



April 2023

A renewal presentation for City Of Coppell

Presented to Holmes Murphy
by Jenny McWherter



A UnitedHealthcare Company

Renewal Services

Customer Name : City Of Coppell

Plan Renewal Date : 10/1/2023

All fees shown as per employee per month (PEPM) unless otherwise noted.

Proposed renewal fees assume all existing products and services written with UMR (known as The TPA) will be retained throughout the renewal period. New products and services may be added; however, proposed fees are subject to change and/or additional fees may apply if any existing products or services are discontinued.

Administration and access fees	Subscribers	Current Fees	Renewal Fees 10/1/2023
Medical claims	365	\$20.97	\$20.97
Medical client advisor commission		Net	Net
Required stop loss interface fee	365	Included	Included
Stop loss interface - If a non-preferred vendor is selected, this surcharge fee will also apply	365	\$2.63	\$2.63
UnitedHealthcare Choice Plus ® network - access fee	365	\$16.87	\$16.87
COBRA administration	365	\$1.08	\$1.08
Utilization Management (UM)	365	\$1.65	\$1.65
Complex Condition CARE	365	\$1.55	\$1.55
NurseLine (NL)	365	\$0.44	\$0.44
Optum Benefits Analytic Manager (BAM)	365	Included	Included
Incentive Solutions: Rewards - Health Incentive Account (HIA) Deposits (PPPM)	365	Included	Included
Health reimbursement account - per participating employee per month	365	Included	Included
Retiree billing - ACH debit	7	\$4.38	\$4.38
Medical Insured Carve Out Coordination Fee	365	Included	Included
Advanced Claim Review - specialized review of high-cost targeted claims and medical records - % of savings	365	30%	30%
CRS Benchmark Program – Multiplan’s Complementary Network, Fee Negotiation and Data iSight - % of savings	365	22% with \$50,000 cap per claim	22% with \$50,000 cap per claim

UnitedHealthcare Choice Plus assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to: deductible, out-of-pocket, coinsurance and plan limitations. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies.

External PBM Vendors are subject to prior approval and may require additional fees. For groups with less than 100 subscribers, OptumRx is required.

Additional Services

Customer Name : City Of Coppell

Plan Effective Date : 10/1/2023

All renewal fees are good for one year and are shown as per employee per month (PEPM) unless otherwise noted

Plan Administration	Current Fees	Renewal Fees 10/1/2023
Actuarial Services (Certified Reserving & Custom Pricing)	Pricing available upon request	Pricing available upon request
Customized ID cards	\$150.00 per hour	\$150.00 per hour
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
Mail special packets to homes	Billed at cost for postage only	Billed at cost for postage only
Service Fee to Remit to Outside Vendors	waived for current	waived for current
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
Claim reprocessing - per claim	\$25.00	\$25.00
Subrogation - percent of recoveries	33%	33%
Federal external review for appeals - for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage.	Up to 5 included, then \$500.00 per review	Up to 5 included, then \$500.00 per review
Full/Partial Summary of Benefits and Coverage (SBC) creation with data the TPA has on file (includes initial SBC plus one amendment, electronic version only provided to employer)	Included with medical administration	Included with medical administration
Translation of SBC into non-English text	Cost of translation	Cost of translation
Print and ship SBCs to employer at open enrollment (approval required)	Cost plus postage	Cost plus postage
Inclusion of outside vendor data in SBC in the TPA standard format, e.g. carved out benefits (approval required)	\$1,000 per SBC per benefit plan	\$1,000 per SBC per benefit plan
Two or more SBC requests per year	\$500.00 per SBC per benefit plan	\$500.00 per SBC per benefit plan
COBRA		
COBRA outside vendor -	\$0.10	\$0.10
Reporting		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	\$100.00	\$100.00
Banking		
Customer-maintained banking - positive pay agreement annual fee - supported file	\$1,000	\$1,000

Proposed Optional Services

Customer Name : City Of Coppell

Plan Effective Date : 10/1/2023

Subscribers : 365

The TPA is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contracts between City Of Coppell and the TPA, this document will provide supplemental information to the Administrative Services.

The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This proposal requires a minimum lead time from notice of sale to the plan effective date for implementation. This will depend upon plan complexity and group size.

The following is a list of the standard administrative services offered by the TPA with year-one fees only listed. In addition to our standard services, we have indicated those additional services that may be offered at an additional fee. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from quoted fees.

Account Services		
Services	Included In Medical Fee	Comments/Fees
Implementation and maintenance of account	Yes	
Representatives available for one enrollment meeting(s) annually	Yes	This assumes local business travel and normal hours.
Standard initial enrollment packets	Yes	Additional cost applies for home mailing of enrollment packets.
Standard ID card production and issuance mailed to employee's home address. Additional option is to mail bulk to group or locations.	Yes	
Standard ID card templates available for card design.	Yes	Additional fees: Pricing available upon request for new template.
Standard is one card issued for employee only coverage, two cards issued for employee plus spouse, employee plus partner, employee plus children; and family coverage.	Yes	Additional fees: \$1.00 per ID card charged for additional ID cards above the standard. Example: Group chooses to issue one card for each member.
City Of Coppell logo on ID card	Yes	
TPA generated numeric alternative member ID (not based on SSN)	Yes	
Ongoing account management	Yes	
Prepare and deliver an electronic copy of one ERISA summary plan description (SPD), amendments, and one plan document for each plan, in English	Yes	City Of Coppell is responsible for the legal sufficiency of these booklets. Printing and mailing of plan document, SPDs, and amendments is an additional fee of cost plus postage.
Eligibility processing:	Yes	
Electronic enrollment processing:		

- Files from multiple locations are acceptable

Submission Format:

- TPA standard format or HIPAA 834 Compliant Format

Submission Frequency:

- Full file weekly with a full population file audit on a quarterly schedule (preferred)
- Full file on any other frequency with a full population file audit on a quarterly schedule (acceptable)
- Changes file on any frequency with a full population file on a quarterly schedule (acceptable)
- Full file weekly or bi-weekly (acceptable)

Transmission method:

- FTP with PGP encryption (preferred)
- SSH, SFTP, SSL transfers (acceptable)

Standard accounting structure:	Yes	
<ul style="list-style-type: none"> Accommodates separate claims reporting for different benefit plans Accommodates separate claims data for different locations and groups 		
Maintenance of all separate benefit plans	Yes	
Online invoicing which provides capabilities to:	Yes	
<ul style="list-style-type: none"> View all prior month's invoices online Sort and search enrollee information from downloadable Excel file Download current billing detail and request subscriber terminations 		
Bill administrative, stop loss and optional service fee(s)	Yes	Additional fee to bill insured policies other than stop loss or transplant (if applicable)
Online services accessed through employer web site or umr.com such as: customer reporting access, electronic billing, and online administration options that include online eligibility maintenance, claim status inquiry, ID card request, and secure messaging	Yes	
Full/partial summary of benefits and coverage (SBC) creation with data the TPA has on file (includes initial SBC plus one amendment per year, electronic version only provided to employer)	Yes	
Translation of SBC into non-English text	No	Additional charge: cost of translation
Print and ship SBC to employer at open enrollment	No	Additional charge: cost plus postage (approval required)
Inclusion of outside vendor data in SBC in the TPA standard format (e.g. carved out benefits)	No	Additional charge: \$1,000 per SBC per benefit plan (approval required)
Any SBC created in excess of the initial SBC plus one revision to the initial SBC that is included with medical administration.	No	Additional charge: \$500 per SBC per benefit plan
Service Fee to Remit to Outside Vendors	No	Additional charge: \$0.50 PEPM
External Pharmacy Benefit Manager (PBM) Interface Fee	No	Additional charge: \$3.00 PEPM
<ul style="list-style-type: none"> Implementation and maintenance of eligibility files Remitting payment on behalf of the PBM vendor Pharmacy claims detail imported into InfoPort, also used for Stop Loss, Care Management, and/or FSA auto-reimbursement if applicable. Non-preferred PBM's are subject to prior approval and may require additional fees. 		
Enrollment file sent to external vendor in the TPA file format	No	Additional charge: fees available upon request
Annual re-issuance of ID cards to all employees if changes in benefits do not occur	No	Additional charge: fees vary based on scope of request

