

STATE OF NEW MEXICO
HEALTH CARE AUTHORITY
SERVICES AGREEMENT
AMENDMENT No. 3

THIS AMENDMENT No. 3 (“AMENDMENT”) TO SERVICES AGREEMENT (SA) 23-630-7101-0011 is made by and between the State of New Mexico, **Health Care Authority**, hereinafter referred to as the “HCA”; **WorkQuest, d/b/a Horizons of New Mexico**, hereinafter referred to as the “Certifying Party”; and **Adelante**, hereinafter referred to as the “Performing Party.” Horizons of New Mexico and Adelante hereinafter are referred to as the Contractors.

The purpose of the amendment is to amend compensation, term and Exhibit A, Scope of Work for FY26.

UNLESS OTHERWISE SET OUT BELOW, ALL OTHER PROVISIONS OF THE ABOVE REFERENCED AGREEMENT REMAIN IN FULL EFFECT AND IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT THE FOLLOWING PROVISIONS OF THAT AGREEMENT ARE AMENDED AS FOLLOWS:

Section 1, Scope of Work is amended to read as follows:

1. Scope of Work.

The Performing Party shall perform all services detailed in Exhibit A, Amended Scope of Work.

Section 2, Compensation, is amended to read as follows:

2. Compensation

A. The HCA shall pay to the Certifying Party in full payment for services satisfactorily performed, in accordance with Exhibit A, compensation will not exceed five hundred sixty thousand seven hundred thirty-five dollars and forty-three cents (**\$560,735.43**). The funding for this Agreement’s compensation is based on appropriations and HCA will encumber funds as they become available, and not in total at the beginning of each fiscal year. This amount is a maximum and not a guarantee that the work assigned to be performed by Performing Party under this Agreement shall equal the amount stated herein. The parties do not intend for the Performing Party to continue to provide services without compensation when the total compensation amount is reached. The Certifying Party is responsible for notifying the HCA when the services provided under this Agreement reach the total compensation amount. In no event will the Certifying Party be paid for services provided in excess of the total compensation amount without this Agreement being amended in writing prior to those services in excess of the total compensation amount being provided.

The HCA shall pay to the Contractor in full payment for services satisfactorily performed such compensation not to exceed one hundred seventy-six thousand eight hundred twenty-five dollars and seventeen cents (\$176,825.17) in FY24.

The HCA shall pay to the Contractor in full payment for services satisfactorily

performed such compensation not to exceed one hundred eighty-two thousand sixty-seven dollars and seven cents (\$182,067.07) in FY25.

The HCA shall pay to the Contractor in full payment for services satisfactorily performed such compensation not to exceed two hundred one thousand eight hundred forty-three dollars and nineteen cents (\$201,843.19) in FY26.

Exhibit A, Amended Scope of Work, is being replaced in it entirely attached hereto and referenced herein.

All other Sections, of SA 24-630-7101-0011, as amended, remain the same.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date of signature by the HCA below:

By: Signed by: Kyra Ochoa
C209B0BE482542B...
HCA Cabinet Secretary Date: 6/30/2025

By: DocuSigned by: Carolee A. Graham
FB15A98045214DA...
HCA Chief Financial Officer Date: 6/30/2025

Approved as to form and legal sufficiency:

By: DocuSigned by: [Signature]
32BE50E83D064CE...
HCA General Counsel Date: 6/30/2025

By: Signed by: [Signature]
DD13D5FEB9D44A2...
WorkQuest, dba/a Horizons of New Mexico – Certifying Party Date: 6/26/2025

By: DocuSigned by: Brian Ammerman
7B73C8642F9C47C...
Adelante – Performing Party Date: 6/27/2025

The records of the Taxation and Revenue Department reflect that the Performing Party is registered with the NM Taxation and Revenue Department to pay gross receipts and compensating taxes:

BTIN: 03-143403-00-7 (WorkQuest, dba/a Horizons of New Mexico – Certifying Party)

BTIN: 01-869533-00-7 (Adelante – Performing Party)

By: DocuSigned by: AnnMarie Lucero
A1E23200AE974AA...
Tax and Revenue Department Representative Date: 7/1/2025

Exhibit A
Amended Scope of Work

Statement of Work and Sales Estimate

The purpose of this Services Agreement is to provide Processing and Mailing Services for the New Mexico (NM) Health Care Authority (HCA), Child Support Services Division (CSSD). The preponderance of the work will be performed at the Performing Party's location, or an HCA-CSSD approved site in Santa Fe or Metropolitan Albuquerque area in the State of New Mexico.

