

## Schedule of Administrative Services and Fees

Group Name:	KOOTENAI COUNTY EMPLOYEE BENEFIT HEALTH PLAN
Group Id:	10017208
Quote Id:	0050697-01
Renewal Period:	January 1, 2024 to December 31, 2024
Enrolled Medical Employees as of April 2023:	754
Account Executive:	Misty DeBarbrie
Producer/Agency:	BURKHARDT, SCOTT M, ALLIANT INSURANCE SERVICES INC- COEUR D ALENE

Administrative Fees		
	Current PEPM	Renewal PEPM
<b>Medical Administration</b>	<b>\$42.57</b>	<b>\$42.57</b>
Regence Handles All Levels of Claims Appeals	Included	Included
Network Access	Included	Included
<b>Core Care Management Programs</b>	Included	Included
Utilization Management		
Case Management		
Transplant Case Management		
Clinical Account Management Support		
<b>Medical Administration Total</b>	<b>\$42.57</b>	<b>\$42.57</b>

Commissions / Fees		
	Current PEPM	Renewal PEPM
Medical Commission	\$0.00	\$0.00
ID Immunization Assessment	\$3.01	\$3.25

Total Administrative Fees		
	Current PEPM	Renewal PEPM
Medical	\$42.57	\$42.57
Commission & Fees	\$3.01	\$3.25
<b>Total Administrative Fees</b>	<b>\$45.58</b>	<b>\$45.82</b>

Optional Programs					
	Current		Renewal		Check selected programs:
	Rate	Fee Basis	Rate	Fee Basis	
<b>Care Management Programs</b>					
Infusion Drug Site of Care	30%	Shared Savings	30%	Shared Savings	<input checked="" type="checkbox"/>
Telehealth - MDLIVE	\$0.90	PEPM	\$0.90	PEPM	<input checked="" type="checkbox"/>
<b>Total Care Management Programs (PEPM)</b>	<b>\$0.90</b>		<b>\$0.90</b>		

Programs with Shared Savings fee basis are bill as they occur.  
Percentage shared savings fee for Infusion Site of Care is capped at \$15,000 per member per drug combination.

	Current		Renewal		Check selected programs:
	Rate	Fee Basis	Rate	Fee Basis	
<b>Health Solution Programs</b>					
enhanced medication support	\$1.43	PEPM	\$1.43	PEPM	<input checked="" type="checkbox"/>
<b>Total Health Solution Programs (PEPM)</b>	<b>\$1.43</b>		<b>\$1.43</b>		

Claims Terms		
	Current	Renewal
Required Advance Deposit	Waived	Waived
Frequency of Claims Payment	Weekly	Weekly
Payment Method	ACH Pull (Regence initiates)	ACH Pull (Regence initiates)

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### Service Fees

#### Pre and Post Pay Services

Coordination of Benefits	Included
Subrogation Cost Containment	30%
Vendor Recoveries (includes Post-Payment Claims Review/Audit)	30%
Special Investigations Unit (formerly Fraud & Abuse)	30%
Prioritized Payment Reviews	30%
Intelligence Driven Payment Solutions	30%
Supplemental Out-of-Network Savings	30%

#### Reporting and Technology

Employer Based Reporting	Included
Ad-hoc/Custom Reports	\$150 per hour with \$1,200 minimum
Regence.com	Included
Customized Website	Dependent on customization

#### Setup and Installation

Plan Setup and Installation	Included
ID Cards - Standard	Included
ID Cards - Custom	Dependent on customization
Preparation of Summary Plan Document	Included
Preparation of Summary of Benefits and Coverage	Included

#### Administration Services

Client Audits	\$150/hour over Regence standard audit commitment at IRO cost
Claim Appeals - Voluntary External Appeal (IRO)	at IRO cost
Drugs under medical benefit	
Clinical Pre-Authorization	\$55 per pre-authorization determination
Internal Clinical Appeals	\$250 per appeal
BlueCard Access and Surcharge Fees	Billed as they occur
BlueCard Fees (BC Admin)	Billed as they occur
Custom BlueCard Fees (BC PEPM)	Billed as they occur
Value Based Program Fees	Billed as they occur
ACO Managed Care Fees	Not Applicable

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### Renewal Assumptions and Conditions