Online Customer Reporting

Services	Included in Medical Fee	Comments/Fees
Standard management reports	Yes	

Online access to InfoPort SM , internet-based employer reporting tool	Yes	
New York, Massachusetts, and Vermont surcharge reporting (medical claims)	Yes	
Annual government filings of 1099 reports to the IRS regarding payments made to physicians and other health care professionals	Yes	
Provide required data necessary to enable City Of Coppell to file Form 5500	Yes	
Non-Certified Reserve estimates	Yes	
Non-standard or ad hoc reports, or standard reports at a non-standard frequency. Up to two hours included.	Yes	Additional hours charged at \$100 per hour
The TPA optional summary analytic reporting application - expanded online customer reporting system. Up to three customer access-licenses are included.	Yes	

Banking Services

Services	Included in Medical Fee	Comments/Fees
Customer-Maintained Banking Services		
Customer establishes and maintains bank account at bank of their choice and determines funding method. The TPA issues benefit payments from this account.	Yes	Assumes one bank account per customer
Internet reporting - cash disbursement reporting and monthly financial reporting	Yes	
Positive pay check fraud control services	No	Additional charge: \$1,000 annual fee if TPA supported automated file; \$1,500 annual fee if manual or non-supported file.
Banking – additional check register reporting for multiple locations or bank accounts	No	Additional charge: \$450 one-time setup fee per each additional source code
Bank account change after initial setup	No	Additional charge: \$500 one-time setup fee
Custodial Banking Services (Optional)		
The TPA opens a bank account at an established TPA relationship bank (requires an initial deposit of one or two weeks estimated claims, depending on funding method selected).	No	Additional charge: \$250 monthly fee. Assumes one bank account.
<ul style="list-style-type: none"> · Internet reporting - cash disbursement reporting and monthly financial reporting · Account reconciliation · Positive pay check-fraud control services · Stop payment requests, check copies, outstanding check list maintenance and reporting, and search letters for uncashed check diligence 		

Financial Support Services

Services	Included in Medical Fee	Comments/Fees
Basic claim projections using book of business assumptions for reserves and trend	Yes	
Basic benefit design changes & financial impact	Yes	
Basic premium-equivalent rate calculations	Yes	Not medically underwritten.

Actuarial Services: No \$400 per hour
 · Reserving
 · Level 1: Certified Reserve
 · Level 2: Certified Reserve & Paid Claim Trend Review
 · Level 3: Certified Reserve, Paid Claim Trend Review, &
 Plan Year Forecast
 · Pricing (Examples of services requested/performed
 Please review the product guide or email UMR_Actuarial@umr.com for more information.

Please discuss with underwriting as some basic services already included)

- Custom claim projections using customer specific reserves and trend
- Custom plan design changes & financial impact
- Custom premium-equivalent rate calculations
- Financial impact of legislation changes
- Risk sharing arrangements
- For all others subject to review & approval

Actuarial Services performed by Optum Actuarial	No	Dependent upon complexity of request
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Claim Services

Services	Included in Medical Fee	Comments/Fees
Plan implementation of City Of Coppell's employee benefits plans, setup of benefit design, eligibility data and a testing of sample claims	Yes	
Claim history load from prior administrator using an electronic method to load financial information to an individual's history. Standard items include calendar year deductible, out-of-pocket, lifetime maximums and mental health/substance use disorder lifetime maximums.	Yes	One standard accumulator load
Claim adjudication services	Yes	
Print and distribute standard explanation of benefit (EOB) forms	Yes	
Toll-free telephone number	Yes	Additional charge: dedicated toll-free telephone number \$1,000 one-time setup fee
Claim service representatives are available Monday through Friday, 24 hours a day. (Hours are specific to the time zone of the customer's headquarters).	Yes	Additional fees may apply
Standard claim forms	Yes	Additional charge: non-standard forms (when applicable)
Internal medical claim review of specific health care claims to promote coding accuracy, benefit interpretation, apply reimbursement and medical policy. This includes utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests.	Yes	
Five federal external reviews for appeals for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage	Yes	Additional reviews will be charged at \$500 per review.
Online notification of all checks issued.	Yes	
Reasonable and customary guidelines for out-of-network surgical, medical, lab and X-ray claims using OptumInsight™ data	No	80% - 95% is available without prior approval; customers typically select 85%
First-level appeal (mandatory)	Yes	Completed by claim appeal auditor in consultation with appropriate medical professional(s), if necessary. Appeals are resolved according to current Department of Labor (DOL) regulations. Does not include grievance process.

Second-level appeal (when elected by the employer; may be voluntary or mandatory)	Yes	Completed by claim appeal auditor, not involved in first-level appeal, in consultation with appropriate medical professional(s), if necessary. Appeals are resolved according to current DOL regulations. Does not include grievance process.
<p>Access for your employees to the umr.com web site, providing a private, secure, easy-to-use application for customer care including:</p> <ul style="list-style-type: none"> · Claim status · Eligibility information · Search for network physicians and other health care providers · Online health and well-being information · Order a replacement ID card · Member used online health assessment tool · Links to pharmacy, mental health/substance use disorder, vision, flexible spending account, health reimbursement account, health savings account, and/or dental sites, if services provided by the TPA 	Yes	
During the term of the Agreement or six months following termination, City Of Coppell or its representatives may perform an annual audit of TPA services, at its own expense, subject to the TPA standard requirements regarding prior notice, confidentiality, length, time and place, and findings.	Yes	
Application of the Advanced Claim Review program / The TPA or its affiliate's board certified, same-specialty physicians will review claims and records of high-cost procedures. Reviews may also be conducted using detection analytics. Claims for which billing and/or coding errors are identified will be adjusted to reflect the appropriate payment amount.	No	City Of Coppell may opt into enrolling its participants in the Advanced Claim Review Program. City Of Coppell will be billed 30% of the savings monthly.
CRS Enhanced Inadvertent Services – defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied. Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation. All other claims will leverage a market rate-based reimbursement with comprehensive member advocacy.	No	Additional charge: 20% of savings w/ a \$50,000 per claim savings cap
Application of the TPA's OON programs provides additional savings on select facility and physician claims not eligible for standard network discounts (i.e., non-participating providers). Facility and physician savings programs apply to all medical products offering an out-of-network component on select out-of-network claims of network based plans. Our shared savings programs are designed to meet the needs of our customers and may include, but is not limited to, facility and physician fee schedules, facility and physician fee negotiation, physician and facility U&C and MNRP. Our lead solution is our CRS Enhanced Program. Other solutions include CRS Benchmark, NPC ² and CRS Reference. Inadvertent Services – defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied. Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation.	No	<p>Participants will automatically participate in one of our Shared Savings Programs.</p> <p>22% of savings and \$50,000 per claim savings cap will be billed for CRS Benchmark Program</p> <p>\$4.00 PEPM and 22% of savings w/ a \$50,000 per claim savings cap will be billed for NPC²</p> <p>25% of savings with a \$50,000 per claim savings cap will be billed for CRS Reference</p>
Non-Par Cost Containment Program (NPC ²) -	No	Additional charge:\$10.00 PEPM

This solution will apply our MGRP program in which 110% or 140% of Medicare, gap methodology or default pricing will be utilized for all out of network claims with the exception of surprise bills, as defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied. Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation.

