter and Code for Medical Services. Below is a summary of potential firms:

Companies notified via MITN	52
Troy Companies notified via MITN	3
Troy Companies - Active email Notification	3
Troy Companies - Active Free	0
Companies that viewed the bid	10
Troy Companies that viewed the bid	1

MITN provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more transparent for vendors to do business with the City of Troy. **Active MITN** members with a current membership and paying annual dues receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City. **Active MITN non-paying members** are responsible to monitor and check the MITN website for opportunities to do business with the City. **Inactive MITN member** status can occur when a company does not renew their account upon expiration. Inactive members cannot be notified of solicitations or access any bid information.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Purchasing (continued)

- One (1) Proposal response was received as detailed:
Ascension Michigan at Work Madison Heights, MI
- The Scope of Services in order to provide Occupational Medical Services including (but not limited to) is listed below:
 - Pre-employment physicals
 - Treatment for on the job injuries
 - Fitness for duty/return to work physicals
 - Non-DOT drug screens
 - DOT-regulated drug and alcohol screens.
 - Online OSHA Respirator Questionnaire
 - NFPA 1582 Fit for Duty Physicals
- Scoring Criteria was as follows:
 1. Experience of firm.
 2. Experience and qualifications of firm's personnel assigned to this contract.
 3. References.
 4. Depth and stability of the firm.
 5. Accessibility and responsiveness staff.
 6. Cost.
- Two (2) Committee Members reviewed and evaluated the proposal. The Committee Members were as follows:
 - Peter Hullinger, Assistant Fire Chief
 - Jeanette Menig, Human Resources Director
- Based on the Firms' qualifying conditions and pricing; the Fire Department and Human Resources Directors visited two Ascension sites.
- Based on the site visits and the scoring criteria, the Selection Committee unanimously recommends awarding a contract to *Ascension Michigan at Work of Madison Heights, MI*.
- *Ascension Michigan at Work* has 35 years of experience providing occupational medical services to the business community.
- *Ascension Michigan at Work* is supported by a network hospital facility; the City of Troy will have access to 14 clinic locations, with our primary resources centered in Rochester and Madison Heights.
- *Ascension Michigan at Work* has a wide range of Occupational Medicine accounts including several municipalities and fire departments in Southeast Michigan.
- *Ascension Michigan at Work* will assign an account executive to the City of Troy. The account executive will lead the transition to the new provider and act as a coordinator and point of contact to address any future concerns.
- *Ascension Michigan at Work* will provide timely results through a secure electronic method.
- *Ascension Michigan at Work* ensures a smooth transition by effectively communicating with the City, meeting with the City's designated representative(s), developing protocols for pre-employment testing, customizing treatment authorization forms to serve our needs, and producing/providing signage to assist us in informing employees of the new provider/where to go for treatment.
- *Ascension Michigan at Work's* references were checked and were overwhelmingly positive.



500 West Big Beaver
Troy, MI 48084
troyml.gov

CITY COUNCIL AGENDA ITEM

Financial

Funds are available in the various operating departmental budgets for the 2021 Fiscal Year.

Recommendation

City management recommends awarding a two (2) year contract to *Ascension Michigan at Work of Madison Heights, MI* with the option to renew for three 3-year periods as a result of a best value evaluation process for Medical Services; at prices contained in the bid tabulation opened October 1, 2020.

