

SCOPE OF SERVICES

August 10, 2021

- I. Review the existing benefits and provide a factual, concise summary of the current plans along with observations and ideas for future changes.
- II. Analyze the claim experience and other costs, including financial projections and implications of maintaining the existing benefits and funding arrangement.
- III. Analyze the financial implications of ACA on your current benefit programs. In addition, analyze benefit options and financial implications of Repeal and Replace Legislation.
- IV. Market the existing benefit plans, which includes:
 - Writing specifications for the Request for Proposal
 - Marketing to no less than 10 markets for medical/stop-loss and up to 6 additional markets for each of the other benefits
 - Preparing and presenting a concise Marketing Report
 - Evaluating offers and negotiating pricing
 - Developing a selection strategy for finalists
- V. Evaluate current and alternative Preferred Provider networks, including:
 - Tax ID number match-up based on physician usage and charges
 - Repricing of medical claims, if obtainable from current carrier
- VI. Data Analytics –Monthly aggregated medical / Rx claims, as well as biometric screening results and payroll data. The solution unifies employer data into a single system for employee health, allowing employers to **identify** cost drivers, **engage** members with tailored strategies, **predict** future spending and model plans and program recommendations. Capabilities include:
 - Insights-Provide actionable next steps for a variety of categories to mitigate costs and improve health.
 - Health HQ – An updated monthly dashboard is accessible to the client, providing a “real time” view of plan performance with focus on key health service areas and underlying conditions. Health HQ illustrates year-over-year plan costs, as well as a 12-month projection using client-specific predictive modelling.
 - Gaps-In-Care – Provides comprehensive list of top disease states and that population’s adherence to treatment plans. Predicts future spend at both the client and member level based on risk score, compliance and motivation to change. Adds a level of accountability to the tracking of wellness initiatives and their effectiveness.
 - Claims – Tracks Top 10 medical diagnoses and Rx medications. Provides a current two-year medical/Rx trend by month.
 - Reporting – Option to create and furnish customized executive summaries: Risk Stratification, Financials, Gaps-In-Care, and Data Summaries.

- VII. Benchmark the current benefits and employee contributions to a real time database of other employer's benefit plans. Comparative information from this database (over 5,000 employers) may be selected by industry, number of employees and/or geographic region.
- VIII. HR Technology Consulting:
- Evaluation of current HR process, technology and requirements
 - Process improvement with current platforms
 - Marketing for new solutions
 - Management of RFI process
 - Coordination of vendor demos
 - Recommendations – scored based on client evaluation
 - Calculation of return on investment
 - Final vendor negotiations
 - Implementation oversight
- IX. Customize, develop, and implement employee education solutions.
- Virtual benefits counselor
 - Technology education platform
 - Advocacy platforms
- X. Provide information and a proven strategy for using Consumer Driven Health Plans to reduce benefit costs.
- XI. Review the Prescription Drug benefit and provide cost control strategies.
- XII. Provide employee behavior modification strategies, including:
- Wellness
 - Disease Management
 - Large claims/chronic co-morbidity
- XIII. Review all benefit plan documents and master contracts for accuracy, as well as consistency with each other and with benefit regulations, such as COBRA, HIPAA, FMLA and ACA.
- XIV. Review/update current employee communication materials for compliance with the Summary of Benefits and Coverage requirements.
- XV. Provide assistance/resolution in difficult claim situations. Be available for meetings and questions as needed.
- XVI. Provide assistance with coverage changes and enrollments.