Claim reprocessing (due to situations such as retroactive benefit or eligibility changes made by customer)	No	Additional charge: \$25.00 per claim
Non-standard EOBs, and/or copies of EOBs sent to the employer	No	Inclusion of plan logo is permissible. Additional charge: \$150 per hour for any other changes requiring system reconfiguration.
Claims fiduciary	Yes	
Run-out claims following the termination of our contract -	No	Fee available upon termination.

The TPA's standard is to process claims incurred prior to termination for a 6 or 12 month period following termination. For this service, the customer will pay the TPA a fee equal to two (2) months or three (3) months respectively of the last active month's fees for base administration (exclusive of any Rx Rebate credit) and network access. These fees are due and payable prior to the termination date. The TPA will only process run-out claims if the customer is current with all premium and fee obligations. Other fees that may continue past the termination of the contract, include, but are not limited to: CRS fees, subrogation fees, fees for non-standard termination or ad-hoc reports, monthly or annual banking fees (if applicable), early termination penalties (if any), and Value Based Contracting fees (if using the Choice+ network).

Application of subrogation services	No	Additional charge: 33% of the subrogation recoveries on a monthly basis.
Administration of plans requiring integrated medical and pharmacy deductible and out of pocket with integrated PBM or other integrated service provider (list available upon request)	No	Additional charge: \$0.50 PPPM (per participating employee per month)

Optional Claim Services

Service	Included in Medical Fee	Comments/Fees
Credit balance recoveries (AIM ledger initiated audit)	No	Additional charge: 20% of recoveries on a monthly basis. The TPA contracts with an outside audit firm that audits credit balances from various hospitals. If the outside audit firm identifies that this Plan is owed a refund, the refund minus the auditing firms' commission, will be sent to the Plan Sponsor.
Overpayment recoveries - The TPA shall make an attempt to recover overpayments over \$100 by requesting repayment. In the event the above recovery attempts are unsuccessful, the Plan Sponsor will receive written communication outlining the legal recovery process.	No	Fees are contingent upon additional recovery process requested.

Consumer Advocacy

Service	Renewal Services tab	Comments/Fees
GenerationYou (GenYou):	No	Additional charge: \$9.05 PEPM

GenerationYou (or "GenYou") is an entirely new consumer experience within the TPA which weaves together robust advocacy and comprehensive clinical programs across digital platforms, creating a fresh, dynamic approach to member engagement, including:

- **Omni-channel member experience:**
 - A native **GenYou app** members' digital engagement – available to download in the app store for Android and iOS
 - Engaging e-mail campaigns
 - Outbound SMS text reminders
 - GenYou Guides accessible by call or chat

- **24x7 Support** members receive the help they want, when they want it, with around the clock accessibility.
- **GenerationYou CARE Support** provides enhanced case management and comprehensive clinical support through licensed nurses and social workers working within the advocacy model.
- **Embedded incentives pre-built inside the program** including "The Story of You" (\$25 reward card) and Care Prepare Consultations.
- Via real-time, **personalized alerts and notifications through** "Things to Do", members receive dynamic, personalized, high-value offers to help them make the most optimal decisions.
- Through **intercept & redirect** guides will reach out to members who have made(or are likely to make) non-optimal decisions in pursuing care from an out of network provider, or from a non-optimal physician or facility in attempt to redirect their care to a more optimal setting.

CARE Services - per employee per month (PEPM)

Services	Renewal Services tab	Comments/Fees
Utilization Management (UM): Generally, the UMR Utilization Management program is comprised of the following: <ul style="list-style-type: none"> · Concurrent review (including level of care) for inpatient, behavioral health, skilled nursing facility, acute rehabilitation and home health care · Identification/referral of targeted cases to CARE case management programs · For services requiring prior authorization: <ul style="list-style-type: none"> · Peer to peer reviews · Pre and post service appeals · Independent medical review · Discharge planning · Dynamic, clinical and value-based recommended prior authorization service list selections, including targeted specialty medications/injectables · Dedicated expert inpatient, durable medical equipment, specialty medication/injectable, and other key specialized services management · CARE Consultant expertise for design and cost control · UHN managed care network product protocol alignment, when applicable · Savings and utilization based standard reporting 	Yes	
Utilization Management (UM): <ul style="list-style-type: none"> · Concurrent review for inpatient, behavioral health, skilled nursing facility, acute rehabilitation and home health care · Identification/referral to Complex Condition CARE · Independent medical review 	Yes	

- Discharge planning
- Durable medical equipment
- Inpatient Services (The TPA's specified list)
- Consultations
- Standard reports
- Certain specialty injectables

Complex Condition CARE: Yes

- Complex Condition CARE assessments
- Coordination with complex treatment plan
- Specialized transplant, oncology, behavioral health and high-risk newborns
- High-risk pregnancies
- Behavioral health and substance use disorder
- Potential high-dollar treatment/ services, including stop loss

- CARE App
- Independent medical review
- Standard reports

Emerging CARE: No Additional charge: \$0.50 PEPM
Note: Must also purchase Complex Condition CARE

- Identify members recently discharged with specific conditions
- Preadmission counseling
- Frequent ER use
- Readmission prevention
- Support CARE App
- Standard reports

Complex Condition CARE +: No Additional charge: \$5.00 PEPM

- Support and care coordination with members and their family going through complex treatment plan
- Specialized transplant, oncology, behavioral health and high-risk newborns
- More outreach to members
- Behavioral health and substance use disorder
- High cost claim management
- CARE App with remote patient monitoring
- Nurse Practitioner weekly rounds
- Standard reports

Readmission Prevention for GPS: No Additional charge: \$0.30 PEPM
Note: Must also purchase Complex Condition CARE

- Identify members recently discharged with specific conditions
- Nurse contact via phone to ensure a timely follow is made with physician, medications are accurate and family/social supports are in place
- Referral to Complex Condition CARE, if needed
- Standard report

NurseLineSM (NL): Yes

- 24 hours a day, seven days a week access to trained registered nurses providing triage direction, potential treatment options, appropriate use of medications and health education information
- 140 languages, including English and Spanish
- Hearing assistance accommodations

Ongoing Condition CARE: No Additional charge: \$3.85 PEPM

- Identification and stratification
- Member recruitment

- Management of Respiratory Disorders, Cardiovascular Disorders, Mental Health Disorders, Diabetes (pediatric & adult), Neuromuscular Disorders, Gastrointestinal Disorders, Chronic Kidney Disease (CKD), Blood Disorders, Cancer and Rheumatoid Arthritis

