Table of Contents

Executive Summary

Proposal Response (Section 4)

Requested Worksheets and Files

- Exhibit 4- SEBB Rate Form (Exhibit 4)
- Federal AV Calculator Outputs
- Exhibit 5- County Coverage (Exhibit 5)
- Sample Implementation Plan
- EAP Proposal
- EAP SEGP Brochure
- Certificate of Authority
Section 4: Content of Responses

This section outlines the elements requested in response to this RFI. Respondents must provide an answer to all elements outlined in each section below that is designated as MANDATORY in order for the response to be considered responsive. HCA would appreciate answers to the elements outlined in the final section designated as OPTIONAL, but doing so is not a requirement. After reviewing the responses, HCA may contact some or all Respondents with follow up questions, or a request to make a presentation at HCA.

RESPONDING TO ALL MANDATORY ELEMENTS OF THIS RFI IS A REQUIREMENT FOR ANY ORGANIZATION THAT WANTS TO RESPOND TO ANY FURTHER HCA COMPETITIVE SOLICITATION FOR A FULLY-INSURED GROUP MEDICAL PLAN THAT MAY RESULT FROM THIS RFI. However, any information provided in response to this RFI WILL NOT be considered when evaluating bidders responding to any future solicitation.

Please respond to the following elements specific to your organization’s fully-insured group medical insurance plan(s).
Section 4: Content of Responses

- Quotes for each plan must have the same service area, include all counties in which the Carrier participates, and be based on the experience of all currently covered lives. If you have Washington State school employee covered lives, please base your quotes on this population. If you do not, please provide a written description of the population used for development of rates.

We have utilized our current book of covered Washington State school employee covered lives for the completion of Exhibit 4.

- Quotes should include a screen snapshot of the Federal actuarial value (Federal AV) calculator used to calculate the Federal AV section of the form, including inputs and results.

Confirmed. We have included a copy of the Federal AV calculator for each of the proposed plan designs as part of our response.
Section 4: Content of Responses

- The pricing actuarial value (Pricing AV) for any plan quoted should reflect only the following:
  - Plan Type (HMO, PPO, POS, etc.)
  - Provider network reimbursement levels
  - Provider network utilization management
  - Both point of service cost sharing and overall plan level cost sharing
  - Benefit induced utilization

Confirmed.

- All premium quotes should include the same non-benefit expense load as a percentage of premium.

Confirmed.
Section 4: Content of Responses

2. Based on the Assumptions in Exhibit 2—Financial Assumptions, please provide up to four (4) plan options in addition to the Sample Plan quotes. At least one of the four (4) plan options must be a tax qualified High Deductible Health Plan (HDHP) with a health savings account (HSA). The benefits and covered services outlined in Exhibit 3 — Cost Sharing, Benefits, and Covered Services (Table 2) is to be used as starting point. Any proposed carve-outs and additions to benefits and covered services must be included and captured in the attached SEBB Rate Form.

Confirmed. We have provided four plan design alternatives as part of our response to Exhibit 4 based on plan designs that our current covered Washington State school covered employees are enrolled in today. The proposed alternatives do include an HDHP with HSA option.

• Quotes for the alternative plan options must include the same coverage area as the Sample Plans, and be based on the same experience.

Confirmed.

• Quotes should include a screen snapshot of the Federal AV calculator used within the individual market.

Confirmed. We have included a copy of the Federal AV calculator for each of the proposed plan designs as part of our response.
Section 4: Content of Responses

- The Pricing AV for any of the other plan options you have proposed is under all the same restrictions as Sample Plans, and must reflect only the following:
  - Plan type
  - Provider network reimbursement levels
  - Provider network utilization management
  - Both point of service cost sharing and overall plan level cost sharing
  - Benefit induced utilization

Confirmed.

- The Federal AV of any such plan option should not be lower than 76 percent (76%). The 76% Sample Plan should have the lowest premium rate of all proposed premium rates. When developing the Pricing AV for such plans, assumptions should be developed on a consistent basis with the Sample Plans.

Confirmed.

- For any HDHP, note the impact on AV from any assumed HSA contribution.

We have assumed that the HSA contribution would be half of the deductible, or $800 for single coverage. Should the contribution be reduced to $600 for single coverage there is about a 2% reduction to the actuarial value of the plan. In the event the contribution is increased to $1,000 the actuarial value of the plan increases about 2%.
Section 4: Content of Responses

- The goal of providing information on other plans is to help HCA understand what Carriers believe will be viable, meaningful options for the SEBB Program. Therefore, such plans must have Federal AVs that are separated by at least two percentage points from any of the other plans provided in your response.

Our current Washington State school employees have roughly 7 plan options today. The 3 plans requested as part of this RFI line up closely to 3 of those current plans. Therefore we have assumed the other 4 plan options our current population is enrolled in today for the alternative offerings. We have also used the current enrollment assumption by plan to complete the subscriber months by tier and plan on the plan detail tab of Exhibit 4.

- All plans should be loaded with the same non-benefit expense load.

Confirmed.

3. HCA currently uses the risk model by Verscend Technologies DxCG Intelligence Commercial All-Medical Predicting Total Risk version 5.1.0 to measure morbidity differences within the PEBB Program population. Please provide feedback on the use of this model to adjust the plans’ rates within the risk pool for the SEBB Program population and whether a concurrent or prospective risk score is preferred for 2020.

DxCG by Verscend is a valid model for this purpose. Depending on how the group applies the adjustment, concurrent and prospective risk score may be used. We will need more details in terms of how the risk score will be applied to comment on the preference between concurrent and prospective risk score.
Section 4: Content of Responses

C. Geographic Coverage (MANDATORY)

1. HCA would like to know how many fully insured HMO, PPO, and other plan types your organization currently offers in Washington, Oregon, and Idaho counties, as well as any changes anticipated for the future. Please complete columns c-h in Exhibit 5 – County Coverage, with the information listed below. It is not HCA’s intent to develop new markets in Oregon or Idaho, but it would not be unusual for a Washington State school employee to reside in one of those states. Only complete the Oregon and Idaho counties where you already have coverage or are anticipating adding coverage in those counties by January 1, 2020.

   • Column “c”: The number of HMO plans you currently offer within each county listed;

   • Column “d”: The number of PPO plans you currently offer within each county listed;

   • Column “e”: The number of other plan types you currently offer within each county listed;

   • Column “f”: The number of HMO plans you anticipate for 1/1/2020 within each county listed;

   • Column “g”: The number of PPO plans you anticipate for 1/1/2020 within each county listed.

   • Column “h”: The number of other plan types you anticipate for 1/1/2020 within each county listed.

Carriers that later choose to bid on an RFP for a SEBB insured health plan will not be locked into providing coverage in the counties they provide in their response to this RFI.

Confirmed. Please refer to our completed Exhibit 5 included with our submission.
Section 4: Content of Responses

D. Provider Network (MANDATORY)

1. If a new client were transitioning members onto your plan(s), would your organization be open to the idea of adding providers to your current network(s)?

   Yes. We direct our development efforts based on customer needs and the long-term potential of the market in the proposed network locations. We are happy to evaluate the areas where SEBB has large concentrations of employees to determine the potential for network development or expansion of existing networks. We anticipate much of the future network development will be in response to critical needs of our customers.

   Over the past year we have added over 200 providers, state wide, in response to nominations from current school employees and their dependents.

2. Please provide the typical timeframe for adding the following provider types to your network (e.g. 4-6 weeks, 2-3 months, etc.)?

   a. Primary care physicians

      It takes approximately 120 days to add a primary care physician to our network. We do have the ability for expedited credentialing on an exception basis for urgent/high priority requests for all provider types listed in subsections a-e.

   b. Ancillary providers (physical therapists, occupational therapists, massage therapist, chiropractors, etc.)

      It takes about 120 days to add ancillary providers to our network.
Section 4: Content of Responses

c. Specialists

It takes approximately 120 days to add a specialist to our network.

d. Urgent care

It takes about six to nine months to add an urgent care center to our network.

e. Hospitals

It takes six to nine months to add a hospital to our network.