- All rates are guaranteed for the twelve month period beginning January 1, 2024 through December 31, 2024, except in the case of:
  - \* Government mandated benefit change;
  - \* New or revised government taxes;
  - \* An amendment of the benefit plan or contract;
  - \* A business reorganization (e.g., acquiring, merging or selling a portion of the business operation) resulting in a +/- 10% enrollment change; or
  - \* Any change in employer contribution, employee eligibility, or probationary period.
- The census used in the rate calculation follows:
  - Medical 754 Subscribers, 1,741 Members
- Dependent eligibility must flow through the enrolled subscriber.
- Effective January 1, 2014, Affordable Care Act (ACA) requires that probationary period does not exceed 90 days.
- Group maintains the current contribution schedule.
- Regence has the right to non-renew any group that does not meet the standard minimum employer contribution at time of renewal: 50% of the employee rate.
- Regence has the right to non-renew any group that does not meet the standard minimum participation at the time of renewal: 75% of eligible employees or 50% of all employees, whichever is greater.
- Regence has the right to non-renew this ASC contract for any group that falls below 51 subscribers.
- Rates within this offer are based on at least 50% of the enrolled employees residing in the Regence and its affiliated service areas. "Affiliates service areas" refers to geographic areas served by Asuris Northwest Health, Regence BlueCross BlueShield of Oregon, Regence BlueShield of Idaho, Inc., Regence BlueCross BlueShield of Utah, and /or Regence BlueShield.
- The quoted rates assume that Regence will not be subject to the benefit or administrative mandates of any other state. In the event that a benefit or administrative mandate is applicable or imposed upon us, we reserve the right to immediately re-evaluate our underwriting position.
- The rates assume a true employee/employer relationship and that Regence would be contracting with one legal entity. Prior to enrollment, proof may be required documenting that this group is one legal contracting entity.
- Rates assume standard reporting. Any customized reporting required by the Producer/Group may result in additional fees.
- Regence Underwriting guidelines apply.
- Acceptance of this offer (with or without changes) is required no later than 15 days prior to the effective date. No retroactive changes are allowed. Our offer expires 30 days from the release date. The Group's master application must be completed, signed by the Group or group representative, and submitted to Underwriting for review no later than 15 days prior to the effective date of the contract. Failure to provide complete, signed paperwork in a timely manner will result in non-issuance of the contract.
- Regence reserves the right to re-rate if any of these assumptions are changed.
- Regence is the stop loss carrier. Additional fees apply if external stop loss carrier is used.
- Administrative fees assume Regence administers pharmacy benefits. Additional fees apply if another PBM is used.
- The Medical administration excludes value based program (VBP) fees. VBP fees will be included in the claims invoice if applicable.
- Regence will handle all member's claims appeals.
- When Regence handles all levels of appeals, fees related to a member's independent medical review organization (IRO) claim appeal will be billed to the Group.
- Administrative services fee for claims incurred prior to termination and paid during the runout period is 10% of paid claims costs.
- The runout period is 15 months after termination date.
- Other state tax fees will be billed to the Group.

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**Renewal Period:** January 1, 2024 to December 31, 2024  
**Enrolled Medical Employees as of April 2023:** 754  
**Account Executive:** Misty DeBarbrie  
**Producer/Agency:** BURKHARDT, SCOTT M, ALLIANT INSURANCE SERVICES INC- COEUR D ALENE

24. Rates do not include fees for the Reinsurance Tax. Self Insured groups must pay the assessment directly.
25. Rates do not include fees for the Patient Centered Outcome Research Trust Fund. Self Insured groups must pay the assessment directly.
26. Rates do not include fees for the Washington Provider Access Line Fund. Self Insured groups must pay the assessment directly.
27. Effective September 23, 2010, the Patient Protection and Affordable Care Act prohibits employers from discriminating in favor of highly compensated individuals as set forth in Internal Revenue Code section 105(h) and implementing regulations. Regence is unable to determine whether a plan discriminates in a way that violates the new law because it does not have access to information such as corporate structure, employee salaries, stock ownership, length of service, percentage of premiums paid by the employer, etc. Because the new law imposes fines on employers with discriminatory plans, Regence recommends that employers obtain tax and/or legal advice to ensure they comply with nondiscrimination requirements.

### EMPLOYER ACCEPTANCE

I acknowledge that this document includes all selected benefit options and rates associated with these benefits. Furthermore, I agree to the effective date of coverage, contingencies and assumptions listed in this document.

