Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA, for the period of Date of Award through August 31, 2014 with an option to renew for an additional four one-year periods.

#### BASE YEAR – Date of Award through August 31, 2014

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange) Charge for adding 1 tooth in addition to basic repair	\$	\$	12
(lab determines tooth brand)	\$	\$	25
Additional charge per tooth using IPN anterior	\$	\$	10
Additional charge per tooth using IPN posterior	\$	\$	10
Adding clasp in addition to basic repair:			
wrought wire	\$	\$	5
cast clasp	\$	\$	2
Wire reinforcement in addition to acrylic repair	\$	\$	3
Mesh reinforcement in addition to acrylic repair	\$	\$	2
Weld to Partial with repair	\$	\$	1
Relines:			
Complete Denture	\$	\$	10
Partial Denture	\$	\$	2
Rebases:			
Complete Denture	\$	\$	1
Partial Denture	\$	\$	1
All acrylic partial (flipper) 1 tooth			
(labs choice in tooth brand)	\$	\$	5
(laus choice in tooth brand)	Φ	Ψ	3
Charge for each additional tooth	Φ.	d)	~
(labs choice of tooth brand)	\$	\$	5
Additional charge for each IPN anterior tooth	\$	\$	2 2
Additional charge for each IPN posterior tooth	\$	\$	2
All acrylic partial additional charge for each cast clasp All acrylic partial additional charge for each wrought	\$	\$	2
iron clasp	\$	\$	2
Repairable flexible acrylic partial such as Duraflex:		Total 12	
1 tooth (labs choice of tooth brand) Additional charge for each additional tooth	\$	\$	1
(labs choice of tooth brand) Additional charge for each IPN anterior tooth	\$	¢	9
Additional charge for each IPN posterior tooth	Ψ	Ψ	2
•	э <u> </u>	Ψ	<i>2</i>

Custom Trays: (4 stops and outline scribed by dentist Made from TRIAD Material no shellac		Total 70	
Vacuform)			
Crown and bridge custom tray	\$	\$	12
Complete denture custom tray	\$	\$	45
Partial denture custom tray	\$	\$	13
Bite Block/Bite Rim for Dentures			
(TRIAD material not shellac Vacuform)	\$	\$	58
Partial Dentures:			
The framework has already been made by the	VA Central Lab	Total 13	
Set-up charge:	\$	\$	13
Additional charge for each IPN anterior tooth	\$	\$ \$	6
Additional charge for each IPN posterior tooth	\$	\$	7
Process and finish charge:	\$	\$	13
Does finish Charge include Identification		YES	
If No, what is additional charge for Identif	ication \$	NO	
Complete Dentures:		Total 45	
A Sot up chorgo	¢	\$	45
A. Set up charge Additional charge for IPN teeth (1x14)	\$	\$ \$	45
B. Process and finish	\$ \$	\$ \$	45
Does this include Identification		YES	
If no, what additional charge for Identifica	tion \$	NO	
Crown and Bridge (includes pouring impressions a		Total 6 Units	
A. Crown: porcelain with Noble metal	\$	\$	2
B. Crown: full cast Noble metal	\$ \$	\$	1
C. Bridge Abutment: Crown porcelain with No		\$ \$	2
D. Bridge Abutment Crown full cast Noble me		\$	1
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Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

# OPTION YEAR 1 – September 1, 2014 through August 31, 2015

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange) Charge for adding 1 tooth in addition to basic repair	\$	\$	12
(lab determines tooth brand)	\$	\$	25
Additional charge per tooth using IPN anterior	\$	\$	10
Additional charge per tooth using IPN posterior	\$	\$	10
Adding clasp in addition to basic repair:			
wrought wire	\$	\$	5
cast clasp	\$	\$	2
Wire reinforcement in addition to acrylic repair	\$	\$	3
Mesh reinforcement in addition to acrylic repair	\$	\$	2
Weld to Partial with repair	\$	\$	1
Relines:			
Complete Denture	\$	\$	10
Partial Denture	\$	\$	2
Rebases:			
Complete Denture	\$	\$	1
Partial Denture	\$	\$	1
All acrylic partial (flipper) 1 tooth			
(labs choice in tooth brand)	\$	\$	5
Charge for each additional tooth			
(labs choice of tooth brand)	\$	\$	5
Additional charge for each IPN anterior tooth	\$	\$	2
Additional charge for each IPN posterior tooth	\$	\$	2 2
All acrylic partial additional charge for each cast clasp All acrylic partial additional charge for each wrought	\$	\$	2
iron clasp	\$	\$	2
Repairable flexible acrylic partial such as Duraflex:	Φ.	Total 12	
1 tooth (labs choice of tooth brand) Additional charge for each additional tooth (labs choice of tooth brand)	\$	\$	1
Additional charge for each IPN anterior tooth	\$	\$	9
Additional charge for each IPN posterior tooth	\$	\$	2
Custom Trays:	T	Total 70	_
(4 stops and outline scribed by dentist			
· •			

