An Aetna Renewal
Presented to

The Center For Health Care Services

Annual Renewal Rating: January 01, 2020 through December 31, 2020
Control Number: 285604
Programs and Services - Self-funded

Effective Date: January 01, 2020

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Total Fees

Program Summary - Programs & Services Included in the Claim Wire

| Program Summary
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Program Summary - Description of Services

Plan Administration

Non-CRICA

Network Services

We provide members with access to our network hospitals, physicians and other health care providers ("Network Providers"). The Network Providers provide services at agreed upon rates and participate in our applicable network(s) covering your members.

Access to MinuteClinic® at no/low cost to the member:

We offer non-HDHP members access to covered MinuteClinic® services at no cost, so they can get the care they need, when they need it. This benefit aims to help plan sponsors reduce costs, improve the health of their workforce and boost employee satisfaction. HDHP plan members will receive a reduced fee schedule that offers them a discounted rate for non-preventive services provided at MinuteClinic®. Once their deductible has been met, they can access non-preventive services at MinuteClinic® at no-cost share. Aetna and MinuteClinic® are both within the CVS Health family of companies. Access to the new MinuteClinic® benefit offering will be included in your plan effective January 01, 2020, unless you instruct us otherwise prior to the plan year.

National Medical Excellence Program* - Transplant Coordination

You'll see consistency in the coordination of care for transplants with our National Medical Excellence Program*. This case management program provides our members with:

* Access to care through our nationwide network of participating health care providers and hospitals recognized for successful clinical outcomes
* Specialized case management by nurses experienced with transplants and complex care
* Allowances for transportation and lodging for the patient and one companion may be available if pre-approved by National Medical Excellence and the transplant care is received at an Institute of Excellence (IOE) facility more than 100 miles from home
* Coordination of follow-up care

Care Management

Aetna Health Connections℠ Disease Management

Our Aetna Health Connections℠ Disease Management program helps your employees and their families with chronic conditions achieve healthy outcomes through advanced tools, techniques and systems. We personalize the condition coaching for our members to motivate and empower them to change their behaviors and thereby reduce health risks. We offer member education based on condition-specific assessments of clinical practice guidelines.

The program addresses over 35 chronic conditions and uses the MedQuery safety program to generate recommendations for care (care consideration). It helps improve health outcomes and in turn...
lower costs for you and your employees.

MedQuery is powered by our patented CareEngine® technology. To find opportunities to improve patient care, the CareEngine applies over 9,000 clinical rule sets that unite a broad range of conditions to a single, combined patient medical record. These include medical claims, pharmacy, lab results, and self-reported data.

MedQuery® Physician Messaging

Our MedQuery® program alerts doctors to opportunities for improved patient care. We turn member data into information that can be used to enhance clinical quality, patient safety and financial outcomes.

MedQuery studies a member's claim history, current medical, pharmacy and laboratory claims and demographics and sends evidence-based treatment guidelines to physicians.

MedQuery® Member Messaging

MedQuery® Member Messaging, an optional program, sends members a letter to encourage them to talk about a specific health issue with their doctor. Members see the letter after we've contacted the treating physician to allow the physician time to assess the issue.

Utilization Management

We monitor utilization, appropriately caring for the member while avoiding waste through:
- Pre-certification — we focus on appropriate, quality care at the right time through early identification.
- Concurrent review — we work with providers to ensure a member receives appropriate and proper care during recovery time. We answer questions, offer nurse support, and help with prescriptions and contraindications.
- Discharge planning — we anticipate needs and help coordinate and implement a discharge plan of care. We provide appropriate transition and continuity from the inpatient setting to the next level of care.
- Retrospective review — we determine coverage after a member has been discharged, or a service has been provided.

Member Resources

Member Website and Mobile Experience

Members have 24-hour access to our web and mobile experience, including our secure website and mobile app. Our simple to use, intuitive, on-the-go member website, is an online resource for personalized health and financial information where members can:
- Access personal health benefits
- Review claims status and details
- Compare provider costs and read reviews
- View health history
- Access wellness discounts
- Take health assessment
- Participate in online wellness programs
- Find a doctor

Our free app provides on-the-go capabilities and lets members and their family care for their health easily and simply from anywhere. We even offer fingerprint login capabilities. With the Mobile app, members can:
- Find a doctor, dentist, hospital or urgent care facility
- View a map of the office location and call the office with the tap of a finger
- Estimate costs of care
- Manage prescriptions
- Search claims
- View health history
- View coverage and benefits
- Access ID card information
- Email member services

Wellness Programs

24/7 Nurse Line—Informed Health® Line

Provides members with telephone and email access to experienced registered nurses who help members make informed health care decisions. Nurses are available through a toll-free telephone number 24/7/365.

Allowances

Implementation Allowance

The plan sponsor should only use the implementation/communication allowance to offset expenses it actually incurs as a result of moving their business to us or promoting new products with us. It can be applied to reimburse the plan sponsor for identifiable charges for the reasonable value of services performed. Some examples of the transition-related expenses it could be applied against are:
- Issuing our Summary Plan Descriptions (creating, printing, mailing)
- Maintaining our subscriber/member records due to the transition of business
- Handling our subscriber enrollment
- Our Member communications (creating, printing, mailing)
- Our system front-end charges

Our preferred method of payment of implementation/communication-related expenses is directly to the vendor. Payment will be made once the expenses are incurred and invoice(s) are provided. In the event you request us to reimburse you directly, we may agree to do so on an exception basis. In the event the exception is granted, we will require you to submit to us detailed paid receipts from the vendor prior to the payment of the implementation/communication allowance. Invoices must be submitted to us within 60 days following the close of the plan year.

