



June 2021

## **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 : 10/1/2021

**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	Renewal Fees	
		Current Fees	10/1/2021
Medical claims	362	\$20.36	\$20.97
Medical client advisor commission		Net	Net
Required stop loss interface fee	362	Included	Included
Stop loss interface - If a non-preferred vendor is selected, this surcharge fee will also apply	362	\$2.55	\$2.63
UnitedHealthcare Choice Plus ® network - access fee	362	\$16.87	\$16.87
COBRA administration	362	\$1.05	\$1.08
Utilization Management (UM)	362	\$1.60	\$1.65
Complex Condition CARE	362	\$1.50	\$1.55
NurseLine (NL)	362	\$0.40	\$0.44
Optum Benefits Analytic Manager (BAM)	362	Included	Included
Incentive Solutions: Rewards - Health Incentive Account (HIA) Deposits (PPPM)	362	Included	Included
Health reimbursement account - per participating employee per month	362	Included	Included
Retiree billing - ACH debit	7	\$4.25	\$4.38
Medical Insured Carve Out Coordination Fee	362	Included	Included
Advanced Claim Review - specialized review of high-cost targeted claims and medical records - % of savings	362	30%	30%
CRS Benchmark Program – Multiplan's Complementary Network, Fee Negotiation and Data iSight - % of savings	362	22%	22%
Wellness Credit - First year only**		\$5,000	\$5,000

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 Coppel  
Plan Effective Date : 10/1/2021

*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 10/1/2021
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	Waived
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
Claim reprocessing - per claim	\$25.00	\$25.00
Electronic eligibility on other formats	Fee waived	Fee waived
Subrogation - percent of recoveries	33%	33%
Run out claims after termination	3 months of base fees plus NAF for 12 mos of runout	3 months of base fees plus NAF for 12 mos of runout
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
<b>COBRA</b>		
COBRA outside vendor	\$0.10	\$0.10
<b>Reporting</b>		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	\$100.00	\$100.00
<b>Banking</b>		
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 : 10/1/2021**  
**Subscribers : 362**

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)		

# Proposed Optional Services

Standard accounting structure:	Yes	
· 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	
· 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
External Pharmacy Benefit Manager (PBM) Interface Fee	No	Additional charge: \$3.00 PEPM
· 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
OptumInsight™ will complete Mental Health Parity testing and analysis when requested by the customer	No	Additional charge: Actual vendor cost

# Proposed Optional Services

Online Customer Reporting		
Services	Included in Medical Fee	Comments/Fees
Standard management reports	Yes	
Online access to InfoPort <sup>SM</sup> , internet-based employer reporting tool	Yes	
New York and Massachusetts 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
<b>Customer-Maintained Banking Services (Standard)</b>		
Customer establishes and maintains bank account at bank of their choice and determines funding method. The TPA issues benefit payments from this account. Required for stop loss advanced funding.	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
<b>Custodial Banking Services (Optional)</b>		
The TPA establishes bank account and banking arrangements at BMO Harris (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"> <li>Internet reporting - cash disbursement reporting and monthly financial reporting</li> <li>Account reconciliation</li> <li>Positive pay check-fraud control services</li> <li>Stop payment requests, check copies, outstanding check list maintenance and reporting, and search letters for un-cashed check diligence</li> </ul>		
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.

# Proposed Optional Services

## Actuarial Services:

### · 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 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

No

\$400 per hour

Please review the product guide or email  
UMR\_Actuarial@umr.com for more information.



# Proposed Optional Services

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	
Standard coordination of benefits for all claims when information is less than 12 months old	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.
Access for your employees to the umr.com web site, providing a private, secure, easy-to-use application for customer care including:	Yes	
<ul style="list-style-type: none"> <li>· Claim status</li> <li>· Eligibility information</li> <li>· Search for network physicians and other health care providers</li> <li>· Online health and well-being information</li> <li>· Order a replacement ID card</li> </ul>		



