**FORM 8070001240-L**

**IN LIEU OF SERVICES**

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| **Bidder Name:** |  |

**Instructions**

Complete a copy of Form 8070001240-L for each proposed in lieu of service. Solely for the purpose of completing this form, the Bidder should assume the same enrollment as presented in Form 8070001240-H. 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.

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