



**Fee Quotation
for
City of Peoria
("Group/Plan Sponsor")**

01/01/2016

Fees for Core Services for City of Peoria

Contract Period	PEPM Fee**	Base Fees Include:
01/01/2016 - 12/31/2016	\$32.00	Claims Processing / Member Services Plan Administration Integration of Pharmacy Claims Data for Accumulators Network Management Patient Management Behavioral Health Disease Management - OutReach Plus Alert Account Maintenance Underwriting Services Standard Monthly & Quarterly Report Package HIPAA Certificate of Creditable Coverage Wellness Fees: None Web-based Personal Health Records Digital Health Coaching (see Page 3 for details)

**Excludes all taxes/fees associated with Patient Protection and Affordable Care Act (PPACA), payment for which Group/Plan Sponsor shall be responsible. In the event Group/Plan Sponsor would like Coventry Health Care of Illinois, Inc. to pay such taxes/fees on Group/Plan Sponsor's behalf, please contact Coventry Health Care of Illinois, Inc.

Assumptions:

This fee quotation is based on the following assumptions:

- * Enrollment of 113 employees and 241 members, and an average contract size of 2.13.
 - * A minimum of 102 subscribers must enroll. All products with Coventry Health Care of Illinois, Inc. must be self-funded.
 - * This quotation covers all active employees and pre-65 retirees in the Coventry Health Care of Illinois, Inc. service area as well as employees and pre-65 retirees out of the Coventry Health Care of Illinois, Inc. service area; all standard Coventry Health Care of Illinois, Inc. policy provisions apply.
 - * An effective date for this fee quotation of 01/01/2016.
 - * A contract term of at least one year.
 - * This quote is net of commission.
 - * Additional network access fees are not included in the fee. These items will be billed as part of the capitated services on a monthly basis. The estimated costs are shown in the medical management costs outlined on the following page.
 - * Claims incurred prior to the effective date will be administered by the current carrier.
 - * Proposal assumes standard reporting requirements. Special requests beyond standard assumptions will require additional fees for development and production.
 - * This quote assumes Coventry Health Care of Illinois, Inc. will not administer the pharmacy benefit. (1)
- Special Note - Although the pricing set forth in this quote is based on health insurance plans currently used by Coventry Health Care of Illinois, Inc., such health insurance plans may not satisfy all requirements set forth in the Patient Protection and Affordable Care Act (PPACA) for effective dates starting January 1, 2014. As Coventry Health Care of Illinois, Inc. finalizes its 2014 health plans so that they are compliant with PPACA, pricing for the new compliant plans will be provided.

Coventry Health Care reserves the right to adjust the fees if any of the following conditions occur:

- * If the demographic profile of the group changes by +/-10%.
- * The fees are subject to the terms and conditions set forth in our standard contract.
- * If there are any additional administrative or operational deviations from the proposed plan.
- * If the Group/Plan Sponsor fails to meet any of the criteria listed during the proposed benefit period, Coventry Health Care of Illinois, Inc. reserves the right to terminate the Group/Plan Sponsor on the next scheduled renewal date.
- * Coventry Health Care of Illinois, Inc. reserves the right to adjust all fees as necessary in connection with any change to federal or state requirements, including but not limited to PPACA as amended.

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Medical Management Fees for City of Peoria

Coventry Transplant Network

Coventry Health Care of Illinois, Inc. has developed a network that will manage the needs of organ transplants through local and national centers of excellence. A charge of \$3,500 per transplant will apply. Included in this fee is an initial amount of \$1,200 to evaluate if a member qualifies as a potential transplant candidate. A charge of \$5,000 per transplant will apply for services associated with management of transplants occurring outside the contracted network.

Behavioral Health Charges

Charges included in the ASO Fee presented: Behavioral Health provider access and administration charge of \$1.12 PMPM assessed as a fee.

Lab & Other Capitation Charges not included

The following capitated services are not included in the ASO Fee: None

Run-Out Claims Administration (for 12 Months of Run-Out processing)

Per Employee Per Month Fee	Included	For 12 Months of Run-Out Processing
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Unity Point (Methodist Hospital) Wellness Initiative through Optimum Health Solutions

\$50,000 credit for City of Peoria

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PLAN SPONSOR ACCEPTANCE OF RESPONSIBILITY

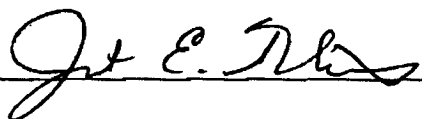
PLEASE SIGN BELOW TO ACKNOWLEDGE YOUR ACCEPTANCE OF RESPONSIBILITY FOR THE CONTENTS OF THIS DOCUMENT AND RETURN THIS SIGNED FORM TO:

