

NOTIFICATION OF FEE CHANGES
American Employers Alliance, Inc. Health Plan Program
Employer Adoption Agreement
+
Declaration of Trust
Schedule A

This notice describes the recent updates to the American Employers Alliance, Inc. Health Plan Program services effective January 1, 2025.

Steven Schindler

Steven Schindler, Trustee

SCHEDULE A

COMPENSATION

The fees below are already built into the monthly contribution. These are only meant to clarify what the fees consist of.

1. The Trustee

The Trustee shall receive monthly compensation in the amount of \$2,575 plus \$6 (six dollars) per month per Participant with medical coverage under the Plan on the first day of that month.

2. The Bank

The Bank shall receive compensation for services rendered as provided in the table below. In accordance with the standard procedures adopted by the Bank for the analysis of accounts, any earnings credit allowance generated with respect to balances maintained in the Bank Account shall be used to defray the fees to which the Bank is entitled based on the performance of its duties. To the extent the earnings credit allowance on the Bank Accounts exceeds the expenses incurred by the Bank in the performance of its duties, such excess allowance shall be considered compensation to the Bank in consideration of its performance of such duties.

CASH MANAGEMENT FEE SCHEDULE 1/1/2025

Cash Management Checking:

- | | |
|-------------------------------|--------------------|
| • Account Maintenance | \$ 18.00 monthly |
| • Deposit Tickets | \$ 1.00 |
| • Deposited Items | \$ 0.20 |
| • Checks Paid | \$ 0.25 |
| • ACH Debit | \$ 0.17 |
| • ACH Credit | \$ 0.17 |
| • Deposit Balance Maintenance | \$ 0.125 per 1,000 |

eTreasury Online Banking Service

Advantage profile

- | | | |
|-----------------------------------|-----------|---------------------|
| • Monthly Maintenance | \$ 50.00 | Includes 2 accounts |
| • Additional Accounts | \$ 12.50 | |
| • Additional Detail Items 0-200 | No charge | |
| • Additional Detail Items 201-500 | \$ 0.11 | |
| • Additional Detail Items 500+ | \$ 0.08 | |

Wire Origination Services

- | | | |
|----------------------------------|----------|-------------------------|
| • Wire Module | \$ 35.00 | Monthly Maintenance Fee |
| • Per Domestic Wire | \$ 15.00 | |
| • International & FX Wire | \$ 30.00 | |
| • Domestic Wires in Branch | \$ 30.00 | |
| • International & FX Wire/Branch | \$ 40.00 | |

| | |
|--------------------------------------|------------------|
| ACH Debit Block or ACH Filter | \$ 19.00 Monthly |
| • Debit Block Suspect Rejects | \$ 5.00 |

Miscellaneous Fees

| | |
|-----------------------------------|--------------|
| • Incoming wire fee | \$ 15.00 |
| • Incoming wire report | \$ 1.50 each |
| • Returned Deposited Item | \$ 15.00 |
| • Stop payments | \$ 30.00 |
| • Returned/Paid OD Item | \$ 37.00 |
| • Returned/Paid UAF (uncollected) | \$ 37.00 |
| • Audit Confirmation | \$ 30.00 |
| • Stop Payments | \$ 30.00 |

| | |
|-------------------------------------|-------------------------|
| Current Earnings Credit Rate | Tiered Structure |
| \$.00 to \$25,000 | 0.00% |
| \$ 25,001 to \$150,000 | 0.10% |
| \$ 150,001 to \$ 250,000 | 0.15% |
| \$ 250,001+ | 0.20% |

***Average monthly balance less 10% reserve**

*additional services pricing available upon request

Optional Service:

Check Fraud Prevention Services

| | |
|---------------------------------|----------------------|
| Check Positive Pay | \$ 50.00 per account |
| Check Payee Positive Pay | \$ 25.00 per account |
| • Per Issued | \$ 0.09 |
| • Manual Issued | \$ 0.09 |
| • Per Payee Issued | \$ 0.04 |
| • Positive Payee Exception Item | \$ 2.00 |

3. Third Party Administrators

Third party administrators shall receive compensation for services rendered as summarized below and as more fully described in the Contract Administration Agreement. To the extent the rates described vary based on the number of employees, the rate will be determined with reference to the total number of employees whose employers are providing them with coverage through the Plan.