- One-on-one telephonic sessions with a CARE nurse
- CARE App
- Educational materials
- Quarterly electronic newsletters
- Online Internet resources
- Standard reports
- HealtheNotes
- AI predictive modeling

Ongoing Condition CARE - Diabetes Only:	No	Additional charge: \$1.30 PEPM
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- Identification and stratification
- Member recruitment - Adult and Pediatric
- One-on-one telephonic sessions with a health coach
- Educational materials
- Online Internet resources
- Standard reports
- Predictive modeling

Ongoing Condition CARE - Coronary Artery Disease (CAD) Only:	No	Additional charge: \$0.40 PEPM
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- Identification and stratification
- Member recruitment
- One-on-one telephonic sessions with a health coach
- Educational materials
- Online Internet resources
- Standard reports
- Predictive modeling

Ongoing Condition CARE - Asthma Only:	No	Additional charge: \$0.20 PEPM
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- Identification and stratification
- Member recruitment - Adult and Pediatric
- One-on-one telephonic sessions with a health coach
- Educational materials
- Online Internet resources
- Standard reports
- Predictive modeling

Ongoing Condition CARE - Chronic Obstructive Pulmonary Disease (COPD) Only	No	Additional charge: \$0.20 PEPM
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- Identification and stratification
- Member recruitment
- One-on-one telephonic sessions with a health coach
- Educational materials
- Online Internet resources
- Standard reports
- Predictive modeling

Ongoing Condition CARE - Heart Failure (HF) Only	No	Additional charge: \$0.20 PEPM
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- Identification and stratification
 - Member recruitment
 - One-on-one telephonic sessions with a health coach
 - Educational materials
 - Online Internet resources
 - Standard reports
 - Predictive modeling
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Maternity CARE:

No

Additional charge: \$0.65 PEPM

- Identification and stratification by self referral, Web enrollment, or clinical health risk assessment (CHRA)
- Member recruitment
- CARE App
- Support person education and call
- One-on-one telephonic sessions with a registered CARE nurse (OB/GYN background), one per trimester and one post-delivery call
- Pre-pregnancy support (member self referral and CHRA)

- Educational materials
- Virtual pregnancy education classes and virtual breastfeeding education classes and support group
- Incentive reward for first or second trimester enrollees

- High-risk referral for Complex Condition CARE
- Standard reports

Wellness CARE Comprehensive Program:

No

Additional charge: \$3.95 PEPM

- Identification and stratification via clinical health risk assessment (CHRA)
- Web or paper based CHRA with mailed results packet to employee
- Up to 10 telephonic sessions with a CARE coach (weight management, stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more)

- CARE App
- Educational materials
- Member recruitment
- Online Internet resources
- Actions plans (online behavioral-based educational modules)

- Standard reports

Online Events and Challenges:

No

Additional charge: \$1.15 PEPM

(Must also purchase either transactional or comprehensive Wellness CARE) - online tracking of program participation and incentive points earned in association with completion of CHRA, events and challenges, and action plans. Includes self-reported or batch-loaded events and challenges and reporting capabilities.

HealthNotes:

No

If Ongoing Condition CARE is purchased, HealthNotes is included. HealthNotes can be purchased as a standalone product at \$0.35 PEPM.

- Targeted mailings to members and providers
- Identification of chronic condition gaps in care
- Provide information on preventing long-term issues and avoiding health care costs
- Identify opportunities/gaps in care through medical and/or pharmacy claim data

HealthNote Reminders:

No

Additional charge: \$0.13 PEPM

- Targeted member messaging to address preventive gaps in care
- Reminders to discuss recommended, routine preventive care with provider
- Targeted areas: women's health (mammography and cervical cancer screening), adolescent/childhood immunization, diabetes and cholesterol/coronary artery disease (CAD)
- Identify opportunities/gaps in care through medical claim data

Emergency Room Support Program:

No

Additional charge: \$0.25 PEPM

Additional charge: \$0.25 PEPM

Provides outreach and clinical support to individuals who have five or more times in 12 month period. Nurses will provide:

Note: Must also purchase Complex Condition CARE

- Education on appropriate levels of care
- Address barriers
- Connect members with providers
- Assist in managing conditions

Persistent Back and Neck Pain CARE:	No	Additional charge: \$0.12 PEPM
<ul style="list-style-type: none"> · Telephonic sessions addressing spinal musculoskeletal chronic pain that includes those members who use opioids for long term pain relief. · Recruited to work with a CARE nurse on lifestyle changes, alternatives to narcotics for pain relief, review for depression and quality of life. · Includes access to the CARE App · Referrals into other CARE programs · Standard reports 		

External Vendor Specialty Injectables / Medications Coordination Fee	No	Additional charge: \$0.35 PEPM
<ul style="list-style-type: none"> · This is required for carving out specialty drug(s) which also includes carveouts to vendors(s) including PBM, alternate funding vendor and other external vendors. This applies to one or multiple drugs being carved out from medical plan. 		

Specialty Injectables / Medications Link / Drug List Management	No	Additional charge: \$0.20 PEPM
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CARE - Additional Services

Included in Fee Provided

Comments/Fees

Wellness CARE transactional:		
Lifestyle Coaching:	No	Additional charge: \$ 430.00 per case NOTE: Must also purchase CHRAs
<ul style="list-style-type: none"> · Identification and stratification via clinical health risk assessment (CHRA) – CHRAs sold separately · Up to five telephonic sessions with a CARE coach (weight management, stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more) · Educational materials · Member recruitment · Online Internet resources · Actions plans (online behavioral-based educational modules) · Standard reports 		
CHRA Review:	No	Additional charge: \$ 130.00 per review NOTE: Must also purchase CHRAs
<ul style="list-style-type: none"> · One telephonic session with a CARE coach to review clinical health risk assessment (CHRA) results - CHRAs sold separately. Includes biometrics screening review (if applicable). · Educational materials · Standard report 		
Biometrics Only without Wellness CARE Integration Fee:	No	Additional charge: \$6.50 per submission
<ul style="list-style-type: none"> · Allows members to submit their biometrics without having to complete a CHRA. 		
UMR Physicians Lab Form & Biometrics Only without Wellness CARE Integration Fee Bundle :	No	Additional charge: \$15.00 per submission
<ul style="list-style-type: none"> · Allows members to submit their physician lab form without having to complete a CHRA. 		
Tobacco and Nicotine Cessation Program:	No	Additional charge: \$ 430.00 per case

- Up to five telephonic sessions with a CARE coach (define a personalized quit plan, educate on harmful effects of tobacco, act as an accountability partner)
- Educational materials
- Online Internet resources
- Actions plans (online behavioral-based educational modules)
- Outreach at six and 12 months to determine if member returned to tobacco (check-in only, not additional coaching)
- Standard reports