# Proposed Optional Services

- 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

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 participants will automatically participate in the Advanced Claim Review program. City Of Coppell, will be billed 30% of the savings monthly.
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 Benchmark Program. Other solutions include NPC <sup>2</sup> and CRS Reference.	No	Participants will automatically participate in one of our Shared Savings Programs. 22% of savings and \$50,000 per claim savings cap will be billed for CRS Benchmark Program  \$4.00 PEPM and 22% of savings w/ a \$50,000 per claim savings cap will be billed for NPC <sup>2</sup>  25% of savings with a \$50,000 per claim savings cap will be billed for CRS Reference
Claim data extract in the TPA file format sent to external vendor	No	Additional charge: fees available upon request
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 - The TPA's standard is to process claims incurred prior to termination for a 6 month period following termination. For this service, the customer will pay the TPA a fee equal to two (2) months 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).	No	Fee available upon termination.
Application of subrogation services	No	Additional charge: 30% 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 PPM (per participating employee per month)

# Proposed Optional Services

Optional Claim Services		
Service	Included in Medical Fee	Comments/Fees
Credit balance recoveries (AIM ledger initiated audit)	No	Additional charge: 20% of recovery. 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	Fee Shown on Renewal Services tab	Comments/Fees
<b>GenerationYou (GenYou):</b> 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: <ul style="list-style-type: none"> <li>• <b>Omni-channel member experience:</b> <ul style="list-style-type: none"> <li>• A native <b>GenYou app</b> members' digital engagement – available to download in the app store for Android and iOS</li> <li>• Engaging e-mail campaigns</li> <li>• Outbound SMS text reminders</li> <li>• GenYou Guides accessible by call or chat</li> </ul> </li> <li>• <b>24x7 Support</b> members receive the help they want, when they want it, with around the clock accessibility.</li> <li>• <b>GenerationYou CARE Support</b> provides enhanced case management and comprehensive clinical support through licensed nurses and social workers working within the advocacy model.</li> <li>• <b>Embedded incentives pre-built inside the program</b> including "The Story of You" (\$25 reward card) and Care Prepare Consultations.</li> <li>• Via real-time, <b>personalized alerts and notifications</b> through "Things to Do", members receive dynamic, personalized, high-value offers to help them make the most optimal decisions.</li> <li>• Through <b>intercept &amp; redirect</b> 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.</li> </ul>	No	Additional charge: \$9.05 PEPM

# Proposed Optional Services

## CARE Services - per employee per month (PEPM)

Services	Fee Shown on Renewal Services tab	Comments/Fees
<b>Utilization Management (UM):</b> <ul style="list-style-type: none"> <li>Concurrent review for inpatient, behavioral health, skilled nursing facility, acute rehabilitation and home health care</li> <li>Identification/referral to Complex Condition CARE</li> <li>Independent medical review</li> <li>Discharge planning</li> <li>Durable medical equipment</li> <li>Inpatient Services (The TPA's specified list)</li> <li>Consultations</li> <li>Standard reports</li> <li>Certain specialty injectables</li> </ul>	Yes	
<b>Complex Condition CARE:</b> <ul style="list-style-type: none"> <li>Complex Condition CARE assessments</li> <li>Coordination with complex treatment plan</li> <li>Specialized transplant, oncology, behavioral health and high-risk newborns</li> <li>High-risk pregnancies</li> <li>Behavioral health and substance use disorder</li> <li>Potential high-dollar treatment/ services, including stop loss</li> <li>CARE App</li> <li>Independent medical review</li> <li>Standard reports</li> </ul>	Yes	
<b>Readmission Prevention for GPS</b> <ul style="list-style-type: none"> <li>Identify members recently discharged with specific conditions</li> <li>Nurse contact via phone to ensure a timely follow is made with physician, medications are accurate and family/social supports are in place</li> <li>Referral to Complex Condition CARE, if needed</li> <li>Standard report</li> </ul>	No	Additional charge: \$0.30 PEPM Note: Must also purchase Complex Condition CARE
<b>NurseLine<sup>SM</sup> (NL):</b> <ul style="list-style-type: none"> <li>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</li> <li>140 languages, including English and Spanish</li> <li>Hearing assistance accommodations</li> </ul>	Yes	