EBPA, LLC dba EBPA, of South Burlington, Vermont

| Administration Fee Category | Fee Amount | Fee Guaranteed Through |
|--|----------------------------|------------------------|
| Dental Plan Implementation Fee (one-time) ¹ | \$ 2,750.00 | 12/31/2025 |
| Plan Document Drafting or Revision Fee | \$ 750.00/document | 12/31/2025 |
| Material Revisions to the SBC | \$ 350.00 per SBC Prepared | |
| Printing Jobs | Billed at Cost | 12/31/2025 |
| Medical Administration Service ^{1,2} | \$ 22.62/PEPM | 12/31/2025 |

| | | |
|---|---|------------|
| Utilization Management | \$ 3.74/PEPM | 12/31/2025 |
| PACE Claim Fiduciary | \$ 1.00/PEPM | 12/31/2025 |
| <u>MEC Plan Administration Service</u>^{1, 2, 3} | \$ 21.41/PEPM | 12/31/2025 |
| External PBM Integration Service | \$ 4.00/PEPM | 12/31/2025 |
| Dental Administration Service | \$ 5.00/PEPM | 12/31/2025 |
| <u>Network Access Fees:</u> | | |
| PHCS Physician's Only Network Fee ⁵ | \$ 8.00/PEPM | 12/31/2025 |
| APN Network Access Fee (Applies only to AL Plans) | \$ 6.00/PEPM | 12/31/2025 |
| APN Network Fee for Non-Alabama Claims | \$ 0.65/claim | 12/31/2025 |
| PHCS Physician's Only Wrap Network Fee | 15% of Savings | 12/31/2025 |
| Payer Compass Repricing Service Fee ⁵ | \$ 2.75/PEPM | 12/31/2025 |
| Kennion Balance Billing Support ⁵ | \$ 2.00/PEPM | 12/31/2025 |
| Processing Fee | 0.25% of Medical claims paid under the Plan | 12/31/2025 |
| Language Line Fee | \$ 3.95/minute | 12/31/2025 |

*PEPM- Per Employee Per Month

¹ Includes preparation of a Dental Plan Document and a printable SPD File. Assuming implementation of 3 dental plan designs.

² EBPA Medical administration fee includes the following services: Telemedicine Vendor Coordination, PD Drafts & Revisions, SBC's, ID Card and HealthJoy File Feeds.

³ The fees stated and the services provided assume that the number of Medical Plan Options offered will be no more than (10) ten on or after 1/1/2021.

⁴ UM and PACE Claim Fiduciary services do not apply to the MEC Plan.

⁵ Does not apply to AL Plans.

⁶ Does not apply to MEC Plans.

⁷ Monthly data file feed service for coordination with External vendors would be billable at \$250.00 per month per vendor. An initial implementation fee would also apply to set up the service with the vendor.

For the purpose of calculating monthly fees, an employee/enrollee is a person who is enrolled on the first day of the billing month.

The Plan Sponsor agrees that the Administrator may annually adjust all fees other than those so noted above as guaranteed, effective each anniversary of the Agreement. The Administrator reserves the right to revise a guaranteed fee should the Plan's enrollment decrease by 20% or more during the Plan year.

The fees contained herein are included as part of the Administrative Service Agreement between

the Administrator and Plan Sponsor.