3. Do you add providers on a rolling basis throughout the year or only at set times during the year?

We add providers on a rolling basis throughout the year. As stated above, we are happy to evaluate the areas where SEBB has large concentrations of employees to determine the potential for network development or expansion of existing networks. Additionally, members and customers are welcome to nominate providers for our network.
Section 4: Content of Responses

E. Administrative (MANDATORY)

1. Is your organization NCQA/URAC accredited? If yes, for what certification period, and what is your organization’s status? If not, what is your organization’s plan, if any, to become accredited?

Yes. As of fourth quarter 2017, 100 percent of our PPO eligible members are enrolled in National Committee for Quality Assurance (NCQA)-accredited plans. This accreditation is effective December 13, 2016 through December 13, 2019.

2. Does your organization have experience in providing an employee assistance program (EAP) for subscribers to access through your fully-insured medical plans?

Yes, we have significant experience providing Employee Assistance Programs.

a. If yes, please provide a list of the types of EAP benefits you have experience providing (e.g. counseling/assessment/referral, management workplace consultation, employee workplace consultation, critical incident management and debriefing, training, additional work/life benefits such as legal or financial counseling, or other services).

Aetna Resources For Living has taken traditional EAP services to a new level combining best practices, clinical excellence, and comprehensive care and support. Our EAP services offer a full continuum: from the traditional assess-and-refer model to unlimited telephonic coaching models with reportable outcomes. Select the model which best fits your workforce – or provide a hybrid model combining both. This gives your employees a choice of delivery channels and allows you to manage your costs and outcomes most effectively.

Members may call at any time – 7/24/365 – for general information or any of our EAP services. After an initial screening, a customer support associate directs calls to a qualified EAP clinician based on their requests and needs.
Section 4: Content of Responses

Following a telephonic assessment by a licensed Master’s-level clinician, if face-to-face services are required, the Aetna Resources For Living clinician will arrange referrals. Our EAP network includes providers with expertise in home and work-related issues. We offer the employee several names from which to select the provider who is most appropriate for their needs. In addition, the clinician will offer to assist in locating a provider with the earliest availability on behalf of the member.

If the caller is seeking services such as child or adult care services, we direct the call to a worklife consultant. The consultant confirms availability and referral of the recommended service, saving the caller valuable time and effort.

Telephonic consultation

We provide unlimited confidential telephone consultation for any issues limiting the employee’s personal and professional effectiveness. Employees can access this ‘in the moment’ telephonic support and consultation. They can engage immediately in confidential telephone consultation for emotional, family, personal, work, or any issues limiting the employee’s personal and professional effectiveness. Our on-staff clinician will provide one-on-one services telephonically rather than in the clinician’s office. The EAP clinician will refer the employee to their behavioral health benefit or community resources if necessary.

We recognize that the types of services we provide cannot reasonably be limited to a list. We will provide assistance for all such issues that arise out of the course of daily living. This may include, but is not limited to:

- Family and marital discord
- Work/school/other relationship issues
- Depression and stress management
- Anxiety
- Phobias
- Legal and financial problems
- Grief and bereavement
- Substance abuse
- Gambling and other compulsive behaviors
Section 4: Content of Responses

Organizational Risk Management Services

Our Organizational Risk Management Center℠ (ORMC) provides specialized consultation services to all levels of supervision and management. These consultations assist in decreasing organizational liability and managing risk. Organizational leaders may obtain immediate consultation on behavioral issues and other workplace problems, thereby improving workplace efficiency and productivity.

The ORMC’s management consultants (MCs) provide the following:

- Guidance in handling personal and performance issues
- Crisis planning and guidance before, during, and after crisis situations
- Corporate risk policy consultation
- Proactive case management of management referrals
- Onsite groups for grief, critical incidents, or reduction in force needs

One phone call provides leaders with the expertise required to meet the challenges of managing a workforce and creating a strong, positive workplace environment.

Management consultation and referral

Our MCs will coach your company representative on developing a plan in handling behavioral risk issues. This consultation could result in a management referral handled through the EAP. If a management referral is recommended, the MC will e-mail the manager a Management Referral Form that is also a HIPAA release so that once signed, the manager can receive immediate “compliance” updates. NNN Company advises the employee of the performance issue(s) that precipitated the management referral and how to call the ORMC and identify him or herself. Upon receipt of the call, an MC will provide a clinical assessment. The MC will locate the most suitably qualified provider, make the necessary referral to a network provider, and explain how the case will be followed. In most cases, the MC will recommend that the employee have an appointment with a local provider within 48 hours of the employee’s call.
Section 4: Content of Responses

Follow-up

For effective monitoring, we follow up with the EAP provider to obtain feedback on the process. They then keep the referring representative updated on a regular basis as to the employee’s compliance. We also facilitate any additional services that may be needed.

If there is not a signed Management Referral Form, we encourage the employee to sign a Release of Information form in the provider’s office. This may delay the feedback to the referring representative. If no release is signed, the MC may only state they cannot confirm or deny any information on the employee.

Orientations/training

Our onsite trainings and EAP overview sessions promote higher utilization and greater return on investment for the EAP. We can provide orientations onsite or electronically. Our training department can consult with you on your individual training needs to assist you in developing a comprehensive training plan for your organization.

Worklife services

Worklife services help our employees live healthier, more productive lives. Our worklife consultants help with the “everyday stuff” — the barriers that sometimes get in the way of achieving one’s health, hopes and goals. We provide unlimited one-on-one assistance for any life stage and a wide range of household needs and personal goals.

- Dependent care consultation and referral services – We provide comprehensive worklife consultation and referral services, specializing in childcare, eldercare and care for persons with disabilities. Worklife consultants use our proprietary national database of over one million regulated providers. For example, childcare providers must meet all licensing, registration and certification requirements in the state of operation. Information on specific regulatory requirements for the state is included in each referral packet. We send informational packets with detailed research results, provider profiles, guidebooks and other educational materials to assist with care decisions. We verify all provider referrals and confirm availability. We follow-up to ensure service satisfaction and assess for additional needs.
Section 4: Content of Responses

The following are examples of childcare referrals:

- Child care centers
- Care for children with special needs
- Adoption services
- Before- and after-school child care programs
- In-home child care (nanny; au pair)
- Emergency and back-up care
- Enrichment programs
- Schools

Eldercare referrals include, but are not limited to:

- Adult day care
- Assisted living facilities
- Senior centers and senior housing
- Respite and home health care
- Geriatric care management
- Homemaker services
- Hospice care
- Financial and legal services
- Assistive devices for daily living
- Caregiver support groups

Convenience services

A phone call to an Aetna Resources For Living worklife consultant can provide resources to meet virtually any need, whether it’s a plumber or identifying the nearest grocery store.

Aetna Resources For Living does not recommend, endorse or vouch for information provided or referrals given. Consultants do not take any confidential information and there is no pressure exerted on the employee.

Services which can be located include:

- Housecleaning
- Lawn and landscape
- Appliance and electrical
- Plumbing
Section 4: Content of Responses

- Automotive
- Travel information
- Entertainment
- Dining
- Pet care
- Other everyday needs

**Legal services**

Employees receive 30-minute telephonic or face-to-face attorney consultations for a number of issues. There is a 25 percent discount with the attorney or mediator beyond the initial 30 minutes. We cover mediation services in the same fashion. Employees have access to “do-it-yourself” legal forms. We also provide an easy-to-navigate website, which provides over 5,000 legal and financial forms and other tools.

**Financial services**

Employees receive 30-minute telephonic financial consultations for a number of issues. Staff financial counselors provide telephonic financial consultations. We also include tax return assistance and consultations in the initial 30-minute session at no cost. We use certified public accountants, enrolled agents and former tax attorneys to prepare a personal income tax return at a 25 percent discount.

A staff certified fraud resolution telephonic specialist provides a consultation up to 60 minutes for victims of identity theft.
Section 4: Content of Responses

b. What is the per employee per month (PEPM) cost to employers for providing EAP services to subscribers?

________________________________________________________

Confidential and Proprietary

________________________________________________________

c. What is the average utilization rate of counseling services for school employees?

