

WORKSITE+WELLNESS

OCCUPATIONAL HEALTH SERVICES, LLC

Technical Proposal for City of Orland Park Occupational Health Screening Services Program

Procurement Number: 25-038	Procurement Title: Occupational Health Services Program
Issue Date: June 6, 2025	Submission Deadline Date: June 20, 2025

Worksite Wellness Occupational Health Services, PLLC

In 2024, Robin Horaz, FNP-BC, COHN-S, and Warren Wollin, DO, founded Worksite Wellness Occupational Health Services, PLLC to provide mobile occupational medicine and screening services to the Chicagoland area. By operating as a mobile medical provider, we eliminate the administrative burdens of a traditional medical office, creating a streamlined, patient-focused, and cost-effective healthcare environment.

Traditional occupational medicine clinics often face delays due to urgent injuries that require triaged care, impacting scheduled physical exams. In a standard clinic setting, a firefighter or police officer's comprehensive physical exam can take over three hours, primarily due to administrative and logistical inefficiencies. These delays stem from paperwork processing, registration, waiting for clinical staff, screenings, x-rays, and provider consultations, resulting in extended wait times.

Our Solution: Worksite Wellness revolutionizes occupational health by removing administrative inefficiencies and optimizing clinical workflows. Our innovative model reduces the time required for physical exams from over three hours to just 45-60 minutes. We achieve this by bringing a fully equipped medical RV directly to fire and police stations and municipalities, providing on-site services at their convenience.

Key Advantages of Worksite Wellness:

- **Elimination of Administrative Delays:** Employees complete paperwork in advance via a secure patient portal, allowing ample time for preparation while on duty.
- **On-Site Convenience:** All services are conducted at the workplace, eliminating travel time and reducing department costs associated with clinic visits.

- **Efficiency & Cost Savings:** Our streamlined process significantly reduces the time firefighters spend away from duty, leading to substantial cost savings for departments.
- **Expert Occupational Health Services:** Our team has over 40 years of combined experience in occupational medicine, ensuring high-quality care and regulatory compliance.
- **Commitment to Firefighter Health & Safety** Nearly half of annual firefighter fatalities result from medical emergencies, often due to the intense physical demands and environmental conditions of the profession. Many of these deaths could be prevented through early detection of underlying conditions via routine medical examinations. Our program ensures comprehensive yet efficient assessments, prioritizing firefighter health while minimizing downtime.

Why Choose Worksite Wellness?

- **Minimized Downtime:** Our services reduce time away from duty, limiting overtime costs.
- **Improved Health Outcomes:** Early detection of medical issues prevents long-term health complications.
- **Seamless Integration:** We adapt our operations to department schedules, ensuring minimal disruption to daily operations.

Overview of the Responding Organization:

Worksite Wellness Occupational Health Services, PLLC is dedicated to fostering healthier, more efficient workplaces by delivering exceptional occupational health services directly to our clients. Whether for annual compliance exams or onboarding screenings, we transform workplace settings into fully equipped health centers, enhancing employee well-being while ensuring regulatory compliance.

Our mission is to support organizations in fostering a culture of health and safety that enhances productivity, reduces risks, and promotes long-term success. With decades of experience, our team ensures that occupational health services are accessible, seamless, and impactful.

Headquartered at 732 Greenfield Turn, Yorkville, IL 60560, Worksite Wellness was established in 2024 to revolutionize occupational health delivery. Our leadership team has successfully operated in privately owned clinics, combined urgent care/occupational health models, and hospital-based settings, leading to the development of our efficient mobile health model.

Our expertise includes:

- On-Site Physical Examinations
- NFPA 1582 Examinations
- LEO Examinations
- Silica and Asbestos Screening
- FMCSA/DOT Exams
- Diagnostic Screening (Onsite X-ray/cardiac stress testing/US)
- Pre-Employment and Annual Exams
- Audiograms
- Spirometry by NIOSH certified technicians/providers
- Bloodwork
- Immunizations
- EKGs/Cardiac Stress Testing
- Workers Comp Injury Care

Currently, we are contracted with several fire departments, including Somonauk Fire Protection District, Sandwich Fire Department, Little Rock Fox Fire Protection District, Brookfield Fire Department, and Bedford Park Fire Department and Fermilab Fire Department to name a few.

Staffing:

Worksite Wellness Occupational Health Services, PLLC maintains a skilled team of professionals, including at least one MRO (Medical Review Officer) on staff. Our staff possess expertise in NFPA 1582 standards, ensuring compliance with pre- and post-employment medical examinations for fire personnel. Key team members have experience providing services to organizations of similar size and scope as the Village of Orland Park as discussed previously.