I. HCA-CSSD Shall:

- A. Act as the funding agency.
- B. Provide a Point of Contact (POC) to support the Performing Party; the POC for each item will be updated as needed.
 - 1. The POC for all fiscal items will be HCA-CSSD Deputy Director of Central Operations. The HCA-CSSD Deputy Director of Central Operations will coordinate within HCA-CSSD and with other contracted staff to provide support to the Performing Party.
 - 2. The POC for all technical related items and performance requirement items will be the HCA-ITD| CSES & BI Team Lead.
 - 3. The POC for all HCA-CSSD program items will be the HCA-CSSD Program Support Bureau Chief.
- C. Perform an annual review of all correspondence prior to mailing.
- D. HCA-CSSD will not purchase any additional equipment, provide any workspace or be responsible for connectivity in providing the required services other than the items listed above.
- E. Postage is not a part of the contract compensation and will be issued directly to the Performing Party by HCA-CSSD as needed and as funds are available. All postage provided to the Performing Party will remain the property of HCA-CSSD at the end of the contract term. The Performing Party must reconcile all remaining postage and remit payment reimbursement to HCA-CSSD no later than thirty (30) calendar days after the contract expiration or termination date.
- F. Provide Agency Resources:
HCA-CSSD support will not relieve the Performing Party of the responsibility for quality assurance testing and adherence to agency-defined standards. The following resources will be provided by the agency:
 - 1. All batch form data and data file field files
 - 2. Hard copies of all templates for reference
 - 3. HCA-CSSD and ITD Support
 - 4. Technical coordinator to provide Agency support to the Performing Party.

II. Performing Party Shall:

- A. Performing Party will provide the agency, with auditing, printing, Static and Variable imaging, templates, mapping, Mailing, and archiving software (indexed by searchable PDF files) services. Performing Party will be responsible for all labor, supervision, utilities, forms, envelopes and other stock, inventory management, storage, "intelligent" inserting, statement and remittance envelope inserting, overlay printing, presorting, statement formatting, mailing, and ensuring highest postal discounts possible.

- B. Performing Party will provide the variable print and imaging of HCA-CSSD forms (approximately 70 forms) based on data files containing data field record layouts with variable and selectable outbound envelope sizes, customer reply envelopes (CRE), and business reply envelopes (BRE). Print/mail runs and quantities are as follows:

Child Support Annual Estimates

Print/Mail Runs	Form	Pkgs	Perf Paper	10" Outer Mailing Envelope (OME)	9x12" Outer Mailing Envelope (OME)	Customer Reply Envelope (CRE)	Business Reply Envelope (BRE)
Avg Daily	Varies *	1,265		1,265	7888	339	412
Monthly	M729	23,000	23,000	23,000		23,000	
Monthly	M737	10,200		10,200		10,200	
Quarterly	Q569	7,500		7,500			
Annual Estimate		768,791	276,000	760,903	7,888	486,540	107,120

Freq	Page Count	Form Volume	Notes
Daily (various)	2	227,291	
Daily (various)	3	49,494	
Daily (various)	4	9,365	
Daily (various)	5	24,367	
Daily (various)	6	14,056	
Daily (various)	8	7,930	
Daily (various)	11	7,868	
Daily (various)	12	20	
Monthly - 737	1	122,400	Duplex
Monthly - 729	2	276,000	Duplex, Perf
Quarterly - 569	2	30,000	
Annual Est		768,791	

