

Schedule A to Attachment 2 – Fee Schedule

1. Employer Member: City of League City
2. Effective Date: October 1, 2025
3. Medical Waiting Period (should not exceed 90 days). Please define your waiting period, if applicable:

4. Services (PEPM = Per Employee Per Month;)

	10/01/2025 - 09/30/2026	10/01/2026 - 09/30/2027	10/01/2027 - 09/30/2028
Medical Claims Administration	<input type="checkbox"/> SEE NOTES		
<input checked="" type="checkbox"/> Medical Claim Adjudication (BCBS Traditional): Monthly Service Charge Per Employee Per Month without Allowances	\$43.28 PEPM	\$44.22 PEPM	\$45.06 PEPM
Medical Network Access Fee: PPO	Included in Medical Admin Fee		
Medical Network Access Fee: HMO	Included in Medical Admin Fee		
Centers of Excellence Access Fee	Included in Medical Admin Fee Capitation fees (if any) will be invoiced separately		
Rebates on Specialty Drugs paid under the Medical plan (<i>Pass-through to the employer upon receipt</i>)	Pass-Through		
ID Card Generation and Mailing	Included in Medical Admin Fee (Any mass reissuance would be \$0.85/card)		
Explanation of Benefits (EOB): Generation (<i>Paper & Electronic</i>)	Included in Medical Admin Fee		
Summary Plan Document (SPD)/Benefit Booklets: Development & Addendums	Included in Medical Admin Fee		
Summary of Benefits & Changes (SBC): Generation & Addendums	Included in Medical Admin Fee		
Network Directory: Generation	Included in Medical Admin Fee		
Medical & Disease Management/Wellbeing Management (<i>Enable</i>) includes: 1. Utilization Management 2. Case Management 3. Re-admission Planning 4. Comprehensive Disease Management 5. Behavioral Health (UM Inpatient/Outpatient) 6. Health Coaching 7. Maternity Management 8. 24-Hour NurseLine 9. Well onTarget Portal including Health Risk Assessment and Wellness Programs 10. Weight Management 11. Tobacco Cessation 12. Fitness Program 13. Blue Points	Included in Medical Admin Fee		
Other Benefit Communication: Development	Included in Medical Admin Fee		
Out-of-Network Repricing/Negotiations	Included in Medical Admin Fee		
Provider Payment Processing and 1099s	Included in Medical Admin Fee		
Standard Reporting and Ad Hoc Reporting (<i>if programming is not required</i>)	Included in Medical Admin Fee		
Web Portal (<i>Member, Employer, Provider, Broker</i>)	Included in Medical Admin Fee		

	10/01/2025 - 09/30/2026	10/01/2026 - 09/30/2027	10/01/2027 - 09/30/2028
Designated Customer Service (<i>Member, Provider, Mediation/Patient Advocacy</i>)	Included in Medical Admin Fee		
TXHB Online Enrollment Portal	Included in Medical Admin Fee		
Cost Transparency Tool: Blue Access	Included in Medical Admin Fee		
HealthPlan Identification Number	Included in Medical Admin Fee		
Medical Implant Device Audits	Included in Medical Admin Fee		
Facility R&C Determination	Included in Medical Admin Fee		
Pharmacy Vendor Recoveries	Included in Medical Admin Fee		
Accumulator Reconciliation with PBM	Included in Medical Admin Fee (After one-time set up fee of \$2,000)		
Class Action Recoveries	Included in Medical Admin Fee		

NOTES

Schedule of Optional Benefit Services

1. Employer Member: City of League City
2. Effective Date: October 1, 2025
3. Optional Services (PEPM = Per Employee Per Month; PPPM = Per Participant Per Month)

