Industry and Local 338 Welfare Fund
PPO W/O Drug
Joint Administered Arrangement (JAA)
Billing Number: JNY056

JAA Administrative Fee Per Plan Participant* Per Month:

Contract Period	**05/01/22 - 04/30/23**
	$17.74

* Plan Participant is each family member under the plan.

The above fee is based on 289 Plan Participants and 122 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.

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Additional Service Fees

Enhanced Personal Health Care (EPHC) program administration - The fee for Empire's oversight of EPHC with providers or vendors is 25% of the per attributed member per month amount charged to Employer for the provider performance bonus portion of the EPHC program.

The following BlueCard fees will be included in the paid claims amount:

The access fee is charged at a percentage no greater than 3.79% (2022) and TBD (2023) of the discount / differential subject to a maximum of $2,000 per claim.

Some BlueCard fees may not be charged in Anthem states. For a complete description of these fees, please consult your JAA Agreement.

TPA Transfer Fee: $5.00 per Subscriber, to a Maximum of $50,000.

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

Contract Period	**05/01/22 - 04/30/23**
☐ Future Moms Program	**$0.13**
☐ 24/7 Nurseline	**$0.21**
☐ ConditionCare Core	**$0.68**
☐ Complex Care	**$0.30**
☐ MyHealth Advantage Gold w/o Daily Alerts	**$0.42**

* 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.

This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Empire BlueCross BlueShield.

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