# Proposed Optional Services

<b>Ongoing Condition CARE:</b> <ul style="list-style-type: none"> <li>Identification and stratification</li> <li>Member recruitment</li> <li>Management of Respiratory Disorders, Cardiovascular Disorders, Mental Health Disorders, Diabetes (pediatric &amp; adult), Neuromuscular Disorders, Gastrointestinal Disorders, Chronic Kidney Disease (CKD), Blood Disorders, Cancer and Rheumatoid Arthritis</li> <li>One-on-one telephonic sessions with a CARE nurse</li> <li>CARE App</li> <li>Educational materials</li> <li>Quarterly electronic newsletters and tri-annual paper newsletters for those identified with an ongoing condition</li> <li>Online Internet resources</li> <li>Standard reports</li> <li>HealthNotes</li> <li>AI predictive modeling</li> </ul>	No	Additional charge: \$3.85 PEPM
<b>Ongoing Condition CARE - Diabetes Only:</b> <ul style="list-style-type: none"> <li>Identification and stratification</li> <li>Member recruitment - Adult and Pediatric</li> <li>One-on-one telephonic sessions with a health coach</li> <li>Educational materials</li> <li>Online Internet resources</li> <li>Standard reports</li> <li>Predictive modeling</li> </ul>	No	Additional charge: \$1.30 PEPM
<b>Ongoing Condition CARE - Coronary Artery Disease (CAD) Only:</b> <ul style="list-style-type: none"> <li>Identification and stratification</li> <li>Member recruitment</li> <li>One-on-one telephonic sessions with a health coach</li> <li>Educational materials</li> <li>Online Internet resources</li> <li>Standard reports</li> <li>Predictive modeling</li> </ul>	No	Additional charge: \$0.40 PEPM
<b>Ongoing Condition CARE - Asthma Only:</b> <ul style="list-style-type: none"> <li>Identification and stratification</li> <li>Member recruitment - Adult and Pediatric</li> <li>One-on-one telephonic sessions with a health coach</li> <li>Educational materials</li> <li>Online Internet resources</li> <li>Standard reports</li> <li>Predictive modeling</li> </ul>	No	Additional charge: \$0.20 PEPM
<b>Ongoing Condition CARE - Chronic Obstructive Pulmonary Disease (COPD) Only</b> <ul style="list-style-type: none"> <li>Identification and stratification</li> <li>Member recruitment</li> <li>One-on-one telephonic sessions with a health coach</li> <li>Educational materials</li> <li>Online Internet resources</li> <li>Standard reports</li> <li>Predictive modeling</li> </ul>	No	Additional charge: \$0.20 PEPM
<b>Ongoing Condition CARE - Heart Failure (HF) Only</b> <ul style="list-style-type: none"> <li>Identification and stratification</li> <li>Member recruitment</li> <li>One-on-one telephonic sessions with a health coach</li> <li>Educational materials</li> <li>Online Internet resources</li> <li>Standard reports</li> <li>Predictive modeling</li> </ul>	No	Additional charge: \$0.20 PEPM

# Proposed Optional Services

## Maternity CARE:

- 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
- Incentive reward for first or second trimester enrollees
- High-risk referral for Complex Condition CARE
- Standard reports

No

Additional charge: \$0.65 PEPM

## Wellness CARE Comprehensive Program:

- 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
- Tri-annual newsletter for all eligible members
- Actions plans (online behavioral-based educational modules)
- Standard reports

No

Additional charge: \$3.95 PEPM

## Online Events and Challenges:

(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.

No

Additional charge: \$1.15 PEPM

## HealtheNotes:

- 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

No

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

## HealtheNote Reminders:

- 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

No

Additional charge: \$0.13 PEPM

## Treatment Decision Support:

- Telephonic sessions with registered nurses offering information on medical conditions/treatment options
- Targeted areas: musculoskeletal (back pain, knee and hip replacement), men's health (benign prostatic hypertrophy, prostate cancer), women's health (benign uterine conditions), breast cancer, coronary artery disease (CAD), coronary artery bypass graft (CABG), angioplasty and bariatric surgery.
- Referral to CARE programs and in-network providers

No

Additional charge: \$0.38 PEPM  
Must have a minimum of 500 subscribers

# Proposed Optional Services

- Identify opportunities/gaps in care through medical and/or pharmacy claim data
- Standard report

<b>Emergency Room Support Program:</b> Provides outreach and clinical support to individuals who have five or more times in 12 month period. Nurses will provide:	No	Additional charge: \$0.25 PEPM Note: Must also purchase Complex Condition CARE
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- Education on appropriate levels of care
- Address barriers
- Connect members with providers
- Assist in managing conditions