________________________________________________________

The average utilization rate of counseling services for school employees is 2.2 percent authorizations for sessions per employee.
Section 4: Content of Responses

3. Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client (this information will help HCA in the development of a procurement and implementation schedule):

   a. After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 6 – Group Structure Example)?

   b. After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization’s IT systems?

   c. After completion of the programming, on average how long would it take your organization to test?

We typically begin our implementation process approximately 90 days prior to receiving the initial eligibility file. The first step in our process is building your benefit program. Six months prior to the effective date our eligibility consultant provides file specifications and begins front end programming. We complete the front end programming within 120 days of the effective date. We recommend sending test eligibility files at least 90 days prior to the effective date. This allows time for any adjustments to the file and subsequent testing prior to sending a full eligibility file. We recommend having a full eligibility file 30 days before the effective date.

We develop a detailed implementation schedule that outlines all of the tasks associated with each portion of the project, including eligibility. It provides a scheduled start and completion date for each task and helps keep team members on track. We have included a sample Implementation Plan with our submission that outlines the timeline in greater detail.

We test all new plans as part of the implementation process. A key tool in this process is the Single Source Document (SSD). We use the document as the basis to build and test the benefit plan. SSD captures major plan changes and serves as a confirmation of the benefits plan.
Section 4: Content of Responses

4. Does your organization contract directly with an HSA vendor to administer your subscribers’ qualified HSA benefits? If so, which vendor do you use?

Yes. We contract directly with PayFlex Systems USA. As part of the Aetna family, PayFlex plays a major role in how consumer-directed products and services are used throughout the marketplace. Considered an innovative technology company, PayFlex® is one of the nation’s largest account-based third party administrators.

PayFlex was founded in 1987 in Omaha, NE. They have been offering HSA services since 2006. In 2011, Aetna acquired PayFlex to support its existing consumer-directed product offerings. PayFlex provides our customers and members with more flexibility, as well as customized, easy-to-use tools and solutions to help manage health care expenses. PayFlex offers an integrated platform, multi-purse debit card, real-time authorization of expenses and online contribution and payment services.

PayFlex® administers our HSA from end-to-end. Our model includes billing, enrollment processing, funding, reporting, customer service and a secure website with member information and tools that provides an integrated customer and consumer experience. PayFlex is an IRS-certified, non-bank HSA custodian. This allows PayFlex to control the entire member experience without the need to transfer a member to another area. The PayFlex HSA platform is a single platform where members access all HSA related information using single sign-on capabilities.

PayFlex partners with Citibank®, the depository bank for our HSA accounts, and Citibank holds the liquid portion or the sum of deposits in the accounts. PayFlex selected them based on their ability to return a rate of higher interest to our members, as well as, the strength and stability of their balance sheet.

PayFlex also partners with BNY Mellon. BNY Mellon provides the HSA investment solution, and it's one of the leading investment management companies in the U.S.
Section 4: Content of Responses

5. Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.

Name: Matthew Sherrill

Email: SherrillM@AETNA.com

Phone: (206) 701-8053

F. Additional Questions (OPTIONAL)

1. What factors would you consider as you look to expand coverage into a new county?

We do not have any network gaps in care in the Washington counties listed in Exhibit 5. We also have coverage in the vast majority of Oregon and Idaho counties listed in exhibit 5 with the exceptions of Morrow, Sherman, and Wallowa counties in Oregon, and Idaho and Lewis counties in Idaho. We do continuously monitor existing networks and respond appropriately by addressing membership needs. When deciding to further develop a network, we consider:

- Geographic location
- Membership size
- Physician availability

The main objectives of network development are quality of service and appropriate provider access. Our network management staff has been successful in meeting the needs of membership growth by actively seeking out quality physicians to provide services. The popularity of our plans reflects our success in developing and maintaining networks.

We direct our development efforts based on customer needs and the long-term potential of the market in the proposed network locations. We are happy to evaluate the areas where the customer has large concentrations of employees to determine the potential for network development or expansion of existing networks. We anticipate much of the future network development will be in response to critical needs of our customers.
Section 4: Content of Responses

Value Based Contracting and Expansion Plans

We are having discussions with health systems that share our vision and want to continually improve outcomes. A commitment to aligning goals with improved efficiency and quality is a key ingredient to successful accountable care collaboration.

We work with providers to determine the solution (or combination of solutions) that works best for them. We do this by assessing their culture, willingness to change and timeframe for desired results. Our approach is to meet the provider where they are in their journey, and to support them through investments in solutions that include technology, analytics and clinical care support.

Expansion of our ACO footprint is determined through a collaborative effort of our local market network and business development teams. Identification of a viable entity for an ACO product is the responsibility of network once sales has determined there is an appetite among existing and prospective plan sponsors. We continually perform environmental scans to identify expansion opportunities.

We have developed a well-thought out, aggressive roadmap to increase value-based models in our contracts and are working systematically to achieve it. Having already achieved our initial 2018 goal of 50 percent, we are now targeting 60 percent for this year and 64 percent in 2019. We are committed to having 75 percent of all medical spend in VBC arrangements by 2020. We are currently at 60 percent in Washington, 45 percent in Oregon and 41 percent in Idaho.
Section 4: Content of Responses

2. What information would your organization typically need from a new client to be able to develop a proposal for a fully-insured group medical insurance plan (data requirements, file exchange requirements, claims and census data, timeline, etc.)?

We would request the following data to provide a fully insured proposal:

- Complete census data including home zip code, date of birth, gender, medical plan election and medical tier information.

- Current and proposed plan designs.

- Plan design changes which have occurred over the claims data period.

- At least the most current rolling 36 months of claims data, ideally more, including:
  - Medical, Pharmacy and Capitations if applicable broken out
  - Corresponding subscriber and member lives
  - Broken out by Active, Pre-65 and Post-65 Retirees
  - Broken out by current carrier and/or plan design
  - Confirmation if paid or incurred basis
  - Confirmation if data includes or excludes large claimants

- Large Claims data over $200,000 including diagnosis and status information for corresponding time period as claims data.

- Current listing of medical management, disease management and/or wellness programs that are in place today for which portions of the population and which vendors are providing these programs currently.
Section 4: Content of Responses

- Please provide utilization information by provider for both hospital and Physician claims for each category. If possible, we would like the hospital claims broken out by Inpatient, Outpatient, and ER. At a minimum we would like the top 25 for each category by geographical area.

- Does the plan currently have a custom formulary in place where they might cover some of our standard exclusions (OTCs, Weight Loss, Cosmetic, Experimental Drugs etc.) or might offer certain drugs at $0 copay?

- Does the plan currently have a narrow or broad formulary? Do any formulary exclusions apply?

- Please provide an overview of the in-force clinical programs or requirements (e.g., step therapy)

- Does the plan currently have mandatory mail order?

- Does the plan currently have mandatory generics program?

- Does the plan currently have exclusive specialty? If so, 0, 1, etc. refill(s) at a retail pharmacy?

We can receive this data in a number of ways however our preferred approach is for it to be provided via a secure site which we can download the files from.
Proposal for:

SEBB

Lauren Rizzo, Sales VP
Phone:
Email: RizzoL@aetna.com
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>3</td>
</tr>
<tr>
<td>Outcomes Measurement Tools</td>
<td>6</td>
</tr>
<tr>
<td>myStrength™</td>
<td>8</td>
</tr>
<tr>
<td>Organizational Development</td>
<td>10</td>
</tr>
<tr>
<td>Worklife Balance</td>
<td>12</td>
</tr>
<tr>
<td>Legal Services</td>
<td>16</td>
</tr>
<tr>
<td>Financial Services</td>
<td>17</td>
</tr>
<tr>
<td>Web Resources</td>
<td>18</td>
</tr>
<tr>
<td>Mobile Phone Application</td>
<td>20</td>
</tr>
<tr>
<td>Communications</td>
<td>21</td>
</tr>
<tr>
<td>Resilience</td>
<td>22</td>
</tr>
<tr>
<td>Pricing and Assumptions</td>
<td>24</td>
</tr>
</tbody>
</table>

Note: This proposal and the information contained are proprietary, and as such, the property of Aetna. Any use of this information outside of the specific intent of this sales proposal is prohibited.
Thank you for the opportunity to provide EAP and Worklife services through *Aetna Resources For Living*

Our EAP product, Aetna Resources For Living, meets the unique needs of your organization. We provide support for the everyday concerns that can keep people from being their best on the job and within their personal lives.