	10/01/2025 - 09/30/2026	10/01/2026 - 09/30/2027	10/01/2027 - 09/30/2028
Medical & Disease Management	<input type="checkbox"/> SEE NOTES		
<input checked="" type="checkbox"/> Expanded Outpatient Utilization Management includes all Carelon bundles.	\$2.51 PEPM	\$3.32 PEPM	\$4.50 PEPM
<input type="checkbox"/> Expanded Utilization Management – Carelon bundles:			
<input type="checkbox"/> Genetic Testing & Radiology	\$0.70 PEPM	\$0.72 PEPM	\$0.74 PEPM
<input type="checkbox"/> Advanced Imaging, Cardiology & Sleep Medicine	\$0.93 PEPM	\$1.27 PEPM	\$1.74 PEPM
<input type="checkbox"/> Joint/Spine & Pain Management	\$0.88 PEPM	\$1.33 PEPM	\$2.02 PEPM
Optional Programs	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Advanced Payment Review (APR) Program	25% of savings plus reduction in Medical Admin Fee of \$1.20 PEPM	25% of savings plus reduction in Medical Admin Fee of \$1.20 PEPM	25% of savings plus reduction in Medical Admin Fee of \$1.20 PEPM
<input checked="" type="checkbox"/> Telemedicine Access Admin Fee: Access fee does not include cost of the visit. <i>* Per Visit Cost is subject to change over time.</i>	\$0.60 PEPM	\$0.62 PEPM	\$0.63 PEPM
<input type="checkbox"/> Direct Surgical Program Centers of Excellence that include deeply discounted bundled pricing for orthopedic surgery, bariatric surgery, cardiovascular procedures and more. Standard pricing is a % of savings, but a PEPM can be quoted, if desired.	\$0.25 PEPM plus 35% of savings	\$0.25 PEPM plus 35% of savings	\$0.25 PEPM plus 35% of savings
Dental Claims Administration	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Dental Claims Adjudication Dental Network Access Fee	\$2.28 PEPM Included in Dental Admin Fee	\$2.30 PEPM Included in Dental Admin Fee	\$2.30 PEPM Included in Dental Admin Fee
Communication Materials	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Summary Plan Document (SPD)/Benefit Booklets: Printing & Mailing (<i>upon Member request only</i>)	\$1.50/SPD	\$1.50/SPD	\$1.58/SPD
<input type="checkbox"/> Summary of Benefits & Changes (SBC): Printing & Mailing (<i>upon Member request only</i>)	\$1.50/SBC	\$1.50/SBC	\$1.58/SBC
<input type="checkbox"/> Network Directory: Disbursement of Paper Copies	\$10.00/Provider Directory	\$10.00/Provider Directory	\$10.50/Provider Directory
Online Enrollment Options	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> TXHB Online Enrollment Implementation Fee	\$175.00/hour, only if custom programming is required		
<input type="checkbox"/> Online Enrollment Payroll File TXHB can accept a standard 834 file layout with enrollment data.	\$175.00/hour, only if custom programming is required		

	10/01/2025 - 09/30/2026	10/01/2026 - 09/30/2027	10/01/2027 - 09/30/2028
Wellness Options	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Worksite Wellness Program (TXHB Standard Program) <ol style="list-style-type: none"> Online portal and mobile app Wellbeing Survey Incentive tracking and fulfillment Online courses in health and wellness Individual challenges Group challenges (4x/year) Communication resources & support Online biometrics tracking Engagement Reporting Incentive check 	\$0.00 PEPM	\$0.00 PEPM	\$0.00 PEPM
<input type="checkbox"/> Customized Wellness Program	Additional fees may apply		
<input type="checkbox"/> Onsite or Virtual Health Checkups (20 participant minimum for onsite) <ul style="list-style-type: none"> <input type="checkbox"/> Onsite Health Screenings <input type="checkbox"/> Virtual Consultations* <input type="checkbox"/> On-demand LabCorp Screenings <i>* In the event a participant cancels a scheduled virtual consultation appointment less than 12 hours before or does not show up for their appointment, the full fee for services would apply.</i>	\$145.00 PPPY \$25.00 PPPY \$110.00 PPPY	\$145.00 PPPY \$25.00 PPPY \$110.00 PPPY	\$145.00 PPPY \$25.00 PPPY \$110.00 PPPY
<input type="checkbox"/> Weight Loss Program	\$38.50/employee/ session (for first 10 weeks) \$25.00/employee/ session (for next 7 weeks)	\$40.43/employee/ session (for first 10 weeks) \$26.25/employee/ session (for next 7 weeks)	\$40.43/employee/ session (for first 10 weeks) \$26.25/employee/ session (for next 7 weeks)
<input checked="" type="checkbox"/> Diabetes and Hypertension Management Programs Diabetes Enrollment and Welcome kit includes cellular connected blood glucose monitor, supplies and program startup materials.	Diabetes: \$65.00 PPPM + \$59.00 upfront for device Hypertension: \$27.00 PPPM + \$65.00 upfront for device	Diabetes: \$65.00 PPPM + \$59.00 upfront for device Hypertension: \$27.00 PPPM + \$65.25 upfront for device	Diabetes: \$65.00 PPPM + \$59.00 upfront for device Hypertension: \$28.35 PPPM + \$68.25 upfront for device
<input type="checkbox"/> Twin Health	\$1,000/Participant plus Claims paid per milestone reached	\$500/Participant plus Claims paid per milestone reached	\$500/Participant plus Claims paid per milestone reached
Reporting	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Transparency Requirement under the Consolidation Appropriations Act (No Surprises Bill) – Negotiations and Independent Resolution Process	\$50.00 per Claim that is subject of informal negotiation with a Provider (this fee will be charged in the event the Provider, in its sole discretion, determines that it will not accept the initial payment amount); and An additional \$75.00 per Claim for each IDR where Claim Administrator represents Plan (this fee will be charged in the event the Provider, in its sole discretion, determines that it will initiate IDR after the informal negotiation period); and All costs imposed by the IDR entity or any state, federal or local governmental entity in connection with an IDR.		