VENDOR NAME: Ascension Michigan at Work
CITY: Madison Heights, MI

PROPOSAL: FURNISH TWO (2) YEAR REQUIREMENTS FOR MEDICAL SERVICES (On an as needed basis) FOR THE CITY OF TROY WITH THREE ONE (1) YEAR RENEWAL OPTIONS	
Medical Services Cost	Proposed Fee per item/package
Audiogram	\$30.00
Breath Alcohol Test	\$35.00
Back Evaluation (no X-ray)	Included w/physical
DOT Physical Pre-Placement	\$70.00
DOT Physical Re-Certification	\$70.00
DOT Regulated Drug Screen	\$65.00
EKG Resting	\$56.00
Fitness for Duty/Return to Work Physical	\$45.00
General Health Panel 2 331393 (Chem23,CBC,UA)	CBC \$31.00, Chem \$50.00, UA \$8.00
Hepatitis B Surface Antibody Quant 8475	\$40.00
Hepatitis B Vaccine-1st Injection	\$79.00
Hepatitis B Vaccine-2nd Injection	\$79.00
Hepatitis B Vaccine-3rd Injection	\$79.00
Non-Regulated Drug Screen	\$48.00
OSHA Respirator Questionnaire	\$25.00
Physical Pre-Placement	\$50.00
Pulmonary Function Test	\$55.00
Respirator Physical	\$45.00
Stress Test – ECHO	\$350.00
TB Skin Test	\$22.00
Tetanus Toxoid Vaccine	\$50.00
Vision Titmus/Color Perception	\$23.00
X-Ray Chest - 2 View	\$88.00
X-Ray Lumbar Spine-2 View	\$122.00
NFPA 1582 Fit For Duty Physicals	\$500.00 Initial/\$200.00 Recert
Hours of Operation:	Monday-Friday, 7:30AM - 4PM
24 Hour Phone No.:	After hours injury care provided in Hospital ER's
Contact Person:	Kory Showers, Account Executive
Phone No.:	248-905-1420
References:	Y or N Y
Can meet insurance requirements:	Y or N Y
Completed Vendor Questionnaire:	Y or N Y
Terms:	Agreed as stated in RFP
Exceptions:	Y or N N
Acknowledgement:	Y or N Electronic Signature
Forms:	Y or N Y

Attest:

(*Bid Opening conducted via a Go-To Meeting)

Peter Hullinger

Kristine Kallek

Jodi Kolakowski

Jackie Ahlstrom

MaryBeth Murz,
Purchasing Manager

MEMORANDUM OF LIABILITY INSURANCE		Current as of: 7/1/2020												
INSURED ASCENSION HEALTH ALLIANCE and its subsidiaries 11775 BORMAN DRIVE ST. LOUIS, MO 63146	THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER FOR ITS INTERNAL USE, ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.													
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">COMPANIES AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> <tr> <td>COMPANY A</td> <td>Self-Insurance</td> <td>N/A</td> </tr> <tr> <td>COMPANY B</td> <td>Endurance Specialty Insurance, Ltd</td> <td>AA-3194130</td> </tr> <tr> <td>COMPANY C</td> <td>ACE American Insurance Company</td> <td>22667</td> </tr> </table>		COMPANIES AFFORDING COVERAGE		NAIC#	COMPANY A	Self-Insurance	N/A	COMPANY B	Endurance Specialty Insurance, Ltd	AA-3194130	COMPANY C	ACE American Insurance Company	22667
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COMPANY C	ACE American Insurance Company	22667												