Exactly how do we stand out?

We provide over 20 million people the resources they need to face personal, financial, or some other challenge. We do so with advanced technologies and clinical expertise including a:

- Telephonic system that measures the effectiveness of each counseling session
- Mobile app that gives helpful tips and articles on over a thousand different topics
- Website with more than one million resources
- Wellness portal to help employees with mild or moderate depression and anxiety
- Benefit customized to meet your need

With more than a quarter century of experience in EAP, our experts provide more than just a quick fix. They provide the opportunity for real long-term change.

**We meet members where they are**

Mental illness and substance abuse cost employers an estimated $100 billion annually in indirect costs. *EAP serves as the foundation for mental health and wellness.*

By actively listening to what your employees say each time they call, we are able to connect them to the resources they need to move forward.

When our members call us, we take both a conversational and practical approach. We begin each call by asking how we can help and listening to what the individual has to say. Active listening helps us uncover all of the ways we can help meet their goal or overcome their challenge. We go beyond emotional support to connect our members with the resources, tools and support to help them get where they need to go.

*This is the Aetna Resources For Living difference.*
We do this through phone, web and face-to-face resources that include:

- Seamless integration with other benefits
- 24-hour access to licensed, Master’s-level clinicians
- A national network of more than 65,000 counselors near where your members live and work
- Clinical tools to help improve emotional well-being
- Tools to combat the loss of productivity and promote early/effective treatment of alcohol and substance abuse
- Optional international services for more than 200 countries and territories

We have experts ready to help employees, supervisors, family members, and the organization.

Let us know how we can help.
Employee Assistance Program

Our EAP services support the real-world challenges that our members are facing today. We provide resources and support for all areas of a person’s life: career, family, physical health, mental health and community.

We base our philosophy on the science of resiliency. How do you bounce-back from a life setback like a job loss or the end of a relationship? Drawing on years of experience in behavioral health, our experts provide more than just a quick fix, but the opportunity for real long-term change.

We offer a full continuum of care: from the traditional assess-and-refer model to a telephonic coaching model with reportable outcomes. Select the model that best fits your workforce.

Real solutions for real life

We offer goal-focused counseling to address the presenting issue. Whether the issue pertains to behavioral or physical health, substance abuse, legal or financial matters, a worklife challenge or any combination, we can help. The type of service and its duration depends upon several factors, including:

- Type of presenting problem
- Severity and length of symptoms
- Risk of harm
- Other complicating factors

We have found that the EAP can resolve 80 percent of all issues. A referral to the health plan or community resources may resolve the remaining 20 percent.
The flexibility of our short-term counseling ensures all employees and eligible household members receive appropriate counseling and avoid the unnecessary use of health insurance benefits. This saves both the member and the organization time and money.

**Telephonic consultation and referral**

From the first call, we connect the member to the resources for their individual need. Members have unlimited confidential telephone consultation for any issues limiting the member’s personal and professional effectiveness. Members can access this ‘in the moment’ telephonic support and consultation or we can refer them to a face-to-face provider, if appropriate.

The initial assessment includes:

- Basic demographics
- Assessment of presenting request/issue
- Assessment of imminent risk
- Referral

If a member requests a clinical consultation, or we determine that there is risk, we refer the member to a clinician who provides immediate support, assessment and referral. We have licensed, Master's-level clinicians available 24 hours per day, 365 days a year.

The clinician works with the member to arrange the necessary counseling services. If there is a need for higher level of care, we assist with placement, coordinating with the medical or behavioral health carrier, to ensure the appropriate level of care. If a member exhibits signs of acute mental illness or poses a risk to self or others, we provide the services necessary through immediate assistance and referral to behavioral health benefits.

We take steps to ensure that the member is safe and provide appropriate referrals and follow-up.

**Face-to-face counseling**

We provide access to one of the largest EAP/mental health provider network for face-to-face counseling. All network providers are licensed and we credential using the highest industry standards. We monitor regularly to maintain that credentialing. When face-to-face services are appropriate, we identify a local provider to meet the specific need and any other specifications, such as location, gender and language.
Our EAP network includes providers with specific expertise in home and work-related issues and includes over 65,000 EAP and nearly 177,250 behavioral health providers. We offer the member a choice of several providers that includes:

- Social workers
- Licensed professional counselors
- Marriage and family therapists
- Master’s-level psychiatric nurses
- Psychologists

If requested, the EAP clinician will schedule the appointment on behalf of the member.

**Tele-video**

Tele-video sessions are available to members who have a face-to-face EAP benefit. The member easily accesses this by calling the dedicated EAP line. Members may receive their sessions face-to-face, through tele-video or telephonically. Tele-video may not be appropriate for everyone in all situations. We will assess each request using the American Telemedicine Association guidelines to assure uniform quality, care and safety.

**Onsite training services**

We provide a wide range of training to introduce managers and employees to their benefit or to expand on specific needs you may have. We provide training in person, telephonically or through the web.

Our goal is to take a fresh look at typical topics, such as stress and change management, and make those trainings more engaging and relevant.

Our training and curriculum specialists create and maintain a library of presentations. Topics include:

- Unplug to Recharge
- Adopting a Healthy Lifestyle
- Stress Management at Work
- The Power of Positive Thinking
- The Work and Home Balancing Act
- Fighting the Stigma of Mental Illness
Outcomes Measurement Tools

Our goal is to enhance the lives of our members and their families both on the job and within their life outside of work. Our systems, tools and service delivery approach help our team proactively engage and identify solutions that will improve your employee’s overall well-being.

Increased engagement through our proprietary SIGNAL system

One of the tools we use to assess our impact is Aetna Resources For Living’s innovative SIGNAL® system. SIGNAL helps us proactively assess an individual’s distress level. We use the data to engage the member and to help determine the most appropriate services for that individual. When a member has multiple sessions, this data helps determine if the services are improving their distress levels and whether other services may be necessary. With support of the SIGNAL system, we can report results back to the member and the client that what we are doing is working.

How does it work?

During each clinical consultation, we ask a series of four questions and record the scores. These questions relate to the caller’s level of distress and global functioning.

As we add data, session by session, a clear picture of the effectiveness of treatment emerges. The system incorporates the data into a predictive modeling assessment, as well as an outcomes measure.

We can adjust the plan or services in real time to improve the likelihood of success. Adjustments may include a change in technique or treatment modality, switching to a different counselor, or changing session frequency.

The SIGNAL system identifies when an intervention is not required or is not working. It flags the level of distress and how well the member is engaged in the counseling/coaching process. SIGNAL provides our clinical staff ongoing and real-time indicators specific to the intensity and pace of intervention that is necessary. This system offers a state of the art platform for focus and accuracy in addressing emotion, thinking and feeling. It helps us deliver highly effective behavioral change interventions.

SIGNAL Results

66% of members served presented moderate to severe distress

After multiple sessions, 77% report improvement in their emotional well-being

...and their level of overall well-being improved by 16% on average.

Our Aetna Resources For Living experience is rated a 9.5 out of 10 by those who’ve used our service.
Screening and brief intervention

We use Screening and Brief Intervention (SBI) techniques in our EAP practices. The Audit C, an evidence-based screening tool, helps us identify members who have hazardous alcohol use patterns. SBI has a proven record of effectively helping people to reduce hazardous drinking.

We use motivational interviewing techniques and give members relevant educational health information. We encourage them to identify and consider behavioral options that will reduce their risk of experiencing the physical, emotional, social and occupational consequences that can be associated with hazardous drinking. Hazardous drinking behavior is associated with:

- Higher medical costs
- Increased use of leave and disability cases
- Accidents
- Presenteeism and other costs borne by the workplace

Measuring the impact*

- 89% agreed to screening
- 22.6% at high risk
- 78% of at risk members agreed to clinical follow up
- 72% set up an appointment with a counselor
myStrength helps your employees with mild or moderate depression and anxiety

Aetna Resources For Living provides new and innovative ways to improve the emotional and overall well-being of your employees. We provide myStrength, a unique online emotional wellness portal. It can help your employees with mild or moderate depression and anxiety.