**There are an estimated 69 active forms*

- C. Receive data files from HCA-CSSD in HCA-CSSD designated record layouts containing multiple key data elements for return files. Data files are flat files transmitted via SFTP.
- D. Receive HCA-CSSD Data Files via SFTP at a specified time daily. Normal schedule will be Tuesday – Saturday between 2am – 4am (excluding holidays).
- E. Modify existing batch forms at no cost when changes are required for State or Federal mandates or those that require no code changes.
- F. Process Data through National Change of Address Link (NCOA Link) to meet USPS Move Update Requirements. Performing Party shall use NCOA Link processing to validate addresses before mailing.
- G. Provide HCA-CSSD per job NCOA reports showing the recipient, bad address, and updated address in an HCA-CSSD approved format.
- H. Provide CSSD detailed print/ mailing reports showing per-form utilization per job in an excel or CSV file.
- I. Verify quantities using the file's totals in the trailer record.
- J. Upload to HCA-CSSD's FTP site PDFs for proofing and archiving.
- K. Maximize postage savings by inserting forms in either size 10" or 6" x 9.5" double window and outbound mail envelopes (OME) utilizing plain paper, perforated paper, customer reply envelopes, and business reply envelopes inserted with respective forms.
- L. Verify address updates (Verimove) and maximum USPS postage discounts based on automation, mail sorting, and IMb Tracing
- M. Provide full Service intelligent Mail Barcode
- N. Provide two (2) day level of service for all mail pieces
- O. Mail damaged mail pieces (recoveries) one (1) day after the original mail date
- P. Provide the Agency with a detailed plan for data security (on-site data handling and data transmission), including physical security of processing facilities.
- Q. Not subcontract any part of this ITB.
- R. Not Ship mail to a co-mail house for comingling unless it is wholly owned and secured by the producing Performing Party.
- S. Provide HCA-CSSD with the following two (2) types of batch form templates:
 - 1. One shall be editable and contain data mapping information as agreed upon by the selected Performing Party and HCA-CSSD.
 - 2. The Other shall be in PDF format for HCA-CSSD editing and inventory.
- T. Resolve all mailing issues reasonably and at minimum cost to HCA-CSSD.
- U. Include any special inserts required by HCA-CSSD in the same day mailings.
- V. Allow HCA-CSSD staff to perform quality assurance checks when corrective and preventative action is required.
- W. Incorporate documents from other sources and/or mail merge notices from other potential sources into a given set of addresses.
- X. Attach pre-printed forms, flyers, reply envelopes, etc. provided by HCA-CSSD with various types of mail-outs as instructed.
- Y. Agree to initiate a cost-effective solution with HCA-CSSD's approval, in the event there are any changes applied to the process and cost of any file records.
- Z. Attend meetings with HCA-CSSD's Management Staff at an HCA-CSSD location at the request of the HCA-CSSD's Project Manager(s) at no additional cost outside the approved contract compensation.

III. Materials:

- A. Where applicable, the Performing Party shall use a 9x12 envelope for larger mailings to include address and postage applied at industry cost at the time. If this cost changes due to an increase in labor or number of sheets, the Performing Party shall notify HCA-CSSD immediately for approval.
- B. Performing Party agrees to maintain paper and envelope inventories of four (4) months or as recommended below, whichever is greater (subject to onsite inspection by HCA-CSSD. The following envelope/paper estimates are based on current historical monthly need but may be adjusted or removed based on HCA-CSSD approval. The testing and implementation period for new notices or additional projects, HCA-CSSD will work with the Performing Party to identify the best practices for inventories on site.
 - 1. Envelopes
 - i. OME #10, Double Window, 24# - 81,000
 - ii. OME 9x12, Double Window, 24# - 1,400
 - iii. CRE #9, Single Window – 42,000
 - iv. BRE #9, Single Window - 9,000
 - 2. Paper:
 - i. 8.5 x 11 20# - 92,000
 - ii. 8.5 x 11 20# Perforated Paper – 27,000