COVERAGES								
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
CO. LETTER	TYPE OF INSURANCE	ADDL INSD	SUB WVD	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIMITS	
							LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	COMMERCIAL GENERAL LIABILITY *		Y	Self-Insured	07/01/2020	07/01/2021	EACH OCCURRENCE	\$1,000,000
	☒ CLAIMS MADE ☒ OCCUR						MED. EXPENSE (Any one person)	\$10,000
	☒ BLANKET CONTRACTUAL LIABILITY						PERSONAL & ADVERT. INJURY	\$1,000,000
	☒ HOST LIQUOR LIABILITY						GENERAL AGGREGATE	Unlimited
	☒ ALL OTHER PROFESSIONALS						PRODUCTS-COMP./OPS AGG.	Unlimited
B	COMMERCIAL GENERAL LIABILITY	Y	Y	P010894011	07/01/2020	07/01/2021	EACH OCCURRENCE	\$1,000,000
	☒ CLAIMS MADE ☐ OCCUR						DAMAGES TO RENTED PREMISES (Each occurrence)	\$150,000
							MED. EXPENSE (Any one person)	\$5,000
							PERSONAL & ADVERT. INJURY	\$1,000,000
	GENERAL AGGREGATE APPLIES PER						GENERAL AGGREGATE	\$3,000,000
	☒ Policy ☐ Project ☐ Loc						PRODUCTS-COMP./OPS AGG.	\$3,000,000
C	AUTOMOBILE LIABILITY	Y	Y	ISAH25298342	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT, BODILY INJURY and PROPERTY DAMAGE (Each accident) - AUTOS	\$2,000,000
	☒ ANY AUTO							
	☒ HIRED AUTOS							
	☒ NON-OWNED AUTOS			ISAH25298305-AMB	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT, BODILY INJURY and PROPERTY DAMAGE (Each accident) - AMBULANCES	\$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	SCFC66923617-WI	07/01/2020	07/01/2021	WORKERS COMPENSATION LIMITS	Statutory
	PARTNERS/ EXECUTIVE OFFICERS: ☒ INCL. ☐ EXCL.			WLRC66923496*	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	\$5,000,000
				WLRC6692337A ^	07/01/2020	07/01/2021	E.L. DISEASE - EACH EMPLOYEE	\$5,000,000
C	EXCESS WORKERS COMPENSATION (for qualified self-insureds)		Y	WCUC66923558	07/01/2020	07/01/2021	WORKERS COMPENSATION LIMITS	Statutory
							EMPLOYERS LIABILITY	\$5,000,000

ADDITIONAL INFORMATION THE FOLLOWING COVERAGE ENHANCEMENTS ARE PROVIDED, TO THE EXTENT REQUIRED BY THE TERMS OF OUR SIGNED CONTRACTS, LEASES, AND/OR AGREEMENTS: Additional Insured: The landlord, landlord's agent(s), landlord's lender(s), lesser(s), vendors, clients, and any other party are listed as additional Insured only if required by a written contract between the Additional Insured and the Named Insured and only for the Additional Insured's liability arising out of another Insured's acts, errors or omissions or out of the Named Insured's operations or out of premises owned by or rented to the Named Insured, that are otherwise covered by this policy, and not for liability arising out of the Additional Insured's own acts, errors, or omissions or out of acts of parties other than other Insureds and only to the extent and for the amount of coverage required by the written contract or to the extent and for the limits of insurance provided by this policy, whichever is less. In no event shall inclusion of an Additional Insured operate to increase the limits of liability provided by this policy. Coverage is primary and non-contributory as required by contract on applicable policies shown above. A waiver of subrogation is included on the applicable policies shown above as required by contract. Except where otherwise required by law, all Insureds share the limits of liability. * Self-Insured General Liability occurrence form applies in IN, WI ^ Applies to AZ, CA, MA ^ Applies to all other states	
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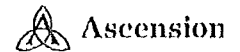
The Memorandum serves solely to list insurance coverage/policies, limits and dates of coverage. Any modifications hereto are not authorized.

Updated form can be found at

For questions, contact Ascension at

MEMORANDUM OF LIABILITY INSURANCE							Current as of: 7/1/2020
INSURED ASCENSION HEALTH ALLIANCE, its subsidiaries and their employees 11775 BORMAN DRIVE ST. LOUIS, MO 63146				This memorandum is issued as a matter of information only and confers no rights. This memorandum does not amend, extend or alter the coverage afforded below.			
				COMPANIES AFFORDING COVERAGE		NAIC#	
				COMPANY A	Self-Insurance	N/A	
				COMPANY B	Endurance Specialty Insurance Ltd	AA-3194130	
				COMPANY C			
COVERAGES							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO. LETTER	TYPE OF INSURANCE	ADDL INSD	SUB WVD	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED
A	PROFESSIONAL LIABILITY ☒ CLAIMS MADE ☐ OCCUR			SELF-INSURED	07/01/2020	07/01/2021	\$1,000,000 Each Medical Incident Unlimited Aggregate
B	PROFESSIONAL LIABILITY ☒ CLAIMS MADE ☐ OCCUR	Y		P010894011	07/01/2020	07/01/2021	\$1,000,000 Each Medical Incident \$3,000,000 Annual Aggregate
ADDITIONAL INFORMATION							
DESCRIPTION OF OPERATIONS / LOCATIONS / SPECIAL ITEMS: Limits are not pyramiding or stacking if more than one coverage line applies to the same claim. Except where otherwise required by law, all insureds share the limits of liability. This form applies in all states except IN, KS, WI. Additional Insured: The landlord, landlord's agent(s), landlord's lender(s), lesser(s), vendors, clients, and any other party are listed as additional Insured only if required by a written contract between the Additional Insured and the Named Insured and only for the Additional Insured's liability arising out of another Insured's acts, errors or omissions or out of the Named Insured's operations or out of premises owned by or rented to the Named Insured, that are otherwise covered by this policy, and not for liability arising out of the Additional Insured's own acts, errors, or omissions or out of acts of parties other than other Insureds and only to the extent and for the amount of coverage required by the written contract or to the extent and for the limits of insurance provided by this policy, whichever is less. In no event shall inclusion of an Additional Insured operate to increase the Limits of Liability provided by this policy.							
The Memorandum serves solely to list insurance coverage/policies, limits and dates of coverage. Any modifications hereto are not authorized.							
Updated form can be found at							
For questions, contact:							