Like a health club for the mind, myStrength offers practical ways to improve emotional and overall well-being, including:

- Personalized eLearning programs
- Simple tools
- Daily motivation and inspiration
- Step-by-step interactive programs
- Clinically based online modules
- Mood tracker
- Thousands of articles and tips
- Structured steps
- Focused guidance
- Daily reminders of simple steps to feel better

Chronic pain solution

Nearly 100 million Americans suffer from chronic pain every year. Chronic pain results in:

- Longer hospital stays
- Increased rates of hospital readmission
- Increased outpatient visits
- Decreased ability to fully function, leading to lost income and productivity
- Increased risk of depression, insomnia and anxiety
In addition, 78 Americans die every day of an opiate drug overdose—and over half of those deaths are from doctor-prescribed opiate pain medication.

myStrength has a guided program offering 24/7 access to evidence-based resources for managing pain and living meaningfully despite pain. Approaches such as cognitive behavioral therapy or mindfulness offer low-risk, effective solutions for managing most types of chronic pain. myStrength's new program can:

- Educate about pain management options beyond medication/opioids
- Strengthen the clinician-patient relationship and increase users' sense of control
- Help to focus the goals of pain treatment on long term functioning and well-being
- Extend activities that foster mindfulness, positivity and physical activity, with an emphasis on peer support and living meaningfully in spite of pain
- Provide resources to promote overall well-being
Organizational Development

We offer unique services to your administrative, management and executive levels through our Organizational Risk Management Center (ORMC). With the ORMC, your managers are never alone. This center dedicated to management issues offers immediate access to management consultants — experienced, licensed, Master’s-level clinicians who are available to consult on such issues as:

- Performance concerns
- Inappropriate behavior
- Alcohol or drug violations
- Emotional instability

Crisis resources and support

A crisis is any occurrence in which a person or group experiences a trauma. This may be an unexpected and unnatural event where employees feel overwhelmed by a sense of personal vulnerability and/or lack of control. The ORMC staffs the experts who will provide crisis response services and support. Examples include:

- Natural disasters
- Serious workplace accidents
- Hostage situations
- Violence in the workplace

Crisis response services can prevent personal trauma, reduce disability claims and quickly return an organization to a normal level of functioning.
Management consultation

The ORMC provides a telephonic resource for managers, supervisors and human resources professionals to assist in identifying and resolving workplace issues and promoting a productive workforce. Issues may include:

- Employee personal and family issues
- Behavioral health concerns
- Workplace conflict
- Workplace crisis and other disruptions
- Substance abuse
- Threats of violence
- Employee performance concerns

Our ORMC provides you with the tools to increase employee productivity, retain and develop top talent, and decrease workplace inefficiencies.
Helping to balance work and personal lives

Aetna Resources For Living is pleased to offer our telephonic worklife program to your employees and their household dependents. Worklife services help our members live healthier, more productive lives. Our worklife consultants help with the “everyday stuff” — the barriers that sometimes get in the way of achieving one’s health, hopes and goals. We provide unlimited one-on-one assistance for any life stage and a wide range of household needs and personal goals.

Most people juggle a myriad of tasks associated with daily living, from household chores to caring for aging parents. For many, tending to those duties can spill over into work and leisure time. This may result in lost productivity and absenteeism as well as an interruption to the individual’s pursuit of his or her own goals and well-being. Healthy activities such as eating right or exercising are often among the first things lost to the time spent managing these stressors.

That’s where we can have the greatest impact. Our consultants work with your employees to find solutions and empower them to take charge of their own health and well-being. We provide them with tools and support, connecting them with a variety of resources, products and services.
Worklife consultant education and experience

Our worklife consultants have degrees in one or more of the following fields:

- Social work
- Psychology
- Counseling
- Early childhood education
- Gerontology
- Rehabilitation
- Social welfare

Many have a master’s degree in their field and licensing in social work and have at least three years professional experience.

Our consultants are skilled listeners who provide individualized, comprehensive intake interviews and assessments. They are well versed in a wide range of resources and skilled at conducting customized research to locate the best possible solutions for worklife challenges.

The intake assessment

When a member calls with a worklife need, a consultant works with the member to identify the challenges at hand by asking questions to help define the problem. The consultant helps the member focus and develop an action plan. They prioritize their needs and provide education and information about options and resources that may be available.

Many times the caller feels overwhelmed and doesn’t know where to begin. We help break the problem down into manageable parts. The consultant takes as much time as needed to understand the caller’s concerns. Together, they may come up with options the member hadn’t been aware of before.

With one call, an employee who has a pressing need while at work can be relieved of the immediate worry of home or family issues. They can then focus on getting back to work, calmed by the worklife consultant’s support and confident that a professional is researching resources to address their specific need. The consultant assures the member that all information exchanged is strictly confidential and our referral services are free.

Calling and identifying worklife referrals

After the intake call, the worklife consultant begins identifying and calling resources — a task which would be distracting, time-consuming and stressful for the member to do on his or her own.
The consultant conducts a thorough search to locate services and regulated providers that match the member’s request. They verify and confirm availability, eligibility guidelines and details about services. This could often be a very time consuming process. The consultant’s knowledge and efficiency can save each member an average of seven hours of research.¹ The worklife consultant calls providers to:

- Verify the accuracy of the contact and regulation data
- Determine if the provider offers services that meet the needs of the member
- Determine if there is an opening when the member needs it

Often, the worklife consultant will call over 50 providers to find 3-5 that fit the caller’s need. When the consultant pre-qualifies the provider as licensed, matching the employee’s requirements and having an opening in the employee’s timeframe, they provide the referral. We provide the referral within days of the request, or immediately in an urgent situation.

The referral may be by phone, e-mail, fax and/or hard copy. Along with the referral, the worklife consultant may also provide articles and guidebooks to help the family with their worklife issue and making decisions about services.

¹ 2015 annual worklife member satisfaction survey results
Convenience services

Convenience services provide information and contacts to help meet members’ everyday needs. From finding help at home to planning a night out, members can get fast, expert assistance.

As part of your core benefits, we will help your employees locate resources to assist with those day-to-day chores that can eat away at valuable time. For many, these services are more than just a convenience. They are necessary to maintain independence. Convenience services begin by addressing chores inside the home.

The focus is on services that keep surroundings functional, safe and hospitable for members and loved ones. Examples of home-based convenience services include referrals for:

- Home cleaning
- Lawn and landscape
- Appliance and electrical
- Home security
- Roofing and siding

Our services also enhance travel and entertainment including:

- Dining
- Entertainment
- Tourist and city
- Sports and recreation
- Shopping
- Travel

Members may access services through the self-service website or by calling to speak with a worklife consultant. Once the member or worklife consultant identifies the resource, the member makes their decisions and calls for reservations or to book an appointment.
Legal Services

Members receive 30-minute telephonic or face-to-face attorney consultations for a number of issues. There is a 25 percent discount with the attorney or mediator beyond the initial 30 minutes. Issues include:

- Domestic/family
- Civil, landlord/tenant
- Criminal
- Estate planning
- Immigration
- Motor vehicle and other similar issues

We cover mediation services in the same fashion. Members have access to “do-it-yourself” legal forms. We also provide an easy-to-navigate website, which provides over 5,000 legal and financial forms and other tools.