Nicotine Replacement Therapy (NRT) (requires purchase of Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco and Nicotine Cessation Program)	No	Additional charge: NRT patches - \$105 per six week supply per participant; NRT gum - \$165 per six week supply per participant. The supply is an add on for Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco and Nicotine Cessation Program.
Web-based clinical health risk assessment (CHRA) with mailed results packet to member	No	Additional charge: \$6.50 per CHRA
Paper-based CHRA with mailed results packet to member	No	Additional charge: \$13.00 per CHRA
Biometrics (NOTE: Special requests or late changes may incur additional fees. Contact your TPA representative for further information.)		
Onsite Fingerstick Lipid Panel (30 minimum per event)	No	Additional charge: \$52.50/screening
Onsite Venipuncture Basic (Lipid Glucose) Panel	No	Additional charge: \$52.50/screening (20+); \$62.00/screening (16-19); \$90.50/screening (11-15); \$143.00/screening (7-10); \$170.00/screening (1)
Onsite Venipuncture Comprehensive Panel	No	Additional charge: \$80.00/screening (20+); \$92.00/screening (16-19); \$135.50/screening (11-15); \$179.00/screening (7-10); \$195.00/screening (1)
Basic Venipuncture Panel at Remote Lab	No	Additional charge: \$66.50/screening
Comprehensive Venipuncture Panel at Remote Lab	No	Additional charge: \$83.00/screening
Additional fingerstick screenings available with on-site event (15 minimum per event per test)	No	Additional charge: • Prostate specific antigen - \$20.00/screening • Hemoglobin A1C - \$18.50/screening • Cotinine - \$18.50/screening (Fingerstick) or \$35.50/screening (Saliva Swab)
Additional venipuncture screenings available with on-site event or remote lab	No	Additional charge: • Prostate specific antigen - \$14.00/screening • Hemoglobin A1C - \$9.50/screening • Cotinine - \$15.00/screening • EGRF - \$4.15/screening • EGRF + A1C - \$7.00/screening
On-site Stand Alone Cotinine Saliva Swab (30 minimum per event)	No	Additional charge: \$45.00/screening
On-site Stand Alone Cotinine Venipuncture (20 minimum per event)	No	Additional charge: \$46.00/screening
Stand Alone Cotinine Venipuncture at Remote Lab (No Minimum)	No	Additional charge: \$38.50/screening
Home Kits: Lipid with Glucose or A1C; Cotinine Only	No	Additional charge: • Mailing fee: \$22.00 per kit mailed • Processing Fee: \$44.50 per kit processed • Add on Cotinine: \$12.00 per kit processed
Home Kit: Colorectal Cancer Screening	No	Additional charge: • Mailing fee: \$15.00 per kit mailed • Processing Fee: \$30.00 per kit processed
Additional screener	No	Additional charge: \$89.00 per hour with 4 hour minimum
Registration Clerk: Vendor provides 1 registration clerk at no additional cost for Events with 50 or more Projected Participants. Additional Staff dedicated solely to registration clerk responsibilities are at the noted rate.	No	Additional charge: \$45.00 per hour

Bilingual Screeners	No	Additional charge: \$89.00 per hour with 4 hour minimum
MyGuide Addon	No	Additional charge: \$8.25 - Addon to Fingerstick (online and mailed report) \$3.50 - Addon to Fingerstick (online only report) \$6.00 - Addon to Venipuncture (online and mailed report)
Flu Shot Vouchers (Walgreens, CVS and Walmart; minimums may vary see CARE representative)	No	Pricing Good until 04/30/2023: Walgreens Pharmacy Flu Voucher: \$46.50/voucher Walmart Pharmacy Flu Voucher: \$46.50/voucher CVS Pharmacy Flu Voucher: \$50.50/voucher
PDHI Physician Lab Forms: available with or without biometrics	No	Additional charge: \$8.80/ form
On-site flu shots (require a minimum of 30 participants)	No	Pricing Good until 04/30/2023: \$40.50/vaccine
Privacy Screens: 6' x 6' privacy curtain (Fees are per screen per Event)	No	Additional charge: \$37.00/screen
Real Appeal - Year-long weight loss program:	No	Session costs paid through medical claims (Contact your TPA representative for further information.)

- Promotional/communication assistance and materials
- Initial welcome session
- Weekly, Web-based group session
- Ongoing, Web-based (face-to-face) individual coaching
- Success kit (mailed to participant's home) - program success guide, nutrition guide and fitness guide, blender, body weight scale, food scale, workout DVDs, fitness band and more
- Online/mobile tools to track nutrition and physical activity
- Standard reports

AbleTo Digital+ 8 week mental health coaching program for depression, social anxiety and general anxiety	No	Additional charge: \$ 310.00 per case
CARE App Bluetooth Devices: • Connected Bluetooth device capability that will let members track critical biometric data points for a range of devices and add them to their care plan, providing additional insight to their dedicated nurse.	No	Additional charge: Scale (Welch Allyn) - \$95 each Glucose Meter (Ascensia) - \$95 each Blood Pressure Cuff (Welch Allyn) - \$85 each Pulse Oximeter (Nonin) - \$225 each *pricing subject to change

Centers of Excellence (COEs)

Services	Included in Fee	Comments/Fees
Transplant Resource Services (TRS)	No	Access to Optum's Transplant Centers of Excellence Fee per transplant type
Transplant Network Access TAP	No	Transplant Network Access (TAP) Optum's secondary network. Addresses the challenge when a member opts to seek care with transplant outside of the primary Optum COE network. Additional fees will apply
Ventricular Assist Devices (VAD) Option	No	Ventricular Assist Devices (VAD) For members with a weakened heart or heart failure, cardiologists often recommend a Ventricular Assist Device (VAD), while awaiting a heart transplant or as a long-term treatment. Additional fees will apply
Extra Contractual Services (ECS) Option under Transplant Resource Services with description and fee	No	Extra Contractual Services (ECS) The fees are 15% of savings, calculated as the difference between charges per the applicable Network and the Network Provider's usual charges for the same services, not to exceed the fee for the corresponding transplant under the table above.

Specialized Physician Review (SPR) Option under Transplant Resource Services with description and fee	No	Specialized Physician Review (SPR) Second opinion/look by a Optum expert physician as to the proposed treatment. Additional fees will apply
Orthopedic Health Support (OHS): · Optum provides a holistic solution that helps empower members and manage costs by providing access to specialized advocates and high-performing (COE), efficient providers across the continuum of care, from early back pain onset through treatment, surgery and beyond. · Plan Design Change Required	No	Additional charge: \$0.66 PEPM
Bariatric Resource Services (BRS): · Access to Optum's Centers of Excellence for select bariatric surgeries.	No	Additional charge: \$0.97 PEPM
Cancer Resource Services (CRS): · Access to the Cancer Centers of Excellence network of providers with proven quality and efficiency of care.	No	Additional charge: \$0.22 PEPM
Kidney Resource Services (KRS): · Access to Optum kidney dialysis preferred provider network · Note this is not a Center of Excellence. No charge for clients with Choice Plus or Options Networks.	No	No Charge
Rental Network charges will apply when utilized.	No	18% of savings with a \$4,500 maximum per case per calendar month
Congenital Heart Disease Resource Services (CHDRS): · Access to the Optum's CHD Centers of Excellence.	No	Additional charge: \$0.07 PEPM
Fertility Solutions: · Access to leading fertility Centers of Excellence providers · Access to specialized fertility nurse case managers	No	Additional charge: \$2.94 PEPM

Network Services

Services	Included in Fee Provided	Comments/Fees
Network access, management and administrative activities including physician (and other health care professional) relations, clinical profiling, contracting (including Value Based Contracting) and credentialing, network analysis and system development and verification of provider participating status and re-pricing to established contractual allowances	Yes	Managed by network(s): · Excludes direct contract arrangements held by Plan Sponsor · Not applicable to Medicare primary claims · Network access par and non-par administration and repricing do not apply to Medicare primary claims
Printing of provider directories	No	Additional charge: cost plus postage. On-line directories available at no charge.
Premium Designation Network	Yes	No additional charge, Plan Advisor is recommended.
High Performance Network Fee: Applies on selection of a high performance network (NexusACO and Core)	No	Additional charge: \$2.00 PEPM