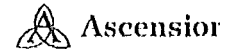
INSURED
 ASCENSION HEALTH ALLIANCE and its subsidiaries
 11775 Borman Drive
 St. Louis, MO 63146



SUBSIDIARIES:

Company	City	St./Prov
ADVENT PARTNERS LIMITED PARTNERSHIP	SOUTHFIELD	MI
AFFILIATED HEALTH SERVICES DBA ASCENSION MICHIGAN PHARMACY	WARREN	MI
ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES, LLC	ALLEGAN	MI
ASCENSION ALLEGAN FOUNDATION	ALLEGAN	MI
ASCENSION ALLEGAN HOSPITAL DBA ASCENSION BORGESS ALLEGAN HOSPITAL	ALLEGAN	MI
ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES, INC.	ALLEGAN	MI
ASCENSION BORGESS FOUNDATION	KALAMAZOO	MI
ASCENSION BORGESS HOSPITAL	KALAMAZOO	MI
ASCENSION BORGESS HOSPITAL DBA ASCENSION BORGESS HEALTH CLUB	KALAMAZOO	MI
ASCENSION BORGESS HOSPITAL DBA ASCENSION BORGESS-PIPP HOSPITAL	PLAINWELL	MI
ASCENSION BORGESS HOSPITAL DBA CARDIOLOGY CARE AT BORGESS	KALAMAZOO	MI
ASCENSION BORGESS LEE FOUNDATION	KALAMAZOO	MI
ASCENSION BORGESS LEE HOSPITAL	DOWAGIAC	MI
ASCENSION BRIGHTON CENTER FOR RECOVERY F/K/A BRIGHTON HOSPITAL	BRIGHTON	MI
ASCENSION CARE MANAGEMENT HOLDINGS, LTD.	STERLING HEIGHTS	MI
ASCENSION EASTWOOD BEHAVIORAL HEALTH	WARREN	MI
ASCENSION GENESYS FOUNDATION	GRAND BLANC	MI
ASCENSION GENESYS HOSPITAL	GRAND BLANC	MI
ASCENSION MACOMB-OAKLAND HOSPITAL (MADISON HEIGHTS)	MADISON HEIGHTS	MI
ASCENSION MACOMB-OAKLAND HOSPITAL DBA WARREN CAMPUS	WARREN	MI
ASCENSION MEDICAL GROUP GENESYS	WARREN	MI
ASCENSION MEDICAL GROUP MICHIGAN	WARREN	MI
ASCENSION MEDICAL GROUP PROMED DBA ASCENSION MEDICAL GROUP BORGESS	RICHLAND	MI
ASCENSION MICHIGAN	DETROIT	MI
ASCENSION MICHIGAN CMG	CENTERLINE	MI
ASCENSION PROVIDENCE FOUNDATION	SOUTHFIELD	MI
ASCENSION PROVIDENCE HOSPITAL	SOUTHFIELD	MI
ASCENSION PROVIDENCE HOSPITAL DBA ASCENSION PROVIDENCE HOSPITAL NOVI CAMPUS	NOVI	MI
ASCENSION PROVIDENCE ROCHESTER FOUNDATION	ROCHESTER	MI
ASCENSION PROVIDENCE ROCHESTER HOSPITAL DBA CRITTENTON OUTPATIENT THERAPY CENTER	ROCHESTER HILLS	MI
ASCENSION PROVIDENCE ROCHESTER HOSPITAL DBA CRITTENTON PAIN MANAGEMENT CLINIC	ROCHESTER	MI
ASCENSION PROVIDENCE ROCHESTER HOSPITAL F/K/A CRITTENTON HOSPITAL MEDICAL CENTER	ROCHESTER	MI