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>BENEFIT</th>
<th>COVERED ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephonic or face-to-face attorney consultations</td>
<td>30 minutes per each new issue</td>
<td>Domestic/family, civil, landlord/tenant, criminal, estate planning, immigration, motor vehicle, etc.</td>
</tr>
<tr>
<td>After-hour telephonic attorney consultations</td>
<td>30 minutes per each new issue</td>
<td>Criminal, incarceration, DUI</td>
</tr>
<tr>
<td>Telephonic or face-to-face mediation consultations</td>
<td>30 minutes per each new issue</td>
<td>Domestic, contractual disputes, landlord/tenant, civil, real estate, collections, etc.</td>
</tr>
</tbody>
</table>

- Work related matters not covered
- 25% discount with attorney or mediator beyond initial 30 minutes

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>BENEFIT</th>
<th>COVERED ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do-it-yourself document online forms</td>
<td></td>
<td>State specific forms available via website</td>
</tr>
<tr>
<td>Free online will for all eligible dependents</td>
<td>Free and unlimited – available on website</td>
<td>Simple Wills, Power of Attorneys, Living Wills</td>
</tr>
</tbody>
</table>

We exclude matters involving disputes or actions between members and their employer, customers, agents or their officers, directors or members from this plan. We also exclude matters that, in the attorney’s opinion, lack merit.
Financial Services

Members receive 30-minute telephonic financial consultations for a number of issues. Staff financial counselors provide telephonic financial consultations for:

- Budgeting
- Credit and debt
- Retirement and college funding
- Buying vs. leasing and mortgages/refinancing
- Financial planning, and similar issues

We also include tax return assistance and consultations in the initial 30-minute session at no cost. If the member would like to have their tax return prepared by a CPA, the CPA discounts the normal hourly rate by 25 percent.

ID theft

A staff certified fraud resolution telephonic specialist provides a consultation up to 60 minutes for victims of identity theft.

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>BENEFIT</th>
<th>COVERED ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephonic financial consultations with staff financial counselors</td>
<td>30 minutes per each new issue</td>
<td>Budgeting, credit, debt, retirement, college funding, buying vs. leasing, mortgages/refinancing, financial planning</td>
</tr>
<tr>
<td>Telephonic tax consultations with staff CPA and Enrolled Agents</td>
<td>30 minutes per each new issue</td>
<td>Tax questions, tax preparation, IRS matters</td>
</tr>
<tr>
<td>Telephonic tax levy/garnishment resolution</td>
<td>30 minutes per each new issue</td>
<td>Tax levies and garnishments</td>
</tr>
<tr>
<td>Community services</td>
<td>Referral</td>
<td>United Way, Red Cross, etc.</td>
</tr>
<tr>
<td>A discount of 25% off standard tax preparation services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identity Theft

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>BENEFIT</th>
<th>COVERED ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephonic fraud resolution consult with staff Certified Fraud Resolution Specialist</td>
<td>Up to 60 minutes</td>
<td>Coaching and direction on prevention and restoring credit for ID Theft victims</td>
</tr>
<tr>
<td>Emergency Response Kit - sent by e-mail, mail or fax</td>
<td>Free to member, upon identity breach</td>
<td>Contact numbers, sample documents, instructions, etc.</td>
</tr>
</tbody>
</table>

Website

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>BENEFIT</th>
<th>COVERED ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web-based information and tools</td>
<td>Free to member</td>
<td>Legal/financial forms, FAQs, financial calculators, Online Free Will service, etc.</td>
</tr>
</tbody>
</table>
Our website gives members the information they need to live healthy lives — all in one place, any time they need it. The website is a virtual library of thousands of articles, resources and new tools. It offers easy, online access to answers about family, health, time, money and management. We also offer concierge resources and discounts at a network of national vendors on the website. A Spanish language option is also available.

Please visit:
resourcesforliving.com
Username: aetnademo2
Password: demo

On the website, it’s easy to find information and self-directed resources to assist with child care, home health care, assisted living facilities, schools, colleges, health clubs, pet services and more.

- Child care resources - A searchable network of over a million providers that include attorneys, babysitters and childcare providers, schools and fitness centers. Topics include adoption, child care, health and safety, grandparents, infancy, parenting, school-age children, starting a family, summer care, and toddlers and preschoolers.

- College and education - Find information on financial aid, saving money, preparation tips for parents and students. Learn about school selection and tips for school-age children.

- Emergency preparedness - Download a Disaster Supply Kit Checklist, and find links to several organizations that can help.

- Military life - Read resourceful articles on deployment, returning home, and find additional resources.

- Pets - Visit the pets’ sublinks to learn more on adopting pets, pet care and more.
• Worklife library – View the comprehensive library of worklife notes in the family, health, life and workplace links. Our experienced communications staff of Master's-level, licensed clinical social workers and therapists write all worklife notes.

• Online webinars – Watch the free weekly webinars on a variety of topics, from coping methods during our current economic state to healthy living and much more. We offer a monthly 1-hour webinar and shorter 30-minute webinars throughout the month.

LifeMart® discount services

Through LifeMart® discount services, your employees will save an average of 25 percent on over 3.5 million products. Employees and family members can shop online with ease for savings on everything from movie tickets and travel to electronics and major appliances.

LifeMart is a private shopping site available to members at work or home. Employees can save money and time while shopping. LifeMart provides:

• More than 3.5 million discounted products and services
• National and local discounts
• Deals you won’t find elsewhere
• Friendly customer service available to help you

Savings are available on:

• Computers and electronics
• Theme parks
• Travel, car rentals and hotels
• Gifts and retail shopping
• Child and elder care products and services
• Movie tickets and video rentals
Mobile Phone Application

At Aetna Resources For Living, we’re constantly looking for ways to make life a little simpler for our members. We understand that finding time can sometimes be a challenge. So we offer our members support through the Aetna Resources For Living mobile app.

Our mobile app is just another way we provide the tools and services our members need — on their schedule. The Aetna Resources For Living mobile app is available for free.

You can install the app today

Our mobile app is available on iPhone and Android smart phones in the Apple App Store and the Google Play Store. Everyone can download and use the app, though some features are just for members.

Healthy tips are just a click away

With the demands of work, family and friends, people live life on the go.

Now with our mobile app, members always have easy access to:

- Instant tips to improve their mood — Members can rate their day and get a personalized response to help feel better or continue feeling great

- Member tools section — Quick links to myStrength™, a unique member wellness portal. Plus discounts on fitness club memberships, brand name products and services powered by GlobalFit® and LifeMart®

- Practical pointers for managing stress and anxiety — Information about what causes stress, relaxation exercises, ways to manage stress at work and more

- Critical work-life balance skills — Lifestyle management, self-help tips and ideas for better time management

- Contact form — Members can contact us for help or a call back to access all their Aetna Resources For Living benefits
Communications

We know how important it is for your employees to be aware of their EAP benefits. In short, if they do not know about them, they will not use them. We communicate in a unique way that promotes members’ views of EAP offerings as improvement-related, rather than problem-related. We shift the old perception of EAP as a service that only responds during a crisis to positive, proactive, anytime assistance to improve an individual’s life. Communication materials emphasize that members can use our resources in multiple ways to assist with day-to-day health and wellness concerns.

With this in mind, we encourage your employees to use their EAP program as a proactive tool to achieve well-being. Our goal is to provide the support your employees need to be resilient and adaptable to life’s everyday challenges.

How do we do it? We speak to your employees the way we speak to our loved ones: Simple and clear. Honest and optimistic. We speak to a diverse generation — and everyone deserves a personalized approach.

As a part of our commitment to the success of your program, we gear all communication strategies toward specific demographics and needs. We target materials for orientations, health fairs or web-enabled workshops on behavioral health, health solutions and worklife topics, and provide immediate and long-term impact for your employees, supervisors and their families.

Some of the channels we have available include:

- Monthly e-bulletin communications
- Topical articles
- Posters
- Website links

Our key service sheets are available to your employees as well – EAP overview, worklife services, financial services, legal services and identity theft.