Made from TRIAD Material no shellac Vacuform)			
Crown and bridge custom tray	\$	\$	12
Complete denture custom tray	\$	\$	45
Partial denture custom tray	\$	\$	13
Bite Block/Bite Rim for Dentures			
(TRIAD material not shellac Vacuform)	\$	\$	58
Partial Dentures:			
The framework has already been made by the V	A Central Lab	Total 13	
Set-up charge:	\$	\$	13
Additional charge for each IPN anterior tooth Additional charge for each IPN posterior tooth	\$ \$	\$ \$	6 7
	'	Φ	
Process and finish charge:	\$	\$	13
Does finish Charge include Identification		YES NO	
If No, what is additional charge for Identific	eation \$		
Complete Dentures:		Total 45	
A. Set up charge	\$	\$	45
Additional charge for IPN teeth (1x14)	\$	\$	45
B. Process and finish	\$	\$	45
Does this include Identification		YES	
If no, what additional charge for Identificati	on \$	NO	
Crown and Bridge (includes pouring impressions an	d making dies	Total 6 Units	
A. Crown: porcelain with Noble metal	\$	\$	2
B. Crown: full cast Noble metal	\$	\$	1
C. Bridge Abutment: Crown porcelain with Nob			2
D. Bridge Abutment Crown full cast Noble meta	al \$	\$	1

Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

# OPTION YEAR 2 – September 1, 2015 through August 31, 2016

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange) Charge for adding 1 tooth in addition to basic repair	\$	\$	12
(lab determines tooth brand)	\$	\$	25
Additional charge per tooth using IPN anterior	\$	\$	10
Additional charge per tooth using IPN posterior	\$	\$	10
Adding clasp in addition to basic repair:			
wrought wire	\$	\$	5
cast clasp	\$	\$	2
Wire reinforcement in addition to acrylic repair	\$	\$	3
Mesh reinforcement in addition to acrylic repair	\$	\$	2
Weld to Partial with repair	\$	\$	1
Relines:			
Complete Denture	\$	\$	10
Partial Denture	\$	\$	2
Rebases:			
Complete Denture	\$	\$	1
Partial Denture	\$	\$	1
All acrylic partial (flipper) 1 tooth			
(labs choice in tooth brand)	\$	\$	5
Charge for each additional tooth			
(labs choice of tooth brand)	\$	\$	5
Additional charge for each IPN anterior tooth	\$	\$	2
Additional charge for each IPN posterior tooth	\$	\$	2
All acrylic partial additional charge for each cast clasp	\$	\$	2
All acrylic partial additional charge for each wrought iron clasp	\$	\$	2
Repairable flexible acrylic partial such as Duraflex:		Total 12	
1 tooth (labs choice of tooth brand)	\$	\$	1
Additional charge for each additional tooth			
(labs choice of tooth brand)			
Additional charge for each IPN anterior tooth	\$	\$	9
Additional charge for each IPN posterior tooth	\$	\$	2
Custom Trays:		Total 70	
(4 stops and outline scribed by dentist			

Made from TRIAD Material no shellac Vacuform)			
Crown and bridge custom tray	\$	\$	12
Complete denture custom tray	\$	\$	45
Partial denture custom tray	\$	\$	13
Bite Block/Bite Rim for Dentures			
(TRIAD material not shellac Vacuform)	\$	\$	58
Partial Dentures:			
The framework has already been made by the V	A Central Lab	Total 13	
Set-up charge:	\$	\$	13
Additional charge for each IPN anterior tooth Additional charge for each IPN posterior tooth	\$ \$	\$ \$	6 7
	'	Φ	
Process and finish charge:	\$	\$	13
Does finish Charge include Identification		YES NO	
If No, what is additional charge for Identific	cation \$		
Complete Dentures:		Total 45	
A. Set up charge	\$	\$	45
Additional charge for IPN teeth (1x14)	\$	\$	45
B. Process and finish	\$	\$	45
Does this include Identification		YES	
If no, what additional charge for Identificati	on \$	NO	
Crown and Bridge (includes pouring impressions an	d making dies	Total 6 Units	
A. Crown: porcelain with Noble metal	\$	\$	2
B. Crown: full cast Noble metal	\$	\$	1
C. Bridge Abutment: Crown porcelain with Nob			2
D. Bridge Abutment Crown full cast Noble meta	al \$	\$	1

Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

# OPTION YEAR 3 – September 1, 2016 through August 31, 2017

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange) Charge for adding 1 tooth in addition to basic repair	\$	\$	12
(lab determines tooth brand)	\$	\$	25
Additional charge per tooth using IPN anterior	\$	\$	10
Additional charge per tooth using IPN posterior	\$	\$	10
Adding clasp in addition to basic repair:			
wrought wire	\$	\$	5
cast clasp	\$	\$	2
Wire reinforcement in addition to acrylic repair	\$	\$	3 2
Mesh reinforcement in addition to acrylic repair	\$	\$	
Weld to Partial with repair	\$	\$	1
Relines:			4.0
Complete Denture	\$	\$	10
Partial Denture	\$	\$	2
Rebases:			
Complete Denture	\$	\$	1
Partial Denture	\$	\$	1
All acrylic partial (flipper) 1 tooth			
(labs choice in tooth brand)	\$	\$	5
Charge for each additional tooth			
(labs choice of tooth brand)	\$	\$	5
Additional charge for each IPN anterior tooth	\$	\$	2
Additional charge for each IPN posterior tooth	\$	\$	2
All acrylic partial additional charge for each cast clasp All acrylic partial additional charge for each wrought	\$	\$	2
iron clasp	\$	\$	2
Repairable flexible acrylic partial such as Duraflex:		Total 12	
1 tooth (labs choice of tooth brand) Additional charge for each additional tooth (labs choice of tooth brand)	\$	\$	1
Additional charge for each IPN anterior tooth	\$	\$	9
Additional charge for each IPN posterior tooth	\$	\$	2
Custom Trays:		Total 70	
(4 stops and outline scribed by dentist			

Made from TRIAD Material no shellac Vacuform)			
Crown and bridge custom tray	\$	\$	12
Complete denture custom tray	\$	\$	45
Partial denture custom tray	\$	\$	13
Bite Block/Bite Rim for Dentures			
(TRIAD material not shellac Vacuform)	\$	\$	58
Partial Dentures:			
The framework has already been made by the VA	Central Lab	Total 13	
Set-up charge:	\$	\$	13
Additional charge for each IPN anterior tooth	\$	\$	6
Additional charge for each IPN posterior tooth	\$	\$	7
Process and finish charge:	\$	\$	13
Does finish Charge include Identification		YES	
If No, what is additional charge for Identifica	ation \$	NO	
Complete Dentures:		Total 45	
A. Set up charge	\$	\$	45
Additional charge for IPN teeth (1x14)	\$	\$	45
B. Process and finish	\$	\$	45
Does this include Identification		YES	
If no, what additional charge for Identificatio	on \$	NO	
Crown and Bridge (includes pouring impressions and		Total 6 Units	
A. Crown: porcelain with Noble metal	\$	\$	2
B. Crown: full cast Noble metal	\$		1
C. Bridge Abutment: Crown porcelain with Nobl	e metal \$	\$	2
D. Bridge Abutment Crown full cast Noble metal		\$	1

Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

# OPTION YEAR 4 – September 1, 2017 through August 31, 2018

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange) Charge for adding 1 tooth in addition to basic repair (lab determines tooth brand) Additional charge per tooth using IPN anterior Additional charge per tooth using IPN posterior	\$ \$ \$	\$ \$ \$ \$	12 25 10 10
Adding clasp in addition to basic repair:  wrought wire cast clasp  Wire reinforcement in addition to acrylic repair  Mesh reinforcement in addition to acrylic repair  Weld to Partial with repair	\$ \$ \$ \$	\$ \$ \$ \$	5 2 3 2
Relines: Complete Denture Partial Denture	\$ \$	\$ \$	10 2
Rebases: Complete Denture Partial Denture	\$ \$	\$ \$	1 1
All acrylic partial (flipper) 1 tooth (labs choice in tooth brand)	\$	\$	5
Charge for each additional tooth (labs choice of tooth brand) Additional charge for each IPN anterior tooth Additional charge for each IPN posterior tooth All acrylic partial additional charge for each cast clasp All acrylic partial additional charge for each wrought iron clasp	\$ \$ \$ \$	\$ \$ \$ \$	5 2 2 2 2
Repairable flexible acrylic partial such as Duraflex: 1 tooth (labs choice of tooth brand) Additional charge for each additional tooth	\$	Total 12 \$	1
(labs choice of tooth brand) Additional charge for each IPN anterior tooth Additional charge for each IPN posterior tooth Custom Trays: (4 stops and outline scribed by dentist	\$ \$	\$ \$ Total 70	9 2

Made from TRIAD Material no shellac Vacuform)			
Crown and bridge custom tray	\$	\$	12
Complete denture custom tray	\$	\$	45
Partial denture custom tray	\$	\$	13
Bite Block/Bite Rim for Dentures			
(TRIAD material not shellac Vacuform)	\$	\$	58
Partial Dentures:			
The framework has already been made by the V	A Central Lab	Total 13	
Set-up charge:	\$	\$	13
Additional charge for each IPN anterior tooth Additional charge for each IPN posterior tooth	\$ \$	\$ \$	6 7
	'	Φ	
Process and finish charge:	\$	\$	13
Does finish Charge include Identification		YES NO	
If No, what is additional charge for Identific	eation \$		
Complete Dentures:		Total 45	
A. Set up charge	\$	\$	45
Additional charge for IPN teeth (1x14)	\$	\$	45
B. Process and finish	\$	\$	45
Does this include Identification		YES	
If no, what additional charge for Identificati	on \$	NO	
Crown and Bridge (includes pouring impressions an	d making dies	Total 6 Units	
A. Crown: porcelain with Noble metal	\$	\$	2
B. Crown: full cast Noble metal	\$	\$	1
C. Bridge Abutment: Crown porcelain with Nob			2
D. Bridge Abutment Crown full cast Noble meta	al \$	\$	1