Robin Horaz is a Family Nurse Practitioner and a Certified Occupational Health Nurse Specialist (COHN-S) accredited by the American Board of Occupational Health Nurses. With over 25 years of experience in occupational health, Robin is also a:

- Certified Medical Examiner by the FMCSA
- Certified in Spirometry by NIOSH
- Certified in Hearing Conservation by CAOHC
- Certified Drug Screen Trainer by DATIA

Robin's expertise spans numerous areas of occupational health, ensuring exceptional care for the organizations and employees we serve.

Warren Wollin, DO, Co-Owner & Medical Director has been a physician in occupational health for more than 20 years. Formerly the Medical Director for Physicians Immediate Care Occupational Health for a decade, Dr. Wollin brings a wealth of experience and leadership to our program, guiding our

clinic's mission to deliver comprehensive, high-quality occupational medicine.

Chrissy Callier, NCMA is our clinical coordinator and office manager. Chrissy has devoted her career to occupational health and is dedicated to providing quality care to community fire departments and their employees. With over 15 years in this industry, her prior work experience includes roles at Rush Copley Medical Center/Occupational Health, Edwards Hospital Occupational Health as well as Morris Hospital Occupational Health. Chrissy's dedication to quality care has allowed us to design and refine an NFPA program tailored to the unique needs of our firefighters and the Chicagoland area's workforce.

Mandi Duerr, RT is a highly skilled Radiologic Technologist and Patient Care Technician with over six years of experience in occupational medicine. A graduate of the University of Iowa, Mandi brings a versatile skill set to our clinic, excelling in radiologic imaging, patient care, and medical assistance. Her attention to detail and commitment to excellence ensure the highest standard of care for every client.

Our team consists of highly qualified professionals, including a Medical Review Officer (MRO) and experts in NFPA 1582 standards. We believe in the power of partnerships and work closely with organizations to create a culture of health and safety that fosters productivity, reduces risks, and supports long-term success. Our team of experienced professionals is dedicated to making occupational health accessible, seamless, and impactful for every company we serve.

Standard Agreement:

A copy of our standard agreement for the requested services is included in this proposal for review. (See Appendix A)

Proposal Summary Sheet:

A copy of the requested signed Proposal Summary Sheet is included in this proposal for review. (See Appendix B)

Location of Facilities:

Worksite Wellness Occupational Health Services, LLC operates our administrative office from 732 Greenfield Turn, Yorkville, IL 60560. All mobile services are dispatched out of Yorkville and are coordinated with our team. We also have a brick and mortar facility at First Choice Occupational Medicine clinic at 1971 Gowdey Road Naperville, IL 60540.

Our operating hours for Worksite Wellness are Monday through Friday 0800-1700. First Choice Occupational Health facility is open Monday through Friday 0800-1800. The medical providers will be accessible for triage calls for after clinic hours.

Worksite Wellness Occupational Health Services has combined services with First Choice Occupational Medicine to provide onsite mobile services as well as a brick and mortar medical facility equipped to see all screening services as well as any injury care. The partnership with First Choice Occupational Health allows Worksite Wellness to expand our services to medical treatment and diagnosis in a facility equipped with MRI, CT, ultrasound etc. Having First Choice Occupational Medicine clinic available for the City of Orland Park will allow all employees to be immediately evaluated for workers compensation injuries sustained while at work.

Our office operates during extended hours beyond the standard City of Orland Park business hours (8 a.m. - 6 p.m. Monday through Friday). First Choice Occupational Medicine also has a second clinic on Archer Ave in Chicago (approximately 30 minutes from Orland Park) that is open Monday through Friday 0700-0100. These extended hours allow for after hour evaluations if deemed necessary by the provider.

We provide flexible appointment scheduling, including early morning and evening availability to accommodate a wide range of employee needs. Additionally, our Drug and Alcohol Testing Program offers 24-hour availability with the ability to respond within 1-2 hours of notification.

Pricing Proposal:

The requested Unit Pricing Sheet for the appropriate categories has been completed and attached as Appendix C, detailing our pricing structure for the services provided.

Communications Plan:

Worksite Wellness Occupational Health Services, LLC adheres to the highest standards of communication and confidentiality. Our communication process follows these key elements:

Confidential communication and testing/exam results are provided through a secure online portal called OneHub. All records are completed in real time and will be available within 48 hours. Testing and exam results are available through the online portal for employees to access at their convenience and a folder designated in the portal for the DER Designated Employer Representative to obtain results.

If further testing is required for an employee's fitness for duty, our clinic representative will promptly contact the designated City staff for authorization. Employees may refuse any component of services, and we will notify the appropriate City representative to assess any impact on fitness-for-duty determinations.