Let’s work together to determine the promotional programs and services best suited to meeting your needs.
Resilience comes from the Latin word *resilium* — to jump back. It's the ability to bounce back from adverse events and to adapt and succeed with whatever the path of life brings your way. Resilience really is the study of brain science and an understanding of how we change and adapt as humans. Successfully adapting to difficult or challenging life experiences is not genetic. We can learn how to be resilient. Resilient people:

- Overcome adversity
- Bounce back from setbacks
- Thrive under pressure
- Maintain emotional stability
- Maintain a positive outlook

At Aetna Resources For Living, this commitment to growth and change is our passion and mission. We incorporate this into all we do, whether a member is accessing services over the phone or on the web. Our professionals help our members on their path to being resilient by:

- Assessing the level of member distress and engagement and meeting members where they are in that moment
- Using motivational interviewing to uncover information that members would not necessarily think was relevant or important to share
- Identifying areas of focus — such as financial, physical health and emotional/social — and provide specific assistance to meet the individual’s goals and be the best they can be at home and at work
- Discussing resources that could help solve an issue or meet a goal and help the member choose services
- Recognizing symptoms early on, so that we can refer members to a behavioral health care professional as needed, based on their health benefits and insurance plan
• Increasing awareness of a member’s own well-being and other programs available to them through Aetna Resources For Living and beyond

Our goal is to enhance the lives of our members and their families both on the job and outside of work. Promoting resilience is at the heart of our clinical model.
Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

AKTRA LIFE INSURANCE COMPANY

of HARTFORD, CONNECTICUT, organized under the laws of CONNECTICUT, having presented satisfactory evidence of compliance, this Certificate of Authority is hereby granted, authorizing the company to transact the following classes of insurance:

LIFE
DISABILITY

subject to all provisions of this Certificate as such classes are now or may hereafter be defined in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Washington as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 1st day of JULY, 1958, I have hereunto set my hand and caused my official seal to be affixed this 12th day of MAY, 1958.

WILLIAM A. SULLIVAN
Insurance Commissioner

By
Chief Deputy
<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical</td>
<td>Drug</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>$1,250</td>
<td>$200</td>
</tr>
<tr>
<td>All Other Hospital Services (Inc. NMSU)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Care Visits to Treat Illness (Excluding Preventive and X-rays)</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Specialist Visits</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Mental/Behavioral Health and Substance Use Disorder Services</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Imaging (CT/ PET Scan, MRA)</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Occupational and Physical Therapy</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Laboratory/Outpatient and Professional Services</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Outpatient Facility Trans (e.g., Ambulatory Surgery Center)</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Outpatient Surgery/Physician/Professional Services</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Drugs</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Genrics</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Specialty Drugs (e.g., High-cost)</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

Options for Additional Benefit Design limits:
- Set a Maximum Number of Days for Preventive Care
- Set a Maximum number of Days for Change an IF (Copays)
- Begin Primary Care Cost-Sharing After a Set Number of Visits
- Begin Primary Care Deductible/Coinsurance After a Set Number of Visits
- Begin Primary Care Copay After a Set Number of Visits

Plan Description:
- Name: [Input Plan Name]
- Plan HOS ID: [Input Plan HOS ID]
- Issuer HOS ID: [Input Issuer HOS ID]

Output:
- Status/ErrorMessage: Error: Result is outside of +/-2 percent of minimum variation.
- Actual Value: 75.58%
- Meatal Tier: [Input Mental Tier]
- Additional Notes: NOTE: Office-specific cost-sharing is applying to x-rays in office settings.
- Calculation Time: 0.0008 seconds
### User Inputs for Plan Parameters

- **Use Integrated Medical and Drug Deductible?**
- **Apply Insured's Copay per Day?**
- **Apply Skilled Nursing Facility Copay per Day?**
- **Use Separate COP Maximum for Medical and Drug Spending?**
- **Indicates Plan Meets CSR or Expanded Bronze AV Standards?**
- **Deductible?**
  - Medical: $1,000.00
  - Drug: $500.00
  - Combined: $1,500.00

### Plan Description

- **Plan Name:**
- **Plan HOS ID:**
- **Insurer HOS ID:**

### Calculation Time

- 0.3054 seconds

---

### Plan Benefit Design

<table>
<thead>
<tr>
<th>Tier</th>
<th>Plan Type</th>
<th>Deductible ($)</th>
<th>Co-insurance (%)</th>
<th>Maximum Payment ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Medical</td>
<td>$1,000.00</td>
<td>50%</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Medical</td>
<td>$1,000.00</td>
<td>70%</td>
<td>$1,500.00</td>
</tr>
</tbody>
</table>

### Options for Additional Benefit Design Limits

- **Set a Minimum Specialty Rx Co-insurance Payment**
- **Set a Maximum Number of Days for Charging an 8th Copay**
- **Begin Primary Care Cost-Sharing After a Set Number of Visits**
- **Begin Primary Care Deductible/Co-insurance After a Set Number of Visits**

### Additional Notes

- **Status/Error Messages:** Error: Result is outside of +/- 2 percent of minimum variation.
- **Actual Value:** 75.3%
- **Deductible?**
- **Plan Type:**
- **Maximum Payment:**
- **Minimum Specialty Rx Co-insurance Payment:**
- **Maximum Number of Days for Charging an 8th Copay:**
- **Begin Primary Care Cost-Sharing After a Set Number of Visits:**
- **Begin Primary Care Deductible/Co-insurance After a Set Number of Visits:**

### Calculation Time

- 0.3054 seconds

---

### JCMS AV Calculator
### User Inputs for Plan Parameters

- **Use Integrated Medical and Drug Deductible?**
- **Apply Hospital Cost Sharing?**
- **Apply Skilled Nursing Facility Cost Sharing?**
- **Use Separate OOP Maximum for Medical and Drug Spending?**
- **Indicate if Plan Meets CSR or Expanded Bronze AV Standards?**

#### Tier 1 Plan Benefit Design

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Subject to Deductible?</th>
<th>Subject to Consequence?</th>
<th>Consequence, if different</th>
<th>Copay, if separate</th>
<th>Deductible ($)</th>
<th>Consequence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Dental</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Occupational and Physical Therapy</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Laboratory and Professional Services</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Surgery/Physician/Dental Services</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Drugs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Genentics</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Specialty Drugs (if high-cost)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Tier 2 Plan Benefit Design

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Subject to Deductible?</th>
<th>Subject to Consequence?</th>
<th>Consequence, if different</th>
<th>Copay, if separate</th>
<th>Deductible ($)</th>
<th>Consequence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Dental</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Occupational and Physical Therapy</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Laboratory and Professional Services</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Surgery/Physician/Dental Services</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Drugs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Genentics</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Specialty Drugs (if high-cost)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

### Plan Description

- **Plan Name:** [Input Plan Name]
- **Plan HRID:** [Input Plan HRID]
- **Issuer HRID:** [Input Issuer HRID]

### Additional Notes

- **Calculation Time:** 0.3406 seconds
- **XDRB AV Calculator**
<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Subject to Deductible?</th>
<th>Subject to Co-insurance?</th>
<th>Co-insurance, if different</th>
<th>Copies, if separate</th>
<th>Subject to Deductible?</th>
<th>Subject to Co-insurance?</th>
<th>Co-insurance, if different</th>
<th>Copies, if separate</th>
<th>Copays in Tier 1</th>
<th>Copays in Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>All Inpatient Hospital Services (incl. surfactants)</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Primary Care Visit to Treat an Injury or Illness (exc. Preventative and Routine)</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Specialist VIT</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Mental/Behavioral Health and Substance Use Disorder Outpatient Services</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Imaging (CT/MTT, Scan, MRI)</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Occupational and Physical Therapy</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Laboratory Outpatient and Professional Services</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Outpatient Surgery. Physicians/Surgical Services</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Drugs</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
<td>100%</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
</tbody>
</table>

Options for Additional Benefit Design Limits:
- Set a Maximum on Specialty Rx Co-insurance Payment?
- Set a Maximum Number of Days for Cost Sharing on Specialty Rx
  - Plan for (1-30)
- Begin Primary Care Cost-Sharing After a Set Number of Visits?
  - (1-10)
- Begin Primary Care Deductible/Co-insurance After a Set Number of Copies?
  - (1-30)

Plan Description:
- Name: [Input Plan Name]
- Planהדס (HDS) ID: [Input Plan HDS ID]
- Issuer (HDS) ID: [Input Issuer HDS ID]

Output:
- Status/Error Messages:
- Actual Value:
- Metal Tier:
- Calculation Time: 0.0388 seconds

Additional Notes:
- Error result is outside of +/- 2 percent due to limits variation.
- 86.66%

NOTE: Office visit specific cost-sharing is applying to any in-office settings.
### Plan Parameters

