

EXHIBIT A

1) Fees during Renewal Term Effective July 1, 2026 through June 30, 2029 as follows:

Workers' Compensation Claims Administration

Service Name	Year 1	Year 2	Year 3
Life of Contract: Flat Annual^d			
Up to 72 Indemnity Claims Annually, 50 Medical Only Claims Annually, 0 Indemnity and 0 Medical Only Tail Claims	\$249,000	\$256,470	\$264,164
Per claim Fee after maximum number of claims:			
Medical Only	\$184	\$190	\$195
Indemnity Premium States(CA, TX, FL, NY) ^b	\$1,660	\$1,710	\$1,761
Employer's Liability	\$1,579	\$1,626	\$1,675
Report Only - Per Incident	\$0.00	\$0.00	\$0.00

Program Management

Service Name	Year 1	Year 2	Year 3
Administration Fee - Per Annum ⁱ		Waived	
CareMC Access^j			
First 5 Full Access Users - Per Annum		Waived	
Each User over 5 - Per User, Per Year	\$1,092	\$1,125	\$1,158
State Fund Oversight (OH, WA)	50% of standard fees, based on service level		

Account Management and Technical Support

Service Name	Year 1	Year 2	Year 3
Account Management Staff	Included for duration of contract		
Electronic Data Transmission - Per Month, Based on Frequency			
Monthly File	\$0	\$0	\$0
Weekly File	\$0	\$0	\$0
Daily File	\$0	\$0	\$0
Training – Onsite and Online	Included for duration of contract		
Technical Support	Included for duration of contract		
State EDI Files	Included for duration of contract		
Monthly Reporting	Included for duration of contract		
Ad hoc Report Programming - Per Hour	\$212	\$218	\$225
Communication Materials/Posters	Pass through printing cost		
Annual Banking Fees	One account included		
Additional Account(s) - Per Account	\$1,060	\$1,092	\$1,125
Carrier TPA Oversight Fees ^k	Bill from Carrier to Client		

Intake and Immediate Intervention Services

Service Name	Year 1	Year 2	Year 3
Claim Intake (includes one FNOL distribution) - Per Intake	\$0.00	\$0.00	\$0.00
Advocacy 24/7 - Per Call	\$119	\$123	\$127

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Legal Services

Service Name	Year 1	Year 2	Year 3
Subrogation ^l		25.0% of Recoveries	
Indexing and OFAC Compliance - Per Index	\$21.00	\$21.63	\$22.28

Bill Review

Service Name	Year 1	Year 2	Year 3
Bill Review: Includes Standard Fee Schedule ^z and UCR - Per Bill ^o	\$26.00	\$26.78	\$27.58
+ Network Solutions Includes: Clinical Review, Implant Analysis, Line Item Bill Review, Negotiations, PPO Network Access, Substantive Denials, Technical Evaluation			
Minimum Transaction Fee ^p	\$26.00	\$26.78	\$27.58
Maximum Transaction Fee			
State EDI, Scanning/OCR, Initial 1099 Provider Notification Letter		Included for duration of contract	

WC/Liability Provider and Nurse Review Services

Service Name	Year 1	Year 2	Year 3
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Patient Management

Service Name	Year 1	Year 2	Year 3
Telephonic Case Management, Field Case Management and Return to Work Coordinator ² - Per Hour			
Alaska, California, Hawaii and New York	\$169	\$174	\$179
All Other States ^q	\$135	\$139	\$143
Specialty Services: Catastrophic, Life Care Plan, Bilingual, Critical Incident Stress Debriefing, Medicare Conditional Payment, Medicare Set Aside – per hour	\$206	\$212	\$219
Nurse Utilization Review - Per Review	\$135	\$139	\$143
Physician Utilization Review - Per Review	\$250	\$258	\$266
UR Authorization Only (Adjuster Review) - CA - Per Review	\$25	\$26	\$27

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Pharmacy Solutions

Service Name	Year 1	Year 2	Year 3
Retail Pharmacies			
Brand	AWP -10.00% + \$7.47 dispensing fee		
Generic	AWP -35.00% + \$7.47 dispensing fee		
Mail Order			
Brand	AWP -10.00% + \$5.15 dispensing fee		
Generic	AWP -35.00% + \$5.15 dispensing fee		
Clinical Modeling and Pharmacy Interventions			
Integration of Pharmacy Data, Calculation/Display in CareMC, Certified Pharmacy Technician, Rx Nurse	Included for duration of contract		
Nurse Management	Case Management hourly rate		
Pharmacy Review - Per Review	\$376	\$388	\$399
Cognitive Behavioral Therapy - Per Hour	\$258	\$265	\$273
Medication Review - Per Hour	\$206	\$212	\$219
Drug Testing/Monitoring	State Fee Schedule ²		

Ancillary Care Solutions

Service Name	Year 1	Year 2	Year 3
Medical Imaging Services, Independent Medical Exam, Physical and Occupational Therapy, Durable Medical Equipment, IME Peer Review, Transportation, Translation	Varies by State and Specialty		

Medicare Agent Reporting

Service Name	Year 1	Year 2	Year 3
Implementation - One Time Fee	\$0		
Monthly Query/Quarterly Reporting	\$0	\$0	\$0

