AMENDMENT NO. 4 PROFESSIONAL SERVICES AGREEMENT BETWEEN THE CITY OF EVERETT AND CORVEL ENTERPRISE CLAIMS, INC.



This Amendment is dated for reference purposes July 1, 2025, by and between CorVel Enterprise Claims, Inc. ("CorVel") and City of Everett, WA ("Customer").

WHEREAS, CorVel and Customer entered into the Professional Services Agreement as of June 13, 2018, as amended (the "Agreement") pursuant to which CorVel agreed to provide Customer certain third party claims administration and bundled managed care services;

WHEREAS, CorVel and Customer each desire to amend the Agreement to revise the parties' contractual arrangement; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree to amend the Agreement as follows:

- A. The term of the Agreement is extended so that the Agreement expires on June 30, 2028. After that date, the Agreement will not automatically renew.
- B. Effective July 1, 2025, Exhibit B of the Agreement is replaced by the attached Exhibit B (Fees). The pricing for each year of services is described in the attached Exhibit B (Fees)

All other terms and conditions of the Agreement shall remain in full force and effect. This Amendment will be deemed to be effective on July 1, 2025, regardless of the actual dates of signatures of the parties. Execution and delivery of this Amendment by a party shall be legally valid and effective through any of the following: (i) executing and delivering a paper copy, (ii) execution and/or transmittal by AdobeSign or DocuSign or other esignature method, or (iii) transmitting an executed copy by email in pdf format or other electronically scanned format. This Amendment may be signed in counterparts.

IN WITNESS WHEREOF, CorVel and Customer have caused this Amendment to be executed by the persons authorized to act in their respective names.

CITY OF EVERETT, WA By:	CORVEL ENTERPRISE CLAIMS, INC. By:
Print Name: Cassie Franklin	Print Name: Brian Nichols
Title: Mayor	Title: Chief Financial Officer
Date Signed: 12/11/2025	Date Signed: 12/11/2025



EXHIBIT B

1) Fees during the Renewal Term effective July 1, 2025 through June 30, 2028 as follows:

Workers' Compensation Claims Administration

	Year 1	Year 2	Year 3
Description	Pricing		
Life of Contract Flat Annual Fee			
Up to 90 Indemnity & 100			
Medical Only Claims Annually	\$119,326	\$122,906	\$126,593
Per claim Fee after maximum			
number of claims:			
Medical-Only	\$178	\$183	\$189
Indemnity (All Other States)	\$1,304	\$1,343	\$1,383
Employer's Liability	\$1,304	\$1,343	\$1,383

¹ Alaska claims will incur a 2 year file handling fee as listed above. If a file remains open after two years, the fees will be charged again.

Program Management

Description	Pricing		
Data Conversion - Per Data Source	Waived	Waived	Waived
Administration Fee - Per Annum ¹	\$14,226	\$14,653	\$15,092
Implementation Fee - One Time Fee	Waived	Waived	Waived
CareMC Access - Per Annum ²			
First 6 Full Access Users	Included	Included	Included
Each User over 6 - Per User, Per Year	\$1,050	\$1,082	\$1,114
	50% of standard	50% of standard	50% of standard
State Fund Oversight (OH, WA)	fees, based on	fees, based on	fees, based on
	service level	service level	service level

¹ Includes Assistance with Self-Insured Data for State Reports, State Statistical Reporting & All State Filing Requirements

Account Management and Technical Support

Description Description	Pricing		
Account Management Staff	Included	Included	Included
Electronic Data Transmission - (Per			
Month, Based on Frequency)			
Monthly File	\$263	\$270	\$278
Weekly File	\$630	\$649	\$668
Daily File	\$2,100	\$2,163	\$2,228
Training – Onsite and Online	Included	Included	Included
Technical Support	Included	Included	Included
State EDI Files	Included	Included	Included
Monthly Reporting	Included	Included	Included

¹ CorVel Healthcare Corporation's managed care services must be used for all claims administered by CorVel.

² Claim fee applies to AOS with the exception of premium states (CA, HI, AK, NY, TX and FL).

² Includes Executive Dashboard, Claim Details, Claims Summary Screen & Claims Reporting

Ad hoc Report Programming - Per Hour	\$210	\$216	\$223
Communication Materials/Posters	Pass through	Pass through	Pass through
Communication Waterials/Fosters	printing cost	printing cost	printing cost
Annual Banking Fees	One account	One account	One account
Additional Account(s) - Per	included	included	included
Account	\$1,060	\$1,092	\$1,125
Carrier TPA Oversight Fees ¹	Bill from Carrier	Bill from Carrier	Bill from Carrier
Carrier TPA Oversight Fees	to Client	to Client	to Client

¹ 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.