Expenses incurred in the prior policy year for the open enrollment of the January 01, 2020 to December 31, 2020 policy year will be reimbursed from the January 01, 2020 to December 31, 2020 allowance. Should a customer terminate their policy with us, the allowance cannot be used to fund communication expenses related to the new carrier’s policy.

Any expenses beyond the implementation/communication allowance are the responsibility of the plan sponsor. Any balance of this allowance fund remaining at the end of the policy year will be forfeited. Note that any amounts paid by us to a plan sponsor to offset or reimburse that plan sponsor for expenses incurred as a result of contracting with us for benefits plan administration services will be paid in accordance with applicable law. We advise plan sponsors to determine appropriate accounting for these payments with their own counsel or accountant. Any plan sponsor receiving an implementation/Communication Allowance or other payments from us that offset or reimburse expenses that would otherwise be paid from plan assets should consult with their ERISA counsel to determine if such allowance must be credited to plan assets. They should also consult with counsel regarding the accounting or reporting of such payments. We assume the funding of any

3/3/2020
Implementation/communication budget is either at the request of your Plan Administrator acting in their fiduciary capacity to your Plan or for the exclusive benefit of your Plan.

Wellness Allowance
We are including a wellness allowance of up to $25,000 that may be used towards reasonable wellness services procured by the Plan Sponsor from third party.

Claim Wise Charges
Subrogation

How NAP Fees are Charged
Fees for the program are charged as a percentage of savings achieved by NAP. Fees are credited back to you if savings are subsequently reduced or eliminated. Savings are generally defined as the difference between the reference price and the NAP priced amount, where the reference price is typically defined as:

- For facility services, the amount billed by the provider.
- For voluntary out-of-network professional services, the 80th percentile of the applicable FAIR Health database.
- For involuntary out-of-network professional services, the amount billed by the provider.
- For claims reviewed under itemized bill review, the in-network rate prior to removal of any non-payable charges identified through the claim review.

The FCS rate will be set at your plan rate for non-par, voluntary fee its claims. Your Summary Plan Description will need to reflect this.

Medicare Fee Schedule Reimbursement Schedule
Your proposal reflects a Medicare Fee Schedule rate for voluntary out-of-network benefits of:

- 105 percent of the Medicare rate for doctors and other health care providers
- 140 percent of the Medicare rate for hospitals and other facilities

3/3/2020
Wellness Programs Included to Help Members Stay Healthy and Improve Productivity

When it comes to wellness, our competitive advantage is that we offer more than 70 health and wellness programs, resources and tools that help members make better lifestyle choices to stay productive.

Health Assessment (Supported by Incentives)

Simple Steps To A Healthier Life®
Simple Steps To A Healthier Life® - Our online, personalized health and wellness program that includes a health assessment and online health coaching programs. Based on information gathered in the health assessment, the participant receives a personalized HealthMap, containing online coaching program recommendations to help them achieve and maintain good health.
Incentives
Plan sponsors can add an option whereby subscribers and their spouses can each earn a $50 gift card after completing both the Health Assessment and a minimum of one Online Health Coaching Program Journey.

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Online Wellness Programs
Our online health coaching programs called Journeys®, make engagement simple, and use choice architecture—a powerful technique derived from behavioral economics. Participants choose a Direction and then answer a few questions to help personalize their Journey experience. Your subscribers will embark on a Journey that is tailored to their unique needs and preferences. Journeys are developed to maximize engagement and positive outcomes through use of:

- Adaptive Technology
- Gaming Mechanics
- Proven behavior science methodology

Available programs include: Be Tobacco Free, Blood Pressure in Check, Diabetes Life, Eat Healthier, Get Active, Healthy Back, Heart Healthy Cholesterol, Living Well with Asthma, Sleep Well, Stress Less, Weigh Less, and Health In A Hurry.

Advocacy & Outreach Programs
24/7 Nurse Line - Informed Health® Line
Our Informed Health® Line provides members with telephone and e-mail access to experienced registered nurses to help them make informed health care decisions. Nurses are available through a toll-free telephone number 24 hours a day, 7 days a week.

While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. Informed Health Line nurses do not diagnose, prescribe or give members medical advice.

Neighborhood Well-being Services
Provides members easy access to face-to-face lifestyle and preventive coaching support in their neighborhood CVS MinuteClinics.

Communications Campaigns and Toolkits
Member Wellness Message Program
Electronic communications for employees that address general health and wellness topics, available in English and Spanish.

Aetna Discount Programs
Our discount program helps members save money on a wide variety of products and services for themselves and their family. Members can save on gym memberships, weight loss programs, eyeglasses, LASIK laser eye surgery, massage therapy and much more!

This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Information is believed to be accurate as of the production date; however, it is subject to change.

For information about Aetna plans, refer to: www.aetna.com

3/3/2020
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Policy forms issued in OK include: HMO/OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company.