Technology and Reporting:

Our online reporting capabilities are robust and meet the City's requirements, including:

Final reports and forms are provided in a mutually agreed-upon format and made available through a secure online portal called OneHub. Copies of all reports are available to individual employees upon request and are available via the secured patient portal.

We also utilize Experity EMR, one of the nations leading occupational health EMR, for all patient documentation and screenings. This ensures accuracy every time regarding employer protocols.

We maintain comprehensive medical records for year-to-year updates, ensuring continuity of medical surveillance and seamless transitions if the city changes vendors.

This proposal reflects Worksite Wellness Occupational Health Services, PLLC's commitment to providing high-quality occupational health services to the City of Orland Park. We look forward to the opportunity to support the City's workforce with our comprehensive and reliable services.

Confidentiality and Records:

The medical provider will identify and retain medical records, in a manner of their choosing, so that they can be secured as personal medical records. At no time will an individual's medical information be released, or shared, with any city department and/or any other medical provider without written authorization by the employee. Aggregate data may be provided to company DER, and the Wellness Coordinator, to look at general trends, as long as data from the report cannot lead to the identity of a specific individual.

It is the desire of the contractor that medical information gathered from the physical exams remain confidential. The DER shall serve as the liaison with the contractor and the vendor. Communication regarding an individual's results as it pertains to the safety of the individual or the safety of coworkers within the department shall be shared with the DER and

shall include the information necessary for the Contractor to maintain a safe and effective workplace. Specific results, especially any results falling outside normal limits shall be shared as soon as possible with the individual. Additionally, notification to the Fire Chief from the provider shall indicate a general statement that an individual has a requirement for follow-up communication with the provider. This will allow the Fire Chief to ensure follow-up communication is acted upon.

If any results or follow-up indicate a concern for the safety of the individual or others, details shall be shared with the DER to allow the Contractor to provide reasonable workplace accommodations including scheduling replacements should the results indicate an inability to return to full duty.

Medical records shall be maintained by the provider. These records shall be used to establish on-going assessment and evaluation of individual progression from baseline data through time. This information will be accessible upon request by the individual.

In conclusion, Worksite Wellness Occupational Health Services, PLLC is committed to leading innovation in occupational health by providing on-site, efficient, and high-quality medical services. Our model maximizes convenience, minimizes downtime, and ensures optimal health outcomes for public safety personnel. By choosing Worksite Wellness, your department gains a trusted partner dedicated to firefighter and police officer health, operational efficiency, and cost savings.

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Appendix A

Occupational Health Service Provider Agreement

The purpose of this document is to set forth an agreement regarding the delivery of Occupational Health Services by and between City of Orland Park and Worksite Wellness Occupational Health Services, PLLC.

Business Name: City of Orland Park		
Business Address:		
Phone:	Fax:	Email:
Contact:	Phone:	Email:

It is agreed that City of Orland Park will utilize Worksite Wellness Occupational Health Services, PLLC for the agreed upon occupational health services as outlined in Appendix A. The medical providers who evaluate City of Orland Park's current and/or prospective employees will complete all appropriate documents to render services and medical screening services in compliance with all Federal and State laws. If further screening tests or other services are required, we will notify the Designated Employer Representative (Contact) listed above.

Services are payable as rendered. City of Orland Park agrees to pay Worksite Wellness Occupational Health Services, PLLC within 30 days after receipt of services and/or invoice.

BILLING ADDRESS:	
☐ Check here if billing address is the same as above	
Different Billing Address:	City:
State: Zip	
Attn:	

This agreement will be in place for the period of Twelve (12) months and will continue thereafter unless either party provides written notification of termination of agreement, provided thirty (30) days advance written notice is given.

The City of Orland Park will be notified in writing of price changes for occupational health screening services outlined in this agreement.

Date: June 20, 2025

City of Orland Park
Designated Employer Representative

Worksite Wellness Occupational Health
Services, PLLC Representative

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Appendix A Cont'd

NFPA 1582 Firefighter Physical Exam	\$175
Screening Questionnaires (Depression/PTSD/CAGE Alcohol/DAST/OSA/Cancer Screening)	Included in Exam
OSHA 1910 Respirator Fitness Exam with OSHA Questionnaire	
NFPA 1582 Basic Physical Exam	\$125
PFT/Spirometry	\$75
Audiogram	\$60
Titmus Vision Screening	\$50
EKG	\$100
Chest x-ray	\$150
Urinalysis	Included in Exam
CBC	\$25
CMP	\$25
Lipids	\$25
Quantiferon TB Gold	\$125
Cardiac Stress Testing	\$350
Onsite Fee (PER DAY)	\$150