California Lien Program

Service Name	Year 1	Year 2	Year 3
Set up fee/minimum fee - Per Lien ^U	\$53	\$55	\$56
Percent of savings off Fee Schedule ²	20.00% of Savings		
Lien Cap	\$3,180	\$3,275	\$3,374
Per Cost Petitioner/Medical Legal Dispute	\$400 Flat Fee	\$412 Flat Fee	\$424 Flat Fee
Lien Conference	\$530	\$546	\$562
Lien Trial - Half Day/Full Day	\$530/\$795	\$546/\$819	\$562/\$843
Litigation Support	\$250	\$258	\$265
Case in Chief Services	\$400	\$412	\$424
Additional Service Menu for Liens and Case in Chief Services	Average Client Savings off Defense Firms = 40%		

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State Certified Managed Care Networks

Service Name	Year 1	Year 2	Year 3
Implementation, Filing, Setup - One Time Fee^v			
Standard Network - CA MPN, TX HCN, IL PPP, KY MCO, NY Certified	\$2,250 per network		
Standard Network - CA MPN and CA Kaiser	\$3,510 per network		
Custom Network (CA MPN)	\$5,724 per network		
Administration^w			
CA MPN, TX HCN:	+ \$4.50/bill	+ \$4.64/bill	+ \$4.77/bill
KY MCO:	+ \$2.00/bill	+ \$2.06/bill	+ \$2.12/bill
Optional Services (Appointment Scheduling, Training, Panel Creation, etc)	Varies by State		

California MPN Optional Services

Service Name	Year 1	Year 2	Year 3
MPN Provider Appointment Scheduling	\$89.00 per MPN provider appointment	\$91.67 per MPN provider appointment	\$94.42 per MPN provider appointment
MPN On-Site or Webinar Training	\$150 per hour	\$154 per hour	\$159 per hour

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Appendix

Workers' Compensation Claims Administration

Indemnity/Medical Only (All Other States)^a	Claim fee applies to All Other States with the exception of premium states (CA, HI, AK, NY, TX, FL, OH)
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Indemnity Premium States^b	CA, NY, TX, FL
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Flat Annual Fee^d	If expected losses occur at a rate greater than expected, we will propose a fee adjustment if we have to increase our resource commitment
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Program Management

Administration Feeⁱ	Includes assistance with Self-Insured Data for State Reports, State Statistical Reporting and All State Filing Requirements
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CareMC Access^j	Includes Executive Dashboard, Claim Details, Claims Summary Screen and Claims Reporting
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Account Management and Technical Support

Carrier TPA Oversight Fees^k	Fees charged by the carrier (Oversight fees, Tail Claim transfer / takeover fees, etc.) are the responsibility of the client and will be billed directly to the client by the carrier or by CorVel should CorVel be invoiced for such fees
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Legal Services

Subrogation^l	A minimum fee of \$550 and/or 25% of the gross recovery potential, whichever is less, shall be charged if subrogation dollars are waived to resolve an underlying workers' compensation claim that has been developed for recovery. CorVel's fee shall never exceed \$50k
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Bill Review Services

Bill Review^o	Includes bill intake, document imaging, file upload, state EDI's, and initial 1099 provider notification
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Minimum Transaction Fee^p	Minimum transaction fee per bill transaction. Applied per transaction if all other applicable fees do not meet the minimum transaction fee. Applies to all transactions, including but not limited to, Specialty Bills, Duplicate Bills, and bills sent for Re-consideration or Re-evaluation. Maximum fee per bill of
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Patient Management

Case Management All Other States^q	Fee applies to all states with the exception of premium states (CA, HI, AK, and NY)
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Prevailing IRS Mileage Rate applies

Each invoice for Case Management Services shall include an additional professional service fee billed to the Customer in the amount of \$39

Pharmacy Solutions

Customer agrees to pay CorVel the Pharmacy Solutions Pricing outlined in this Agreement or in accordance with the official medical fee schedule as established, and as amended from time to time, by the applicable state's Workers Compensation board, whichever is lessor. In the event that medical fee schedule is lower than CorVel's acquisition cost, except when Massachusetts' jurisdiction is applicable, Customer agrees to pay CorVel's acquisition cost plus 10%

California Lien Program

Set up fee/minimum fee - Per Lien^u	Deducted from total fee if over \$100
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State Certified Managed Care Networks

Implementation, Filing, Setup (one-time fee)^y	Implementation and administration for all other Managed Care Organizations (MCOs) — (AR MCO, CT MCO, FL MCA, GA MCO, MN MCO, NE MCO, NH MCO, NJ MCO, OK CMP and WV MHCP) — are included in bill review fees
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Administration^w	Additional bill fee is applied to all Bill Review transactions relating to the applicable state regardless of the bill's network utilization
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Standard Fee Schedule

Fee Schedule^z	Annual Rate schedules are available upon request
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The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. If life of contract pricing is selected, claims will be handled until closed or until the end of the agreement period, whichever comes first. If life of claim pricing is selected, claims will be handled until closed.

Any service not identified in this proposal will be provided at a later time.

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