**COVENTRY HEALTH CARE OF ILLINOIS, INC.
2110 FOX DRIVE, SUITE A
CHAMPAIGN, IL 61820**

I, the authorized representative of the Plan Sponsor of the City of Peoria and fiduciary responsible for plan design, recognize that the Plan Sponsor has full responsibility for the contents of the plan documents for the City of Peoria and that while Coventry Health Care Of Illinois, Inc., the Administrative Services Provider, its employees and subcontractors may have assisted in the preparation of the attached document, the Plan Sponsor is responsible for the final text and meaning.

I further certify that the Plan Document effective January 1, 2016 has been fully read, understood and accurately and completely describes Plan Sponsor's intent with regard to its employee welfare plan.

Plan Sponsor of the City of Peoria

By: 

Print Name: Janet E. Tomlins

Print Title: Patient Advocate / Healthcare Administrator

Date: 12-30-15

Fees for Ancillary Services for City of Peoria

Disease Management Options		
Outreach	Included	Outbound Call (Newly Identified), Welcome Kit, Indicator Letter
Advanced Outreach	Included	Outbound Call (Newly Identified), Welcome Kit, Indicator Letter, Quarterly Mailings
Outreach Plus Alert	Included	Outbound Call (Newly Identified, Welcome Kit, Indicator Letter, Outbound Call (Non-Compliance)
Advanced Outreach Plus Alert	\$0.21 PEPM	Outbound Call (Newly Identified, Welcome Kit, Indicator Letter, Outbound Call (Non-Compliance), Quarterly Mailings

Digital Health Coaching	
Balance - weight management program Breathe - smoking cessation program Relax - stress management program Nourish - nutrition improvement program Move - physical activity program Achieve - cholesterol management program Control - blood pressure management program Overcoming Depression - depression management program Overcoming Insomnia - sleep improvement program	Included in Base pricing

Reward Incentive Program		
Incentive and QR Code Administration	\$0.15 PEPM	Cost for administration only - does not include the value of the incentives.

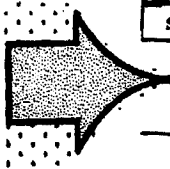
NA

Claims Fiduciary	
Claims Fiduciary	\$0.59 PEPM

Coventry Consumer Choice C3 - Flexible Spending Account (USA) Administration		
Basic Services	\$2.95 PEPM \$3.95 PEPM with Debit Card	FSA for Health Care and Dependent Care, Grace Period
Ran Out for Terminated Groups	\$2.95 PEPM	90+ Day Run-out
Stand-alone FSA	\$5.95 PEPM \$6.95 PEPM with Debit Card	Basic FSA for non-Coventry medical members, also includes web and telephone support access to My Online Services including Wellbeing, eFit and decision support tools

Recovery Services	
Subrogation	Up to 21% of Recovered Fees

**SIGN
HERE**



Janet E. Douglas / City of Peoria

In years two and three of the contract, a 4.9% increase will be applied to all ancillary fees.

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**PLAN SPONSOR ACCEPTANCE OF RESPONSIBILITY
SUMMARY OF BENEFITS AND COVERAGE ("SBC")**

PLEASE SIGN BELOW TO ACKNOWLEDGE YOUR ACCEPTANCE OF RESPONSIBILITY FOR THE CONTENTS OF THIS DOCUMENT AND RETURN THIS SIGNED FORM TO:

**Coventry Health Care of Illinois, Inc.
2110 Fox Drive, Suite A
Champaign, IL 61820**

I, the authorized representative of the Plan Sponsor of City of Peoria's group health plan recognize that the City of Peoria's group health plan has full responsibility for the contents of the Summary of Benefits and Coverage ("SBC") document and that while Coventry Health Care of Illinois, Inc, the Administrative Services Provider, its employees and subcontractors may have assisted in the preparation of the attached SBC document, the Plan Sponsor is responsible for its final text and meaning. Furthermore, the Plan Sponsor acknowledges it will be responsible for the distribution of the SBC to eligible beneficiaries.

I further certify that the attached document has been fully read, understood and accurately and completely describes Plan Sponsor's intent with regard to its employee welfare plan as it applies to the attached SBC document.

Plan Sponsor of City of Peoria

By: Janet E. Tomlin

Print Name: Janet E. Tomlin

Print Title: Patient Advocate / Health Care Administrator

Date: 12-30-15