

Industry and Local 338 Welfare Fund
PPO without Drug
Joint Administered Arrangement (JAA)
Billing Number: 000RWB834
JAA Administrative Fee Per Plan Participant* Per Month:

<u>Contract Period</u>	<u>05/01/18 - 04/30/19</u>
Non-Medicare	\$10.97
Medicare	N/A
Discount Share %	1.5%

* Plan Participant is each family member under the plan.

The above Non-Medicare fee is based on 409 Plan Participants and 150 Plan Contracts. Empire reserves the right to recalculate the Fee if the number of Plan Participants or Plan Contracts change by 10% or more during the above contract period.

The above fee includes the following standard medical management services:

- **Utilization Management services, which include precertification of Inpatient initial and concurrent review, outpatient, ancillary service and specialty infusion review, retrospective review and pre-determination review.**
- **Case Management services, which include Complex Medical Case Management including Traumatic Injury, Critical Care, Oncology, LTAC and NICU, Transplant Case Management and Behavioral Health Case Management.**
- **The Behavioral Health utilization management program, includes Inpatient Acute initial and concurrent review.**

Fee does not include expenses for ad hoc report requests or other non standard requests.

The Administrative fee listed above does not cover expenses related to the processing of Empire claims incurred during the service period but paid after group termination.

The charge for processing 12 months of run-out claims is equal to 9% of claims paid during the run-out period. In addition, direct charges may be incurred following termination that are not included in the standard run-out processing fee (e.g., data feeds to other vendors).

The fee assumes the account is responsible for fiduciary liability.

Empire reserves the right to increase rates due to any taxes, fees and assessments prescribed by any statutory, regulatory, or other legal authority, which may bear directly on the financial consequences of this renewal.

This renewal assumes the Fund is HIPAA compliant.

Additional Service Fees

Discount Share - The fee will be equal to 1.5% of in-network discounts. In-network discount is the difference between billed charges for covered services and the negotiated amount. Prescription drug claims, claims paid on a capitated basis, Traditional network fee schedule and Payment Innovation program payments are excluded from the fee calculation. This fee will be limited as follows: up to \$5,000 per Claim.

Non-Network Claim Discounts. The fee will be equal to 50% of the negotiated savings achieved on certain non-network claims.

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Buy-Up Health and Wellness Services Per Plan Participant* Per Month

Contract Period **05/01/18 - 04/30/19**

Future Moms Program	\$0.10
24/7 Nurseline	\$0.21
ConditionCare Core	\$0.66
Complex Care	\$0.29
MyHealth Advantage Gold w/o Daily Alerts	\$0.40

* Plan Participant is each family member under the plan.

In addition to commissions that may be paid to the brokers at the request of the group on self-funded business administered by Empire, the broker may receive payments from Empire or may participate in cash or non-cash award programs, under one or more broker compensation programs (inclusive of incentive or bonus programs) that may be based on aggregate sales, business quality, or persistency. Except to the extent that they contributed to Empire's general administrative charges, such broker compensation programs are not charged specifically to an individual customer's account. You can obtain additional information regarding Empire's large group broker compensation programs by visiting www.empireblue.com or by contacting your Empire representative.

SIGNATURE SECTION	
Reviewed and Accepted on behalf of the Group by:	
Print Name:	
Title:	
Signature:	
Date:	