

NOTIFICATION OF FEE CHANGES
One Trust Health Plan Program
Employer Adoption Agreement
+
Declaration of Trust
Schedule A

This notice describes the recent updates to the One Trust Health Plan Program services effective January 1, 2025.

Hunter Shepherd
Hunter Shepherd, Trustee

SCHEDULE A
COMPENSATION

The below fees 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 compensation in the amount of \$6 (six dollars) per month per Participant with 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:

• Minimum Opening Deposit	\$ 100
• Monthly maintenance	
Transaction Fee:	
• 250 Transactions	No Charge
• Each additional transaction over 250	
Currency Deposited Fee	
• \$5,000	No Charge
• Each \$100 increment over \$5,000	\$ 0.20 per \$ 100
Paper Statement Fee	\$ 3.00

Miscellaneous Fees

Statements

• Electronic Statement	No Charge
• Special Statement (non-month-end statement cycle)	\$ 12 per statement
• Dormant account	\$ 5 per month
• Image Replacement Document	\$ 0.25 per document

Wire Transfers

• Incoming Fed Transfer	\$ 15 per transfer
• Wire Outgoing	\$ 25 per transfer
• Wire Internal/Book Transfer	\$ 10 per transfer
• Incoming International	\$ 16 per transfer
• Outgoing International	\$ 55 per transfer

- International Block \$ 50 per account, per month

Deposit of foreign Checks

- Canadian Item \$ 5 per item
- Other Foreign Item \$ 25 per item
- Collection of Foreign Checks⁴ \$ 45 per item

Other Fees

- Cashier's Checks \$ 8 each
- Legal Action Processing Fee \$ 100
- Account Research and Records \$ 3 per item

Debit cards

- Standard Business Visa Debit Card No Fee
- International service Assessment Fee \$3% of authorized debit card transactions made outside the U.S.

Other Account Charges

Dormant Accounts - A charge of \$5.00 per month is imposed, in addition to any other applicable charges on checking accounts with balances under \$5,000, if there have been no deposits or withdrawals in one year.

Return check / overdraft charges - A charge of \$35.00 is assessed for each overdraft created by check, in-person withdrawal, recurring debit card payment, or other electronic means and for each overdraft created by ATM withdrawal or one-time debit card purchase if you have opted in to having such items paid into overdraft with a fee assessed. There is also a charge of \$35.00 for each check drawn on your account that we return (or other order we do not pay) due to insufficient funds. If you overdraw your account by \$5.00 or less on any one day, there will be no overdraft charge.

Charge back check fee - A fee of \$16.00 is assessed and debited from your account for each check you deposit that is returned to us as unpaid.

Stop payments - A charge of \$37 is made for each stop payment request.

Automated Teller Machines (ATMs) - There is no charge to use a First Horizon Visa® Debit card issued by us for your deposits, cash withdrawals, or most balance inquiries at any of our ATMs. Checking accounts are charged \$3.00 for each account transaction and each balance inquiry using a non-First Horizon ATM.

2. 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

Administration Fee Category	Fee Amount	Fee Guaranteed Through
Set-Up Fee	\$8,500	N/A
Dental Plan Implementation Fee (one-time) ¹	\$2,750.00	12/31/2025
Printing Fee(s)	Billed at cost.	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	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
MEC Plan Administration Service ^{1,2,3}	\$21.41/PEPM	12/31/2025
External PBM Integration Service	\$4.00/PEPM	12/31/2025
Dental Administrative Service	\$5.00/PEPM	12/31/2025
Network Access Fees:		
PHCS Physician's Only Network Fee ⁴	\$8.00/PEPM	12/31/2025
APN Network Access Fee (<i>Applies only to AL Plans</i>)	\$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. Assumes 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, PACE Claim Fiduciary and Full Scope LCM 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 service with the vendor.

MedOne, 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 Claims)	\$2.50 per Claim + Postage

SERVICE/ DESCRIPTION	PRICE
Administrative Override Review	\$10.00 per Review
Utilization Management	
Low Value Exclusion Program*	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 Program *	\$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:

• Connected Platform:	\$2.58
• Medical Bill Review:	\$0.33
• Teledoc General Medical:	\$1.50
• Teledoc Mental Health:	\$0.84
• Teledoc Primary:	\$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

☐

EBPA, LLC dba EBPA