

**SIGNATURE PAGE**


**P-1-2025**

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Company Name: PMA Management Corp.  
(PRINT)

Preparer's Name: Justin Wilkinson  
(PRINT)

Signature:   
9/17/24 (DATE)

Address: 330 Fellowship Road, Suite 200, Mt.Laurel, NJ 08054


Telephone No.: 856.727.3119

Fax No.: \_\_\_\_\_

E-Mail Address: Justin.Wilkinson@pmagroup.com  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Justin Wilkinson

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

(Revised 2/2017)

## Pricing Proposal – Flat Annual – Life of Contract

PMA will provide comprehensive Life of Contract Third-Party Claims Administration Services for all new and existing claims for the period 1/1/2025 to 1/1/2028 as follows. This quote is valid for up to 90 days.

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<b>Flat Annual Fee</b>	<b>\$211,500.00</b>	<b>\$215,000.00</b>	<b>\$218,500.00</b>
<b>Bundled Services</b>			
Claims Handling	Included	Included	Included
Annual Administration Fee	Included	Included	Included
PMA Cinch Access – 3 Users	Included	Included	Included
PMA Webservice Access	Included	Included	Included
Quarterly Claim Reviews	Included	Included	Included
75 Hours Risk Control for Parks Dept.	Included	Included	Included
<b>Unbundled Services</b>			
Cost Containment fee, % of savings below 50 <sup>th</sup> percentile of UCR	33%	33%	33%
Medical Bill Review Fee	\$9.50 (per bill)	\$9.50 (per bill)	\$9.50 (per bill)
Subrogation Specialty Team, % of Recovery	17%	17%	17%
<b>Optional Services</b>			
Telephonic/On-Site	\$103	\$103	\$103
Case Management / per hour			
Risk Control Services / per hour	\$135	\$135	\$135
Additional PMA Cinch Users / per user	\$500	\$500	\$500

Note, pricing for the two optional extension years will be subject to a 3% increase in the flat annual fee per year.

Note, For Flat-Fee Pricing options, if any individual occurrence results in more than ten workers' compensation claimants, then beginning with the 11<sup>th</sup> claim and for every related claim thereafter, \$850 will be charged for each lost-time claim and \$125 for each medical-only claim. Similarly, if any individual occurrence results in more than ten property/auto/liability loss lines, then beginning with the 11<sup>th</sup> loss line and for every related claim thereafter, \$650 will be charged for each bodily injury loss lines, \$395 will be charged for each property damage loss line, \$325 will be charged for each auto physical damage loss line, \$595 will be charged for every property loss line, and \$995 will be charged for every professional liability loss line.



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## Exhibit A – Other Services Fee Schedule

All fees are billed as incurred unless specifically agreed otherwise.

<u>Service Type</u>	<u>Amount</u>
<b>Managed Care:</b>	
Medical and Pharmacy Bill Review and Repricing	\$9.50 per bill, plus 33% of savings over and above fee schedule and/or usual and customary]
Utilization review	\$125 per review
Clinical Case Management Services	\$103 per hour
Catastrophic Clinical Services	\$185 per hour
Medical Consultant Review	\$255 per review
PMAcare24	\$103 per call
PMAcare24 Set-Up	\$2,500 - \$3,000
PMAcare Rx+ Pharmacy Intervention Services	\$75 per review
Medical Director	\$250 per hour
<b>Medicare Solutions</b>	
Section 111 Reporting	\$9.50 per claim queried
Medicare Set-Aside Allocation	\$2,200 each
CMS Submissions	\$630 each
Medicare Conditional Payment Research	\$130 each
Medicare Conditional Payment Appeal or Dispute	\$260 each
Medicare Conditional Payment Research Final Demand	\$55 each
Medical Cost Projections	\$1,900 each
Evidenced Based MSA	\$2,200 each
Life Care Plan	\$185 per hour
Demand Package Nurse Review	\$1,900 per review
Demand Package Medical Bill Analysis	\$400 per review
Update (of Prior MSA report)	\$800 - \$2,200 per report
Rush Request of MSA	\$500
Resolution Services	\$130 per hour
Medicare/Social Security Verification	\$225 each
Medicaid Conditional Payment Research	\$260 each
Medicare Advantage Plan Conditional Payment Negotiation	\$525 each
Treasury Lien Resolution	\$750 - \$1,250 each
Liability Conditional Payment Canvass	\$90 each
Liability Conditional Payment Dispute or Appeal	\$375 each
Liability Medicare Advantage Conditional Payment Dispute or Appeal	\$525 each
Provider Relations Specialist	\$110 per hour



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<b>Information Systems:</b>	
RMIS fee	Included for up to 3 users; \$500 per year for each additional user \$500 per year each additional user.
Customized Reporting/Programming	\$200 per hour
Standard Data Feed Set-Up	\$3,000 per year
Standard Data Feed	\$250 - \$300 per month

<b>Risk Control:</b>	
General	\$145 per hour
Industrial hygiene services	\$180 per hour
Special Projects	To be determined

<b>Claim Adjustment:</b>	
Vocational Rehabilitation	\$103 per hour
Claim Indexing	\$19.75 flat fee per queried file or loss line
Legal Bill Analyzer (optional)	3% of gross billed charges

<b>Other:</b>	
Administrative	Included
Subrogation Specialist Services	17% of gross recovery
Recover At Work	\$125 per hour
Recover At Work Special Projects	To be determined
Standard Data Extract (Upon Termination)	\$6,000
OSHA Reporting Preparation Services	\$20 per incident \$3,000 annual minimum.
OSHA Special Projects	To be determined
Each Claim Review in Excess of Four Per Year	\$2,500 per review, per day plus PMA expenses
Onsite Claim Review	Travel incurred by PMA claims personnel is reimbursed in full by the client



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**THE MONMOUTH COUNTY BOARD OF COUNTY COMMISSIONERS, N.J.  
CLAIMS ADMINISTRATION SERVICES  
RFP# P-1-2025  
REPLY FORM**

**FLAT FEE FOR WORKERS COMPENSATION/EMPLOYERS LIABILITY, AND LIABILITY CLAIMS ADMINISTRATION SERVICES.**

YEAR 1 - 2025	\$ <u>211,500.00</u> Annual Fee
YEAR 2 - 2026	\$ <u>215,000.00</u> Annual Fee
YEAR 3 - 2027	\$ <u>218,500.00</u> Annual Fee

**ALTERNATE FEE FOR CLAIMS ADMINISTRATION SERVICES**

**Describe:** Please see our detailed pricing proposal on page 38  
of our RFP response

**Indicate if a flat or alternative fee is being quoted for the two (2) one-year renewal options:**

Flat annual fee, subject to increases of 3% per  
year over expiring

**DEVIATIONS FROM REQUIRED SERVICE (use attachment(s), if necessary)**

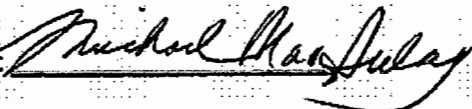
Please see attached.

**OTHER INFORMATION ON SERVICES AND COSTS (use attachment(s), if necessary)**

Please see our detailed pricing proposal on page 38  
of our RFP response

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Printed Name: Michael MacAulay

Signature: 

Title: President