Additional Age/Gender/Health History/Specialty Specific
Services/Recommendation by Provider based on NPFA Standards

Colon CA Screening (Digital Rectal and Fecal Occult Blood testing)	\$75
Prostate CA Screening (Digital Rectal and PSA)	\$150
PAT Physical Abilities Test	\$100
Mammograms	TBD
Cervical Cancer Screening	TBD
Bone Density Screening	TBD
Respirator Mask Fit Testing	\$100
Hep B titer	\$125
MMR titer	\$125
Varicella titer	\$125
Hep B Vaccine	\$150
MMR Vaccine	\$150
Varicella Vaccine	\$150
Urine Drug Screening Rapid on-site drug testing 10 panel	\$75
Breath Alcohol Testing	\$75

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City of Orland Park Proposal/Appendices

APPENDIX B – Proposal Summary Sheet

PROPOSAL SUMMARY SHEET

#RFP 25-038

Occupational Health Services Program

Business Name: Worksite Wellness Occupational Health Services
Street Address: 732 Greenfield Turn
City, State, Zip: Yorkville, IL 60560
Contact Name: Robin Horaz
Title: Owner / CEO
Phone: 630-740-4939 Fax: 630-882-9411
E-Mail address: rhorazfnp@worksitewellnessocc
health.com

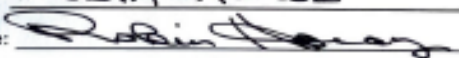
Price Proposal

SEE UNIT PRICE SHEET

Please provide the address(es) of your Health Facility below if different than above.

Street Address(es)	City	State	Zip
1. Admin. office above			
2.			

AUTHORIZATION & SIGNATURE

Name of Authorized Signee: Robin Horaz
Signature of Authorized Signee: 
Title: Owner / CEO Date: 6-20-25

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City of Orland Park Proposal/Appendices

APPENDIX C – Unit Pricing Sheet

See Attached

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APPENDIX D – Certificate of Compliance

See Attached

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APPENDIX E – Insurance Requirements

See Attached

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APPENDIX F – References Sheet

References:

Our organization has successfully met the needs of various clients while maintaining an impeccable record—zero litigation or bankruptcy history. We are dedicated to providing comprehensive workplace health solutions across multiple service categories, as detailed in our previous website development process. Currently we are contracted with several area fire departments including: Somonauk Fire Protection District, Sandwich Fire Department, Little Rock Fox Fire Protection District, Brookfield Fire Department and Bedford Park Fire as well.

We have provided a minimum of three references from organizations of similar size and scope to the City of Orland Park. These references include details on contact information, scope of services provided, and length of service time. Our high-scoring proposals prioritize municipal references that align with the City's needs.

References	Contact Name	Phone	Email
Little Rock Fox Fire Protection District	Lori Kreinbrink	630-364-8873	lkreinbrink@lrffpd.com
Somonauk Fire Department	Chief Pat Colford	815-768-8872	chief.colford@somonaukfire.com
Brookfield Fire Department	Chief Jim Adams	708-497-0007	jadams@brookfieldil.gov
Bedford Park Fire Department	Chief Dan Johnson	708-563-4510	djohnson@bedfordparkfd.com