America's TPA, Inc. dba HealthEZ, of Minneapolis, Minnesota

Effective: January 1, 2025 through December 31, 2025

| Administration Fee Category | Fee Amount |
|---|---|
| <u>HealthEZ Medical Administration and Services Fee</u> Per Employee Per Month (PEPM) Services include, but not limited to: <ul style="list-style-type: none"> ○ Medical Plan Administration Services ○ Custom Transactional Website ○ Member App ○ Custom ID Cards mailed to homes ○ Customer Service, including dedicated toll-free number with no phone trees ○ Dedicated Account Manager ○ Standard Reporting Package ○ Stop Loss Filing ○ Banking Services, including reconciliation ○ Claims Processing ○ Monthly Consolidated Statement, Medical Payment and Advocacy Services ○ Creation of SPDs and any Plan Amendments ○ Custom Communication Materials (print fees may apply) ○ Coordination of Benefits with Medicare and Other Insurance Carriers ○ Network Identification and Management ○ PBM Management ○ Plan data necessary for 5500 and other compliance filing if applicable | \$36.25 PEPM |
| <u>Network Service Fees</u> <ul style="list-style-type: none"> ○ Payer Compass RBP ○ PHCS Physician Only ○ Alabama Network ○ Reference Based Pricing Repricing Only – Payer Compass ○ Shared Savings – Code Edit ○ Balance Billing Support – Service provided by Kennion | \$3.50 PEPM \$7.50 PEPM \$6.00 PEPM \$3.50 PEPM 25% of Savings \$2.00 PEPM |
| <u>Care Coordination Services</u> <ul style="list-style-type: none"> ○ Inpatient Medical/Surgical Pre-Certification ○ Discharge Notification ○ Inpatient Concurrent Review ○ Discharge Planning ○ Identification of Potentially High Cost Hospitalizations ○ 24-Hour Help Line | \$2.63 PEPM |
| <u>Case and Chronic Case Management</u> *Billed as a claim | \$175.00 Per Hour* |
| <u>Physician Review</u> | Review Cost +10% |
| <u>NSA/TIC Compliance Services</u> | \$1.75 PEPM |

| | |
|---|----------------------------|
| <ul style="list-style-type: none"> ○ Creation and Hosting of In-Network, Out-of-Network, and Pharmacy Machine Readable Files ○ Access to HealthEZ's proprietary price transparency and comparison tool, EZChoice ○ Supervision and Management of the NSA IDR Process ○ Assistance with annual prescription drug reporting obligations | |
| <u>Claim Recovery Services</u> <ul style="list-style-type: none"> ○ Subrogation | 35% of Recoveries |
| <u>Other Non-Standard Fees</u> <ul style="list-style-type: none"> ○ MRF File Generation and Qualified Payment Amount Services ○ Kennion Balance Billing Support | \$1.00 PEPM \$2.00 PEPM |

MedOne LLC, LLC

- A. **Implementation Services.** Sponsor will pay to Administrator for the Implementation Services upon the first invoice after Effective Date as follows:

| | |
|---|-------------------------------------|
| Plan Setup and Implementation Support, Open Enrollment Participation and Support (for up to two TPA integrations) | Included in Core Administrative Fee |
|---|-------------------------------------|

- B. **Core Administrative Services.** Sponsor will pay to Administrator the following administrative fee for all the Core Administrative Services set forth in Exhibit A, Section 5:

| | |
|------------------------|--|
| Per Employee Per Month | \$2.50 PEPM (1-4,999 employees) \$2.25 PEPM (5,000 - 9,999 employees) \$2.00 PEPM 10,000 + employees |
| Minimum Monthly Fee | \$2,000.00 |

- C. **Ancillary Administrative Services.** Sponsor will pay to Administrator for the Ancillary Administrative Services requested or used by Sponsor as follows:

| SERVICE / DESCRIPTION | PRICE |
|---|--|
| Eligibility, Services | |
| Manual Eligibility | \$3.00 per Eligibility Record Update |
| Retroactive Termination Letters | Quoted Upon Request |
| Member Communications | |
| Member Packets (Mailed Direct to Member) | \$1.00 per Packet+ Postage |
| Customized Member Mailings | \$1.00 per Mailing+ Postage |
| Identification Cards | Initial Cards Included in Core Administrative Fee \$0.50 per Additional Cards |
| Customized Materials (Other Communications) | Quoted Upon Request |
| Claims Processing and Payment | |
| Direct Member Reimbursement (Manual 1 Claims) | \$2.50 per Claim + Postage |