<b>Persistent Back and Neck Pain CARE:</b>	No	Additional charge: \$0.12 PEPM
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- 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

<b>External Vendor Specialty Injectables / Medications Coordination Fee</b>	No	Additional charge: \$0.20 PEPM
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<b>Specialty Injectables / Medications Link / Drug List Management</b>	No	Additional charge: \$0.20 PEPM
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<b>External Vendor Specialty Injectables / Medications Coordination and Link Management Bundle</b>	No	Additional charge: \$0.40 PEPM
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# Proposed Optional Services

CARE - Additional Services		
	Included in Fee Provided	Comments/Fees
<b>Wellness CARE transactional:</b>		
Lifestyle Coaching: <ul style="list-style-type: none"> <li>• Identification and stratification via clinical health risk assessment (CHRA) – CHRAs sold separately</li> <li>• Up to five telephonic sessions with a CARE coach (weight management, stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more)</li> <li>• Educational materials</li> <li>• Member recruitment</li> <li>• Online Internet resources</li> <li>• Actions plans (online behavioral-based educational modules)</li> <li>• Standard reports</li> </ul>	No	Additional charge: \$ 430.00 per case NOTE: Must also purchase CHRAs
CHRA Review: <ul style="list-style-type: none"> <li>• One telephonic session with a CARE coach to review clinical health risk assessment (CHRA) results - CHRAs sold separately. Includes biometrics screening review (if applicable).</li> <li>• Educational materials</li> <li>• Standard report</li> </ul>	No	Additional charge: \$ 130.00 per review NOTE: Must also purchase CHRAs
Biometrics Only Submission: <ul style="list-style-type: none"> <li>• Allows members to submit only their biometrics instead of completing a CHRA.</li> </ul>	No	Additional charge: \$6.50 per submission
Physicians Lab Form & Biometrics Only Bundle Submission: <ul style="list-style-type: none"> <li>• Allows members to submit only their physician lab form and biometrics instead of completing a CHRA.</li> </ul>	No	Additional charge: \$15.00 per submission
Tobacco and Nicotine Cessation Program: <ul style="list-style-type: none"> <li>• 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)</li> <li>• Educational materials</li> <li>• Online Internet resources</li> <li>• Actions plans (online behavioral-based educational modules)</li> <li>• Outreach at six and 12 months to determine if member returned to tobacco (check-in only, not additional coaching)</li> <li>• Standard reports</li> </ul>	No	Additional charge: \$ 430.00 per case
Tri-Annual Newsletter - Wellness CARE	No	\$1.25 per employee per issue; issued on a tri-annual basis
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
<b>Biometrics (NOTE: Special requests or late changes may incur additional fees. Contact your TPA representative for further information.)</b>		
Onsite Fingerstick Lipid Panel (30 minimum per event)	No	Additional charge: \$53.00/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); \$172.50/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); \$197.00/screening (1)



# Proposed Optional Services

Onsite Deluxe Comprehensive Panel (20 minimum per event)	No	Additional charge: \$99.00/screening
Basic Venipuncture Panel at Remote Lab	No	Additional charge: \$65.50/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 or Reflex A1C \$12.50/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 Kit: Lipid Only, Lipid + Glucose, Lipid + A1C and Cotinine Only	No	Additional charge: • Mailing fee: \$10.00 per kit mailed • Processing Fee: \$52.00 per kit processed • Add on Cotinine to one of the Lipid Panel: \$12.00 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 no minimum and CVS 50 minimum)	No	TBD annually (Contact your TPA representative for further information)
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	TBD annually (Contact your TPA representative for further information)
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 • 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	No	Session costs paid through medical claims (Contact your TPA representative for further information.)

## Centers of Excellence (COEs)

Services	Included in Fee Provided	Comments/Fees
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# Proposed Optional Services

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
<b>Orthopedic Health Support (OHS):</b> · 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
<b>Bariatric Resource Services (BRS):</b> · Access to Optum's Centers of Excellence for select bariatric surgeries.	No	Additional charge: \$0.98 PEPM
<b>Cancer Resource Services (CRS):</b> · Access to the Cancer Centers of Excellence network of providers with proven quality and efficiency of care.	No	Additional charge: \$0.22 PEPM
<b>Kidney Resource Services (KRS):</b> · 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
<b>Congenital Heart Disease Resource Services (CHDRS):</b> · Access to the Optum's CHD Centers of Excellence.	No	Additional charge: \$0.07 PEPM
<b>Fertility Solutions:</b> · Access to leading fertility Centers of Excellence providers · Access to specialized fertility nurse case managers · 3,500 member billing minimum is required	No	Additional charge: \$2.96 PEPM

# Proposed Optional Services

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.