	10/01/2025 - 09/30/2026	10/01/2026 - 09/30/2027	10/01/2027 - 09/30/2028
<input type="checkbox"/> Custom Programming: No charge for 16 programming hours per calendar year	\$175.00/programming hour		
<input type="checkbox"/> External Vendor Reporting	Programming Charge of \$175.00/hour		
<input checked="" type="checkbox"/> Accumulator Reconciliation with other Vendors	\$0.42 PEPM plus One-time set up fee of \$2,000	\$0.42 PEPM	\$0.44 PEPM
<input type="checkbox"/> PBM Interface Fee (<i>only applies if not using Navitus</i>) (<i>If not using Navitus, BCBSTX can only integrate with the 4 major PBMs – Prime Therapeutics, OptumRx, CVS and Express Scripts</i>)	\$5,000 Annually	\$5,250 Annually	\$5,250 Annually
FSA/HSA/HRA Administration Options		<input type="checkbox"/> SEE NOTES	
<input type="checkbox"/> Flex Debit Card / One-time group set up fee: \$50.00 <input type="checkbox"/> Premium Only Plan <input type="checkbox"/> Standard Plan with Qualifying Event <input type="checkbox"/> Grace Period Plan (<i>2 month 15 days</i>) with Qualifying Event <input type="checkbox"/> Plan Unreimbursed Medical \$500 carry over with Qualifying Event <input type="checkbox"/> HRA Standard Plan <input type="checkbox"/> HRA Custom Plan <input type="checkbox"/> Alegeus (WealthCare Saver) – HSA Account	\$3.70 PPM	\$3.89 PPM	\$3.89 PPM
Additional Administrative Services/Options		<input type="checkbox"/> SEE NOTES	
<input type="checkbox"/> Benefits Value Advisor	\$2.50 PEPM	\$2.50 PEPM	\$2.50 PEPM
<input type="checkbox"/> Dedicated Benefits Value Advisor	\$4.32 PEPM	\$4.54 PEPM	\$4.54 PEPM
<input type="checkbox"/> Member Rewards Program (<i>with Benefits Value Advisor (BVA)</i>) An engagement and rewards program offered as a buy-up through BCBSTX. The program uses cash rewards to direct members to quality, lower cost options for care. Members can shop and be rewarded for common procedures like MRI, CT scans, and colonoscopies. The program can be accessed online via Blue Access for Members (BAM), or telephonically by calling the BVA.	\$0.45 PEPM	\$0.45 PEPM	\$0.45 PEPM
<input type="checkbox"/> Member Rewards Program (<i>without Benefits Value Advisor (BVA)</i>) An engagement and rewards program offered as a buy-up through BCBSTX. The program uses cash rewards to direct members to quality, lower cost options for care. Members can shop and be rewarded for common procedures like MRI, CT scans, and colonoscopies. The program can be accessed online via Blue Access for Members (BAM), or telephonically by calling the BVA.	\$1.10 PEPM	\$1.10 PEPM	\$1.10 PEPM
<input type="checkbox"/> External Appeal/IRO Referral	\$700.00/Appeal	\$735.00/Appeal	\$735.00/Appeal
<input type="checkbox"/> Post Payment Hospital Bill Audits	Not to exceed 25% of savings		
<input type="checkbox"/> Inpatient Admission Retrospective Review (<i>Done in conjunction with Hospital Bill Audits</i>)	Not to exceed 25% of savings		
<input type="checkbox"/> DRG Validation and Appeals	Not to exceed 25%		
<input checked="" type="checkbox"/> Overpayment Collections (<i>by TXHB</i>)	No charge		