Authorized Signature: \_\_\_\_\_

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

## Schedule of Pharmacy Services and Fees

### KOOTENAI COUNTY EMPLOYEE BENEFIT HEALTH PLAN

Group Id: 10017208

Renewal Effective Date: January 1, 2024 through December 31, 2024

#### Schedule of Pharmacy Discounts, Dispensing Fees, and Rebates

##### Discounts and Dispensing Fees: Traditional Pricing

<b>Broad Plus Network Applies</b>	AWP Minus		Dispensing Fees	
	Brand	Generic	Brand	Generic
Retail	18.9%	85.2%	\$0.65	\$0.65
Extended Supply Network (ESN)	22.6%	86.2%	\$0.00	\$0.00
Mail	22.7%	87.2%	\$0.00	\$0.00
Aggregate Specialty <sup>1</sup>	21%		\$0.00	

<sup>1</sup> Discounts are based on exclusive specialty arrangement

##### Rebates:

Group will receive 90% of manufacturer rebates with the following minimum Per Script Rebate Guarantees.

<b>Standard Drug List Applies</b>	Retail	ESN	Mail	Specialty
Brand	\$175	\$400	\$575	\$2000

Pharmacy Administration Fee: Included

#### Schedule of Pharmacy Services and Fees

##### Claims Processing

Eligibility Management	Included
Retail, Mail, and specialty claims processing	Included
Out-of-network, COB, subrogation, paper claims	\$3 per claim
Real-time accumulator integration	Included
Coupon Accumulator Adjustment Program	Included
Specialty Drug Program (Specialty Select)	Included

##### Rebates

Rebate administration	Included
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##### Pharmacy Networks

Standard pharmacy network management (retail, home delivery, specialty, extended supply)	Included
Pharmacy auditing	Included

##### Client Services

Account management & implementation support	Included
Standard reporting (includes utilization performance reporting, new drug pipeline forecast, disruption reports (upon request), clinical program review)	Included
Ad hoc/custom reporting	\$150 per hour, with \$1,200 minimum
Online reporting tool (EBR)	Included
Pharmacy data extracts to third-party vendors (ORTF, PA files, etc.)	\$6,000 per data extract (only applies upon termination of pharmacy coverage)

## Schedule of Pharmacy Services and Fees

### KOOTENAI COUNTY EMPLOYEE BENEFIT HEALTH PLAN

Group Id: 10017208

Renewal Effective Date: January 1, 2024 through December 31, 2024

#### Schedule of Pharmacy Services and Fees (Continued)

##### Member Services

▪ Program enrollment materials (welcome packet, member handbook, formulary guide, ID cards, etc.)	Included
▪ Standard member communications	Included
▪ Custom communication materials (upon customer request)	\$250 set-up fee, \$2.50 per letter
▪ Call center custom campaign (upon customer request)	\$15 per call
▪ Standard member website (plan-specific information, claims history, pharmacy locator, cost estimator)	Included

##### Clinical Programs

▪ Administrative pre-authorization	Included
▪ Clinical pre-authorization (drugs under pharmacy benefit)	\$55 per pre-authorization determination
▪ Internal clinical appeal (drugs under pharmacy benefit)	\$250 per appeal
▪ External clinical appeal (drugs under pharmacy benefit)	\$350 per appeal
▪ Peer-to-peer physician review	Included
▪ Other utilization management tools (step therapy, quantity limits, trend management and prospective analysis)	Included
▪ Drug recall reporting	Included
▪ Concurrent drug utilization review, including Point-of-Sale pharmacy alerts	Included
▪ GuidedHealth (retrospective drug utilization review):	Included
Controlled Substance Program	
Polypharmacy	
Duplicate therapy	
Medication Adherence	
Missed Refills	
Gaps in care	
Opioid Management	
▪ Standard formulary development and management	Included
▪ ePrescribing	Included
▪ Fraud, waste and abuse (FW&A)	Included
▪ Specialty drug case management for:	Included
Hepatitis C	
Multiple Sclerosis	
Inflammatory Diseases	
Immune Deficiency	
Cancer	
Pulmonary Arterial Hypertension	
▪ Optimum Value List	Excluded
▪ Controlled substance management program	Included
▪ Drug Exclusions with Alternatives	Excluded