IV. Forms/Notices

- A. All forms and notices to be printed and mailed are selected by the Child Support Enforcement System (CSES) and communicated to the Performing Party. These can range per unit to be mailed, depending on the case action. The Notice Listing below lists all the current forms, but HCA-CSSD may update the list based on compliance requirements to state and federal regulations. HCA-CSSD will provide testing and quality assurance timelines as needed. The addition or deletion of notices will not require an amendment. HCA-CSSD will maintain a Test Folder in the transfer system for the duration of the contract period to address any new or revised notices.
- B. The Performing Party will retain all file transmissions and transmission logs for a period of no less than twelve (12) months. All accountability daily validation logs will be retained for the life of this Agreement and transferred to HCA-CSSD at termination.
- C. Some forms are mailed as packets; These are indicated in the cart below in the “Mailed with form” column and will need to be audited prior to go-live to ensure accuracy.
During this Agreement's period, HCA-CSSD may request to exercise the option of inserting envelopes with specific notices, for which a list will be provided by HCA-CSSD

Child Support Form Listing

Form	Name	Freq	Business Reply Envelope (BRE)	Customer Reply Envelope (CRE)	Mailed with form
Laddr	Standard Cover for all letters	Daily			
102	Non IV-D Application	Daily			
504	Postmaster Address Verification	Daily			
507	IVA Contact Letter--NCP	Daily			
515	Notice Del and Demand Pymt	Daily			
528	National Med Supp Notice	Daily		X	
530	Ins Location Letter	Daily		X	
532	Financial Affidavit	Daily			759, 759A, & 760A
538	Non-TANF Application	Daily		X	538B, 538C
562	Initial Med Supp Letter	Daily			
728	NCP Fed Income W/H Form	Daily			
730	Direct Deposit Auth	Daily			
733	Auto Withdrawal Auth	Daily			
745	Letter to CNTCT for Info	Daily			
746	Case Transfer Info to CP	Daily			
749	60 Day Intent to Close	Daily			
752	Request of Docs from CP	Daily		X	751B
754	General Letter	Daily			
758	Right to Review Notice	Daily			
759	Pre-Review Ntc NCP-TANF	Daily		X	532
760	Pre-Review Ntc CP-TANF	Daily			
765	Request for Asset Info	Daily			
766	Asset Verification Prop	Daily			
770	Verify Insurance/Employ	Daily			
771	Reactivate CSE Ntc to CP	Daily			
774	Medicaid Opt-out-Letter	Daily		X	
504A	Rqst for Physical Address	Daily			
504C	Employer Verification	Daily	X		
504D	Worldwide Military Verification	Daily		X	
504E	Request for DD214	Daily			
504F	Military Voel	Daily		X	
505A	Close Notice 36 Mo No Locate	Daily			
506B	TRD Pre-Offset Notice AP	Daily			
506E	Notice of TRD Intercept	Daily			
507A	Rqst For Info From CP	Daily		X	
507D	AF Contact Letter--IVA	Daily			
509C	AP CNTC Ltr Resp I/S	Daily			
515B	Notice Payor Refer CRA	Daily			

515C	License Revoke Batch Ltr	Daily			
516D	Payment Instructions Ltr	Daily			
524A	Initial PQ	Daily			507E
524E	Adm Ord for Genetic Test	Daily			
524F	AF Contact Ltr Non-IVA	Daily			
Laddr 528	Cover for National Med Supp Notice	Daily			
528B	National Med Supp Notice	Daily			
528NI	National Med Supp Notice	Daily			
531A	Insurance Info Rqst NCP	Daily		X	
532A	Second Rqst Proof of Ins	Daily		X	
538A1	ECSE/CSES Application Ack	Daily			
538A2	CSES Application Ack	Daily			
538D	Pre-Offset Ntc to Spouse	Daily			
538G	Post-TANF Service Contin	Daily		X	538B
538M	Post-Medicaid Only Payee	Daily		X	538B
538-S	Spanish Non-TANF Application	Daily		X	
563T	NMSN Cessation Notice	Daily			
575C	Med Insur Ltr to CP	Daily			
728C	Income W/H EIWO	Daily			
728N	Emp Fed Income W/H Form	Daily			
759A	Mandatory Revw NCP-TANF	Daily			532
760A	Mandatory Revw CP-TANF	Daily			532
764A	Deny Req Admin Rev-Loc	Daily			
775A	Jail Verification Letter	Daily			
775B	Parole/Prob Verification	Daily			
775C	Prison Verification Letter	Daily			
729	NCP Bill	Monthly		X	
737	Employer TDOC	Monthly		X	
569	CP Quarterly Notice	Quarterly			

Note: The State reserves the right to remove or add additional forms as it deems necessary.