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Unit Price Sheet

RFP #25-038

Occupational Health Services Program

Occupational Health Services Program Pricing Proposal					
Services	2025-2026 Rate (Per Service)	2026-2027 Rate (Per Service)	2027-2028 Rate (Per Service)	Optional Year 2029 Rate (Per Service)	Optional Year 2030 Rate (Per Service)
EXAMINATIONS					
DOT Examination [includes UA, vision]	\$150.00	\$150.00	\$150.00		
Non-DOT Examination [includes vision]	\$125.00	\$125.00	\$125.00		
Fit for Duty Examinations	\$175.00	\$175.00	\$175.00		
Respirator Clearance Examination	\$125.00	\$125.00	\$125.00		
TESTING AND SCREENINGS					
Pulmonary Function Test (spirometry)	\$75.00	\$75.00	\$75.00		
Respirator Fit Test	\$75.00	\$75.00	\$75.00		
EKG	\$100.00	\$100.00	\$100.00		
Audiogram	\$60.00	\$60.00	\$60.00		
Titmus Vision	\$50.00	\$50.00	\$50.00		
Quantiferon Gold	\$125.00	\$125.00	\$125.00		
TB Skin Test	\$45.00	\$45.00	\$45.00		
Physical Ability Assessments	\$125.00	\$125.00	\$125.00		
Blood Draw Fee	\$25.00	\$25.00	\$25.00		
DRUG AND ALCOHOL TESTING					
NIDA and non-NIDA Drug [collection only]	\$50.00	\$50.00	\$50.00		
NIDA DRUG [collection & analysis]	\$100.00	\$100.00	\$100.00		
Non-NIDA Drug [collection & analysis]	\$75.00	\$75.00	\$75.00		
Breath Alcohol Test (DOT)	\$75.00	\$75.00	\$75.00		
Breath Alcohol Test (Non-DOT)	\$75.00	\$75.00	\$75.00		
VACCINATIONS/TITERS					
MMR Vaccine	\$150.00	\$150.00	\$150.00		
Varicella Vaccine	\$150.00	\$150.00	\$150.00		
Hepatitis B Vaccine [includes admin fee]	\$150.00	\$150.00	\$150.00		
Tdap [includes admin fee]	\$150.00	\$150.00	\$150.00		
Flu Vaccine [includes admin fee]	\$125.00	\$125.00	\$125.00		
Hepatitis B Titer	\$150.00	\$150.00	\$150.00		
MMR Titer	\$150.00	\$150.00	\$150.00		
Varicella Titer	\$150.00	\$150.00	\$150.00		
Vaccine Administration Fee	\$25.00	\$25.00	\$25.00		
WORK RELATED INJURY/ILLNESS CARE					
Office Visit New 99201	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99202	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99203	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99204	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99205	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99211	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99212	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99213	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99214	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99215	per IL fee schedule	per IL fee schedule	per IL fee schedule		
POST EXPOSURE TESTING					
HIV Rapid 86703	\$150.00	\$150.00	\$150.00		
Hepatitis B Surface Antibody 86317	\$75.00	\$75.00	\$75.00		
Hepatitis B Surface Antigen 87341	\$75.00	\$75.00	\$75.00		
Hepatitis C Surface Antibody 86803	\$75.00	\$75.00	\$75.00		
Blood Draw Fee 36415	\$25.00	\$25.00	\$25.00		
ON-SITE TESTING					
Per Staff Member/Per Hour	\$0.00	\$0.00	\$0.00		
Plus cost of each test or service performed	\$150.00	\$150.00	\$150.00		
AFTERHOURS DRUG/ALCOHOL TESTING					
Flat Fee	\$150.00	\$150.00	\$150.00		

Proposer: Robin Horaz, FNP-BC

Firm Name: Worksite Wellness Occupational Health Services

Signed: Robin Horaz

Title: Owner/CEO

Dated: June 20, 2025

 ORLAND PARK
CERTIFICATE OF COMPLIANCE

The undersigned Robin Horaz, as Owner / CEO
(Enter Name of Person Making Certification) (Enter Title of Person Making Certification)

and on behalf of Worksite Wellness, certifies that:
(Enter Name of Business Organization) Occupational Health Services

1) BUSINESS ORGANIZATION:

The Proposer is authorized to do business in Illinois: Yes ☒ No ☐

Federal Employer I.D.#: 99-2933494
(or Social Security # if a sole proprietor or individual)

The form of business organization of the Proposer is (check one):

☐ Sole Proprietor
☐ Independent Contractor (Individual)
☐ Partnership
☒ LLC
☐ Corporation _____
(State of Incorporation) (Date of Incorporation)

2) STATUS OF OWNERSHIP

Illinois Public Act 102-0265, approved August 2021, requires the Village of Orland Park to collect "Status of Ownership" information. This information is collected for reporting purposes only. Please check the following that applies to the ownership of your business and include any certifications for the categories checked with the proposal. Business ownership categories are as defined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, 30 ILCS 575/0.01 et seq.

Minority-Owned ☐	Small Business ☒ (SBA standards)
Women-Owned ☒	Prefer not to disclose ☐
Veteran-Owned ☒	Not Applicable ☐
Disabled-Owned ☐	

How are you certifying? Certificates Attached ☐ Self-Certifying ☒

STATUS OF OWNERSHIP FOR SUBCONTRACTORS

This information is collected for reporting purposes only. Please check the following that applies to the ownership of subcontractors.

Minority-Owned ☐	Small Business ☐ (SBA standards)
Women-Owned ☐	Prefer not to disclose ☐
Veteran-Owned ☐	Not Applicable ☒
Disabled-Owned ☐	

3) **ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS:** Yes ☒ No ☐

The Proposer is eligible to enter into public contracts, and is not barred from contracting with any unit of state or local government as a result of a violation of either Section 33E-3, or 33E-4 of the Illinois Criminal Code, or of any similar offense of "Bid-rigging" or "Bid-rotating" of any state or of the United States.

