

AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and CorVel Enterprise Comp, Inc., located at 3010 Highland Parkway, Suite 600, Downers Grove, IL 60515, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #20-110-HR which became effective on 12/1/2020 and which will expire 11/30/2023. The contract is subject to a first of one option to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 11/30/2024.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, including a one-time price adjustment effective 12/01/2023, as per the attached EXHIBIT A.

CONTRACTOR	THE COUNTY OF DUPAGE
SIGNATURE	SIGNATURE
Brandon O'Brien	Valerie Calvente
PRINTED NAME	PRINTED NAME
CF0	Buyer III
PRINTED TITLE	PRINTED TITLE
11/1/2023	
DATE	DATE

EXHIBIT A

Option 1 Year Renewal Life of Contract Effective December 1, 2023 through November 30, 2024 as follows:

Workers' Compensation Claims Administration

Description	Pricing
Life of Contract Claims Handling Fee - Per Claim	
Medical-Only	\$191.48
Indemnity (All Other States) 1	\$1,142.61
Employer's Liability	\$1,449.00

¹ Claim fee applies to AOS with the exception of premium states (CA, HI, AK, NY, TX and FL)

Auto Claims Administration

Description	Pricing
Liability Handling Fee - Per Claimant 1	
Auto Liability	
Bodily Injury	\$879.75
Property Damage	\$500.94
Auto Physical Damage	
Auto Collision Damage	\$318.78
Auto Comprehensive Damage	\$318.78
General Liability	
Bodily Injury	\$1,027.76
Property Damage	\$628.25
Product Liability	
Bodily Injury	\$512.00
Property Damage	\$512.00

¹ Liability pricing for both life of claim and life of contract for all class codes Other Liability Claim type pricing may apply

Program Management

Description	Pricing
Data Conversion - Per Data Source	Waived
Administration Fee - Per Annum ¹	\$5,977.13
Implementation Fee - One Time Fee	Waived
CareMC Access - Per Annum ²	
First 5 Full Access Users	Included
Each User over 5 - Per User, Per Year	\$1,197.50
State Fund Oversight (OH, WA)	50% of standard fees, based on service level

Includes Assistance with Self-Insured Data for State Reports, State Statistical Reporting & All State Filing Requirements

² CorVel Healthcare Corporation's managed care services must be used for all claims administered by CorVel.

² Includes Executive Dashboard, Claim Details, Claims Summary Screen & Claims Reporting

Account Management and Technical Support

Description	Pricing
Account Management Staff	Included
Electronic Data Transmission - (Per Month, Based on Frequency)	
Monthly File	\$259.00
Weekly File	\$621.00
Daily File	\$2,070 .00
Training – Onsite and Online	Included
Technical Support	Included
State EDI Files	Included
Monthly Reporting	Included
Ad hoc Report Programming - Per Hour	\$207.00
Communication Materials/Posters	Pass through printing cost
Annual Banking Fees	One account included
Additional Account(s) - Per Account	\$1,000.00
Carrier TPA Oversight Fees ¹	Bill from Carrier to Client

¹ Fees charged by the carrier (Oversight fees, Tail Claim transfer / takeover fees, etc.) are the responsibility of the client and will be billed directly to the client by the carrier or by CorVel should CorVel be invoiced for such fees.

Intake and Immediate Intervention Services

Description	Pricing
Claim Intake (includes one FNOL distribution) - Per Intake	Waived
Incident Only Reporting - Per Incident	\$36.00
Advocacy 24/7 - Per Call	\$120.00
Telehealth Services	Fee Schedule or U&C value by CPT code

Allocated Expense Fees

Legal Services

Description	Pricing
Subrogation	25% of Recoveries
Legal Bill Auditing 1	2.5% of gross legal charges reviewed
Indexing and OFAC Compliance - Per Index	\$17.60

Fees will never exceed the savings generated

Bill Review Services

Pricing
\$7.35
27% of Savings
\$6.54
Included

Includes bill intake, document imaging, file upload, state EDI's, and initial 1099 provider notification letters.

² Minimum transaction fee (MTF) per bill transaction. Applied per transaction if all other applicable fees do not meet the minimum transaction fee. Applies to all transactions, including but not limited to, Specialty Bills, Duplicate Bills and bills sent for Re-consideration or Re-evaluation. There is a maximum bill review transaction fee of \$15,000.00.

Patient	Management
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Patient Management	
Description	Pricing
Telephonic Case Management, Field Case Management	\$114.89
and Return to Work Coordinator - Per Hour	
Vocational Rehabilitation - Per Hour	\$114.89
Specialty Services (Catastrophic, Life Care Plan, Medicare	
Conditional Payments, Medicare Set Asides, Bilingual, Critical Incident	\$180.09
Stress Debriefing (CISD)) - Per Hour	
Nurse Utilization Review - Per Review	\$114.89
Physician Utilization Review - Per Review	\$285
UR Authorization Only (Adjuster Review) - CA - Per Review	\$41
Care Advocate - Per Claim	\$52
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Fee applies to all States with the exception of premium states (CA, HI, AK, and NY).

'Statutory rates supersede if applicable.

Prevailing IRS Mileage Rate applies.

Each invoice for Case Management Services shall have an additional professional service fee of \$40.37 billed to Customer.

Pharmacy Solutions

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Description	Pricing
Retail Pharmacies	
Brand	AWP -10% + \$3.00 dispensing fee
Generic	AWP -35% + \$3.00 dispensing fee
Mail Order	
Brand	AWP -13% + \$1.50 dispensing fee
Generic	AWP -45% + \$1.50 dispensing fee
Clinical Modeling	
Integration of Pharmacy Data	Included
Dynamic Calculation/Display in Care ^{MC}	Included
Pharmacy Interventions	
Certified Pharmacy Technician	Included
Rx Nurse	Included
Nurse Management	Case Management hourly rate
Pharmacy Review - Per Review	\$289.80
Cognitive Behavioral Therapy - Per Hour	\$289.80
Medication Review - Per Hour	\$289.80

Specialty Network Services

Specially Network Services	Pricing
Description	
Medical Imaging Services	Varies by State and Diagnostic
Independent Medical Exam	See 2023-24 IME/Peer Fee Schedule
Physical and Occupational Therapy	Varies by State
Durable Medical Equipment	Varies by State and Equipment
IME Peer Review - Per Hour	See 2023-24 IME/Peer Fee Schedule
Transportation	Varies by State and Service
Translation	Varies by State and Service Level

Medicare Agent Reporting

Medicare Agent Reporting	
Description	Pricing
Set up and engagement	Included
Monthly Maintenance	Included
Quarterly Reporting	Included

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State Certified Managed Care Networks 1

Description	Pricing
Implementation, Filing, Setup (one-time fee) IL PPP	\$2,500.00 per network
Administration	IL PPP Annual Fee: \$2,902.14
Optional Services (Appointment Scheduling, Training, Panel Creation, etc)	Varies by State

Implementation & administration for all other MCOs (AR MCO, CT MCO, FL MCA, GA MCO, MN MCO, NE MCO, NH MCO, NJ MCO, OK CMP & WV MHCP) are included in bill review fees. Each applicable state represents a separate network.

The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. Life of contract pricing has been selected, claims will be handled until closed or until the end of the agreement period, whichever comes first. Rates on claims that occur outside of the United States are subject to alternative pricing to be discussed prior to start of the contract. Pricing is valid for this Option for a one (1) year Renewal Term of the contract.

Any service not identified in this proposal will be provided at a later time.

² Additional bill fee is applied to all Bill Review transactions relating to the applicable state regardless of the bill's network utilization.