ASCENSION RIVER DISTRICT HOSPITAL F/K/A ST. JOHN RIVER DISTRICT HOSPITAL	EAST CHINA	MI
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH	WARREN	MI
ASCENSION ST JOHN HOSPITAL	DETROIT	MI
ASCENSION ST. JOHN FOUNDATION	MADISON HEIGHTS	MI
ASCENSION ST. JOSEPH FOUNDATION	TAWAS	MI
ASCENSION ST. JOSEPH HOSPITAL	TAWAS CITY	MI
ASCENSION ST. MARY'S FOUNDATION	SAGINAW	MI
ASCENSION ST. MARY'S HOSPITAL	SAGINAW	MI
ASCENSION STANDISH HOSPITAL	STANDISH	MI
AUTOMATED BENEFIT SERVICES, INC. D/B/A PREFERRED MEDICAL PLANS; SELECT HEALTH PLANS; SMARTCLAIM	STERLING HEIGHTS	MI
BEECHER BALLENGER SERVICES, INC ASCENSION GENESYS PHARMACY	GRAND BLANC	MI
BORGESS ADULT MEDICINE (DBA)	KALAMAZOO	MI
BORGESS AMBULATORY CARE CORPORATION	KALAMAZOO	MI
BORGESS FAMILY MEDICINE (DBA)	KALAMAZOO	MI
BORGESS HEALTH ALLIANCE, INC	KALAMAZOO	MI
BORGESS HEALTH PARTNERS, L.L.C.	KALAMAZOO	MI
BORGESS WOMENS HEALTH (DBA)	KALAMAZOO	MI
CENTER FOR GERONTOLOGY DBA ASCENSION LIVING PACE MICHIGAN	FLINT	MI
CRITTENTON DEVELOPMENT CORPORATION	AUBURN HILLS	MI
CRITTENTON DEVELOPMENT REAL ESTATE HOLDING, LLC	AUBURN HILLS	MI
CRITTENTON MEDICAL PHARMACY, INC. DBA ASCENSION PROVIDENCE ROCHESTER PHARMACY	AUBURN HILLS	MI
FIELD NEUROSCIENCES INSTITUTE	SAGINAW	MI
GENESYS AMBULATORY HEALTH SERVICES DBA PROPERTY MANAGEMENT	FLINT	MI
GENESYS CONVALESCENT CENTER-GRAND BLANC, INC.	GRAND BLANC	MI
GENESYS HEALTH PERSONNEL (DBA)	GRAND BLANC	MI
GENESYS HEALTH SYSTEM, INC	GRAND BLANC,	MI
GENESYS OCCUPATIONAL HEALTH NETWORK (DBA)	FLINT	MI
GENESYS PRACTICE PARTNERS, INC.	GRAND BLANC	MI
HEALTHY NEIGHBORHOODS-DETROIT DBA BRIDGES TO HOPE	WARREN	MI
HOSPITAL CONSOLIDATED LABORATORIES, LLC	SOUTHFIELD	MI
IOSCO COUNTY MEDICAL CONTROL, INC.	TAWAS CITY	MI
LAKESIDE ASSISTED LIVING, LLC	TROY	MI
OPEN MRI OF MICHIGAN	MADISON HEIGHTS	MI
PLAINWELL AREA EMS (DBA)	KALAMAZOO	MI
ROCHESTER HILLS REAL ESTATE HOLDINGS	AUBURN HILLS	MI
ROCHESTER REAL ESTATE HOLDINGS	AUBURN HILLS	MI
SETON HEALTHCARE CORPORATION OF SOUTHEAST MICHIGAN DBA ASCENSION MICHIGAN PHYSICAL THERAPY, ASCENSION SOUTHFIELD	SOUTHFIELD	MI
URGENT CARE, ASCENSION MICHIGAN URGENT CARE, ASCENSION MICHIGAN AT WORK		
SEVEN MILE ROAD LIQUIDATING COMPANY, LLC	SOUTHFIELD	MI