V. Archiving:

Performing Party shall archive the following HCA-CSSD Mailed forms:

Form	Title	Run Archive
506B	TRD Pre-Offset Notice to AP	Weekly
506E	Notice of TRD Intercept	Weekly
506F	Pre-Offset Notice	Weekly
538D	Pre-Offset Notice to Spouse	Weekly
515	Notice Del and Demand Payment	Weekly
515B	Notice Payor Refer CRA	Weekly
515C	License Revoke Batch Ltr	Weekly
729	NCP Bill	Monthly

- A. Performing Party will deliver archived forms to HCA-CSSD in PDF format via secure FTP (or specified electronic transfer) according to the following schedule:
 1. Daily forms on a daily basis after form production each business day; and,
 2. Monthly forms on the first business day after form production each month.

- B. Performing Party shall produce, mail, and manage reports and archives “in-house”.
- C. Performing Party shall allow HCA-CSSD to inspect all forms upon request.

VI. Certification:

Performing Party will provide HCA-CSSD with a copy of all current certifications as requested by the agency.

Additional

I. Confidentiality:

- A. Any information received from, provided to, or developed by the Performing Party under the terms of this Agreement, including client-specific information and matters learned during the course of interpretation, shall be kept confidential and shall not be made available to any individual or organization by the Performing Party (or their employees and agents) without the prior written approval of the State, except as may be otherwise authorized by law.

II. Billing:

- A. Price shall not include state gross receipts tax or local option tax. Such tax or taxes shall be added at time of invoicing at current rate and shown as a separate item to be paid by user.
- B. In connection with billing and tracking of services, the Performing Party shall abide by the following provisions:
 - 1. Performing Party must accept and participate in quality assurance programs and guidelines that the state requests.
 - 2. Add new or modify existing HCA-CSSD batch forms without requiring an additional Purchase Order. When a new form or changes to existing forms require development functions, including mapping, by Adelante, HCA-CSSD will provide Adelante with a “Letter of Direction”.
 - 3. Modify existing batch forms at no cost when changes are required for State or Federal mandates or those that require no code change.
 - 4. Upon completion of the Performing Party quality assurance process, the Performing Party shall certify in writing the form(s) meets compliance with the submitted task assignment or change request and is ready for final acceptance testing. The Performing Party will provide a list of resources required for conducting the final acceptance test.
 - 5. Performing Party will be compensated for work performed at the rate by price per mailed envelope, which will not include gross receipt tax.
 - 6. Performing Party will submit one original weekly invoice detail by email to the Agency for validation of previous weeks services. The payment invoice will be submitted for all services by Horizons of NM (Contractor). Invoices shall be addressed, numbered, and include a calculation of the payment due, including postage used. The Invoice detail must include dates, times, and service(s) performed and must be attached in the format accepted by the Agency. Performing Party shall provide details for each printed and mailed batch form that is successfully processed within each calendar week. The original invoice detail shall also include a separate itemization of all applicable gross receipts tax paid by the Performing Party. The total of the

applicable gross receipts tax shall be included in the calculation of the payment due. (no gross receipts taxes both Adelante and Horizons are non-profits).

7. The carryover of any unspent funds between fiscal years is not permitted. Weekly invoice details submitted by the Performing Party to the agency must be received by the agency no longer than seven (7) days after the end of each week, Invoices must be submitted by Horizons (Contractor) no longer than fifteen (15) days after the end of each week except for the week ending June 30th for which invoices must be received no later than ten (10) calendar days after the end of the month.
8. Performing Party will not be paid for any materials damaged during storage or the printing or mailing process.
9. Performing Party will not be paid for any document damaged while in transport to or from the Performing Party's site.
10. Agency is not responsible for and cannot pay for excess inventory purchased for this contract term.