4) **SEXUAL HARASSMENT POLICY:** Yes ☒ No ☐

Please be advised that Public Act 87-1257, effective July 1, 1993, 775 ILCS 5/2-105 (A) has been amended to provide that every party to a public contract must have a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4) and includes, at a minimum, the following information: (I) the illegality of sexual harassment; (II) the definition of sexual harassment under State law; (III) a description of sexual harassment, utilizing examples; (IV) the vendor's internal complaint process including penalties; (V) the legal recourse, investigative and complaint process available through the Department of Human Rights (the "Department") and the Human Rights Commission (the "Commission"); (VI) directions on how to contact the Department and Commission; and (VII) protection against retaliation as provided by Section 6-101 of the Act. (Illinois Human Rights Act). (emphasis added). Pursuant to 775 ILCS 5/1-103 (M) (2002), a "public contract" includes "...every contract to which the State, any of its political subdivisions or any municipal corporation is a party."

5) **EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE:** Yes ☒ No ☐

During the performance of this Project, Proposer agrees to comply with the "Illinois Human Rights Act", 775 ILCS Title 5 and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq. The

Proposer shall: (I) not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (IV) send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (V) submit reports as required by the Department's Rules and Regulations for Public Contracts, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; (VI) permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and Department for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; and (VII) include verbatim or by reference the provisions of this Equal Employment Opportunity Clause in every subcontract it awards under which any portion of this Agreement obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor. In the same manner as the other provisions of this Agreement, the Proposer will be liable for compliance with applicable provisions of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by the Illinois Human Rights Department to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations. Subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Proposer and any person under which any portion of the Proposer's obligations under one or more public contracts is performed, undertaken or assumed; the term "subcontract", however, shall not include

any agreement, arrangement or understanding in which the parties stand in the relationship of an employer and an employee, or between a Proposer or other organization and its customers. In the event of the Proposer's noncompliance with any provision of this Equal Employment Opportunity Clause, the Illinois Human Right Act, or the Rules and Regulations for Public Contracts of the Department of Human Rights the Proposer may be declared non-responsible and therefore ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and this agreement may be canceled or avoided in whole or in part, and such other sanctions or penalties may be imposed or remedies involved as provided by statute or regulation.

6) **TAX CERTIFICATION:** Yes ☒ No ☐

Contractor is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

7) **AUTHORIZATION & SIGNATURE:**

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Contractor set forth on the Proposal, that I have personal knowledge of all the information set forth herein and that all statements, representations, that the Proposal is genuine and not collusive, and information provided in or with this Certificate are true and accurate. The undersigned, having become familiar with the Project specified, proposes to provide and furnish all of the labor, materials, necessary tools, expendable equipment and all utility and transportation services necessary to perform and complete in a workmanlike manner all of the work required for the Project.

ACKNOWLEDGED AND AGREED TO:

Robin Horaz
Signature of Authorized Officer

Robin Horaz
Name of Authorized Officer

Owner / CEO
Title

6.20.25
Date



ORLAND PARK

INSURANCE REQUIREMENTS

Please sign and provide a policy Specimen Certificate of Insurance showing current coverages.

If awarded the contract, all Required Policy Endorsements noted in the left column in **red bold type** **MUST** be provided.

Standard Insurance Requirements	Please provide the following coverage if box is checked.
<u>WORKERS' COMPENSATION & EMPLOYER LIABILITY</u> Full Statutory Limits - Employers Liability \$500,000 – Each Accident \$500,000 – Each Employee \$500,000 – Policy Limit Waiver of Subrogation in favor of the Village of Orland Park	<u>LIABILITY UMBRELLA</u> (Follow Form Policy) ☐ \$1,000,000 – Each Occurrence \$1,000,000 – Aggregate ☐ \$2,000,000 – Each Occurrence \$2,000,000 – Aggregate \$3,000,000 Per Occurrence / \$3,000,000 Aggregated ☒ Other: _____ EXCESS MUST COVER: General Liability, Automobile Liability, Employers' Liability
<u>AUTOMOBILE LIABILITY</u> (ISO Form CA 0001) \$1,000,000 – Combined Single Limit Per Occurrence Bodily Injury & Property Damage. Applicable for All Company Vehicles.	<u>PROFESSIONAL LIABILITY</u> ☐ \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date ☐ \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date \$2,000,000 Per Occurrence / \$4,000,000 Aggregated ☒ Other: _____ Deductible not-to-exceed \$50,000 without prior written approval
<u>GENERAL LIABILITY</u> (Occurrence basis) (ISO Form CG 0001) \$1,000,000 – Combined Single Limit Per Occurrence Bodily Injury & Property Damage \$2,000,000 – General Aggregate Limit \$1,000,000 – Personal & Advertising Injury \$2,000,000 – Products/Completed Operations Aggregate	☐ <u>BUILDERS RISK</u> Completed Property Full Replacement Cost Limits – Structures under construction
<u>ADDITIONAL INSURED ENDORSEMENTS:</u> (Not applicable for Goods Only Purchases) • ISO CG 20 10 or CG 20 26 (or Equivalent) Commercial General Liability Coverage • CG 20 01 Primary & Non-Contributory (or Equivalent) The Village must be named as the Primary Non-Contributory which makes the Village a priority and collects off the policy prior to any other claimants. • Blanket General Liability Waiver of Subrogation - Village of Orland Park A provision that prohibits an insurer from pursuing a third party to recover damages for covered losses.	☐ <u>ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY</u> \$1,000,000 Limit for bodily injury, property damage and remediation costs resulting from a pollution incident at, on or mitigating beyond the job site
	☐ <u>CYBER LIABILITY</u> \$1,000,000 Limit per Data Breach for liability, notification, response, credit monitoring service costs, and software/property damage
	☐ CG 20 37 ADDITIONAL INSURED – Completed Operations (Provide only if box is checked)

Any insurance policies providing the coverages required of the Consultant, excluding Professional Liability, shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, officials, employees, volunteers and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured." The required additional Insured coverage shall be provided on the Insurance Service Office (ISO) CG 20 10 or CG 20 26 endorsements or an endorsement at least as broad as the above noted endorsements as determined by the Village of Orland Park. Any Village of Orland Park insurance coverage shall be deemed to be on an excess or contingent basis as confirmed by the required (ISO) CG 20 01 Additional Insured Primary & Non- Contributory Endorsement. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regard to General Liability and Workers' Compensation coverage. The certificate of insurance shall also state this information on its face. Any insurance company providing coverage must hold an A-, VII rating according to Best's Key Rating Guide. Each insurance policy required shall have the Village of Orland Park expressly endorsed onto the policy as a Cancellation Notice Recipient. Should any of the policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsements shall not be a waiver of the contractor's obligation to provide all the above insurance.

Consultant agrees that prior to any commencement of work to furnish evidence of Insurance coverage providing for at minimum the coverages, endorsements and limits described above directly to the Village of Orland Park, 14700 S. Ravinia Avenue, Orland Park, IL 60462. Failure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the contractor.

ACCEPTED & AGREED THIS 20 DAY OF June, 2025



Signature

Robin Horaz

Printed Name & Title Owner/CEO

Authorized to execute agreements for:

Worksite Wellness

Name of Company Occupational Health Services



WORKWEL-01

INCLANA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Office of America 920 Davis Road Suite 100 Elgin, IL 60123	CONTACT NAME: PHONE (A/C, No, Ext): (847) 628-1182 FAX (A/C, No): E-MAIL ADDRESS: amber.payan-inclan@ioausa.com														
INSURED Worksite Wellness Occupational Health Services LLC 732 Greenfield Turn Yorkville, IL 60560	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Underwriters at Lloyd's London (IL)</td><td>15792</td></tr><tr><td>INSURER B : The Cincinnati Casualty Company</td><td>28665</td></tr><tr><td>INSURER C : The Cincinnati Indemnity Company</td><td>23280</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Underwriters at Lloyd's London (IL)	15792	INSURER B : The Cincinnati Casualty Company	28665	INSURER C : The Cincinnati Indemnity Company	23280	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ PROFESSIONAL GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			MSN0140362765	6/6/2025	6/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 ABUSE \$ 100,000
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			EBA 0718042	6/6/2025	6/6/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N ☒ N / A			EWC 0718044	6/6/2025	6/6/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

For Informational Purposes Only



Phone: (407) 949-6058
Email: amber.payan-inclan@ioausa.com

INVOICE

LOOKUP CODE	WORKWEL-01
INVOICE	5222025
DATE	5/22/2025
SERVICE TEAM	Anthony Spina Amber Inclan
PAGE	1 of 1

Worksite Wellness Occupational Health Services LLC
732 Greenfield Turn
Yorkville, IL 60560

TRANSACTION TYPE	EFFECTIVE	COMPANY	DESCRIPTION
Renewal	6/6/2025 - 6/6/2026	Underwriters at Lloyd's London (IL)	Commercial Package

Payment Options:

Traditional Wire or ACH: You can obtain IOA's wire or ACH instructions from your IOA service team.