Intake and Immediate Intervention Services

Description	Pricing		
Claim Intake (includes one FNOL distribution) - Per Intake	\$36	\$37	\$38
Incident Only Reporting - Per Incident	\$36	\$37	\$38
Advocacy 24/7 - Per Call	\$105	\$108	\$111
Telehealth Services	Fee Schedule or U&C value by CPT code	Fee Schedule or U&C value by CPT code	Fee Schedule or U&C value by CPT code

Allocated Expense Fees

Legal Services

Description	Pricing		
Cubracation	25% of	25% of	25% of
Subrogation	Recoveries	Recoveries	Recoveries
	2.5% of gross	2.5% of gross	2.5% of gross
Legal Bill Auditing ¹	legal charges	legal charges	legal charges
	reviewed	reviewed	reviewed
Indexing and OFAC Compliance -	\$21	\$22	\$22
Per Index	\$21	\$22	\$22

¹ Fees will never exceed the savings generated

Bill Review Services

Description	Pricing		
Bill Review: Includes Standard Fee Schedule and UCR - Per Bill ^{1,2}	\$10.88	\$10.88	\$10.88
+ Network Solutions Includes: ² Clinical Review, Implant Analysis, Line Item Bill Review, Negotiations, PPO Network Access, Substantive Denials, Technical Evaluation	27% of Savings	27% of Savings	27% of Savings
Minimum Transaction Fee ²	\$7.86	\$7.86	\$7.86
State EDI, Scanning/OCR, Initial 1099 Provider Notification Letter	Included	Included	Included
Texas Non-HCN Medical Bills - Per Bill	\$30.00	\$30.90	\$31.83

¹ Includes bill intake, document imaging, file upload, state EDI's, and initial 1099 provider notification

letters.

Patient Management

Description	Pricing		
Telephonic Case Management,			
Field Case Management			
and Return to Work Coordinator -			
Per Hour			
Alaska, California, Hawaii and	\$172	\$177	\$182
New York		· ·	·
All Other States 1,2	\$140	\$144	\$148
Vocational Rehabilitation - Per	\$199	\$205	\$212
Hour	Ψ177	Ψ203	Ψ212
Specialty Services (Catastrophic,			
Life Care Plan, Medicare			
Conditional Payments, Medicare	\$263	\$271	\$280
Set Asides, Bilingual, Critical	Ψ203	Ψ271	4200
Incident Stress Debriefing (CISD))			
- Per Hour			
Nurse Utilization Review - Per		\$178	\$183
Review	\$173	\$170	—
Physician Utilization Review - Per			
Review	\$289	\$297	\$306
UR Authorization Only (Adjuster			
Review) - CA - Per Review	\$42	\$43	\$45
Care Advocate - Per Claim	\$58	\$59	\$61

¹ Fee applies to all States with the exception of premium states (CA, HI, AK, and NY).

¹Statutory rates supersede if applicable.

Prevailing IRS Mileage Rate applies.

Each invoice for Case Management Services shall have an additional professional service fee of \$40.95 billed to Customer.

Pharmacy So	lutions
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Description Description	Pricing		
	Tricing		
Retail Pharmacies			
	AWP -10% +	AWP -10% +	AWP -10% +
Brand	\$3.00 dispensing	\$3.00 dispensing	\$3.00 dispensing
	fee	fee	fee
	AWP -35% +	AWP -35% +	AWP -35% +
Generic	\$3.00 dispensing	\$3.00 dispensing	\$3.00 dispensing
	fee	fee	fee
Mail Order			
	AWP -13% +	AWP -13% +	AWP -13% +
Brand	\$1.50 dispensing	\$1.50 dispensing	\$1.50 dispensing
	fee	fee	fee
	AWP -45% +	AWP -45% +	AWP -45% +
Generic	\$1.50 dispensing	\$1.50 dispensing	\$1.50 dispensing
	fee	fee	fee

² Minimum transaction fee (MTF) 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. There is a maximum bill review transaction fee of \$15,000.

Pharmacy Solutions continued

Description	Pricing		
Clinical Modeling			
Integration of Pharmacy Data	Included	Included	Included
Dynamic Calculation/Display in Care ^{MC}	Included	Included	Included
Pharmacy Interventions			
Certified Pharmacy Technician	Included	Included	Included
Rx Nurse	Included	Included	Included
Nurse Management	Case Management hourly rate	Case Management hourly rate	Case Management hourly rate
Pharmacy Review - Per Review	\$394	\$406	\$418
Cognitive Behavioral Therapy - Per Hour	\$263	\$270	\$278
Medication Review - Per Hour	\$263	\$270	\$278
Drug Testing/Monitoring	State Fee Schedule	State Fee Schedule	State Fee Schedule
Pharmacogenomic Testing Service	\$1,200	\$1,236	\$1,273
NY PAR Admin Fee- Per Review	\$15	\$15	\$16
NY PAR Level 1 Clinical Decisions - Per Review	\$85	\$88	\$90

Specialty Network Services

Specialty Network Services			
Description	Pricing		
Medical Imaging Services	Varies by State and	Varies by State and	Varies by State and
	Diagnostic	Diagnostic	Diagnostic
Independent Medical Exam	See Current	See Current	See Current
	IME/Peer Fee	IME/Peer Fee	IME/Peer Fee
	Schedule	Schedule	Schedule
Physical and Occupational Therapy	Varies by State	Varies by State	Varies by State
Durable Medical Equipment	Varies by State and	Varies by State and	Varies by State and
	Equipment	Equipment	Equipment
Transportation	Varies by State and	Varies by State and	Varies by State and
	Service	Service	Service
Translation	Varies by State and	Varies by State and	Varies by State and
	Service Level	Service Level	Service Level

Medicare Agent Reporting

Description	Pricing		
Set up and engagement	Waived	Waived	Waived
Monthly Maintenance	\$1,000	\$1,030	\$1,061
Quarterly Reporting	Included	Included	Included

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. Rates on claims that occur outside of the United States are subject to alternative pricing to be discussed prior to start of the contract.

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

CorVel Enterprise Claims Inc. Amendment 4_07.16.25_SD

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