III. Invoices:

- A. Performing Party will provide the following reports in electronic format weekly with invoices:
 1. A summary of all processing billed as specified by HCA-CSSD (i.e., Sheets, perf sheets, OME (10"), OME (6"x9.5"), CRE, BRE, mail processing, VeriMove, archiving, metered postage, etc.).
 2. A summary of billing quantities for daily, monthly, and quarterly forms processed as specified by HCA-CSSD.
 3. A summary of postage usage by type (i.e., permit, metered, invalid), including volume of each.
 4. USPS Postage statements for weekly mailing activity with summary reports.
- B. Invoices for services will be sent to HCA-CSSD by Horizons and should be paid to Horizons.
- C. Invoices for postage will be sent to HCA-CSSD by Adelante and should be paid to Adelante.
- D. The Performing Party will have three (3) business days from the date the invoice is sent to the HCA-CSSD to correct its invoices. If the HCA-CSSD has returned an invoice to the Performing Party for correction, the three (3) business days starts from the day it is sent to the Performing Party. If corrections are not submitted, the invoice will be paid as is.

IV. Postage:

- A. Postage will be pre-paid by HCA-CSSD, the Performing Party will provide postal usage reports with each invoice.
- B. The Performing Party will provide monthly reconciliation of postage balances.
- C. The Performing Party will apply a postage and/or pre-sort postage fee to each mail piece that will come out the HCA-CSSD postage account.
- D. Postage is not a part of the contract compensation and will be issued directly to the Performing Party by HCA-CSSD as needed and as funds are available. All postage provided to the Performing Party will remain the property of HCA-CSSD at the end of the contract term. The Performing Party must reconcile all remaining postage and

remit payment reimbursement to HCA-CSSD no later than thirty (30) days after the contract expiration or termination date.

V. Programming:

- A. The Performing Party will receive PDF templates of all forms from HCA-CSSD and data field files in HCA-CSSD format.
- B. Performing Party will be responsible for formatting, mapping, and programming forms to meet all the requirements for print, mail, “Intelligent” inserting, statement and remittance envelope inserting, overlay printing, presorting, statement formatting, ensuring highest postal discounts possible, and reporting/archiving functions. This could include custom programming to suppress or alter data elements included in HCA-CSSD data files. HCA-CSSD will identify forms requiring data suppression.
- C. Successful Performing Party will be held to the initial estimated programming costs unless a substantial change is made to the specifications of the service level agreement on the part of the HCA-CSSD.
- D. Performing Party shall estimate programming hours and per the approved Cost Schedule.

VI. Database Maintenance:

Performing Party shall maintain the following:

- A. Maintain a Postmaster table of all US zip codes and locations.
- B. Match rural or subordinate zip codes to larger “parent” USPS facility as required.
- C. Retain archive files until delivered to HCA-CSSD on the first business day of each month.
- D. Located the respective Postmaster for each daily Form 504 and 504A for each customer. Performing Party shall research all “unknown” zip codes to update the Performing Party’s zip code table. If zip codes cannot be identified, the Performing Party shall send the Forms to the next closest matching zip code in the table.
- E. Return, in bulk, all bad address mail to HCA-CSSD within 48 hours.

Printing & Mailing Service Sales Estimate - FY25 REVISED III

Child Support Services Division (CSSD)

Horizons of New Mexico on behalf of our member business, Adelante Development Center, is pleased to provide our proposed pricing for batch printing and mailing services.

Description	Unit Price	Projected Quantity	Line-Item Total Price
B & W with Variable Data			
Mailer 1 pg, 2 sides	\$ 0.0787	138,672	\$ 10,912.38
Mailer 2 pg, 2 sides	\$ 0.1428	152,037	\$ 21,704.50
Mailer 3 pg, 2 sides	\$ 0.2118	70,258	\$ 14,878.40
Mailer 4 pg, 2 sides	\$ 0.2758	42	\$ 11.59
Mailer 5 pg, 2 sides	\$ 0.3497	43,215	\$ 15,111.64
Mailer 6 pg, 2 sides	\$ 0.4138	11,873	\$ 4,912.47