SecurFee Payment Portal: <https://serviceapi.securfee.com/ioausa> The payment portal allows ACH payments (up to \$250,000) using your bank account number and bank routing number (no fees apply). The portal also provides the option of using a credit card (fees will apply).

Premium Financing: IOA has established partnerships with industry leading premium finance companies. If you would like more information on premium financing, please reach out to your service team.

Mailing Payment: If remitting a check, please include a copy of this invoice with payment.

Regular Payment Address:

Insurance Office of America
P.O. Box 162969
Altamonte Springs, FL 32716-2969

Overnight Payment Address:

Insurance Office of America
1855 West State Road 434
Longwood, FL 32750

**Down
Payment
INVOICE
TOTAL**

\$966.00



Unit Price Sheet - **AMENDED**

RFP #25-038

Occupational Health Services Program

Occupational Health Services Program Pricing Proposal

Services	2025-2026 Rate (Per Service)	2026-2027 Rate (Per Service)	2027-2028 Rate (Per Service)	Optional Year 2028 Rate (Per Service)	Optional Year 2030 Rate (Per Service)
EXAMINATIONS					
DOT Examination (Includes UA, Vision)	\$150.00	\$150.00	\$150.00		
Non-DOT Examination (Includes vision)	\$125.00	\$125.00	\$125.00		
FIR for Duty Examinations	\$175.00	\$175.00	\$175.00		
Respirator Clearance Examination	\$125.00	\$125.00	\$125.00		
TESTING AND SCREENINGS					
Pulmonary Function Test (spirometry)	\$75.00	\$75.00	\$75.00		
Respirator FIR Test	\$75.00	\$75.00	\$75.00		
EKG Test	\$100.00	\$100.00	\$100.00		
Audiogram	\$60.00	\$60.00	\$60.00		
Titmus Vision	\$50.00	\$50.00	\$50.00		
Quantiferon Gold	\$125.00	\$125.00	\$125.00		
TB Skin Test	\$45.00	\$45.00	\$45.00		
Physical Ability Assessments	\$125.00	\$125.00	\$125.00		
Blood Draw Fee	\$25.00	\$25.00	\$25.00		
DRUG AND ALCOHOL TESTING					
NIDA and non-NIDA Drug (collection only)	\$50.00	\$50.00	\$50.00		
NIDA DRUG (collection & analysis)	\$100.00	\$100.00	\$100.00		
Non-NIDA Drug (collection & analysis)	\$75.00	\$75.00	\$75.00		
Breath Alcohol Test (DOT)	\$75.00	\$75.00	\$75.00		
Breath Alcohol Test (Non-DOT)	\$75.00	\$75.00	\$75.00		
VACCINATIONS/TITERS					
MMR Vaccine	\$150.00	\$150.00	\$150.00		
Varicella Vaccine	\$150.00	\$150.00	\$150.00		
Hepatitis B Vaccine (includes admin fee)	\$150.00	\$150.00	\$150.00		
Tdap (includes admin fee)	\$150.00	\$150.00	\$150.00		
Flu Vaccine (includes admin fee)	\$125.00	\$125.00	\$125.00		
Hepatitis B Titer	\$150.00	\$150.00	\$150.00		
MMR Titer	\$150.00	\$150.00	\$150.00		
Varicella Titer	\$150.00	\$150.00	\$150.00		
Vaccine Administration Fee	\$25.00	\$25.00	\$25.00		
WORK RELATED INJURY/ILLNESS CASE					
Office Visit New 99201	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99202	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99203	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99204	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit New 99205	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99211	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99212	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99213	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99214	per IL fee schedule	per IL fee schedule	per IL fee schedule		
Office Visit Recheck 99215	per IL fee schedule	per IL fee schedule	per IL fee schedule		
POST EXPOSURE TESTING					
HIV Rapid 86703	\$150.00	\$150.00	\$150.00		
Hepatitis B Surface Antibody 86377	\$75.00	\$75.00	\$75.00		
Hepatitis B Surface Antigen 87241	\$75.00	\$75.00	\$75.00		
Hepatitis C Surface Antibody 86803	\$75.00	\$75.00	\$75.00		
Blood Draw Fee 36415	\$25.00	\$25.00	\$25.00		
ON-SITE TESTING					
Per Staff Member/Per Hour	\$0.00	\$0.00	\$0.00		
Plus cost of each test or service performed	\$150.00	\$150.00	\$150.00		
AFTERHOURS DRUG/ALCOHOL TESTING					
Flat Fee	\$100.00	\$100.00	\$100.00		

Prepared: WORKSITE WELLNESS OCCUPATIONAL HEALTH SERVICES

ROBIN HORAZ, FNP-BC

Signature:

OWNER/CEO

Date:

06/22/2025