Discount Card Program

Services	Included in Fee Provided	Comments/Fees
Discount Card program enabling individuals to access pre-negotiated savings on out-of-pocket health care purchases. The program includes savings for:		Available for products not currently being quoted by the TPA
Health care discount card - vision only	No	Additional charge: \$0.75 PEPM
Health care discount card - dental only	No	Additional charge: \$1.50 PEPM
Health care discount card - vision and dental only	No	Additional charge: \$1.85 PEPM
Health care discount card - vision, dental and hearing	No	Additional charge: \$1.95 PEPM

Flexible Spending Account (FSA) Services

Fee Shown on

Services	Renewal	Comments/Fees
Standard FSA services including:	No	Additional charge: \$4.75 PEPAPM (per employee per account per month) - health care account (HCA). Assumes a 20% enrollment.
<ul style="list-style-type: none"> · Extensive consumer education options and materials for effective member communications campaigns · Single claim submission with automatic roll-over from the TPA medical system · Reimbursement minimum of \$10.00, \$25.00 or \$50.00 · Control check and payment processes · Customer care representation during normal business hours · Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with a standard frequency of every other week · Strategic planning support and plan modeling · Standard FSA banking arrangements using separate bank account for FSA plan · Online claims submittal and FSA estimator tools · Direct deposit of payments to employee bank accounts; member must elect · Standard internet services with summary and detail level views of account activity · Interactive voice response and internet inquiry system · Free member mobile application with claim submittal, summary and detail level views of account activity · Approved vendor file adjudication · FSA claim administration for over-the-counter medication · Standard reports 	No	Additional charge: \$3.75 PEPAPM - dependent care account (DCA).
Non-approved vendor file adjudication	No	Additional charge: fees available upon request
Check reimbursement with no minimum	No	Additional charge: \$0.50 PEPAPM
Debit Card, which offers direct payment for FSA and/or Parking and Transportation out-of-pocket expenses (not available with HSA)	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)
Auto-reimbursement not selected	No	Additional charge: \$0.50 PEPAPM
FSA run-in claims – set-up	No	Additional charge: \$2,000 one-time setup cost
Printing of plan booklet with mailing to customer	No	Additional charge: cost plus postage.
Transportation and parking	No	Additional charge: \$4.75 PEPAPM
Nondiscrimination testing, to ensure that contribution elections remain within the guidelines established by the IRS	No	Additional charge: actual vendor cost

Health Reimbursement Account (HRA)

Services	Fee Shown on Renewal	Comments/Fees
Standard administration services:	Yes	
<ul style="list-style-type: none"> · Integrates with the claim administration of the medical plan, allows automated rollover processing · HRA and medical plan claims are paid on a single check to provider · One explanation of benefits (EOB) combined with medical plan payments · Position HRA as first dollar coverage or with front-end deductible · Strategic planning support and plan modeling · Choose from various annual rollover configurations and asset accumulation options · Choose from various options for proration · HRA-specific reporting package 		

- Standard internet services with summary and detail level views on account activity of HRA contribution amount

- Extensive consumer education options and materials for effective member communication campaigns

Incentive contribution(s) to a Health Reimbursement Account + Incentives\$ (HRA +) Customer must purchase Live Well Reward\$, Custom: Basic, Custom: Advanced, CareSearch Reward\$, Health & Fitness Reward\$ or Motion as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.	No	Additional charge: \$1.17 PEPM Fee is in addition to the underlying/base HRA administration fee, as well as up to 12 deposits per year, processed monthly. Customer must purchase Live Well Reward\$, Custom: Basic, Custom: Advanced or Motion as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.
Debit Card (if the HRA is to cover pharmacy, a debit card can be purchased to coordinate these pharmacy expenses applying to the HRA)	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)

Qualified High-Deductible Health Plan (QHDHP)

Service	Included in Fee Provided	Comments/Fees
Standard administration services: <ul style="list-style-type: none"> QHDHP plan design(s) meet the IRS requirements Coordinate implementation with multiple preferred financial institution partners for health savings account trustee services No requirements to use one of the preferred financial institution partners Employer's ability to set-up and administer various contribution schedules and strategies based on specific needs Assist with setting up payroll connectivity to preferred processors Streamlined administration and setup Access to internet-based consumer tools Strategic planning support and plan modeling Product-specific reporting package Access to Web-based consumer tools Links to preferred financial institutions' account management tools Extensive consumer education options and materials for effective member communication campaigns 	No	Additional charge: \$0.50 per participating employee per month (PEPM) expenses to coordinate with the pharmacy benefit manager.

COBRA Administration

Service	Fee Shown on Renewal	Comments/Fees
COBRA Services: <ul style="list-style-type: none"> Collect and process monthly premium payments Review disability status for COBRA extensions Send termination and conversion rights letters Notification letters by mail Initial (DOL) letters for new hires Two additional TPA lines of coverage Dedicated COBRA Administrator assigned as day-to-day contact Dedicated call team available to answer questions Monday – Friday between 7 AM – 7 PM CST Online COBRA member portal available 24 hours a day 7 days a week Customer reporting 	Yes	
COBRA – billing for outside vendors	No	Additional charge: \$0.05 PEPM for each additional vendor
COBRA – additional TPA lines of coverage	No	Additional charge: \$0.05 PEPM for each additional line

Dental Administration Services

Service	Fee Shown on Renewal	Comments/Fees
Dental claims administration services	No	Additional charge: \$3.00 PEPM, excludes run-in
Dental utilization management – in-house consultant	No	No additional charge
Dental utilization management – American Dental Examiners (ADE)	No	Additional charge: \$28.00 per review

Vision Administration Services

Service	Fee Shown on Renewal	Comments/Fees
Vision claims administration - indemnity vision benefit included with the medical plan document	No	Additional charge: \$1.00 PEPM
Vision claims administration - indemnity vision benefit independent of the medical plan document	No	Additional charge: \$1.75 PEPM
Spectera Vision - self-funded	No	Additional charge: \$1.50 PEPM

Short-term Disability Services (STD)

Service	Fee Shown on Renewal	Comments/Fees
STD claim administration services	No	Additional charge: \$2.75 PEPM excludes run-in.
STD clinical consultation	No	
STD check processing	No	Additional charge: \$0.10 PEPM

Stop Loss Services (SL)

Service	Fee Shown on Renewal	Comments/Fees
Interface with the TPA's preferred third party stop loss vendors. Services include: daily monitoring of received/processed claims and care management transactions, premium billing and collection, and plan document changes/updates to the carrier for the TPA's preferred vendors when stop loss coverage has been placed by the TPA	Yes	
Stop loss coverage placed with a non-preferred vendors - additional surcharge	No	Additional charge: \$5.00 PEPM
No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.		