	10/01/2025 - 09/30/2026	10/01/2026 - 09/30/2027	10/01/2027 - 09/30/2028
<input type="checkbox"/> Overpayment Collections (<i>Eligibility Overpayment Recovery through Vendor</i>)	15.5%-25%	15.5%-25%	15.5%-25%
<input type="checkbox"/> COBRA Administration	\$80.00 per Month plus \$10.00 PPPM	\$84.00 per Month plus \$10.00 PPPM	\$84.00 per Month plus \$10.00 PPPM
<input checked="" type="checkbox"/> Subrogation Services	20% of recovery, not to exceed \$30,000 per recovery. Additional fees associated with complex cases and cases involving litigation		
<input checked="" type="checkbox"/> COB Vendor Recoveries (<i>by TXHB</i>)	No charge		
<input type="checkbox"/> COB Vendor Recoveries (<i>by third party law firm</i>)	Not to exceed 25% of recoveries		
<input checked="" type="checkbox"/> Secondary Vendor Recoveries (<i>by TXHB</i>)	No charge		
<input type="checkbox"/> Secondary Vendor Recoveries (<i>by third party law firm</i>)	Not to exceed 25% of recoveries		
<input checked="" type="checkbox"/> Fraud, Waste & Abuse Program	Not to exceed 35% of recoveries		
Broker/Agent	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Broker/Agent Fee	\$0.00 <i>NOTE: The Broker/Agent Fee is not included in the Medical Claims Adjudication fee.</i>		
Vision Plan Options: (Fully Insured)	<input type="checkbox"/> SEE NOTES		
<input type="checkbox"/> Standard Plan <div> <div>In-Network</div> <div>Annual Eye Exam \$0 Copay</div> <div>Frames: \$175 allowance; 20% off balance over \$175</div> <div>Contact Lenses (<i>Medically Necessary</i>) Covered in full</div> </div>	<input type="checkbox"/> 100% Participation EE: \$5.58 EE + Sp: \$10.60 EE + Ch: \$11.16 EE + Fm: \$14.22 <input type="checkbox"/> Voluntary Participation EE: \$8.02 EE + Sp: \$15.20 EE + Ch: \$16.02 EE + Fm: \$20.42	<input type="checkbox"/> 100% Participation EE: \$5.58 EE + Sp: \$10.60 EE + Ch: \$11.16 EE + Fm: \$14.22 <input type="checkbox"/> Voluntary Participation EE: \$8.02 EE + Sp: \$15.20 EE + Ch: \$16.02 EE + Fm: \$20.42	<input type="checkbox"/> 100% Participation EE: \$5.58 EE + Sp: \$10.60 EE + Ch: \$11.16 EE + Fm: \$14.22 <input type="checkbox"/> Voluntary Participation EE: \$8.02 EE + Sp: \$15.20 EE + Ch: \$16.02 EE + Fm: \$20.42
<input type="checkbox"/> Premium Plan <div> <div>In-Network</div> <div>Annual Eye Exam \$0 Copay</div> <div>Frames: \$225 allowance; 20% off balance over \$225</div> <div>Contact Lenses (<i>Medically Necessary</i>) Covered in full</div> </div>	<input type="checkbox"/> 100% Participation EE: \$9.78 EE + Sp: \$18.56 EE + Ch: \$19.54 EE + Fm: \$24.90 <input type="checkbox"/> Voluntary Participation EE: \$12.58 EE + Sp: \$23.92 EE + Ch: \$25.18 EE + Fm: \$32.10	<input type="checkbox"/> 100% Participation EE: \$9.78 EE + Sp: \$18.56 EE + Ch: \$19.54 EE + Fm: \$24.90 <input type="checkbox"/> Voluntary Participation EE: \$12.58 EE + Sp: \$23.92 EE + Ch: \$25.18 EE + Fm: \$32.10	<input type="checkbox"/> 100% Participation EE: \$9.78 EE + Sp: \$18.56 EE + Ch: \$19.54 EE + Fm: \$24.90 <input type="checkbox"/> Voluntary Participation EE: \$12.58 EE + Sp: \$23.92 EE + Ch: \$25.18 EE + Fm: \$32.10

NOTES

* *If Employer terminates before the end of this Fee Schedule Period, Employer will be responsible for refunding to TX Health Benefits Pool the full amount of all credits issued and applied.*