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

# Proposed Optional Services

## Flexible Spending Account (FSA) Services

### Fee Shown on Renewal Services

Services	tab	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"> <li>Extensive consumer education options and materials for effective member communications campaigns</li> <li>Single claim submission with automatic roll-over from the TPA medical system</li> <li>Reimbursement minimum of \$10.00, \$25.00 or \$50.00</li> <li>Control check and payment processes</li> <li>Customer care representation during normal business hours</li> </ul>		Additional charge: \$3.75 PEPAPM - dependent care account (DCA).
<ul style="list-style-type: none"> <li>Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with a standard frequency of every other week</li> <li>Strategic planning support and plan modeling</li> <li>Standard FSA banking arrangements using separate bank account for FSA plan</li> <li>Online claims submittal and FSA estimator tools</li> <li>Direct deposit of payments to employee bank accounts; member must elect</li> <li>Standard internet services with summary and detail level views of account activity</li> <li>Interactive voice response and internet inquiry system</li> <li>Free member mobile application with claim submittal, summary and detail level views of account activity</li> <li>Approved vendor file adjudication</li> <li>FSA claim administration for over-the-counter medication</li> <li>Standard reports</li> </ul>	No	
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

## Proposed Optional Services

Health Reimbursement Account (HRA)	
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Services	Fee Shown on Renewal Services tab	Comments/Fees
Standard administration services:	Yes	
<ul style="list-style-type: none"> <li>Integrates with the claim administration of the medical plan, allows automated rollover processing</li> <li>HRA and medical plan claims are paid on a single check to provider</li> <li>One explanation of benefits (EOB) combined with medical plan payments</li> <li>Position HRA as first dollar coverage or with front-end deductible</li> <li>Strategic planning support and plan modeling</li> <li>Choose from various annual rollover configurations and asset accumulation options</li> <li>Choose from various options for proration</li> <li>HRA-specific reporting package</li> <li>Standard internet services with summary and detail level views on account activity of HRA contribution amount</li> <li>Extensive consumer education options and materials for effective member communication campaigns</li> </ul>	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)
Debit Card (if the HRA is to cover pharmacy, a debit card can be purchased to coordinate these pharmacy expenses applying to the HRA)		

# Proposed Optional Services

## Qualified High-Deductible Health Plan (QHDHP)

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

# Proposed Optional Services

## COBRA Administration

Service	Fee Shown on	
	Renewal Services	tab
Service	tab	Comments/Fees
COBRA Services:	Yes	
<ul style="list-style-type: none"> <li>Collect and process monthly premium payments</li> <li>Review disability status for COBRA extensions</li> <li>Send termination and conversion rights letters</li> <li>Notification letters by certified mail</li> <li>Initial (DOL) letters for new hires</li> <li>Two additional TPA lines of coverage</li> </ul>		
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 Services	tab
Service	tab	Comments/Fees
Dental claims administration services	No	
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 Services	tab
Service	tab	Comments/Fees
Vision claims administration - indemnity vision benefit included with the medical plan document	No	#N/A
Vision claims administration - indemnity vision benefit independent of the medical plan document	No	#N/A
Spectera Vision - self-funded	No	Additional charge: \$1.50 PEPM

## Short-term Disability Services (STD)

Service	Fee Shown on	
	Renewal Services	tab
Service	tab	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 Services	tab
Service	tab	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.		



# Proposed Optional Services

Other Additional Services		
Service	Fee Shown on Renewal Services tab	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
<b>Plan Advisor:</b> Plan Advisor member advocacy service - a personal guide for all things health care · 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.	No	Additional charge: \$2.95 PEPM
<b>Plan Advisor + Provider (Designed for provider/hospital customers):</b> 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	No	Additional charge: \$3.50 PEPM
<b>+ Care Connect</b> Adds another layer of member support by providing access to licensed clinicians, both registered nurses and social workers specifically designated to support plan advisor members who have clinical needs. · 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.	No	Additional charge: \$0.80 PEPM
Supports members with collections and credit impairment matters.		
<b>OON Surprise Bill ASO Opt-in</b> State mandates allow self-funded plans to opt-in to their state specific surprise bill legislation.	No	Additional charge: \$0.30 PEPM for employees who reside in the state specific mandate of surprise bills for which the plan has opted in.

