

**ATTACHMENT A
INSURANCE REQUIREMENTS**

Service Company shall adhere to all terms and conditions of Section 3 of the Agreement and agrees to provide the following types and minimum amounts of insurance, as indicated by checking the applicable boxes (x).

	Type of Insurance	Minimum Amount	Form
<input checked="" type="checkbox"/>	General Liability: Including products and completed operations, personal and advertising injury	\$2,000,000 per occurrence for bodily injury, personal injury (including death), and property damage. If Commercial General Liability insurance with a general aggregate limit is used, either the general aggregate limit must apply separately to this Agreement or the general aggregate limit must be twice the required occurrence limit Additional Insured Endorsement or Blanket AI Endorsement for City* Waiver of Recovery Endorsement	Insurance Services Office Form CG 00 01 <i>*Must be primary and must not exclude Products/Completed Operations</i>
<input checked="" type="checkbox"/>	Automobile Liability	\$1,000,000 per accident for bodily injury, including death, and property damage	Insurance Services Office Form CA 00 01 Code 1-Any Auto Code 8-Hired Code 9-Non Owned
<input checked="" type="checkbox"/>	Workers' Compensation Employer's Liability	<u>WC: Statutory</u> <u>EL:</u> <u>Bodily Injury by Accident</u> \$1,000,000 each accident <u>Bodily Injury by Disease</u> \$1,000,000 disease policy limit <u>Bodily Injury by Disease</u> \$1,000,000 disease each employee Waiver of Recovery Endorsement	
<input checked="" type="checkbox"/>	Professional Liability (Errors & Omissions)	\$1,000,000 each occurrence \$2,000,000 aggregate	

**ATTACHMENT B
PREFERRED PROVIDER SPECIALTY SERVICES**

Schedule C is effective as of August 1, 2016 and is subject to change from time to time thereafter upon notice to City. These Preferred Provider Specialty Services fees are paid as Allocated Loss Expenses or, where required by state law, as loss. These fees shall be paid against the specific claim file.

SERVICES	FEES
MANAGED CARE	
BILL REVIEW: MEDICAL AND PHARMACY	
Bill Review	\$7.50 per bill, <i>plus</i>
PPO Network Access:	
PPO Network Discount	25% of the difference between the state fee schedule and the PPO rate
Hospital Inpatient & Outpatient Fee	12% of the difference between the state fee schedule and the PPO rate capped at \$25,000 per bill
Specialty Bill Review	30% of the difference between the state fee schedule and the PPO rate
Duplicate Bills, Duplicate Line items, Courier Service, Attendance at WCAB Hearings	No Charge
UTILIZATION REVIEW	
Flat Fee (In-Patient & Out-Patient)	\$95 flat rate (includes review to treatment protocols, negotiating treatment, directing into PPO, preparing file for Peer Review, sending all parties documentation and noting the file)
Hourly	\$95 - \$105 per hour
PEER REVIEW (PHYSICIAN ADVISOR)	
Level 1 (Physician Advisor Determination)	\$200 flat rate (includes review of medical records and communication of decision in writing to all parties)
Level 2 (Physician Appeal/Same Specialty)	\$250 flat rate (includes review of medical records and communication of decision in writing to all parties)
MEDICAL CASE MANAGEMENT	
Early Intervention	\$95 per hour
Telephonic	\$95 per hour
Field	\$95 per hour, plus Mileage at IRS mileage rate
Wellness Program (hourly)	\$95 per hour
Wellness Program (with HCA screening, follow-up & quarterly maintenance, as appropriate)	\$10 per month, per employee
Medical Provider Networks (MPN) (California)	Standard: No charge Customized: \$500 per month (includes filing State reports, web access)
OTHER	
Special Investigations	Based on assignment, typically \$65 per hour
Legal Bill Review	5% of total originally billed by attorney
Central Index Bureau	Actual cost (as of 1/1/15, it is \$8.75 per report)
Claim Reporting: Telephonic	\$18 per report
Claim Reporting: Fax or Internet	\$9 per report