PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-011-HR
COMPANY NAME:	CorVel Enterprise Comp, Inc.
CONTACT PERSON:	Cathy Estock, Account Executive
CONTACT EMAIL:	cathy_estock@corvel.com

Section II: Pricing

Pricing terms shall be firm and fixed for the duration of the contract. Fill in fee rate even if estimated claims is zero (0).

Year 1

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
1	General Liability - BI	1	\$1,048	\$1,048
2	General Liability - PD	1	\$641	\$641
3	Auto Liability - BI	1	\$897	\$897
4	Auto Liability - PD	7	\$511	\$3,577
5	Auto Physical Damage	0	\$408	\$0
6	Errors & Omissions	0	\$0	\$0
7	Employment Practices	0	\$1,048 (per occurrence)	\$0
8	Property	0	\$897 (3 rd Party) *	\$0
9	Crime	0	\$1,048 (per occurrence)	\$0
10	WC Medical Only	55	\$195 (per occurrence)	\$10,725
11	WC Indemnity	50	\$1,164	\$58,220
12	Law Enforcement Liability	0	\$1,048 (per occurrence)	\$0
13	Subtotal Claim Fee			\$75,088
14	Account Management Fee			\$6,097

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
15	First Notice of Loss Intake	140	\$19	\$2,660
16	Bill Review		Incremental Pricing: \$7.50 and 27% Savings	
17	Telephonic Case Management		\$117	
18	Field Case Management		\$1117	
19	Vocational Rehabilitation		\$168	
20	Specialty Services (MSA, LCP, catastrophic)		\$222	
21	Utilization Review		\$117	
22	Peer Review/Physician Advisor		\$281	
23	Retro Peer's		\$281	
24	Subrogation		25% of Recovery	
25	Training-onsite and online		Included	
26	Technical Support		Included	
27	Other Charges (List)			
28	Run In Claims		\$0	\$0
29	Data Transfer Charges		\$0	\$0
	Please refer to CorVel Pricing Document for add'l services and pricing.			
		Year 1 T	otal Estimated Cost	\$83,845

^{*}occurrence only

Year 2

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
1	General Liability - BI	1	\$1,080	\$1,080
2	General Liability - PD	1	\$660	\$660
3	Auto Liability - BI	1	\$924	\$924
4	Auto Liability - PD	7	\$526	\$3,682

5	Auto Physical Damage	0	\$420	\$0
6	Errors & Omissions	0	\$1,080 (per occurrence)	\$0
7	Employment Practices	0	\$1,080 (per occurrence)	\$0
8	Property	0	\$924 (3 rd Party) *	\$0
9	Crime	0	\$1,080 (per occurrence)	\$0
10	WC Medical Only	55	\$201	\$11,055
11	WC Indemnity	50	\$1,199	\$59,950

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
12	Law Enforcement Liability	0	\$1,080(per occurrence)	\$0
13	Subtotal Claim Fee			\$77,351
14	Account Management Fee			\$6,280
15	First Notice of Loss Intake	140	\$20	\$2,800
16	Bill Review		Incremental Pricing: \$7.73 and 27% Savings	
17	Telephonic Case Management		\$121	
18	Field Case Management		\$121	
19	Vocational Rehabilitation		\$173	
20	Specialty Services (MSA, LCP, catastrophic)		\$229	
21	Utilization Review		\$121	
22	Peer Review/Physician Advisor		\$289	
23	Retro Peer's		\$289	
24	Subrogation		25% of recovery	
25	Training-onsite and online		Included	
26	Technical Support		Included	
27	Other Charges (List)			
	Please refer to CorVel Pricing Document for Add'll services and pricing.			

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
28	Run In Claims		\$0	\$0
29	Data Transfer Charges		\$0	\$0
		Year 2 T	otal Estimated Cost	\$86,431

^{*}occurrence only

Year 3

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
1	General Liability - BI	1	\$1,112	\$1,112
2	General Liability - PD	1	\$680	\$680
3	Auto Liability - BI	1	\$952	\$952
4	Auto Liability - PD	7	\$542	\$3,794
5	Auto Physical Damage	0	\$433	\$0
6	Errors & Omissions	0	\$1,112 (per occurrence)	\$0
7	Employment Practices	0	\$1,112 (per occurrence)	\$0
8	Property	0	\$952 (3 rd Party) *	\$0
9	Crime	0	\$1,112 (per occurrence)	\$0
10	WC Medical Only	55	\$207	\$11,385
11	WC Indemnity	50	\$1,235	\$61,750
12	Law Enforcement Liability	0	\$1,112 (per occurrence)	\$0
13	Subtotal Claim Fee			\$79,673
14	Account Management Fee			\$6,468
15	First Notice of Loss Intake	140	\$22	\$3.080
16	Bill Review		Incremental Pricing: \$7.96 & 27% Savings	
17	Telephonic Case Management		\$125	
18	Field Case Management		\$125	
19	Vocational Rehabilitation		\$179	