Mailer 7 pg, 2 sides	\$ 0.4876	8,192	\$ 3,994.44
Mailer 8 pg, 2 sides	\$ 0.5517	8	\$ 4.41
Mailer 9 pg, 2 sides	\$ 0.6353	14,054	\$ 8,928.56
Mailer 10 pg, 2 sides	\$ 0.6994	157	\$ 109.80
Mailer 11 pg, 2 sides	\$ 0.8220	1	\$ 0.82
Mailer 12 pg, 2 sides	\$ 0.8862		\$ -
Mailer 13 pg, 2 sides	\$ 0.9503		\$ -
Mailer 14 pg, 2 sides	\$ 1.0143	4329	\$ 4,391.10
B & W with Variable Data Perf paper			
Mailer 1 pg, 2 sides	\$ 0.0836		\$ -
Mailer 2 pg, 2 sides	\$ 0.1526	276,000	\$ 42,130.30
Mailer 3 pg, 2 sides	\$ 0.2265		\$ -
Mailer 4 pg, 2 sides	\$ 0.2956		\$ -
Mailer 5 pg, 2 sides	\$ 0.3743		\$ -
Mailer 6 pg, 2 sides	\$ 0.4433		\$ -
Mailer 7 pg, 2 sides	\$ 0.5221		\$ -
Mailer 8 pg, 2 sides	\$ 0.5911		\$ -
Mailer 9 pg, 2 sides	\$ 0.6796		\$ -
Mailer 10 pg, 2 sides	\$ 0.7487		\$ -
Mailer 11 pg, 2 sides	\$ 0.8763		\$ -
Mailer 12 pg, 2 sides	\$ 0.9452		\$ -
Mailer 13 pg, 2 sides	\$ 1.0142		\$ -
Mailer 14 pg, 2 sides	\$ 1.0833		\$ -
B & W without Variable Data			
Mailer 1 pg, 2 sides	\$ 0.0752		\$ -
Mailer 2 pg, 2 sides	\$ 0.1357		\$ -
Mailer 3 pg, 2 sides	\$ 0.2011		\$ -
Mailer 4 pg, 2 sides	\$ 0.2616		\$ -
Mailer 5 pg, 2 sides	\$ 0.3319		\$ -
Mailer 6 pg, 2 sides	\$ 0.3924		\$ -
Mailer 7 pg, 2 sides	\$ 0.4627		\$ -
Mailer 8 pg, 2 sides	\$ 0.5232		\$ -
Mailer 9 pg, 2 sides	\$ 0.6033		\$ -
Mailer 10 pg, 2 sides	\$ 0.6638		\$ -
Mailer 11 pg, 2 sides	\$ 0.7828		\$ -
Mailer 12 pg, 2 sides	\$ 0.8435		\$ -
Mailer 13 pg, 2 sides	\$ 0.9039		\$ -
Mailer 14 pg, 2 sides	\$ 0.9645		\$ -
Color with Variable Data			
Mailer 1 pg, 2 sides	\$ 0.1982		\$ -
Mailer 2 pg, 2 sides	\$ 0.3816		\$ -
Mailer 3 pg, 2 sides	\$ 0.5700		\$ -

