EXHIBIT A

INSTALLATION, ADMINISTRATIVE AND ADDITIONAL SERVICE FEES
Term: effective from January 1, 2017 through December 31, 2017

CITY OF BROKEN ARROW

1. The following information is being provided to the undersigned pursuant to Prohibited Transaction Class Exemption 84-24 issued by the U.S. Department of Labor in order to exempt the proposed transactions between the Plan, Plan Sponsor and Plan Supervisor from any applicable prohibited transaction or provisions of ERISA. The following information is being provided to permit Plan Sponsor, as Plan Administrator to determine the compensation received by Plan Supervisor in the form of commissions, service fees and other similar payments is reasonable, that the services provided are necessary for the operation of the Plan and the provision of services by Plan Supervisor is in the best interest of the Plan.

2. The commission, installation, service fees, compensation arrangements and other similar payments to be provided under the Agreement are as set forth below. It is understood, however, that PPO Access Fees and other vendor fees, if applicable, are subject to the terms and conditions of the underlying agreement and may be subject to change at times other than the renewal date of this Agreement.

3. Pursuant to the Agreement for Plan Supervisor, Plan Sponsor shall remit to Plan Supervisor the following administrative fees and other costs:

   Description of Service for the City of Broken Arrow Plan

• Medical Administration Fee	$ 15.49 per employee per month
• Dental Administration Fee	$ 2.00 per employee per month

4. In addition to the basic administrative services listed above, Plan Sponsor has agreed that the following services are to be performed by Plan Supervisor pursuant to the terms and conditions set forth in the applicable Addendum, or other description of services:

   ☑ **Exhibit B, Claim Appeal Determination Addendum** — No Charge

   ☑ **Performance Guarantee Addendum** — Refer to Addendum

   ☑ **COBRA Addendum**
   Description of Fee
   • COBRA Administration Fee — $ 1.50 per employee per month

   ☑ **Health Care Management Addendum**
   Description of Fee
   • Review (Includes Inpatient U/R, Large Case Mgt.) — $3.45 per employee per month

   ☑ **Wellness Program**
   Description of Fee – per employee per month

	Total Fee	**Fee to Vendor**
• Personalized Prevention (wellness vendor) o For Billing Purposes Only	$2.50	$2.50

☑ **Additional Cost Containment Services**

Description of Fee – % of savings	Total Fee	Fee to Vendor
• Secondary Network Discounts (Multiplan)	30%	9%
• Subrogation (Trover Solutions)	25%	24%
• Negotiated Discounts (Other)	30%	10%
• Hospital Audit (HHC Group)		
o Line Item Bill Review	30%	20%
o Medical Record Review	30%	25%
o Claims Negotiation (if not eligible for audit)	30%	15%
• Golden Triangle Dialysis Network Access Fee	30%	15%

Note: Any of the above vendors may be used to provide services.

☑ **Maternity Program**

Description of Fee – per employee per month	Total Fee	Fee to Vendor
Alere Maternity Program Fee	$0.75	$0.14

☑ **Preferred Provider Arrangement (Plan Supervisor Contracts) – per participant per month**

Description of Fee	Total Fee	Fee to Vendor
• PCC	$3.70	$3.70

Network Providers are solely responsible for the provision of medical care to Participants and exclusively maintain the physician/hospital-patient relationship with Participants. Plan Supervisor is neither directly nor indirectly a provider of medical services, and Plan Supervisor does not certify or guarantee the care or quality of care rendered by any network provider.

☑ **Prescription Integration**

Description of Fee	
• PBM Integration Fee	Included in Medical Administration Fee

☑ **Escheat Services**

Description of Fee	
• Escheat services for non-ERISA self-funded clients	No Charge

☑ **Other Services and Expense Reimbursements**

Description of Fee	
• Run-Out Claims Fee	125% of current Medical Administration Fee per month, payable in advance each month
• Physician Reviews (medical/dental)	Actual Cost
• Medical Records Fees	Actual Cost
• Printing Costs	Actual Cost
• Identification Cards	$ .50 per card (new hires and replacements)
• Other Miscellaneous Expenses	Actual Cost
• SPD	
o Restatement	$150.00 per document
• SBC	
o Restatement	$150.00 per plan

ACKNOWLEDGMENT AND APPROVAL

The undersigned Plan Sponsor hereby certifies that he/she (1) is authorized to sign on behalf of the Plan Administrator and the Plan, (2) acknowledges receipt of the foregoing explanation of services and fees and has read and understands it, and (3) approves the purchase of such insurance (if applicable) and the payment to Plan Supervisor of such sales commissions, service fees and other compensation arrangements as listed. The addenda attached hereto are hereby incorporated into the Agreement.

PLAN SPONSOR & PLAN ADMINISTRATOR	**CORESOURCE, INC.**
_____	_____
Signature	Signature
_____	Benjamin Frisch _____
Print Name	Print Name
Title: _____	Title: Regional President
Date: _____	Date: _____