NO.	LINE OF COVERAGE	NO. CLAIMS	PER CLAIM FEE	ESTIMATED FEE
20	Specialty Services (MSA, LCP, catastrophic)		\$236	
21	Utilization Review		\$125	
22	Peer Review/Physician Advisor		\$298	
23	Retro Peer's		\$298	
24	Subrogation		25% of Recovery	
25	Training-onsite and online		Included	
26	Technical Support		Included	
27	Other Charges (List)			
28	Run In Claims		\$0	\$0
29	Data Transfer Charges		\$0	\$0
	Please refer to CorVel Pricing Document for Add'll services and pricing.			
	1	Year 3 T	Total Estimated Cost	\$89,221

^{*}occurrence only

A. Pricing

- Pricing for TPA services should be submitted based on three-year contract, renewing annually on mutual agreement, at pre agreed fees. Include the following options:
 - Life of contract (cost per claim)
 Refer to CorVel Cost Proposal
 - Flat rate (total cost of handling all claims within contract year)
 Refer to CorVel Cost Proposal
 - Include a detailed explanation regarding specific services that will be provided as part of basic "cost per claim" or "flat rate" and all items that will be charged as an additional or allocated expense

The per claim fee is for the claims administration of managing the claim. Examples of allocated expenses include but are not limited to items such as provider payments, nurse case management, bill review fees, pharmacy fees which are bill to the file.

Refer to CorVel Cost Proposal

• If a claim is initially reported as a "medical only" and moves to a "lost time" claim, how is it charged?

Claims previously invoiced as medical only will be invoiced the difference between the medical only and indemnity rates.

Include pricing for take-over of existing open claim files from previous TPA's As the incumbent, the County would not have charges for take-over.

Would firm be open to working on a performance-based fee structure?

Initial goals were identified at the program's onset, and we continue to review it for improvements and identifying our combined successes. The County and CorVel have worked diligently to reduce the open claims inventory which impacts total claim payments and reserves.

CorVel would be open to discussing a key performance initiative (KPIs') and related performance guarantees with the County.

- What is the most successful arrangement firm have with an existing client at the moment?Most of our programs are established based on life of contract.
- Indicate if alternative pricing arrangements are available (i.e., percentage of claim value, etc.).
 Life of Claim, Life of Contract, Annual Flat Rate, Cost Plus

4. What is basic RMIS cost for first user and each additional user?

Care^{MC} Access-Per Annum

First 5 Full Access Users Included

Each User over 5 – Per User, Per Year \$1,197.50

Provide data conversion cost.

As the incumbent, the County would experience no conversion costs.

- 6. Five years of loss runs are included to assist you with pricing. Details of estimated expected claim numbers are included on fee proposal pages. See Attachment A.
- List medical cost containment services, i.e. bill review procedure, fee schedule, utilization review, prescription drug program, etc. available for firm's clients and advise of any additional costs.

CorVel provides the County an integrated service model inclusive of 24/7, Nurse Advocacy, Case Management, Bill Review, Utilization Review, Ancillary Benefit Services, FNOL Reporting, Medicare Reporting and Medicare Set Aside within the same platform Care^{MC}.

As noted in the RFP, we partner with a provider for Safety and Loss control services based on the County's decision to utilize the services.

Please see Cost Proposal for Pricing on Services.

Provide charge(s) for medical bill reviews (Percentage of saving, per line or per bill charge, etc.).

CorVel offers the county and incremental cost structure for bill review that is a per bill fee for standard fess schedule or usual and customary bill charges. A percentage of savings is charged for savings that exceed these levels, network reductions, professional review reductions or negotiations are examples. Bill Review: Includes Standard Fee Schedule and UCR

- Per Bill ^{1,2} \$7.35

+ Network Solutions Includes: 2

Clinical Review, Implant Analysis, Line-Item Bill Review,

Negotiations, PPO Network Access, Substantive Denials,

Technical Evaluation 27% of Savings

Minimum Transaction Fee ² \$6.54

State EDI, Scanning/OCR, Initial 1099 Provider Notification Letter Included

¹ 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.

By signing below, the Bidde	er agrees to provide th	e required goods a	and/or s	service	s descri	ibed in th	he Bio
Specifications for the prices	quoted on this Propo	sal Pricing Form.	4		- 1		

Section III: Certification

Printed Name: Richard Schweppe	Signature on File	
Director and Title: Assistant Treasurer	_{Date:} January 21, 2025	