INSURED
 ASCENSION HEALTH ALLIANCE and its subsidiaries
 11775 Borman Drive
 St. Louis, MO 63146



SUBSIDIARIES:

Company	City	St./Prov
ST JOSEPH HEALTH SYSTEM DBA TAWAS ST. JOSEPH INTERNAL MEDICAL CLINIC	TAWAS CITY	MI
ST. CLAIR SHORES MEDICAL CONDOMINIUM ASSOCIATION	SOUTHFIELD	MI
ST. JOHN HOSPITAL & MEDICAL CENTER GUILD	DETROIT	MI
ST. JOHN MACOMB-OAKLAND HOSPITAL DBA CONNER CREEK VILLAGE	DETROIT	MI
ST. JOHN NORTH SHORES (DBA)	MOUNT CLEMENS	MI
ST. JOHN PROVIDENCE DBA ASCENSION SOUTHEAST MICHIGAN	WARREN	MI
ST. JOHN PROVIDENCE HEALTH SYSTEM DBA SMARTHEALTH		MI
ST. JOSEPH HEALTH ENTERPRISE, INC.	TAWAS CITY	MI
ST. JOSEPH HEALTH SYSTEM	TAWAS CITY	MI
ST. JOSEPH HEALTH SYSTEM DBA AU GRES ST. JOSEPH FAMILY CLINIC	AU GRES	MI
ST. JOSEPH HEALTH SYSTEM DBA AUSABLE VALLEY HEALTH CENTER	FAIRVIEW	MI
ST. JOSEPH HEALTH SYSTEM DBA GREAT LAKES FAMILY MEDICINE	OSCODA	MI
ST. JOSEPH HEALTH SYSTEM DBA HALE ST. JOSEPH MEDICAL CLINIC	HALE	MI
ST. JOSEPH HEALTH SYSTEM DBA NORTHEAST ORTHOPEDICS	TAWAS CITY	MI
ST. JOSEPH HEALTH SYSTEM DBA OSCODA HEALTH PARK ST. JOSEPH MEDICAL PRACTICES	OSCODA	MI
ST. JOSEPH HEALTH SYSTEM DBA ST. JOSEPH HEARING CLINIC	TAWAS CITY	MI
ST. JOSEPH HEALTH SYSTEM DBA TAWAS ST. JOSEPH HURON FAMILY MEDICINE	TAWAS CITY	MI
ST. JOSEPH HEALTH SYSTEM DBA TAWAS ST. JOSEPH SPECIALTY CLINIC	TAWAS CITY	MI
ST. JOSEPH HEALTH SYSTEM DBA TAWAS ST. JOSEPH WOMEN'S CLINIC	TAWAS CITY	MI
ST. MARY'S - ST. JOSEPH HEALTH SYSTEM	SAGINAW	MI
ST. MARYS HEALTH	SAGINAW	MI
TEXTILE SYSTEMS, INC.	KALAMAZOO	MI
THE FONTBONNE AUXILIARY OF ST. JOHN HOSPITAL	DETROIT	MI
THE HEALTH SOURCE GROUP, INC.	GRAND BLANC	MI
U.S. HEALTH AND LIFE INSURANCE COMPANY	STERLING HEIGHTS	MI
WESTMARKET ELECTRIC, LLC	SOUTHFIELD	MI
WHITE OAKS ASSISTED LIVING, LLC	ROYAL OAK	MI