Mailer 4 pg, 2 sides	\$ 0.7534		\$ -
Mailer 5 pg, 2 sides	\$ 0.9468		\$ -
Mailer 6 pg, 2 sides	\$ 1.1302		\$ -
Mailer 7 pg, 2 sides	\$ 1.3234		\$ -
Mailer 8 pg, 2 sides	\$ 1.5070		\$ -
Mailer 9 pg, 2 sides	\$ 1.7100		\$ -
Mailer 10 pg, 2 sides	\$ 1.8934		\$ -
Mailer 11 pg, 2 sides	\$ 2.1356		\$ -
Mailer 12 pg, 2 sides	\$ 2.3190		\$ -
Mailer 13 pg, 2 sides	\$ 2.5026		\$ -
Mailer 14 pg, 2 sides	\$ 2.6860		\$ -
Color without Variable Data			
Mailer 1 pg, 2 sides	\$ 0.1215		\$ -
Mailer 2 pg, 2 sides	\$ 0.3745		\$ -
Mailer 3 pg, 2 sides	\$ 0.5593		\$ -
Mailer 4 pg, 2 sides	\$ 0.7392		\$ -
Mailer 5 pg, 2 sides	\$ 0.9290		\$ -
Mailer 6 pg, 2 sides	\$ 1.1089		\$ -
Mailer 7 pg, 2 sides	\$ 1.2985		\$ -
Mailer 8 pg, 2 sides	\$ 1.4785		\$ -
Mailer 9 pg, 2 sides	\$ 1.6779		\$ -
Mailer 10 pg, 2 sides	\$ 1.8578		\$ -
Mailer 11 pg, 2 sides	\$ 2.0964		\$ -
Mailer 12 pg, 2 sides	\$ 2.2763		\$ -
Mailer 13 pg, 2 sides	\$ 2.4562		\$ -
Mailer 14 pg, 2 sides	\$ 2.6361		\$ -
Premium Color without Variable Data			
Mailer 1 pg, 2 sides	\$ 0.2004		\$ -
Mailer 2 pg, 2 sides	\$ 0.3861		\$ -
Mailer 3 pg, 2 sides	\$ 0.5768		\$ -
Mailer 4 pg, 2 sides	\$ 0.7625		\$ -
Mailer 5 pg, 2 sides	\$ 0.9580		\$ -
Mailer 6 pg, 2 sides	\$ 1.1437		\$ -
Mailer 7 pg, 2 sides	\$ 1.3393		\$ -
Mailer 8 pg, 2 sides	\$ 1.5250		\$ -
Mailer 9 pg, 2 sides	\$ 1.7303		\$ -
Mailer 10 pg, 2 sides	\$ 1.9161		\$ -
Mailer 11 pg, 2 sides	\$ 2.1604		\$ -
Mailer 12 pg, 2 sides	\$ 2.3461		\$ -
Mailer 13 pg, 2 sides	\$ 2.5319		\$ -
Mailer 14 pg, 2 sides	\$ 2.7176		\$ -
Color Paper			\$ -
Color Paper per sheet	\$ 0.0200		\$ -

Development Rate			
Hourly rate for mass development or form changes outside of normal revisions.	\$ 275.0000	40 hours	\$ 11,000.00
Envelopes			
6 x 9 Envelopes (Double Window)	\$ 0.1210	19,975	\$ 2,417.47
OME #10 Envelopes (Double Window)	\$ 0.0436	675,321	\$ 29,423.06
Window CRE #9 Envelopes (Printed)	\$ 0.0367	417,161	\$ 15,296.46
Window BRE #9 Envelopes (Printed)	\$ 0.0384	30,316	\$ 1,164.71
9 X 12 Envelopes (Double Window)	\$ 0.3035	19,238	\$ 5,838.52
Annual Services' Cost based on SOW			\$ 192,231.61
Horizons 5% Program Fee			\$ 9,611.58
Grand Total For Services			\$ 201,843.19
Postage			
Presort 1st class rates will apply range .593 - .672 apply	0.63	714,534	\$ 457,301.76

Pricing is based upon the following assumptions:

Note 1: The proposed pricing is based on the information from the SOW provided to date. The recently provided billing information indicates a volume that is significantly lower than the SOW. If changes to the requirements occur, the pricing may need to be adjusted.

Note 2: Postage is estimated on the higher end due to unknown zip code delivery (presort 1st class is based on qty of mail pieces per zip code for best rates. Continued USPS rate hikes are possible.

Note 3: Unit prices are inclusive of all costs associated with mail pieces except for postage. Postage is a pass through and no markup is made to postage.

- Proposal prices are based on projected quantities of the line item. Actual total costs may differ.
- Services shall commence upon receipt of the Purchase Order confirmation.
- Horizons of New Mexico shall provide invoicing to the HCA-CSSD.
- Invoices will be submitted on a weekly basis to cssd.adminsvc@hca.nm.gov.
- Contract Terms of Payment: Net 30 Days.
- Service term: July 1, 2025, to June 30, 2026