Other Additional Services

Service	Fee Shown on Renewal	Comments/Fees
Administration of plans requiring integrated deductible and out of pocket with non-integrated service providers (pharmacy benefits manager (PBM), dental, vision, etc.)	No	Not available unless prior approval from the TPA and subject to additional fees.
Case management and claims services coordination with insured medical carve out carriers, including transplant carve outs	Yes	
Customized communication materials	No	Additional fees would apply.
Custom member satisfaction survey	No	Pricing will vary depending on survey variance and methodology.
Bill life, short-term disability (STD), and long-term disability (LTD) premiums (if applicable)	No	Fee available upon request
Non-standard contracts that would include customized style sheets, foreign language translations, and engagement of the TPA attorneys for negotiation of the agreements	No	Additional fees would apply
Plan Advisor: Plan Advisor member advocacy service - a personal guide for all things health care	No	Additional charge: \$2.95 PEPM

- Commits to a higher level of member service by providing a single entry point that engages, informs, educates, and connects benefits, claims, network, and care management.
- Provides increased benefit design adherence, aggressive network steerage and referral to care management services
- Offers interception and direction for any OON prior authorizations and level of benefit calls – in order to steer members into an in-network provider and to the most optimal place of service.

Plan Advisor + Provider (Designed for provider/hospital customers):

No

Additional charge: \$3.50 PEPM

- Plan Advisor member advocacy and provider service - Designed for hospital customers with domestic network arrangements
- Commits to a higher level of member service by providing a single entry point that engages, informs, educates, and connects benefits, claims, network, and care management.
 - Provides increased benefit design adherence, aggressive network steerage and referral to care management services
 - Offers interception and direction for any OON prior authorizations and level of benefit calls, including domestic network steerage – in order to steer members into an in-network provider and to the most optimal place of service.
 - Provider calls are handled within the same Plan Advisor team as member calls, rather than through the separate Provider Service Team

+ Care Connect

No

Additional charge: \$0.80 PEPM

- Perform mini coaching sessions, answer and counsel on in-depth clinical questions, and refer members to community services or other providers.
- Includes both a registered nurse and social worker, cannot elect only one type of resource.

Surgical Management Solutions

No

Additional charge: fees available upon request

- Connects employees and their family members to specialty surgeons in their communities who help them choose the appropriate settings for their procedures. Surgeons in the SMS alliance regularly use high-quality ambulatory surgery centers (ASCs), providing options for outpatient surgeries, which could present significant savings opportunities for employers and their members.
- Utilization reporting
- Communication materials

Kaia Virtual Physical Therapy

No

\$615 per active user for 12 months of use

- Digital therapy application
- Personalized exercise program, coaching, wellness education, whole-person mind-body training
- Targeted and full population communications
- Quarterly reporting

Telemedicine/Expert Medical Services

Service

Included in Fee Provided

Comments/Fees

Telemedicine (Teladoc) services:

No

Additional charge: \$1.25 PEPM

- Access to Teladoc physician network
 - Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit)
 - Teladoc ID card
 - Portable electronic health record
 - Communications materials (pdf format)
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Teladoc Dermatology:	No	May be added at no additional charge.
<ul style="list-style-type: none"> · Available as a buy-up to standard Teladoc program · Provides Initial dermatology consultations through an online message center and one follow-up · Member uploads photographs · Delivered at one flat fee · Check for availability; not available in every state 		
Teladoc Behavioral Health:	No	Additional charge: \$0.30 PEPM
<ul style="list-style-type: none"> · Available as a buy-up to standard Teladoc program · Provides ongoing access to behavioral health practitioners via phone or video conference · Members schedule appointments with psychiatrist or masters level therapists or psychotherapists · Visit cost dependent on the behavioral health practitioner's license 		
Teladoc Expert Medical Services	No	Additional charge: \$2.45 PEPM
<ul style="list-style-type: none"> · Access to medical advice, education and information about treatment options and expert second opinions · Ask the expert · Medical record eSummary · Behavioral health services · Communication support 		
Virtual Primary Care Provider (PCP) – Doctor on Demand	No	Additional charge: \$3.04 PEPM
<ul style="list-style-type: none"> · 24/7 access to everyday and urgent care · Integrated behavioral health services · Wellness and preventive care · Unlimited care team support 		
External Telemedicine Claim Processing Fee	No	Additional charge: \$0.36 PEPM for standard set-up
<ul style="list-style-type: none"> · Allows external telemedicine vendor to read member benefits and deductible/out of pocket accumulators through UMR's existing real-time eligibility response · Adjudication of claims submitted through an 837 file 		

Second Opinion Services

Service	Included in Fee Provided	Comments/Fees
2nd.MD Second Opinion Solution	No	Additional charge: \$2.68 PEPM
<ul style="list-style-type: none"> · Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text · Quarterly utilization reporting · Communication materials 		
2nd.MD Second Opinion Solution (Case Rate)	No	Additional charge: \$2136.00 invoiced by 2nd.MD.
<ul style="list-style-type: none"> · Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text · Quarterly utilization reporting · Communication materials 		
Start-up Fee – The group will prepay for 1 case per 2,500 members, which is then available for use in year 1. Additional cases will be charged monthly as they occur.		

Incentive Solutions

Service	Included in Fee Provided	Comments/Fees
Incentive Solutions: Live Well Reward\$ Solution	No	Additional charge: \$0.90 PEPM
<p>Includes: Tracking, managing all qualifying activities and determining reward eligibility for members, per employer determined requirements. Employer must select from the TPA's standard qualifying activity capabilities to be eligible for the Live Well Reward\$ Solution. Includes member communications and employer reporting.</p>		
<p>Customers have the choice to buy-up the following reward options: Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions, Reloadable Reward Cards or Online Rewards.</p>		

Incentive Solutions: Online Rewards	No	Additional charge: \$0.20 PEPM
<p>Customers can choose to have their members, who have earned points within an incentive program, redeem them for gift cards, debit cards or merchandise.</p> <p>Customer must have Wellness Activity Center for members to access the Online Rewards program.</p> <p>Customer must purchase Live Well Reward\$, Custom: Basic, or Custom: Advanced to elect this reward type.</p>		
Incentive Solutions: Online Rewards Customized Catalog Fee	No	Catalog customization fee may range between \$500 to \$1000 depending upon complexity.
<p>Customers that choose Online Rewards and want to customize a version of the Online Rewards catalog will incur a fee.</p> <p>Customer must have Wellness Activity Center for members to access the Online Rewards program.</p>		
Incentive Solutions: Custom-Basic	No	No additional charge.
<p>Includes: Tracking and managing qualifying activity and determining reward-eligibility for members, per the requirements of the program. If files are sent to the TPA in order for the TPA to fulfill rewards, must use standard file layout, or subject to additional fee.</p> <p>Customers must elect one of the following reward types to pair with the Custom-Basic program: Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable, Care Targeted Benefits, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions or Online Rewards.</p>		
Incentive Solutions: Custom-Advanced	No	Additional Charge (annual fee): \$2,500.00 less than 10 hours \$5,000.00 10-25 hours \$10,000.00 26-50 hours \$15,000.00 51-75 hours * Ability to provide custom pricing if support goes above 75 hours of annualized work.
<p>Includes: Non-standard operation/reporting support. Tracking and managing all qualifying activities and determining reward eligibility for members, per the requirements of the custom designed program.</p>		
Incentive Solutions: Rewards - Health Savings Account (HSA) Deposits	No	Additional charge: \$0.45 PPPM.
<p>Must have QHDHP and Optum Bank as the financial institution. Employer-determined amount of dollars can be deposited into a member's Health Savings Account when held at Optum Bank. Fee includes up to 12 deposits per year, processed monthly.</p> <p>Customer must purchase Live Well Reward\$, Custom: Basic, Custom: Advanced, Care Search Reward\$, Health & Fitness Rewards\$ or Motion to elect this reward type.</p>		
Incentive contribution(s) to a Health Reimbursement Account + Incentives\$ (HRA +)	No	Additional charge: \$1.17 PEPM
<p>Customer must purchase Live Well Reward\$, Custom: Basic, Custom: Advanced, CareSearch Reward\$, Health & Fitness Reward\$ or Motion as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.</p> <p>Fee is in addition to the underlying/base HRA administration fee, as well as up to 12 deposits per year, processed monthly. Customer must purchase Live Well Reward\$, Custom: Basic, Custom: Advanced or Motion as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.</p>		

