**FORM 8070001240-BB**

**IN-LIEU OF SERVICES: SoonerSelect Specialty Children’s Plan**

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| --- | --- |
| **Bidder Name:** |  |

**Instructions**

Complete a copy of Form 8070001240-BB for each proposed in-lieu of service for the SoonerSelect Specialty Children’s Plan. ~~The form must be signed by an actuary attesting to the actuarial value of the benefit.~~

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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)** |  |

**~~Actuary Attestation:~~**

~~I have reviewed and approved the estimated utilization and dollar value of the proposed benefit.~~

|  |  |
| --- | --- |
| **~~Name (Signed):~~** |  |
| **~~Name (Print):~~** |  |
| **~~Title:~~** |  |
| **~~Date:~~** |  |