## Telemedicine/Expert Medical Services

# Proposed Optional Services

Service	Included in Fee Provided	Comments/Fees
<b>Telemedicine (Teladoc) services:</b> <ul style="list-style-type: none"> <li>Access to Teladoc physician network</li> <li>Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit)</li> </ul>	No	Additional charge: \$1.25 PEPM
<ul style="list-style-type: none"> <li>Teladoc ID card</li> <li>Portable electronic health record</li> <li>Communications materials (pdf format)</li> </ul>		
<b>Teladoc Dermatology:</b> <ul style="list-style-type: none"> <li>Available as a buy-up to standard Teladoc program</li> <li>Provides Initial dermatology consultations through an online message center and one follow-up</li> <li>Member uploads photographs</li> <li>Delivered at one flat fee</li> <li>Check for availability; not available in every state</li> </ul>	No	May be added at no additional charge.
<b>Teladoc Behavioral Health:</b> <ul style="list-style-type: none"> <li>Available as a buy-up to standard Teladoc program</li> <li>Provides ongoing access to behavioral health practitioners via phone or video conference</li> <li>Members schedule appointments with psychiatrist or masters level therapists or psychotherapists</li> <li>Visit cost dependent on the behavioral health practitioner's license</li> </ul>	No	Additional charge: \$0.30 PEPM
<b>Teladoc Expert Medical Services</b> <ul style="list-style-type: none"> <li>Access to medical advice, education and information about treatment options and expert second opinions</li> <li>Ask the expert</li> <li>Medical record eSummary</li> <li>Behavioral health services</li> <li>Communication support</li> </ul>	No	Additional charge: \$2.45 PEPM
<b>Teladoc Bundled Services</b> <ul style="list-style-type: none"> <li>Includes Teladoc general medicine, dermatology, behavioral health and expert medical services</li> </ul>	No	Additional charge: \$2.80 PEPM
<b>Telemedicine (OC24health) services:</b> <ul style="list-style-type: none"> <li>Access to OC24health provider network</li> <li>Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit)</li> </ul>	No	Additional charge: \$1.25 PEPM
<ul style="list-style-type: none"> <li>Communications materials (pdf format)</li> </ul>		
<b>OC24health Dermatology:</b> <ul style="list-style-type: none"> <li>Available as a buy-up to standard OC24health program</li> <li>Provides basic dermatology consultations with ability to schedule with a dermatology specialist if needed</li> </ul>	No	May be added at no additional charge.
<b>OC24health Behavioral Health:</b> <ul style="list-style-type: none"> <li>Available as a buy-up to standard OC24health program</li> <li>Provides ongoing access to behavioral health practitioners via phone or video conference</li> <li>Members schedule appointments with psychiatrist or masters level therapists or psychotherapists</li> <li>Visit cost dependent on the behavioral health practitioner's license</li> </ul>	No	Additional charge: \$0.30 PEPM
<b>Virtual Primary Care Provider (PCP) – Doctor on Demand</b> <ul style="list-style-type: none"> <li>24/7 access to everyday and urgent care</li> <li>Integrated behavioral health services</li> <li>Wellness and preventive care</li> <li>Unlimited care team support</li> </ul>	No	Additional charge: \$3.04 PEPM

## Second Opinion Services

Service	Included in Fee Provided	Comments/Fees
<b>2nd.MD Second Opinion Solution</b> <ul style="list-style-type: none"> <li>Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text</li> <li>Quarterly utilization reporting</li> </ul>	No	Additional charge: \$2.69 PEPM

## Proposed Optional Services

- Communication materials

2nd.MD Second Opinion Solution (Case Rate)

No

Additional charge: \$2136.00 invoiced by 2nd.MD.

- Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text

Implementation fee varies by size, 1 pre-paid consult per 2,500 members.

- Quarterly utilization reporting

Implementation fee applies to consult fees incurred in year 1.

