



## ASA SCHEDULE A: Self Fund Health Plan Fees

### Self Fund Health:

- Removes all commissions, overrides, or bonuses from carriers, ensuring these savings are passed onto you.
- Does not accept financial incentives from any component of your health plan, including stop loss, TPA, PBM, network, DPC, etc.
- Rebates received from PBM partners are passed back in full to you.

### Fixed Fees:

As referenced in the Agreement, the fees set forth below are payable by the Plan Sponsor for the administration of the Plan.

SELF FUND HEALTH SERVICES	Price
Self Fund Health Admin Fees	\$15.00 per employee per month (“PEPM”)
TPA services, Phone concierge (Yuzu)	\$30.00 per employee per month (“PEPM”)
Utilization Management (Medwatch)	\$3.00 per employee per month (“PEPM”)
<b>Network Fees (based on member location)</b>	
Alliance/Trilogy Network	\$8.00 per employee per month (“PEPM”)

Plan Administrative Services provided by Self Fund Health include the following: management of direct contracts with primary care and other service providers, strategy, mentoring and implementation support related to the establishment of the Plan, reporting and analysis of plan metrics, member communication as needed, and access to Self Fund Health Tools.

### Additional Services Fees:

The following services are included in the Plan for the additional Fee listed in the table below. This list is not inclusive, but includes some common charges:

ADDITIONAL SERVICES*	Price
Pharmacy Services (CapitalRx)	
Pharmacy Benefit Management (PBM)	\$6.00 per script
Medication Co-pay Programs	\$100 per usage

\*Service is provided by a third-party service provider engaged by Self Fund Health. Price listed is the portion of the total Standard Services Fee that is passed through to the service provider. The Plan Sponsor and Self Fund Health each acknowledge that all such payments shall be remitted or forwarded to the appropriate third-party on a pass-through basis, and that Self Fund Health will not retain any of these amounts or be paid by any of these third-parties. Plan Sponsor understands that the fees are set by the third-parties and may be subjected to change by third-parties unless limited by an agreement between Plan Sponsor and the third-party, or Self Fund Health and third-party. **Self Fund Health will accept instructions from Plan Sponsor to temporarily or permanently stop originating payment to one or more third-party vendor, provided however that Plan Sponsor understands that such instructions may result in the unavailability of services to Plan Members.**



**Shared Savings Incentive Fees:**

In addition to the Services fees set forth above, during the Term, Plan Sponsor will pay Self Fund Health a Shared Savings Incentive fee, calculated as follows:

- Shared savings percentage: 25%
- Maximum Shared Savings incentive fees: Equivalent of \$35 PEPM annually.

*Medical – Preferred Providers:*

Plan Sponsor will pay Self Fund Health a Shared Savings Incentive fee that's 25% of the savings from using our preferred providers or services. The fee is computed monthly as a quarter of the difference between the rate paid for services from our providers and the price of similar services from the in-network Hospital system. To calculate this, we'll use the Machine Readable Files (MRF) as required by the Transparency in Coverage Act. If primary data is missing, the Shared Savings Calculation will systematically determine pairings between hospitals and networks. This process starts with a primary hospital to primary network alignment and progresses through various hierarchical combinations, eventually leading all hospital categories to be matched with a 'Cash' network designation when specific data is unavailable. Hospital systems are chosen based on reporting or market share in your primary region.

<b>Hospital system used for baseline calculation:</b>	
<i>Chosen based on reporting or market share in your primary region.</i>	
Primary Hospital	SSM Health
Secondary Hospital	Mercy Health System
Tertiary Hospital	Fort Memorial Hospital

<b>If using the Alliance / Trilogy network with a First Health wrap network:</b>	
Primary Network	Alliance
Secondary Network	Trilogy
Tertiary Network	First Health
If all the following unavailable	Cash Rate

**Medical - Direct Primary Care:**

No shared savings are captured for visit or subscription fees. Savings from labs or procedures by the clinic are calculated using the formula above. If the DPC provider cannot itemize, it's assumed they offer services at 75% off health system prices.

**Medical - Hospital Savings:**

In cases without a Preferred Provider and when hospital care is necessary, cost comparisons between hospital systems will be used.

**Prescription:**

The 25% shared savings also pertains to prescription drug savings via methods like international sourcing, copay programs, patient assistance, and more. Baseline pricing will rely on past claims using CapitalRx, expected prices from CapitalRx's portal, or GoodRx's website if the former is unavailable.

**Prescriptions - DPC:**

Medications provided by the DPC are priced based on the PBM's price at invoicing. If the DPC can't itemize, it's assumed they offer a 75% discount.



**Overall Plan Performance:**

In addition to savings generated throughout the year, Shared Savings can also be earned based upon the individual employer’s stop loss renewal, which is used as a proxy for the overall plan’s performance. The fees will apply regardless of if the group terminates the coverage at the year end. The renewal fees are calculated assuming no change in contract basis, demographic shifts, or any other factors that would influence the stop-loss renewal outside of the overall plan’s performance.

Stop loss renewal	Shared Savings Incentive Fees
<= 3%	Maximum fees
3-7%	A minimum of \$25 PEPM
7%+	No additional fees

**Future Savings Opportunities:**

New programs may be introduced throughout the year that will enable additional plan savings and may contribute to the Shared Savings Incentive. Any of these programs will be communicated throughout the year.

Self Fund Health will provide Plan Sponsor with a monthly report of the Shared Savings, and the calculated Shared Savings Incentive fee on a monthly basis throughout the Term. Shared Savings Incentive fees will be capped at \$35 per employee, per month annually.

*Example Shared Savings Incentive fee calculation:*

For an employer with 100 employees, the maximum Shared Savings Incentive fee annually would be \$42,000 (calculated as \$35 \* 100 \* 12). These shared savings fees will be invoiced on a monthly basis.

If the Shared Savings Incentive fee does not hit the maximum cap during a Plan Term, a catch-up mechanism is in place. For a company with 100 employees, if only \$30,000 was generated in the first year (instead of the full \$42,000), an additional \$12,000 can be earned by Self Fund Health based on additional shared savings captured in subsequent years. Overages can only roll over one year.

In the event a plan design and/or regulations are materially changed impacting the administration of the Plan, the fees set forth above may be modified upon mutual agreement of the parties. An initial one-time set-up fee shall be payable prior to commencement of services under this Agreement, as set forth in the previously executed Letter of Intent (LOI) between the parties or as otherwise agreed.

**Self Fund Health**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Plan Sponsor**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



**SCHEDULE B: Stop-Loss Coverage**

As referenced in the Agreement, the fees set forth in the attached Stop Loss Proposal are payable by the Plan Sponsor for Stop-Loss Coverage procured by Self Fund Health related to the Plan.

**Stop-Loss Election:**

Plan Sponsor elects Stop-Loss Coverage below, as provided based on the Disclosure Form completed by Plan Sponsor and attached to this Schedule for reference:

	OPTION	DESCRIPTION
X	Option 1	Level Funded

**Self Fund Health**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Plan Sponsor**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_