- **User Inputs for Plan Parameters**
  - Use Integrated Medical and Drug Deductible?
  - Apply Hospital Conscience? (Pro)\(\frac{1}{2}\)
  - Apply Skilled Nursing Facility Conscience? (Non-Pro)\(\frac{1}{2}\)
  - Use Separate OOP Maximum for Medical and Drug Spending?
  - Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

- **Tier 1/ Tier 2 Benefit Design**

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Inpatient Hospital Services (Inc. MHSU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Visit for Inpatient illness (inc. Preventive, and X-rays)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental/Behavioral Health and Substance Use Disorder Outpatient Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaging (CT, PET, X-ray, MRI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational and Physical Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory/Optometry and Professional Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility (e.g., Ambulatory Surgery Center)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery Physical/Dental Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Genetics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Brand Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Preferred Brand Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$500.00</td>
<td></td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
<td></td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td><strong>Copay, if separate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Notes

- **Calculation Time:** 6.182 seconds
- **JHRA AV Calculator**
<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Medical</th>
<th>Drug</th>
<th>Combined</th>
<th>Medical</th>
<th>Drug</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Services</td>
<td>$750.00</td>
<td>$200.00</td>
<td>$750.00</td>
<td>$200.00</td>
<td>$750.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>All inpatient urgent services (Inc. MRIs)</td>
<td>$100.00</td>
<td></td>
<td></td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Visit to Treat an Injurious Injury (Inc. Preventive and X-Rays)</td>
<td>$500.00</td>
<td></td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Visit</td>
<td>$100.00</td>
<td></td>
<td></td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental/Behavioral Health and Substance Use Disorder Outpatient Services</td>
<td>$500.00</td>
<td></td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaging (CT/ PET Scans, MRIs)</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>$300.00</td>
<td></td>
<td></td>
<td>$300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational and Physical Therapy</td>
<td>$500.00</td>
<td></td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative Care/Exercising/Immunization</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Outpatient and Professional Services</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays and Diagnostics Imaging</td>
<td>$100.00</td>
<td></td>
<td></td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$500.00</td>
<td></td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery Physiotherapy/Surgical Services</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generics</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Drugs (e.g. High Cost)</td>
<td>$200.00</td>
<td></td>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Options for Additional Benefit Design Limits:

- Set a Maximum Benefit Reimbursement Payment?  
- Specialty Rx Maximum Maximum
- Set a Maximum Number of Days for Charges on an IOP
- Initial IOP Days 1-30
- Begin Primary Care Cost-Sharing After a Set Number of Visits?  
- Initial 30 Visits 1-30
- Begin Primary Care Deductible/Coinsurance After a Set Number of Visits?  
- Initial 30 Visits 1-30
<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Subject to Deductible?</th>
<th>Subject to Coinsurance, if different</th>
<th>Capay, if separate</th>
<th>Subject to Deductible?</th>
<th>Subject to Coinsurance, if different</th>
<th>Capay, if separate</th>
<th>Copies applies only after deductible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All inpatient room services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Visits to Treat an Injury/Fall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care/Wellness/Immunization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Outpatient and Professional Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery (Psych &amp; Surgical Services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Drugs (e.g., High Cost)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Options for Additional Benefit Design Limits:
- Set a Minimum Specialty Rx Coinsurance Payment?
- Specialty Rx Coinsurance Maximum?
- Set a Maximum Number of Days for Changing an SP Deductible?
- Begin Primary Care Cost-Sharing After a Set Number of Visits?
- Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Plan Description:
- Name: [Input Plan Name]
- Plan HOS ID: [Input Plan HOS ID]
- Insurer HOS ID: [Input Insurer HOS ID]

Output:
- Status/Error Messages:
- Calculation Successful:
- Actual Percentage:
- Metal Tier: Platinum
- Calculation Time: 0.2064 seconds

Additional Notes:

J35AV Calculator
Implementation Solutions

Submitted to

School Employees Benefits Board
Implementation Solutions

Table of Contents

The proactive implementation team approach 3-5

*What we do, why we do it and how we do it*

*The Implementation Team*

*Roles and Responsibilities*

**Assumptions** 6

Project management tools – descriptions and exhibits 7

*Key Events*

*Implementation Management Plan*

*Gantt Chart*
Implementation Solutions

The proactive implementation team approach

We understand that implementing new health benefits packages can present many challenges. That’s why we provide you with a whole team of experts to help guide you through a smooth transition.

You will have many questions along the way, including:

- How are business and member deliverables managed?
- How and when are benefit changes communicated to employees?
- What is the timing of the open enrollment period?
- How is the exchange of key information facilitated?

We help you address these questions by combining a team of experts supported by effective project management tools. This approach, in place for over 30 years and refined annually through our continuous quality initiatives, sets the foundation for a long lasting relationship with you.

Collaboration and accountability

Our implementation team approach establishes a collaborative environment through the partnership we create with you and your business partners. Your Implementation Manager leads a team of our subject matter experts and School Employees Benefits Board representatives. While each member of the implementation team contributes his or her unique talents to ensure a seamless transition, the Implementation Manager has overall accountability to you.

Your Implementation Manager develops an Implementation Management Plan that outlines tasks and target completion dates specific to each team member. The Implementation Manager carefully monitors the progress using this plan and other project management tools. Through regularly scheduled meetings and conference calls, the team provides updates and the status and resolution of issues raised during the transition.

Continuous commitment

We remain committed in our service to you. Several members of the implementation team remain actively involved with the ongoing service of your account.
Implementation Solutions

The implementation team – roles and responsibilities

The implementation team members work together throughout the duration of the project toward a seamless transition of your benefits program. This team includes the following representatives:

The School Employees Benefits Board team

We recommend that the implementation team includes School Employees Benefits Board representatives from the following areas:

- Employee benefits
- Eligibility
- Finance
- Human resources
- Communications

The Aetna team

Your implementation team includes the following Aetna members:

- Matt Sherrill, Sales Vice President
- Account Executive/Account Manager
  - Primary Aetna contact throughout implementation
  - Coordinates open enrollment activities
  - Provides ongoing account management after the plan effective date
- Mark Sternat, Proposal Director
  Craig Baker, Strategic Proposal Consultant
  - Provides initial details of sale, rates, special procedures
  - Prepares and documents the Letter of Understanding
Implementation Solutions

- Member Service Center
  - Provides member services support
  - Processes claims
  - Coordinates audits

- Implementation Manager
  - Directs implementation activities
  - Oversees activities of all Aetna areas

- Plan Benefit Set-Up
  - Reviews benefits plans
  - Codes benefits and structure into Aetna systems
  - Distributes documents to appropriate departments

- Contracts/Agreements
  - Drafts contracts
  - Prepares funding agreements
  - Drafts employee Booklets and/or Certificates of Coverage, if applicable

- Eligibility
  - Maintains member eligibility data
  - Coordinates production and ID card mailings

- Billing
  - Codes billing rates into Aetna systems
  - Prepares billing statements
Implementation Solutions

Assumptions

We have created the project management tools (Key Events, Implementation Management Plan and Gantt Chart) based upon the information and assumptions provided.

- The decision to implement the proposed benefits program will be made by 07/01/2019
- The effective date will be 01/01/2020
- Benefits will be those described in the proposal
- Eligibility certification:
  - Aetna will certify eligibility for medical claims
  - School Employees Benefits Board will report eligibility via electronic file
- Funding arrangements:
  - The Open Choice PPO plan will be on a full-risk basis
- Billing methods:
  - Consolidated List Invoice
- Aetna pays claims incurred on and after the effective date of 01/01/2020
- Prior Carrier will pay claims runoff incurred prior to 01/01/2020
Implementation Solutions

Project management tools

We manage implementation of your plan with the help of the tools listed below. All dates are approximate and will be modified as priorities are determined.

**Key Events**

The Key Events view of the implementation plan highlights the important milestones and dates that the team focuses on during the implementation.

**Implementation Management Plan**

The Implementation Management Plan provides an ongoing status report on the team’s progress and identifies the following:

- Tasks to be completed
- The individual(s) responsible
- A scheduled start and finish date

This plan is updated throughout the implementation and distributed to all implementation team members.

**Gantt Chart**

The Gantt Chart is a high-level timeline of the implementation.