Incentive Solutions: Rewards - Prepaid Reward Card - Single Use	No	Additional charge: \$4.60 Per Card.
Customer must purchase Live Well Reward\$, Custom: Basic, Custom: Advanced, CareSearch Reward\$, or Health & Fitness Reward\$ to elect this reward type.		
Incentive Solutions: Rewards - Prepaid Reward Card - Reloadable	No	Additional charge: \$6.80 Per Card Per Year.
Includes: Non-standard operation/reporting support. Tracking and managing all qualifying activities and determining reward eligibility for members, per the requirements of the custom designed program.		
Incentive Solutions: Rewards - Deductible Modification	No	Additional charge: \$0.88 PEPM
Customers must purchase Custom-Basic or Custom-Advanced to elect this reward type.		
Incentive Solutions: Rewards - Member Incentive Flyer Mailing	No	Additional charge: charge per flyer based on quantity ordered. Quantity Bands: <ul style="list-style-type: none"> • 1-1500 = \$1.07 per flyer mailed • 1501-3000 = \$0.94 per flyer mailed • 3001-4500 = \$0.80 per flyer mailed • 4501-6000 = \$0.79 per flyer mailed • 6001-7500 = \$0.78 per flyer mailed
Customers must purchase Custom-Basic or Custom-Advanced to elect this member communication piece.		
Incentive Solutions: Personalized Member Incentive Scorecard	No	Additional charge: \$1.25 per flyer for medical participants; \$1.50 per flyer for non-medical participants
A colored mailing a Custom Incentive Solution customer can choose to have UMR send to their participants informing them about their status in the program.		
A Custom-Basic or Custom-Advanced customer can choose to have the TPA send a colored mailing to their participants informing them about their status in the program.		
Incentive Solutions: Wellness Activity Center I01	No	Additional charge: \$0.60 PEPM.
Customers are able to create an online portal environment through the Wellness Activity Center on umr.com to support member engagement, track member activity completion and support incentive administration. *Customer must have Complex Condition CARE, Ongoing Condition CARE or Tobacco Coaching Cessation Only.		
Customers have the choice to buy-up to Custom-Basic, Custom-Advanced or Live Well Reward\$ and elect the following reward options: Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions, or Online Rewards.		

Incentive Solutions: Wellness Activity Center I02	No	Additional charge: \$0.80 PEPM.
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Customers are able to create an online portal environment through the Wellness Activity Center on umr.com to support member engagement, track member activity completion and support incentive administration. Includes online events and challenges. Customer must have Complex Condition CARE, Ongoing Condition CARE or Tobacco Coaching Cessation Only.

Customers have the choice to buy-up to Custom-Basic, Custom-Advanced or Live Well Reward\$ and elect the following reward options: Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions or Online Rewards.

Incentive Solutions: Motion	No	Additional charge: \$1.35 per eligible member per month
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Includes: Tracking and managing member activity and determining reward-eligibility for members, per the requirements of the Motion program. Includes member communications and employer reporting.

Customers have the choice to buy-up the following reward options: Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions or Prepaid Reloadable Reward Cards.

(Must purchase Motion device cost.)

Incentive Solutions: Motion Device Cost	No	Customers must offer the following to eligible members: \$55 registration credit, \$55 renewal credit (available every two years) and allow member's FIT earnings to be applied to device purchase.
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Includes: Resources to help members offset the cost of a motion compatible activity tracking device. (Must purchase Motion.)

Member Decision Support Tools Suite

Service	Included in Fee Provided	Comments/Fees
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Incentive Solutions: CareSearch Reward\$	No	Additional charge: \$1.45 PEPM
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Includes: A cost transparency-based program that rewards members for making smart healthcare choices. After utilizing the cost transparency tool (Rally Connect) to select cost effective (green or grey) and high-quality providers, members will be rewarded for choosing to utilize those selected providers. The program includes member ROI analysis, member communication material and customer reporting.

Customers may elect one of the following reward types to pair with the CareSearch Reward\$ program: Prepaid Reward Cards – Single Use, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, or Health Savings Account (HSA) Incentive Contributions.

<p>Benefit Plans Comparison Tool (BPCT) is a decision support tool that helps members select the right benefit plan for them. It is available during Open Enrolment or for new hires/changes throughout the year. The tool has a basic and advanced version. The advanced version pre-populates member census data, whereas basic doesn't. Both versions pre-load benefit plans into the tool. The fee includes implementation support, usage reporting, promotional marketing materials and a dedicated product specialist for ongoing support/demos/questions.</p>	<p>No</p>	<p>Additional charge: both basic and advanced versions are available for a PEPY fee. Basic is \$4.95 PEPY Advanced is \$7.05 PEPY plus a \$2,775 one-time implementation fee for census integration.</p> <p>**Fees are calculated based on member count during implementation/go live of the tool and billed up front for the 12 month period.</p>
<p>Health Education Library in English and Spanish is available to members</p>	<p>Yes</p>	
<p>The TPA offers 2 Healthcare Cost Estimators - 1. Provider Search & Cost Transparency tool and 2. Treatment Cost Calculator, both available to members. The Provider Search &</p>	<p>Yes</p>	

Conditions

Customer Name : City Of Coppell
Plan Effective Date : 10/1/2023

This renewal proposal is valid until 30 days before the effective date and does not bind coverage or obligate the TPA.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from the TPA prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.

All quoted product fees assume the TPA administers the medical plan.

The TPA assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steering requirements of the networks proposed or will be changed to meet the requirements, including but not limited to; deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. 'Virtual Visits'). Please refer to the financial commentary tab for information on Teladoc services and associated fees. Please review any changes with your advisor.

The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA PCORI reinsurance fee which is remitted to the government (federal and/or state).

The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

The TPA reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the plan or the TPA.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, the TPA does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

The TPA is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume Utilization Management and Complex Condition CARE services are provided through the TPA in order to access UnitedHealthcare Networks.

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, if the number of covered employees changes by fifteen percent (15%) or more; or if the average contract size, defined as the total number of enrolled Participants divided by the total number of enrolled Employees, varies by 15% or more from the assumed average contract size. Any new fee required by such change will be effective as of the date the changes occur, even if that date is retroactive.

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

The TPA will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our organization.

The TPA renewal proposal requires the Cost Reduction and Savings Program. Additional fees will apply, should this program be carved out.

The TPA provides an ERISA DOL appeals process. The TPA does not participate in Grievance Review Panel Hearings.

The TPA requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with the TPA. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Health reimbursement account assumes 20% participation rate.

If multiple accounts can be administered on a single debit card, only one debit card fee is applicable.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

The TPA does not administer statutory disability benefits.

HSA trustees bill directly for HSA services.

The TPA cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.

The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.