- Communication materials

# Proposed Optional Services

Incentive Solutions		
Service	Included in Fee Provided	Comments/Fees
<b>Incentive Solutions: Live Well Reward\$ Solution</b>  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.	No	Additional charge: \$0.90 PEPM  Customers have the choice to buy-up the following reward options: Health Reimbursement Account (HRA)/Health Incentive Account (HIA) Contributions, Health Savings Account (HSA) Incentive Contributions, Reloadable Reward Cards or Online Rewards.
<b>Incentive Solutions: Rewards - Online Rewards</b>  Customers can choose to have their members, who have earned points within an incentive program, redeem them for gift cards, debit cards or merchandise.	No	Additional charge: \$0.20 PEPM
<b>Incentive Solutions: Online Rewards Customized Catalog Fee</b>  Customers that choose Online Rewards and want to customize a version of the Online Rewards catalog will incur a fee.	No	Catalog customization fee may range between \$500 to \$1000 depending upon complexity.
<b>Incentive Solutions: Custom-Basic</b>  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.	No	No additional charge.  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 (HRA)/Health Incentive Account (HIA) Contributions, Health Savings Account (HSA) Incentive Contributions or Online Rewards.
<b>Incentive Solutions: Custom-Advanced</b>  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.	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.
<b>Incentive Solutions: Rewards - Health Savings Account (HSA) Deposits</b>  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.	No	Additional charge: \$0.45 PPPM.
<b>Incentive Solutions: Rewards - Health Reimbursement Account (HRA)/Health Incentive Account (HIA) Contributions</b>  Employer-determined amount of dollars can be deposited into a member's Health Incentive Account. 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.	Yes	
<b>Incentive Solutions: Rewards - Prepaid Reward Card - Single Use</b>  Customers must purchase Custom-Basic or Custom-Advanced to elect this reward type.	No	Additional charge: \$4.60 Per Card.

# Proposed Optional Services

Incentive Solutions: Rewards - Prepaid Reward Card - Reloadable	No	Additional charge: \$6.80 Per Card Per Year.
Customers must purchase Live Well Reward\$, Custom-Basic, Custom-Advanced or Motion to elect this reward type.		
Incentive Solutions: Rewards - Care Targeted Benefits	No	Additional charge: \$4.50 PPPM.
Customers must purchase the TPA's Ongoing Condition CARE and Custom-Basic to elect this reward type.		
Incentive Solutions: Rewards - Deductible Modification - Annual Fee	No	Additional charge: \$5,300 annual fee.
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: • 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 Custom Incentive Solution 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.		
Incentive Solutions: Wellness Activity Center I02	No	Additional charge: \$0.80 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. Includes online events and challenges. Customers have the choice to buy-up the following reward options: Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable, Care Targeted Benefits, Health Reimbursement Account (HRA)/Health Incentive Account (HIA) Contributions, Health Savings Account (HSA) Incentive Contributions or Online Rewards.		
Incentive Solutions: Motion	No	Additional charge: \$1.35 per eligible member per month
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 (HRA)/Health Incentive Account (HIA) 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.
Includes: Resources to help members offset the cost of a motion compatible activity tracking device. (Must purchase Motion.)		

## Member Decision Support Tools Suite

# Proposed Optional Services

Service	Included in Fee Provided	Comments/Fees
<p>CareSearch Reward\$ is 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.</p> <p>Customers must purchase Custom-Basic (no charge) or Custom-Advanced (pricing bands to choose from) to elect this reward type.</p> <p>Examples of recommended Care Paths that are most utilized and highly shoppable: Colonoscopy, MRI, CT, others.</p> <p>The base fee includes: Program strategy and management, network / market specific analysis, standard program materials (brochure, FAQ, flyers, posters and email campaigns), claims mining/analysis, and ROI reporting.</p> <p>Add Ons: Custom program materials, stand alone CareSearch portal on umr.com (if client does not have UM, CM, MM, LWR\$), reward fulfillment, printing costs and custom / adhoc reporting.</p>	No	Additional charge: \$1.45 PEPM
<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>Health Education Library in English and Spanish is available to members</p> <p>The TPA offers 2 Healthcare Cost Estimators - 1. Provider Search &amp; Cost Transparency tool and 2. Treatment Cost Calculator, both available to members. The Provider Search &amp; Cost Transparency tool is available to UnitedHealth Network members utilizing standard Choice+ and Options. If a group has any of the following: 1) a rental network 2) multi-tier network structure and/or 3) a custom UnitedHealth Network, then Treatment Cost Calculator (TCC) basic or advanced will be assigned.</p>	No	<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>

# Conditions

**Customer Name : City Of Coppell**  
**Plan Effective Date : 10/1/2021**

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 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. 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.