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### KOOTENAI COUNTY EMPLOYEE BENEFIT HEALTH PLAN

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#### Pharmacy Pricing Assumptions and Provisions

##### General Financial:

1. PBM pricing assumes 754 contracts and 1,741 Participants. Regence reserves the right to revise the pricing in the event the number of covered members or pharmacy claims volume varies by greater than 10% during the contract year.
2. Pricing is based upon Regence's Standard Drug List, including associated utilization management, and Broad Plus Pharmacy Network.
3. Regence reserves the right to adjust pricing for the following events: a change in the drug list or pharmacy network, implementation of new clinical programs, removal of existing clinical programs, changes in the pharmacy benefit plan design, introduction of Biosimilars and Authorized Generic, unexpected generic launches, unexpected market events, client requests certain medication exclusions, any law or regulation, interpretation of a law or regulation, or any change within the pharmacy benefit management ("PBM") marketplace would lead to a deviation from the current economic environment. A list of expected generic launches is available upon request. An "unexpected" generic launch is when the generic launch is +/- 6 months from the expected date documented in the generic launch list at time of contracting.
4. Members will pay the lower of the reimbursement rate payable to the Participating Pharmacy (the contracted rate), usual and customary (U&C) price, MedsYourWay™ drug discount card price (if applicable), or their applicable copayment.
5. A Retail Claim is defined as any claim dispensed by a retail pharmacy, regardless of days' supply.
6. A Mail Claim is defined as any claim dispensed by a mail order pharmacy, regardless of days' supply.
7. Pricing assumes client does not have 340B pricing, and/or claims are clearly marked as 340B.
8. Pricing excludes Covid-19 related testing, vaccines, and treatments.
9. Pricing excludes Specialty drugs dispensed through the medical benefits.

##### The following terms apply to Network Discounts and Dispensing Fees:

10. Network Discounts are based on Regence's cohort arrangement.
11. Network Discounts are based on the actual NDC-11 and the date the drug was dispensed. Discounts do not include savings from DUR or other clinical programs.
12. A Brand is defined as an original patented product from a pharmaceutical company and bioequivalent successor product that is available from three or fewer manufacturers. Generics are all products not defined as a brand.
13. An extended supply network claim (ESN Claim) is a claim dispensed by a retail pharmacy within the extended supply network for a days' supply greater than or equal to thirty-one (31).
14. Immunizations/vaccines are priced as the lesser of either 1) the contracted rate plus a vaccine administration fee or 2) usual & customary charge with the vaccine administration fee embedded.
15. For the purpose of Network Discount reconciliation, Network Discounts exclude the following claim types: foreign, immunization/vaccine, vaccine administration, Veterans Affairs, Compound, coordination of benefits or secondary liability, and member submitted.
16. Specialty Network Discount exclude Limited Distribution Drugs to which Regence's preferred specialty pharmacy does not have access.

##### The following terms apply to Rebates:

17. Rebates are earned on all eligible Claims, regardless of days' supply or member contribution. Rebates will be paid to the Group as a monthly claims invoice credit.
18. Rebates represent minimum guarantees. The client will receive 90% of Rebates, including LDD, Biosimilar, and Specialty Rebates. Regence retains all manufacturer administration fees.
19. For Rebate purposes, an ESN Claim dispensed by a retail pharmacy within the extended supply network for a days' supply greater than or equal to eighty-one (81) will earn an ESN Rebate. All other eligible ESN Claims with days' supply between 31-80 days will earn a retail Rebate.
20. For the purpose of minimum Rebate guarantee reconciliation, Rebates exclude the following claim types: Compound, 340B, immunization/vaccine, vaccine administration, coordination of benefits or secondary liability, claims priced at MAC, and MedsYourWay™ drug discount card, over-the-counter (OTC), products ever marketed or designated as a Generic or Authorized Generic, and products having an approved therapeutic equivalent.
21. For the purpose of minimum Rebate guarantee reconciliation, Brand Drugs on the Specialty Value List earn a Rebate at the specialty rate when filled through a Regence's preferred specialty pharmacy. All other Specialty Brand Drugs earn a Rebate at the retail or mail rate, as applicable.

#### EMPLOYER ACCEPTANCE

I acknowledge that this document includes all selected benefit options and rates associated with these benefits. Furthermore, I agree to the effective date of coverage, contingencies and assumptions listed in this document.

Authorized Signature: \_\_\_\_\_

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