| SERVICE/ DESCRIPTION | PRICE |
|---|--|
| Administrative Override Review | \$10.00 per Review |
| Utilization Management | |
| Low Value Exclusion Pro2.ram* | Included in Core Administrative Fee |
| Clinical Review Management Program*, including intervention at the point of sale to support appropriate use and initial clinical coverage reviews based upon established criteria | \$75.00 per Review (Guaranteed ROI or Charges are Reimbursed) |
| Denial Management Pro2.ram * | \$75.00 per Call |
| Copay Assist Program* | 25% Shared Savings (Guaranteed ROI or Charges are Reimbursed) |
| Opioid Abuse Mitigation Program* | \$0.25 PMPM, Minimum of \$1,000 (Billed Annually on Effective Date) |
| KANNACT Diabetic Program* | \$100 per Participant Per Month |
| Anneals | \$100 per Anneal Review |
| Independent Review Organization (IRO) Services - access to Administrator-supplied panel of IROs for external reviews if Administrator provides final internal appeals | Pass Through of Fees from IRO Entities |
| Custom Ad Hoc Reporting and Programming (to be quoted and approved prior to completion and billing) | \$150 per Hour |
| Audit/Fraud, Waste and Abuse | |
| Custom FWA Program | Quoted Upon Request |
| Sponsor-Requested Audits of Pharmacy | On Site Audit: \$1,500 per Audit Desk Audit: \$500/Audit |

**Client may opt-out of these optional programs as part of the Benefit Specification Form completion and sign-off*

HealthJoy

HealthJoy fees per employee per month ("PEPM") for each of the Program modules is as follows:

- HealthJoy Platform: **\$2.58**
- Medical Bill Review: **\$0.33**
- Teledoc General Medical: **\$1.50**
- Teledoc Mental Health: **\$0.84**
- Teledoc Primary360: **\$2.63**

The Paying Party will only pay for those Employees that are eligible to use the HealthJoy Platform, Behavioral Health Telemedicine and HealthJoy Rewards, which shall be those Employees that are enrolled in Client's sponsored medical plan(s).

- A telemedicine consult fee of \$55 will be charged for each Employee who engages in a telemedicine consult.
- A telemedicine consult fee of \$80 will be charged for each Employee who engages in a Behavioral Health Telemedicine consult.

StreamLine HR – COBRA Administration

One Time Set Up Fee-\$ Waived

Annual Fee \$ _Waived

Professional Service Fee- \$ 0.65 Per Eligible Employee per Month (the "PEPM"). The PEPM is calculated annually per the eligible headcount for the most highly participated plan at time of establishment of this agreement and updated annually at plan renewal. Streamline or the

Client has the right to request a plan audit and eligible headcount adjustment at any time throughout the plan year if the eligible headcount changes by more than 15%.

Minimum Monthly Fee is \$35.00

Administrative Fee- Streamline will charge all qualified beneficiaries a federally-allowed premium due or the state-allowed premium administration fee (which varies), billed directly to the qualified beneficiaries. If a client subsidizes a qualified beneficiary's premium, Streamline will bill the client for the applicable premium administration fee on a monthly basis.

COBRA General Rights Notice "Blast" Fee- At the client request during set up, Streamline will send a COBRA General Rights Notice to all eligible employees at a cost of \$1 per notice. All subsequent hires are provided the COBRA General Rights Notice at no additional cost to the PEPM.

Open enrollment, at the client request during plan renewal. Streamline will distribute open enrollment packages to current COBRA participants for an additional cost of \$20 per package.

APTA Health

1. Per Case Transaction Fee without Concierge Service or Price Negotiation

(This service level applies when concierge services and prices are supplied by the client.)

- a) If client utilizes medEcash for transaction processing and enters the transaction data themselves, the fee is 5% of each transaction up to a cap of \$150 per transaction.
- b) If client utilizes medEcash for transaction processing and APTA Health has to manually enter the transaction data, the fee is 5% of each transaction up to a cap of \$300 per transaction.

2. Per Case Concierge/Negotiation/Payment/Transaction Fees

(This service level applies when a case is fully managed by an APTA Health concierge and successfully completed.)

| REFERENCE PRICE | FEE |
|--|------------|
| Reference price <\$3,000.00 | \$450 |
| Reference price >=\$3,000.01 & <=\$7,000.00 | \$1,250 |
| Reference price >=\$7,000.01 & <=\$25,000.00 | \$2,850 |
| Reference price >= \$25,000.01 & <=\$40,000 | \$5,250 |
| Reference price >+\$40,000 | \$7,500 |

An appropriate member "shared savings" incentive is required for APTA Health to work on a per case fee basis. We will work with the client to design an incentive strategy that will work with each plan offering. The appropriate incentive depends on plan design.

3. Third Party Administrators Utilized

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EBPA, LLC dba EBPA

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America's TPA, Inc. dba HealthEZ