# Conditions

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.

# Wellness Credit

**Customer Name : City Of Coppell**  
**Plan Effective Date : 10/1/2021**

The TPA is offering a Wellness Credit of \$5,000 for 10/1/2021 for implementing wellness initiatives. This credit can be used toward our Health & Wellness programs and related resources used to improve the health and well-being of your plan members.

## Conditions:

- Requires a three year initial agreement. Early termination is subject to the early termination penalty outlined below.
- Assumes an enrolled subscriber count within 15% of the quoted subscriber count of 362.
- Any unused credit dollars at the end of the specified term are forfeited by the group.
- Assumes an effective date of 10/1/2021.
- Reimbursement or payment will not be made directly to any person or vendor.
- Approved wellness credit expenses are credited to the ASO fees on the monthly bill.

## Early termination penalty\*:

*Termination on or prior to 10/1/2022 = 100% of credit for 10/1/2021; 67% of credit for 10/1/2020; 33% of credit for 10/1/2019*

\* - penalty amount will not exceed actual amount credited as of the cancellation date.

## Wellness Program Guidelines

The TPA recommends the following building blocks for establishing a successful wellness program that is specific to your organization's unique needs and overall goals:

- Visible senior-level support for wellness programming
- Programming tied directly to improving health or wellness within your member population
- Wellness initiatives supported by a communication program
- Environment supportive of healthy behaviors
- Collaboration with the strategic account executive (SAE) to incorporate initiative into a three-year strategic plan to maximize the effectiveness of the program

## Eligible Services for a Wellness Credit

The following items are eligible services covered by a wellness credit:

- Wellness CARE - Clinical Health Risk Assessments (CHRA's) and CARE coaching
- Biometric screenings
- Real Appeal
- Ongoing Condition CARE
- Maternity CARE
- Incentives provided to encourage participation in wellness programs, for example gift cards for CHRA, biometric and/or Wellness CARE or Ongoing Condition CARE coaching completion.
- Biometric screenings using the TPA's preferred vendor or an external vendor
- Flu shots
- Onsite health fair services- osteoporosis screening, skin cancer screening, nutritional consulting/education, mobile mammography or cardiovascular screening
- Onsite health clinic preventive services
- Wellness related consultative services from physicians, licensed therapists, registered dietitians and other health care professionals
- Dedicated onsite health and wellness coordinator service (program management)
- Health and wellness onsite educational classes from an external vendor or speaker (i.e. stress management, ergonomics, nutrition, cooking demo, etc.)
- Onsite behavioral change classes: Weight Watchers, smoking cessation, anger management
- Smoking cessation programs and therapy (i.e. nicotine replacement therapy)
- Onsite exercise: Walking, pedometer program, stair climbing, water aerobics, swimming, cycling, aerobics, personal training,
- Exercise equipment: Gym equipment – onsite and offsite
- Relaxation: Massage chairs, massage therapy, yoga
- Lactation: Services associated with accommodating onsite mother's room – couch, table, lighting
- Executive physical exams
- Ergonomic equipment: Work stations, chairs, keyboards, back supports
- Online activity tracking and reward administration  
Example: Paying a health and wellness vendor to track employee participation. Reward would include a gift card or monthly activity fee paid.
- Other: Various incentives related to health and wellness that are provided to encourage participation in wellness programs  
Example: Entry fees to a wellness event (race), attire/gear for a wellness event, rental of equipment for wellness activity.
- The fees for generating out of company data extracts that are explicitly used to support wellness programs
- Printing expenses/materials for a health and wellness event: Costs directly related to the promotion of the eligible wellness program or service (printing expenses or required materials for event)

Note: Contribution based incentives such as contributions to HSA and HRA are not covered under this program.

The TPA account management will consult with the customer to develop a plan to use wellness credits. Expenses not listed above are subject to prior approval by the TPA.