

ATTACHMENT D: DEVIATIONS EXHIBIT

NNPS RFP#-2010/AB Effective date: 10/01/10

Name of Offeror: _____

Plans Quoted:

**Quoted Includes: Proposed Plans: PPO _____ HMO-High _____ HMO-
Low_____**

DEN PPO _____ VIS_____

Please list any deviations to RFP specifications below: