IEBP Offers New & Improved Member Services
August 31, 2017
3:00 PM – 4:00 PM

MyIEBP Connect
Board of Trustees: 2016-2017 Plan Year

Mission Statement

To provide excellent service offering competitive health benefits and administrative services to eligible municipalities and other governmental entities in Texas and other states by utilizing innovative, viable, affordable alternatives while maintaining financial integrity.

Trustee Support

- Direct the organization in the best interests of the members
- Protect the interests of the organization’s membership
- Respect the membership by listening, communicating and understanding their interest
- Reflect on the organization’s performance
- Select talented people to lead the organization
- Inspect the performance of the organization

Trustees at Large

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- Bill Storey
- Dr. Lew White
- Mike Slye
- Glen Metcalf
- Richard Browning
- Larry Fields

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- Andres Garza

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- City of West Orange

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- City of Deer Park

Blake Petrash

- City of Ganado

TML MultiState

Intergovernmental Employee Benefits Pool

24 / 7 / 365 Healthcare Access
Manage the Chronic Disease States with some of the highlighted PEBA Effective Employee Benefit Solutions

- Pre Sixty-five Pool
- Active Pool

- UMR/UnitedHealthcare Network Access
- HITECH Sophistication

- Optum Complex: Centers of Excellence
- OptumInsight: Data Analytics and Pricing Transparency
- Optum Collaborative Care: Claim Integrity Audit

- URM MultiState
- Intergovernmental Employee Benefits Pool

- UnitedHealthcare
- Network Access
- Post Sixty-five Benefits

- Teladoc
- Medical Consult
- Behavioral Health
- Dermatology Services

- NuPhysicia
- Medicine At Work

- Clear Health Strategies

- CareATC

- Deer Oaks
- a behavioral health organization

- LifeSecure
- Long Term Care

- Wells Fargo Insurance
- Reinsurance Expertise
- Regulatory Benefits Compliance
- Prescription Pricing Review

- SSDC Services Corporation
- Innovative Solutions

- Circle Wellness
- a member of Circle Health Partners, Inc.

- hms Employer Solutions

- American Fidelity
- a different opinion

- OptumRx
- The Standard

- TASC

- CVS Caremark

- 24 / 7 / 365 Healthcare Access
Mission Statement

To provide excellent service offering competitive health benefits and administrative services to eligible municipalities and other governmental entities in Texas and other states by utilizing innovative, viable, affordable alternatives while maintaining financial integrity.

Employees Make the Difference!
Together, IEBP and Political Subdivisions can Make Texas Healthier! Cities are the Hub of their local community’s health and wellness.

- Due to the ongoing rise of healthcare costs, IEBP has launched a "Making Texas Healthier" Initiative beginning in May 2017-2018.
- IEBP and Texas Political Subdivisions promote a local, community sponsored health and wellness campaign. IEBP has contracted with four vendors to provide local site biometric screenings at no out-of-pocket cost for the Pool membership.
- This program emphasizes the importance of calendar year screenings which assist in early diagnosis, medical intervention, treatment compliance and performance based health and wellness outcome.
Together, IEBP and Political Subdivisions can Make Texas Healthier! Cities are the Hub of their local community’s health and wellness.

- Local Site Schedule
- In some locations, IEBP and the Political Subdivisions have added Assured Imaging and Screening Bus Services Include:
  - 3D Mammogram
  - Skin Screening
  - Heart Health Screening
  - Retinopathy Screening
## Biometric Screenings

### Preventive/Routine Care Benefit (Calendar Year Biometric Screenings)

- Access your Personal Health Record and *Health Assessment* by logging in at [www.iebp.org](http://www.iebp.org).

<table>
<thead>
<tr>
<th>Age &amp; Gender Biometric Screenings</th>
<th>Female 18-20</th>
<th>Female 21-29</th>
<th>Female 30-35</th>
<th>Female 36-39</th>
<th>Female 40-49</th>
<th>Female 50</th>
<th>Female 51-73</th>
<th>Female 74+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Assessment Questionnaire</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Preventive Office Visit - CPT 99385-99397</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lipid Panel - CPT 80061</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Metabolic Blood Panel - CPT 80053</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Thyroid Stimulating Hormone (TSH) - CPT 84443</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fecal Occult <em>(including colonoscopy and sigmoidoscopy as a qualifier)</em> - CPT 82270</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mammmogram - CPT 77061-77067</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>*(one (1) per Calendar Year for females ages 40-49; *<em>one (1) every two (2) Calendar Years for females ages 50-73) (one per year regardless of diagnosis)</em></td>
<td></td>
<td>X*</td>
<td></td>
<td>X**</td>
<td>X**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAP <em>(every three (3) Calendar Years for females ages 30-50)</em> - CPT 88141; 88155; 88142-88154; 88164-88167; 88174-88175</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Pap Smear Recommendation per American College of Obstetricians and Gynecologists (ACOG): If a partial hysterectomy or a total hysterectomy and both the uterus and cervix are removed for a cancerous or precancerous condition, regular pap smears remain important and will be required under the IEBP Biometric Screening Guidelines. ACOG recommends individuals may stop having pap smears, if a total hysterectomy for a non-cancerous condition has occurred.*

<table>
<thead>
<tr>
<th>Age &amp; Gender Biometric Screenings</th>
<th>Male 18-39</th>
<th>Male 40-50</th>
<th>Male 51-70</th>
<th>Male 71+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Assessment Questionnaire</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Preventive Office Visit - CPT 99385-99397</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lipid Panel - CPT 80061</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Metabolic Blood Panel - CPT 80053</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Thyroid Stimulating Hormone (TSH) - CPT 84443</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Screening (PSA) - CPT 84153</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Occult <em>(including colonoscopy and sigmoidoscopy as a qualifier)</em> - CPT 82270</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Women's Preventive Health Services

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Retail Rx Medical Plan</th>
<th>Prescription Plan</th>
<th>Plan Ineligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Contraceptives Generic (no cost share)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>IUD Device (no cost share)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Implant Device (no cost share)</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Permanent Implantable Contraceptive Coil and hysterosalpingography</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>services related to the fitting (no cost share)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertion and/or Removal of Contraceptive Devices (no cost share)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Urine Pregnancy Test, Urinalysis, Sonogram to Detect Placement of</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Device (no cost share)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injectable Contraceptives (no cost share)</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Injectable Administration Fee (no cost share)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cap, Spermicides, Sponges (no cost share)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragm (cervical) Instruction and Fitting Fee (no cost share)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency Contraceptives</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Over-The-Counter (OTC) Contraceptives (contraceptive films, foams,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gels)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Management (no cost share)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Female Condoms (no cost share)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Female Surgical Sterilization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications for risk reduction of breast cancer in women (age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>thirty-five (35) or older) who are at increased risk for breast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cancer and at low risk for adverse medication effects: Tamoxifen or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raloxifene</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Women found to be at increased risk using a screening tool designed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to identify a family history that may be associated with an increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>risk of having a potentially harmful gene mutation must receive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>coverage w/o cost-sharing for genetic counseling, and, if indicated,</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>testing for harmful BRCA mutations. This is true regardless of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>whether the woman has previously been diagnosed with cancer, as long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>as she is not currently symptomatic of receiving active treatment for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>breast, ovarian, tubal, or peritoneal. Jan 1, 2016 genetic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>counseling for BRCA testing is covered 100% as a preventive benefit.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandate to provide a list of the lactation counseling providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>available within the network under the plan or coverage. Grandfathered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>plans cannot apply cost-share expenses for OON lactation services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services for lactation support services w/o cost-sharing must</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>extend for the duration of breastfeeding.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Federal Government Mandates

### Medication Therapy Management Program

<table>
<thead>
<tr>
<th>Prescribed Over the Counter Alternates and Prescription Networks</th>
<th>Covered Individual Out of Pocket (OOP)</th>
<th>Retail: (up to 34 day supply max unless noted otherwise)</th>
<th>Mail/Maintenance: (up to 90 day dispensement)</th>
<th>SpecialtyRx/Biotech/ Biosimilar: (up to 34 day dispensement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation (Nicorette Gum, Nicotine Replacement Lozenge, Nicotine Replacement Patch, Nicotrol Inhaler, Nicotrol Nasal Spray), Quantity Limit - six (6) months per plan year</td>
<td></td>
<td>$0.00</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Fluoride chew tablets, drop (not toothpaste, rinses) children age zero to five (0-5) years, Iron Deficiency Supplements, Vitamin D supplementation to prevent falls in community-dwelling adults age sixty-five (65) years and older who are at an increased risk for falls (per prescription), and Bisacodyl EC Tab/Magnesium Citrate Sol/PEG 3350 (generic Miralax) adults age fifty to seventy-five (50-75) (bowel preparation for colonoscopy)</td>
<td></td>
<td>$5.00 (up to 34 day supply)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Network Retail: 34 day Non-Cost Share most Generic Dispensation</td>
<td></td>
<td>$14.00 (35 up to 90 day supply)</td>
<td>$42.00</td>
<td></td>
</tr>
<tr>
<td>Network Retail: 90 day Non-Cost Share most Generic Dispensation</td>
<td></td>
<td>$43.00</td>
<td>$129.00</td>
<td></td>
</tr>
<tr>
<td>OptumRx Network Non-Cost Share Best Brand/Formulary List</td>
<td></td>
<td>$65.00</td>
<td>$195.00</td>
<td></td>
</tr>
<tr>
<td>OptumRx Network Non-Cost Share Non-Best Brand/Non-Formulary List</td>
<td></td>
<td>$120.00</td>
<td>$360.00</td>
<td></td>
</tr>
<tr>
<td>BriovaRx, The OptumRx Specialty/Biotech Pharmacy Network Cost Share</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>$100.00 (up to 34 day supply)</td>
</tr>
<tr>
<td>BriovaRx, The OptumRx Specialty/Biotech Pharmacy</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>$75.00 (up to 34 day supply)</td>
</tr>
<tr>
<td>BriovaRx, The OptumRx Biosimilar Generic Pharmacy</td>
<td></td>
<td>75%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Prescription Refill Control Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*TML MultiState Intergovernmental Employee Benefits Pool*
## Frequently Asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Tier 1 Network</th>
<th>Network Benefit</th>
<th>Non-Network Benefit</th>
<th>Limitations and Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a maximum out of pocket limit (MOOP) on all my expenses?</td>
<td>N/A</td>
<td>Plan years effective January 2015 thereafter</td>
<td></td>
<td>The Individual Deductible/Out of Pocket amount applies if you have no other family members covered under this plan. Charges are subject to the new calendar year deductible amount. The Qualified Health Savings Account/High Deductible family plans will require the lesser of the individual or family deductible/out of pocket to be met before plan benefit percentage or 100% payment is applied. The maximum out-of-pocket (MOOP) limit for PPO plans and the Qualified High Deductible HSA plans are defined per the Federal Government and updated per calendar year. Eligible network, most cost effective out-of-pocket expenses accumulate to the Federal Government MOOP. Once the Qualified HSA/High Deductible or PPO Federal Government defined maximum out of pocket amount is met the medical and prescription most cost effective, eligible network services accessed within the scope of the benefit plan will be paid at 100%. The PPO MOOP amount for 2016: Individual: $6,850 Family: $13,700 Qualified H.S.A./High Deductible MOOP amount for 2016: Individual: $6,550 Family: $13,100 The PPO MOOP amount for 2017: Individual: $7,150 Family: $14,300 Qualified H.S.A./High Deductible MOOP amount for 2017: Individual: $6,550 Family: $13,100 The PPO MOOP amount for 2018: Individual: $7,350 Family: $14,700 Qualified H.S.A./High Deductible MOOP amount for 2018: Individual: $6,650 Family: $13,300</td>
</tr>
</tbody>
</table>
Healthcare Legislative Support

State Level

- Telehealth Services in Texas expanded to audio and visual
- Urgent Care Transparency
- Electronic Medical Record Expansion

Political Subdivision Interstate Promotion

09/07/11

H.R. 3072

To amend the Patient Protection and Affordable Care Act to provide State and local governments through interstate compact commissions with authority to expand the availability of telehealth services, including such services that are provided through computer, telephone, or similar audiovisual device, in an organized health care delivery system.

07/31/12

H.R. 6234

To amend the Patient Protection and Affordable Care Act to provide for grants to States, local governments, and public or nonprofit entities for the expansion of telehealth services, that are provided through computer, telephone, or similar audiovisual device, in an organized health care delivery system.

03/12/13

H.R. 1076

To amend the Patient Protection and Affordable Care Act to require the Secretary of Health and Human Services to provide for the coordination of Federal health care programs with respect to the expansion of telehealth services, that are provided through computer, telephone, or similar audiovisual device, in an organized health care delivery system.

06/22/15

H.R. 2869

To amend the Patient Protection and Affordable Care Act to provide grants to States, local governments, and public or nonprofit entities for the expansion of telehealth services, that are provided through computer, telephone, or similar audiovisual device, in an organized health care delivery system.

03/01/17

H.R. 1319

To amend title XXVII of the Public Health Service Act to permit cooperative governing of public entity health benefits through local governments in secondary States.

Legislation related to healthcare legislative support includes:

- Telehealth Services in Texas expanded to audio and visual
- Urgent Care Transparency
- Electronic Medical Record Expansion

Political Subdivision Interstate Promotion

09/07/11

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To amend the Patient Protection and Affordable Care Act to provide State and local governments through interstate compact commissions with authority to expand the availability of telehealth services, including such services that are provided through computer, telephone, or similar audiovisual device, in an organized health care delivery system.

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06/22/15

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03/01/17

H.R. 1319

To amend title XXVII of the Public Health Service Act to permit cooperative governing of public entity health benefits through local governments in secondary States.
Teladoc Services Update

- Access to Teladoc in App Store (NO CHARGE)
- Health History Form on line (required before access to services)
  - Adult and Pediatric
    - English
    - Spanish
- IEBP guarantee return call < 20 minutes for medical consults
- Behavioral Health Level of Care Hours Monday – Friday 7:00-9:00 CT
- Dermatology Response two working days
  - Go On Line send picture of dermatology concern and response for appointment scheduled within by two working days
- Teladoc also has geoaccess information if requested via Teladoc app Servicing 50 states
- Doctor has to be licensed in the State in which the person is calling
Teladoc

- An increasing number of conditions can now be handled remotely

<table>
<thead>
<tr>
<th>General Health</th>
<th>Dermatology</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain/Cramps</td>
<td>Gas</td>
<td>Addiction</td>
</tr>
<tr>
<td>Abscess</td>
<td>Gout</td>
<td>Depression</td>
</tr>
<tr>
<td>Acid Reflux</td>
<td>Headache/Migraine</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Allergies</td>
<td>Herpes</td>
<td>Sleep problems</td>
</tr>
<tr>
<td>Animal/Insect bite</td>
<td>Joint Pain/Swelling</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Laryngitis</td>
<td>OCD</td>
</tr>
<tr>
<td>Asthma</td>
<td>Pediatrics</td>
<td>Family difficulties</td>
</tr>
<tr>
<td>Backache</td>
<td>Pink eye</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure issues</td>
<td>Poison Ivy/Oak</td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Rash</td>
<td></td>
</tr>
<tr>
<td>Bowel/Digestive issues</td>
<td>Respiratory infection</td>
<td></td>
</tr>
<tr>
<td>Cellulitis</td>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td>Cold</td>
<td>Skin Injury</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Sore throat</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>Sprains &amp; Strains</td>
<td></td>
</tr>
<tr>
<td>Croup</td>
<td>Strep</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Tonsillitis</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>UTI/Urinary issues</td>
<td></td>
</tr>
<tr>
<td>Eye Infection/Irritation</td>
<td>Vaginal/menstrual issues</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>Yeast infection</td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td>Complex/on-going issues:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acne</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Shingles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Psoriasis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rosacea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Skin infections</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Suspicious moles</td>
<td></td>
</tr>
</tbody>
</table>

- Complex/on-going issues:
  - Acne
  - Rash
  - Shingles
  - Psoriasis
  - Rosacea
  - Skin infections
  - Suspicious moles
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Specialty</th>
<th>Charge</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO</td>
<td>Medical: 99441, 99442, 99443</td>
<td>General Consultation (MD)</td>
<td>$40 and $0.99 PPPM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient Pays $10.00 copay, plan pays $30.00. Once MOOP met plan pays $40.00</td>
</tr>
<tr>
<td>HDHP</td>
<td>Medical: 99441, 99442, 99443</td>
<td>General Consultation (MD)</td>
<td>$40 and $0.99 PPPM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays $40.00 to plan deductible (ind &amp; fam). Once plan deductible (ind &amp; fam) met, patient pays $10.00 copay, plan pays $30.00. Once MOOP met plan pays $40.00</td>
</tr>
<tr>
<td>PPO with OV copay</td>
<td>Mental Health: 90834 Non MD</td>
<td>Psychotherapy (45 minute - Masters level MSW, LSCS))</td>
<td>$80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays $80.00 to plan deductible (ind &amp; fam). Once plan deductible (ind &amp; fam) met, patient pays benefit plan percentage. Once Medical OOP met, plan pays $80.00. Plan limitation 26 visits per calendar year.</td>
</tr>
<tr>
<td></td>
<td>Mental Health: 99213 GT</td>
<td>Psychiatry (Follow up, ~15 mins)</td>
<td>$90</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays plan specific office visit copay and plan pays the balance. Once MOOP met Plan pays $90.00.</td>
</tr>
<tr>
<td></td>
<td>Dermatology 99214</td>
<td>Dermatology Visit</td>
<td>$75</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays plan specific office visit copay and plan pays the balance. Once MOOP met Plan pays $75.00.</td>
</tr>
<tr>
<td>PPO &amp; HDHP with no OV copay</td>
<td>Mental Health: 90834 Non MD</td>
<td>Psychotherapy (45 minute - Masters level MSW, LSCS))</td>
<td>$80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays $80.00 to plan deductible (ind &amp; fam). Once plan deductible (ind &amp; fam) met, patient pays benefit plan percentage. Once Medical OOP met, plan pays $80.00. Plan limitation 26 visits per calendar year.</td>
</tr>
<tr>
<td></td>
<td>Mental Health: 99204 GT</td>
<td>Psychiatry (Initial Visit) Adult/Child First Qtr of 2017</td>
<td>$160</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays $160.00 to plan deductible (ind &amp; fam). Once plan deductible (ind &amp; fam) met, patient pays benefit plan percentage. Once Medical OOP met, plan pays $160.00.</td>
</tr>
<tr>
<td></td>
<td>Mental Health: 99213 GT</td>
<td>Psychiatry (Follow up, ~15 mins)</td>
<td>$90</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays $90.00 to plan deductible (ind &amp; fam). Once plan deductible (ind &amp; fam) met, patient pays benefit plan percentage. Once Medical OOP met, plan pays $90.00.</td>
</tr>
<tr>
<td></td>
<td>Dermatology 99214</td>
<td>Dermatology Visit</td>
<td>$75</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient pays $75.00 to plan deductible (ind &amp; fam). Once plan deductible (ind &amp; fam) met, patient pays benefit plan percentage. Once Medical OOP met, plan pays $75.00.</td>
</tr>
<tr>
<td>Smart Kinsa Thermometer</td>
<td></td>
<td>No additional cost</td>
<td>Interface app / Online app</td>
</tr>
<tr>
<td>Care Giver</td>
<td></td>
<td>No additional cost</td>
<td></td>
</tr>
<tr>
<td>Tobacco Cessation Program</td>
<td></td>
<td>$150</td>
<td>Plan Payment</td>
</tr>
<tr>
<td>Referral Program</td>
<td></td>
<td>$30 / $45</td>
<td>Primary Care: $30 and Specialty Care: $45 (Plan Payment)</td>
</tr>
</tbody>
</table>
# Teladoc Medical History Disclosure

## Standard Medical History Disclosure (MHD)

**The Standard MHD is for members 7 years of age and older. Members under 7 years of age should complete the Pediatric MHD. Complete the following questions relative to your medical history. Your MHD is confidential and only reviewed by a physician.**

### The Basics

- **Legal Name:**
- **Date of Birth:**
- **Gender:**
- **Phone Number:**
- **Height:**
- **Weight:**
- **Language:**
- **Address:**
- **Mailing Address:**
  - **City:**
  - **State:**
  - **Zip:**

### Health Problems

- **Y** if you have ever had the condition. Also check **Current** if the condition is current.

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>Y</th>
<th>Y - Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent Colds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINIV/Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcers/Pepticul Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated Cholesterol/Triglycerides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Disorders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social History

- **Y** if the condition has ever occurred. Also check **Current** if the condition is current.

<table>
<thead>
<tr>
<th>Social History</th>
<th>Y</th>
<th>Y - Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke/Use Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been Disabled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get 8 Hours Sleep Daily</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Allergies

- **Y** if you have ever had the condition. Also check **Current** if the condition is current.

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Y</th>
<th>Y - Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication/Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

# Pediatric Medical History Disclosure (MHD)

**The Pediatric MHD is for members under 7 years of age. Members 7 years of age or older should complete the Standard MHD. Complete the following questions relative to your dependent's medical history. Your dependent's MHD is confidential and only reviewed by a physician.**

### The Basics

- **Child's Legal Name:**
- **Date of Birth:**
- **Gender:**
- **Father's Name:**
- **Height:**
- **Weight:**
- **Mother's Name:**
- **Mailing Address:**
  - **City:**
  - **State:**
  - **Zip:**

### Development

- **Delivery Doctor:**
- **At What Age Did the Child:**
  - **Sex:**
  - **Race/Ethnicity:**
  - **WAS THE CHILD:**
    - **Breast Fed:**
    - **N**
    - **Y**
    - **If Yes, How Long:**
    - **If Yes, How Long?:**
  - **Problems During Child's Newborn Period:**
    - **Jaundice:**
    - **Breathing Problem:**
    - **Feeding Problems:**
    - **Other:**
    - **Child Care Outside of Home:**
      - **Y**
      - **N**

### Health Problems

- **Y** if the child has ever had the condition. Also check **Current** if the condition is current.

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>Y</th>
<th>Y - Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent Colds</td>
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<td></td>
</tr>
<tr>
<td>HINIV/Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Allergies</td>
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<tr>
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<tr>
<td>Ulcers/Pepticul Problems</td>
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</tr>
<tr>
<td>Kidney Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated Cholesterol/Triglycerides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Disorders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**TML MultiState Intergovernmental Employee Benefits Pool**

**24 / 7 / 365 Healthcare Access**
Health Assessment

- January 1, 2017
  - Health Assessment transitioned to Alere
  - Healthy Living Solutions are included upon completion of Health Assessment
  - MyHealth Tracker Interface
  - MyHealth Portals
    - IEBP Web Portal

- October 1, 2017
  - OptumRx Portal
  - Wealthcare Portal
    - Debit Card Service
### MyHealth Web Portal

TML MultiState IESP (IESP) offers online benefit information to enhance the mobile lives of our political subdivision customers. The mobile service through the MyHealth Web Portal is enhanced by the IESP electronic alliance partnerships with (1) UnitedHealthcare (network, clinical specialty and performance-based provider information), (2) Healthplan (claim eligibility, electronic explanation of benefit options and protected health authorization information), (3) OptumRx (prescription and pharmacy resources), and (4) telehealth resources.

The MyHealth Web Portal website provides access to a secure e-mail service that allows covered individuals to electronically communicate with the customer care team regarding benefit eligibility and enrollment questions.

<table>
<thead>
<tr>
<th>IESP Mobile App Service</th>
<th>Healthier Claim Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Claim Appeal</td>
<td>Claim Look-up</td>
</tr>
<tr>
<td>Online Customer Care</td>
<td>Electronic Explanation of Benefits (EOB)</td>
</tr>
<tr>
<td>Forms and Publications</td>
<td></td>
</tr>
<tr>
<td>Online Forms</td>
<td></td>
</tr>
<tr>
<td>Protected Health Authorization Form</td>
<td></td>
</tr>
<tr>
<td>PREM MLCG AIR</td>
<td></td>
</tr>
<tr>
<td>Benefit Information</td>
<td></td>
</tr>
<tr>
<td>Summary of Benefits and Coverage (SBC)</td>
<td></td>
</tr>
<tr>
<td>Benefit Book</td>
<td></td>
</tr>
<tr>
<td>Prescription Benefits</td>
<td></td>
</tr>
<tr>
<td>Benefit Guide Resources</td>
<td></td>
</tr>
<tr>
<td>Health Initiatives Resources</td>
<td></td>
</tr>
<tr>
<td>Calendar / Biometric Screenings</td>
<td></td>
</tr>
<tr>
<td>Access to a Professional Health Coach</td>
<td></td>
</tr>
<tr>
<td>Healthy Living Guides</td>
<td></td>
</tr>
<tr>
<td>Health Fact Sheets</td>
<td></td>
</tr>
<tr>
<td>Wheel of Life</td>
<td></td>
</tr>
<tr>
<td>Health Assessment</td>
<td></td>
</tr>
<tr>
<td>Life Benefits</td>
<td></td>
</tr>
<tr>
<td>Debit Card Information</td>
<td></td>
</tr>
<tr>
<td>Secure E-Mail Services</td>
<td></td>
</tr>
<tr>
<td>E-Referrals, if applicable</td>
<td></td>
</tr>
<tr>
<td>E-Appointment Scheduling</td>
<td></td>
</tr>
<tr>
<td>E-Enrollment in DMI or Wellness Programs</td>
<td></td>
</tr>
<tr>
<td>Online Personal Health Records</td>
<td></td>
</tr>
<tr>
<td>Smart Cards containing member health or benefits information</td>
<td></td>
</tr>
</tbody>
</table>

### UnitedHealthcare Provider Network

<table>
<thead>
<tr>
<th>Consumer Prescription</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Provider Search</td>
<td>Physician, Specialty, Group, Clinic, Facility, Location</td>
</tr>
<tr>
<td>Preferred Lab</td>
<td>Find a Pharmacy by entering zip code area</td>
</tr>
<tr>
<td>Centers of Excellence</td>
<td>Medication Lookup - search for medications and prescription cost information</td>
</tr>
<tr>
<td>Premium Performance Based Network Providers*</td>
<td>Prescription Price Comparison</td>
</tr>
</tbody>
</table>

### Registration

To use the MyHealth Web Portal, covered individuals must register and choose a personal username and password. The registration process is easy. Covered individuals are asked to enter personal data for validation (name, date of birth, etc.). If validation is successful, covered individuals receive immediate access to the MyHealth web portal. To start the registration process, go to www.iesp.org and click the "Login As a Member" button.

Once on the login page, click the "Register Account" button to get started.

Click login to access the login screen for account access and registration.
Employee Website User Guide

MyHealth Web Portal Outline

Welcome Screen – The Welcome Screen allows you quick access to view your rights and responsibilities, your information, gaps in care, your most 5 recent claims and your deductible and out of pocket information. It also includes Quick Links that take you to the most used sections of our website.

Your Information

Welcome, LISA

Quick Links

- View My Information
- My Case Manager
- Your Care Provider
- Find a Provider
- Contact Us
- Find a Care Facility

My Health Tracker

Gaps in Care

A gap in care occurs where the standards or guidelines are not met. Identified gaps in care are based on eligible claims paid under the EHP benefit plan. You may receive a Notice of Denial of Reimbursement. However, the EHP benefit plan does not cover the care, service, or products for problems that may be unrelated. If you have questions about your gap in care, contact a professional health care provider.

Your Information

Member Name
LISA RADA

Member ID
123456789

DOB
1/1/1970

Gender
Female

Phone Number
555-555-5555

Email Address
lisa.rada@example.com

Recent Claims

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Claim ID</th>
<th>Claim Type</th>
<th>Amount Claimed</th>
<th>Amount Allowed</th>
<th>Date Processed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2018</td>
<td>1234567</td>
<td>Medical</td>
<td>$100.00</td>
<td>$100.00</td>
<td>1/1/2018</td>
</tr>
</tbody>
</table>

Out of Pocket

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount Claimed</th>
<th>Amount Allowed</th>
<th>Date Processed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Genetic</td>
<td>$100.00</td>
<td>$100.00</td>
<td>1/1/2018</td>
</tr>
<tr>
<td>Dental</td>
<td>$50.00</td>
<td>$50.00</td>
<td>1/1/2018</td>
</tr>
</tbody>
</table>

Quick Links

- Retrieve ID Card
- Find a Provider or Facility
- Contact Us
- How can I earn $100?
- Find a Revenue Document
- My Inactive Prescriptions
- My Inactive Prescriptions

Contact Us

This is a convenient means of electronic communication with your health plan regarding gaps in care. If you have questions about your gap in care, contact a professional health care provider.

How can I earn $100?

This section provides all of the necessary information to participate in EHP's Healthy Initiatives incentive program. Additional information is provided further along in this guide under the Earn Your Points section.

Manage Your Prescriptions

This provides quick access to all prescription resources. Additional information is provided further along in this guide under the Earn Your Points section.

Find a Form or Document

Provides quick access to the commonly requested documents in a base for all users. Additional information is provided further along in this guide under the Manage Your Prescriptions section.

Manage Your Prescriptions

This provides quick access to all prescription resources. Additional information is provided further along in this guide under the Earn Your Points section.

Who can view my information?

Allows you to view who has access to your health information and provides a link to the health information Authorization form to add or remove authorizations.

1. Sometimes there is a need for someone other than the employee to access Personal Health Information. In those cases, that individual will need to be authorized as a responsible party. This can be done by completing a Health Authorization Form and submitting it to TML MultiState EHP. Once access has been granted to the Responsible Party, they will receive an email with instructions on how to create an online account (if the user does not already have one) and access claims and eligibility information.

2. The user experience will remain as described in the MyHealth Web Portal section above with the exception of the "managing account" drop down at the top. This drop down displays a list of members you are authorized to view. By selecting a name from the drop down, you will be shown a display that gives you access to view their claim and eligibility information.

Note: Due to HIPAA regulations, covered individuals may only access claim information for themselves and their covered dependents under age 18. To access claim information for a covered spouse or a covered dependent who is 18 or older, you must complete and submit EHP's HIP Authorization Form. Once access is received, you will have access to additional claim information on the MyHealth Web Portal. If you have an authorization form on file before setting up your MyHealth Web Portal account, contact EHP's Member Services department and ask for online access.

TML MultiState EHP
24/7/365 Healthcare Access
Employee Website User Guide

Benefits

Prescription Benefits
To access your prescription benefits via the OptumRx site, we have incorporated a secure single sign-on in your MyHealth portal and click on the "Manage My Prescriptions" quick link. From there, you can click on the "View your Prescription Benefits" to go straight to the OptumRx site. Please note that if this is your first time accessing the OptumRx site, you will first need to register with OptumRx by clicking "1st Time User? Register Here" for the Single Sign On process to work.

MANAGE MY PRESCRIPTIONS

Once you are logged into the OptumRx website, you have the ability to:
1. Refill your prescriptions
2. Find Drug Pricing based on your benefits
3. Locate a Pharmacy by zip code

1. Eligibility/Out of Pocket Expenses - This includes the information from your home page including effective dates, deductibles and out of pocket totals with additional access to Previous Year Deductibles and Out of Pocket. To view other dependents you may have access to, select their name in the drop-down menu.
2. Retrieve ID Card - This is the same information found in the Retrieve ID Card Quick Link.
3. Summary of benefits and coverage - an online version of your summary of benefits and coverage document.
6. Prescription Benefits - Your prescription information. We are currently partnered with OptumRx. This partnership gives you easy access to your Rx claim information, drug pricing look up, and drug interactions. Additional information is provided further along in this guide under the "Manage My Prescriptions" section.

Claims - Your source for claim information. You can export results, appeal a claim, ask a question about a claim, view the EOB or complete a survey about a specific claim. Additional information is provided further along in this guide under the Claims section.

Debit Card Activity - This section has information and tools for participants in Flexible Spending Accounts, Health Reimbursement Accounts, Health Savings Accounts and Retiree Reimbursement Accounts. Additional information is provided further along in this guide under the Debit Card Activity section.

Find a Form - This is the same information found in the Find a Form or Document Quick Link. Additional information is provided further along in this guide under the "Find a Form or Document" section.

Find a Provider or Facility - This is the same information found in the Find a Provider or Facility Quick Link. Additional information is provided further along in this guide under the "Find a Provider or Facility" section.

Healthy Initiatives - This section contains information about improving your health and links to health-related websites.
NEW PROGRAM UPDATE: HEART ICON PROVIDER EVALUATION SYSTEM

UnitedHealth Premium Program icon change

The UnitedHealth Premium Program has switched to the “heart” icon provider evaluation system.

The UnitedHealth Premium Program evaluates physicians using evidence-based medicine and national standardized measures. It was created to help members make more informed and appropriate choices about providers.

All sales and member communications materials have been updated with the heart imagery on Brand Central.

Choose smart.

Look for blue hearts.
Liberty Bank HSAs
Two great options to help drive business.

**Liberty HSA**
- No Cost
- Earns Interest
- No minimum balance
- Full Alegeus Technology
- Investment Options*

**Liberty HSA Plus**
- All Standard HSA features + …
  - Earns Higher Interest
  - Added Value Features
  - Revenue Share Potential

$3.00 monthly to account holder
Liberty Bank HSA Plus
Experience the industries leading HSA plan Devenir Investment Support

ID Protect

Up to $10,000 Accidental Death and Dismemberment Insurance*

Health Discount Savings*

Cash Back Member Rewards*

*Registration/Activation required
<table>
<thead>
<tr>
<th>Anniversary Plan Year Month</th>
<th>Transfer Form Due Date</th>
<th>HSA Bank Account Closed</th>
<th>HSA Bank Transfer Money to Liberty Health HSA Bank</th>
<th>Blackout Period</th>
<th>Employer Totals</th>
<th>Participants with Deposits</th>
<th>Participants without Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year October 1 Oct 1st thereafter, deposits will go to Liberty Health HSA Bank</td>
<td>10/25/17</td>
<td>12/12/17</td>
<td>12/14/17</td>
<td>11/22/17 - 12/14/17</td>
<td>19</td>
<td>316</td>
<td>49</td>
</tr>
<tr>
<td>Plan Year January 1 Jan 1st thereafter, deposits will go to Liberty Health HSA Bank</td>
<td>01/24/18</td>
<td>03/13/18</td>
<td>03/14/18</td>
<td>02/21/18 - 03/14/18</td>
<td>25</td>
<td>632</td>
<td>203</td>
</tr>
<tr>
<td>Plan Year March 1 Jan 1st thereafter, deposits will go to Liberty Health HSA Bank</td>
<td>01/24/18</td>
<td>03/13/18</td>
<td>03/14/18</td>
<td>02/21/18 - 03/14/18</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Plan Year May 1 Jan 1st thereafter, deposits will go to Liberty Health HSA Bank</td>
<td>01/24/18</td>
<td>03/13/18</td>
<td>03/14/18</td>
<td>02/21/18 - 03/14/18</td>
<td>2</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Plan Year July 1 Jan 1st thereafter, deposits will go to Liberty Health HSA Bank</td>
<td>01/24/18</td>
<td>03/13/18</td>
<td>03/14/18</td>
<td>02/21/18 - 03/14/18</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
### Transferring Your Employees' Health Savings Account to Liberty Health Bank

To give your employees an easy, single experience managing their health savings account (HSA), they can transfer their previous HSA to Liberty Health Bank so all their HSA funds are in one location. Because these are personal individual accounts, employers can’t authorize the transfers and employees must provide this authorization.

There are two options for trustee-to-trustee transfers, individual paper process and bulk transfer.

<table>
<thead>
<tr>
<th>Transfer Options</th>
<th>Bulk Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>• Employer works with TML MultiState IEBP to process all employee transfer requests at one time</td>
</tr>
<tr>
<td></td>
<td>• Liberty Health Bank will compile all employee forms and work with the previous custodian on the transfers</td>
</tr>
<tr>
<td><strong>Submission process</strong></td>
<td>Employees must complete and sign the HSA Transfer Form and submit to TML MultiState IEBP before the submission deadline provided by the employer: TML MultiState IEBP, PO BOX 140167, Austin, TX 78714-0167</td>
</tr>
<tr>
<td><strong>Blackout period</strong></td>
<td>Time to allow for all outstanding transactions and contributions to be applied to the account</td>
</tr>
<tr>
<td></td>
<td>Timing determined by the previous custodian, typically 7 to 10 days</td>
</tr>
<tr>
<td><strong>Processing Time</strong></td>
<td>For funds to be posted in the new HSA at Liberty Health Bank once the form/file is received by previous custodian</td>
</tr>
<tr>
<td></td>
<td>• Wire received and posted – 1 to 2 business days</td>
</tr>
<tr>
<td></td>
<td>• ACH received and posted – 3 to 4 business days</td>
</tr>
<tr>
<td></td>
<td>• Check mailed USPS – up to 12 days (mail time is 7 to 10 days, once received at Liberty Health Bank, it will be posted in 1 to 2 business days)</td>
</tr>
<tr>
<td><strong>Paper form and employee signature required</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Requires employee to liquidate investments prior to transfer</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

### Key Steps to Transfer HSA Funds to Liberty Health Bank

1. **Determine the transfer request method.** The employer determines if the HSA transfers will be processed as individual or bulk transfers (see comparison chart).
   - Note: Transfers should not be initiated until after the new HSAs with Liberty Health Bank are opened.
2. **Schedule a meeting with Liberty Health Bank (bulk transfers only):** Employer and Liberty Health Bank review the process and determine timing of the bulk transfers.
3. **Choose who pays account closure/transfer fees.** The previous custodian may charge account closure or transfer fees. In most cases, the employer can determine how the account closure/transfer fees will be paid. Employers have the option of covering the account closure fee for their employees, or the fee amount can be withdrawn from the individual employee's HSA balance upon transfer.
   - Note: If there are not enough funds to cover the fees, the account could potentially not transfer.
4. **Complete transfer request forms.** Each individual employee electing to transfer their existing HSA to Liberty Health Bank must complete the HSA Transfer Form and provide a signature. By completing this form, the employee authorizes the transfer of funds and closing of their previous account. Employees can access this form on [www.iebp.org](http://www.iebp.org).
   - Note: Employees with investments are required to liquidate the invested funds prior to the trustee to trustee transfer process. It is advisable to check with the previous custodian as they may liquidate the investments for the employees.
5. **Submit the transfer request.** Employees submit the completed and signed HSA Transfer Form for processing (see submission process of the comparison chart for further details).
6. **Transfer of funds.** For bulk transfers, the previous custodian will send the final listing (via email) and transfer funds to Liberty Health Bank via ACH, wire, or bulk check after the blackout period has passed (to allow for all outstanding transactions and contributions to be applied to the account). Liberty Health Bank will process the funds into the individual HSAs to complete the process.

### Things to Keep in Mind

- Employees do not have to close their previous HSAs, but are responsible for any applicable fees if their account stays open.
- If an employee does not transfer their funds, they can use their previous HSAs for qualified medical expenses. However, employer and employee contributions through payroll deduction will only be deposited into the new HSA at Liberty Health Bank.
- Transferring funds do not count towards the current tax year IRS contribution limit.

For more information, call IE BP at (800) 282-5385
Employer Sign-Up Form - Liberty Health HSA Bank

Instructions: All fields are required unless otherwise noted. Please complete this form using your computer or print clearly, then return it to your TML MultiState IEBP representative. You can mail or fax it to: TML MultiState IEBP | P.O. Box 140167 | Austin, Texas | 78714-0167 | Fax: (512) 719-6505. Be sure to keep a copy of this form for your records.

Effective Date: ______________________

Employer Information

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Federal Tax ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Contact Name</td>
<td>Title</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Number of Employees electing an HSA</th>
</tr>
</thead>
</table>

I understand that this form is provided for convenience purposes and that Liberty Health Bank will not initiate contributions to employee Health Savings Accounts, but will allow employer or their authorized agent to initiate contributions to employee Health Savings Accounts.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authorized Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Liberty Health Bank is a division of Liberty Savings Bank FSB, Member FDIC.
**Employee Education and Transfer Form**

**HSA Bank transfer to Liberty Health HSA Bank**

---

### Transferring Your HSA

**Consolidating your accounts made easy.**

#### Why Transfer My HSA?
If you have more than one Health Savings Account (HSA), consolidating your funds under one account is a good option to consider. TML MultiState Intergovernmental Employee Benefits Pool (IEBP) is upgrading and providing integration between the Alegeus Section 125 Debit Card vendor with your Health Savings Account Bank. This upgraded integrated service should expedite access to H.S.A. funds upon monthly deposits.

- **A single experience.** With your funds in one Liberty Health Bank HSA, you will have one login, one statement, one mobile app, one support team, and one debit card.
- **Save money by reducing fees.** By consolidating funds and closing your other account(s), you can eliminate any administration fees from your prior custodian.
- **Make tax-time easier.** By having one HSA, you will only have one set of tax forms to manage during tax-time.

#### How to Transfer My HSA?
1. Download the HSA Transfer Form at [www.iebp.org](http://www.iebp.org)
2. Complete and sign the HSA Transfer Form
3. Submit the form to:
   - TML MultiState IEBP
   - PO Box 140167
   - Austin, TX 78714-0167

### What’s Next?

Liberty Health Bank will take care of the rest. We will work with your previous custodian to transfer your balance to your Liberty Health Bank HSA (less any closing fees applied by your previous custodian). The transferred funds will appear in your Liberty Health Bank account within four to six weeks.*

---

### Purpose

Use this form to transfer funds into your Health Savings Account at the custodian/trustee named above. Complete and return it to the custodian/trustee named above along with an HSA Enrollment Form if you are a new client. You can use this form to transfer assets from another Health Savings Account, a Medical Savings Account (MSA) or an Individual Retirement Account (IRA) into this HSA.

### Personal Information of HSA Owner

- **Name (HSA Owner):**
- **Social Security Number:**
- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Date of Birth:**
- **Account Number (Numbers are 11 digits and begin with “900”):**

### Transfer Request

**A. Transfer Type (insert one):**
- Transfer from another HSA (TC208)
- Transfer from an MSA (TC209)
- Transfer from an IRA (only allowed once per lifetime - check rules) (TC208)

**B. Current Holder of Assets**
- **Current Custodian/Trustee:**
- **Current Custodian Address:**
- **Current Account Number:**

**C. Instructions on Transfer (insert one):**
- Immediately liquidate all assets and send cash proceeds to:
  - Liberty Savings Bank
  - Attn: HSA Department
  - 2323 St. Ignatius Point Rd.
  - Sarasota, FL 34231
- **Other:**

### HSA Owner Signature Statement

I have an HSA, MSA or IRA at the above listed custodian, trustee or administrator and I certify that all the above information is correct. I understand the rules regarding transferring the funds and I agree to seek my own tax or legal advice, if I deem it necessary. I authorize and request that you, the present holder of my funds, transfer the assets to my HSA custodian/trustee named on the top of this form.

- **HSA Owner’s Signature:**
- **Date:**

**Recieving Custodian/Trustee’s Signature**

- **Date:**

---

*Processing times and blackout periods may vary by custodian.
Employee Enrollment/Change Form
Liberty Health HSA Bank

Employee Enrollment Form

Employer Name: [Name]
Employer Group #: [Group]

Social Security #:

First Name:
Last Name:
MI:
Date of Birth:

Gender: Male
Female
Married
Single
Widowed

date Employed:

Employee Addresses
Street Address:
City:
State:
Zip Code:

Preferred Contact Phone #:
E-mail:

Making Address:
Street Address:
City:
State:
Zip Code:

Option One:
I hereby authorize to contribute to my HSA with a pre-tax salary reduction through my employer's Section 125 cafeteria plan, and authorize my employer to deduct the amount as indicated below from my salary and forward the funds to IEBP to deposit in my HSA.

Authorized to be deducted from my paycheck:

Employee Monthly Contribution: $500

Section 125 HSA

Annual Deduction Limit:

Individual:

Male:
Female:

Total Annual Employee Contribution:

Total Annual Employer Contribution (if applicable):

Employee Acceptance:
By my signature below, I certify that I have enrolled, or plan to enroll, in an HSA-compatible health plan and that I am not covered under any other plan that would disqualify me from enrolling or contributing to my HSA.

Employee Signature:
Date:

Option Two:

Employee Declination:

I hereby decline to contribute to my HSA through my pre-tax salary reduction. I understand that I can make after-tax contributions to my HSA online through Internet Banking (https://www.iebp.org), or by making a check with a contribution form.

Employee Signature:
Date:

Please return this form to your employer.

We Want to Hear From You!
Our goal is to provide you with excellent service. Please provide us with feedback. Visit www.iebp.org/feedback, and enter the required fields. Your Security Pin and Survey Type may be found on your EOB. Thank you for your response.

Confidentiality Notice:
The information contained in this transmission, including any attachments, is for the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, disclosure or distribution is prohibited by Federal law. If you are not the intended recipient of this message, you are notified that you may not read, print, copy or otherwise reproduce this information. If you have received this transmission in error, please reply to the sender and delete or destroy the message. Unintentional interception of this transmission may be a violation of criminal law.

(1-212-345-6789)
Consumer Centered Plans
Transition 7 Plans to 5

1. Merge into P85-75-40

<table>
<thead>
<tr>
<th>P85-100-30 Census</th>
<th>P85-100-30 Loss Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,162</td>
<td>83.74%</td>
</tr>
<tr>
<td>2,165</td>
<td>74.89%</td>
</tr>
<tr>
<td>2,161</td>
<td>83.85%</td>
</tr>
<tr>
<td>1,802</td>
<td>92.74%</td>
</tr>
<tr>
<td>1,801</td>
<td>86.45%</td>
</tr>
<tr>
<td>P85-75-30 Census</td>
<td>P85-75-30 Loss Ratio</td>
</tr>
<tr>
<td>663</td>
<td>105.46%</td>
</tr>
<tr>
<td>665</td>
<td>91.13%</td>
</tr>
<tr>
<td>667</td>
<td>102.96%</td>
</tr>
<tr>
<td>748</td>
<td>105.98%</td>
</tr>
<tr>
<td>749</td>
<td>91.04%</td>
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</table>

2. Merge into H85-150-40

<table>
<thead>
<tr>
<th>H85-150-40 Census</th>
<th>H85-150-40 Loss Ratio</th>
</tr>
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<tbody>
<tr>
<td>483</td>
<td>71.62%</td>
</tr>
<tr>
<td>483</td>
<td>63.87%</td>
</tr>
<tr>
<td>484</td>
<td>73.55%</td>
</tr>
<tr>
<td>345</td>
<td>95.78%</td>
</tr>
<tr>
<td>345</td>
<td>106.35%</td>
</tr>
</tbody>
</table>

3. Merge into P85-75-40

<table>
<thead>
<tr>
<th>P85-100-30 Census</th>
<th>P85-100-30 Loss Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,162</td>
<td>83.74%</td>
</tr>
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</tr>
<tr>
<td>2,161</td>
<td>83.85%</td>
</tr>
<tr>
<td>1,802</td>
<td>92.74%</td>
</tr>
<tr>
<td>1,801</td>
<td>86.45%</td>
</tr>
</tbody>
</table>

4. Merge into 85-50-30

<table>
<thead>
<tr>
<th>P85-50-20 Census</th>
<th>P85-50-20 Loss Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>267</td>
<td>142.32%</td>
</tr>
<tr>
<td>268</td>
<td>154.80%</td>
</tr>
<tr>
<td>267</td>
<td>183.15%</td>
</tr>
<tr>
<td>244</td>
<td>358.86%</td>
</tr>
<tr>
<td>239</td>
<td>293.80%</td>
</tr>
</tbody>
</table>

5. Merge into 85-20-30

<table>
<thead>
<tr>
<th>P85-20-25 Census</th>
<th>P85-20-25 Loss Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>37.21%</td>
</tr>
<tr>
<td>14</td>
<td>30.51%</td>
</tr>
<tr>
<td>11</td>
<td>40.76%</td>
</tr>
<tr>
<td>14</td>
<td>56.63%</td>
</tr>
<tr>
<td>5</td>
<td>53.25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P75-0-30 Census</th>
<th>P75-0-30 Loss Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>421</td>
<td>106.26%</td>
</tr>
<tr>
<td>421</td>
<td>97.86%</td>
</tr>
<tr>
<td>420</td>
<td>111.98%</td>
</tr>
<tr>
<td>407</td>
<td>153.10%</td>
</tr>
<tr>
<td>409</td>
<td>123.21%</td>
</tr>
</tbody>
</table>
Long Term Care

Security Life Services for Long Term Care

What Is Long-Term Care Insurance?
Voluntary Long-Term Care Insurance covers care generally not covered by health insurance, Medicare, or Medicaid. It may help pay for in-home care services such as cooking and cleaning, adult day care, or a nursing home stay. Today, average home health care costs can exceed $3,000 per month.\(^1\) Purchasing Long-Term Care insurance may help you maintain control of your care as well as reduce the burden of caregiving by family members.

Many of us have someone in our lives – a parent, sibling or other relative – who has needed care or assistance at some point in their lives. Most often, other family members provide this care, known as informal caregiving. Unfortunately, informal caregiving creates significant physical, emotional, financial and health consequences for the caregiver. With one in five working Americans providing some form of informal care for their loved ones, their productivity at work is adversely affected due to absences, reduced work schedules and far too often early retirement.

To help our members address this issue, we are proud to introduce Care Support Online, a free program offered by ACSIA Partners. Our members, their employees and families can benefit from this program.

Care Support Online offers:
- free care advocacy to those in caregiving crisis
- free care resources to those seeking caregiving and planning information and
- free care planning to those preparing for their future care needs

Take Action Today
Take advantage of these free resources by visiting https://peba.caresupportonline.com/ or contact us at (877) 720-2163, Monday through Friday from 10:00 am to 6:00 pm Central time.

Access to Care Support Online provides a myriad of databases, interactive assessments, planning guides and free education on private long-term care insurance planning. We encourage you to check out this free program today. Visit https://peba.caresupportonline.com/, or call the Care Support Online hotline toll free at (877) 720-2163.
Member Rights and Responsibilities

MEMBER RIGHTS AND RESPONSIBILITIES
Let's Get Educated!

IEBP provides translation services upon request. Please call the 1.800 Customer Care number: (800) 385-9952. The translation request e-mail address is translation_cc@iebp.org. The member will need to identify to the customer care representative the language of preference and IEBP will connect the member and IEBP staff with the Trusted Translation representative. The three-way call will ensure accurate information is provided to the member.

Summary of Benefits and Coverage (SBC)
1. Login: www.iebp.org
2. Select: Find a Form or Document
3. Select: Benefits
4. Select: Medical
5. Summary of Benefits and Coverage

Medical Benefit Plan
1. Login: www.iebp.org
2. Select: Find a Form or Document
3. Select: Benefits
4. Select: Medical
5. Medical Plan Book

Medication Therapy Management Program
1. Login: www.iebp.org
2. Select: Manage My Prescriptions
3. Select: Download the Medication Management Therapy Guide

Member Rights and Notice of Privacy Practices
1. Login: www.iebp.org
2. Select: Find a Form or Document
3. Select: Member Rights and Responsibilities Guide

Health and Wellness Guide
1. Login: www.iebp.org
2. Select: Find a Form or Document
3. Select: Health and Wellness Guide

Quality Improvement Plan
1. Login: www.iebp.org
2. Click on "Find a Form or Document"
3. Search for: Quality Improvement Program

24 / 7 / 365 Healthcare Access
Membership Guide Overview

Covered Individual Required Documents to Receive per Plan Year

1. Member Rights and Responsibilities Guide
   - IEPA Member Rights and Responsibilities Statement
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - IEPA Employee Healthcare Benefit Reminder Poster
   - E-Ready IEPA Healthcare Benefit Information Links
   - Medical Enrollment and Checklist Form

Initial Notices
   - Special Enrollment Notice
   - Notice of Benefits for Wellness Services
   - Notice of Benefits for Mastectomy and Breast Reconstruction
   - Notice of Medicaid and Children’s Health Insurance Program (CHIP)

Sample Identification Card and Online Request Form

Sample of Explanation of Benefits (EOB)

Sample of Explanation of Payment (EOP)

Explanation of Benefits Remark Codes Overview

Claim Audit Tool

Appeal Guidelines

How to Obtain Assistance on a Bill or Claim

Patient Advocacy Audit, Review Criteria, and Form

Patient Satisfaction Survey

Translation Services

Managed Care/Provider Efficiency Audits

IEPA Healthcare Definitions

Government Programs: Medicare, Medicaid

Notice of Insurance Marketplace

COBRA Continuation of Coverage Information

Teach and Learn Tutorials

Managing Your Out of Pocket Expense

Protected Health Information
   - Privacy Reference Tools
   - Privacy and Protection Statement
   - Frequently Asked Questions - Why do I need a Health Information Authorization Form
   - Notice of Privacy Practices
   - Health Information Authorization Form
   - IEPA Protected Health Information Interface with Providers
   - Glossary of Privacy Terms

Medication Therapy Management Guide

Member Let’s Get Educated Rights and Responsibilities Postcard

Prescription Flowchart

Step Therapy/Prior Authorization/P-offs

OptumRx Pharmacy Network

OptumRx Vaccine/Immunization Network

BriovaRx, The OptumRx Specialty/Biotech Pharmacy

Cost Share Prescriptions/Sample Cost Share Letter

Sample Identification Card

OptumRx - Accessing the Pharmacy Locator - Internet Direct Access (IDA)

OptumRx Mail Order Service

OptumRx Mobile Friendly Website: m.optumrx.com

OptumRx Mobile Application

Covered and Non-Covered Drugs

Qualified High Deductible Health Savings Account (H.S.A.) Health Plan Wellness Drug List

OptumRx Political Subdivision Formulary

3. Health and Wellness Guide

Member Let’s Get Educated Rights and Responsibilities Postcard

Wellness Program that Works
   - Preventive/Routine Care Benefits
   - Value Added Patient Protection Affordable Care Act (PPACA) Wellness Benefits Services
   - Personal Health Profile
   - Health Helpful Links for Adults and Children

Healthy Initiatives Engagement Resources

Medical Intelligence Features
   - Notification Process and Requirements
   - Continued Stay Review
   - Medical Intelligence Utilization Management/Catastrophic Care
   - Discharge Planning and Outcome Improvement Protocol

Centers of Excellence Network Providers

HEDIS Population Health Sample

Healthy Initiatives Integration Into Medical Home Model of Care

Sample Medical Intelligence Correspondence

Other Helpful Guides

1. Employee Website User Guide

   Member Let’s Get Educated Rights and Responsibilities Postcard

www.iebp.org

MyHealth Web Portal

MyHealth Web Portal Outline

Telehealth Services

Healthy Initiatives

Contact Us

Secure Email

OptumRx Desktop Website

OptumRx Mobile Friendly Website

OptumRx Mobile Application

MYIEPA Mobile Application

Helpful Links and Phone Numbers

Healthcare Links not found on the IEPA Website

2. Fund Contact Website User Guide

Member Let’s Get Educated Rights and Responsibilities Postcard

www.iebp.org

MyHealth Web Portal

Fund Contact MyHealth Web Portal Outline

Telehealth Services

Supply Request Form

View Employee Eligibility

Regulatory Reporting

Contact Us

Eligibility Reports

Electronic Health Authorization Access

Secure Email

Helpful Links and Phone Numbers

Healthcare Links not found on the IEPA Website

3. Forms Guide

Member Let’s Get Educated Rights and Responsibilities Postcard

MyBenefits on Demand Order Form

Sample Employer Member Supply Request Form

Sample Annual Paper Provider Directory Order Form

Employee Healthcare Benefit Reminder Poster

Sample Identification Card and Online Request Form

Sample Explanation of Benefits (EOB)

Sample Explanation of Payment (EOP)

Medical
   - Medical Enrollment and Checklist Form
   - Medical Change and Checklist Form

Dental Reimbursement Form

Vision Reimbursement Form

Consumer Centered
   - Consumer Centered Medical Enrollment and Checklist Form
   - Consumer Centered Medical Change and Checklist Form

Consumer Centered HRA/HSA Enrollment Form

Consumer Centered Benefit Calculator

HRA
   - HRA Enrollment Form
   - HRA Change-Term Form
   - HRA Claim Form

RRA
   - RRA Enrollment Form (If Post Deductible RRA for access to Consumer Centered Plans)
   - RRA Change Form
   - RRA Claim Form

HSA
   - HSA Transfer Form
   - HSA Enrollment Form
   - HSA Change Form
   - HSA IRS Form 1099-SA Instructions
   - HSA IRS Form 5498-SA Instructions

Other Insurance Forms: English and Spanish

Right of Recovery-Accident/Injury Form: English and Spanish
Membership Guide Overview

1. Section 125
   - Section 125 Enrollment Forms: Standard Plan with or without Qualifying Events, Grace Period with or without Qualifying Events, Carryover with or without Qualifying Events, Premium Only Plan with or without Qualifying Events
   - Section 125 Change Forms: Standard Plan with or without Qualifying Events, Grace Period with or without Qualifying Events, Carryover with or without Qualifying Events, Premium Only Plan with or without Qualifying Events
   - Section 125 Claim Form
   - Section 125 Dependent Care Reimbursement Forms: Standard Plan with or without Qualifying Events, Grace Period with or without Qualifying Events, Carryover with or without Qualifying Events
   - Section 125 Unreimbursed Healthcare Reimbursement Forms: Standard Plan with or without Qualifying Events, Grace Period with or without Qualifying Events, Carryover with or without Qualifying Events
   - Section 125 Recurring Expense Service Form
   - Section 125 Direct Deposit Authorization Agreement

2. Six Steps to Understand Your Benefits During Open Enrollment
   - COBRA COC Enrollment Form
   - COBRA COC Employer’s Termination Notice Form

3. Health Information Authorization Form

4. Supplemental Benefits Option Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - The Standard Life Overview: Life/LTD/STD/AD&D
   - The Standard Claim Procedures
   - The Standard MEDEX Travel Assistance Brochure
   - The Standard Life Enrollment-Change Form
   - The Standard Voluntary AD&D Coverage Form
   - The Standard Sample Life/LTD/STD Correspondence
   - Public Employee Benefits Alliance (PEBA) Supplemental Benefit Solutions:
     - Employee Assistance Program, Wellness, International Medicine, Security Audits, Telehealth Services, Medical Home Model of Care, Accident Supplemental Benefits, Cancer Supplemental Benefits, Pre/Post Sixty-five Benefits, Comprehensive Eligibility Audits, Long Term Care Benefits, On-Site and Near Site Virtual MD Services, On-Site and Near Site MD/PA Services, and Emergency/Urgent/Chronic Community Based Services

5. Human Resources/Fund Contact Healthcare Benefits Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Executive Agreements Online Instructions
   - Agreement Execution
   - Open Enrollment Employee Paperwork
   - Assessing Your Electronic Bill and Remittance SLIP
   - Billing reports and Regulatory Reporting Data for Covered Individuals
   - Annual Enrollment Service Support Options
   - Employer Benefits Options

6. Eligibility Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Enrollment Requirements
   - Termination of Benefits
   - Termination of Benefits due to Gross Misconduct
   - Active Duty Reservists
   - Employee Healthcare Benefit Reminder Poster
   - Medical Enrollment and Checklist Form
   - Pre-65 Retiree Enrollment and Checklist Form
   - Billing reports and Regulatory Reporting Data for Covered Individuals
   - How to Obtain Vital Record Documentation
   - Other Insurance Information
   - FMLA Overview

7. Online Enrollment Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Benefit Plan Year Rerate Timeline
   - OES Online Enrollments vs. Custom Online Enrollments
   - Online Parameter Questions
   - Online Enrollment Data Load Spreadsheet – Important Information
   - Online Enrollment Data Load Spreadsheet
   - Online Sandbox Test Tool for Custom Groups

8. Stop Loss Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - IEBP Stop Loss Services Contact List
   - Medical Intelligence Features
   - Medication Therapy Management Program
   - Public/Private Alliance Provider Solution
   - United Healthcare Choice Plus Provider Network Information
   - Transplant and Obesity Designated Centers of Excellence
   - Reporting: Early Notification, Aggregate Specific
   - Trigger List
   - Notice of Privacy Practices

9. Provider Tool Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - IEBP Quality Improvement Plan
   - IEBP Member Rights and Responsibilities Statement
   - IEBP Information
   - Provider Portal/Website Services for Providers
   - Provider Network Assistance: United Healthcare Choice Plus Networks
   - Public/Private Alliance Provider Solution
   - United Healthcare Choice Plus Provider Network
   - Medication Therapy Management Program
   - Provider Clinical Practice Guideline Resources
   - Provider Coding Guidelines
   - Prompt Pay Audits and Provider Claims Tracking and Handling
   - Sample Explanation of Benefits (EOB)
   - Electronic Fund Transfer Pay-Plus Information
   - Sample Explanation of Payment (EOP)
   - How Benefits are Paid
   - Non-Duplication of Benefits
   - After Hours and/or Weekend Medical and Mental Health Care Services
   - IEBP Protected Health Information Interface with Providers
   - Provider Satisfaction Survey

    - Member Let’s Get Educated Rights and Responsibilities Postcard
    - Introduction Twenty-one Provider Care Paths and Fifty-two Procedures by Geographic Area
    - Cost Estimator
      - MyHealthcare Cost Estimator (MyHCE)
      - MyClaim Look Up
      - MyHealthcare Cost Estimator (MyHCE)
      - MyClaim Look Up
      - MyHealthcare Cost Estimator (MyHCE)
    - Care Path Information
      - Care Path Geographic Areas
      - Care Path Descriptions
      - Specialties Linked to Care Paths
      - Care Path Definitions
      - Disclaimer
Membership Guide Overview

11. Consumer Centered/Pre-Tax Benefit Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Overview of Consumer Plan Options
   - Section 125 Pre-Tax Medical Eligible Benefits
   - IEBP Consumer Centered Pool Plan Options Replicating IRS Minimum and Maximum Regulations
   - Qualified High Deductible H.S.A. Health Plan Overview
   - Qualified High Deductible H.S.A. Health Plan Costs Mandated
   - Health Savings Account Contribution Limits
   - Health Savings Account Catch-up Contributions
   - HRA Spenddown Pool Plan Agreement
   - Benefits Debit Card Management Tips
   - IRS Form 1098-SA Instructions
   - IRS Form 5498-SA Instructions
   - Debit Card Information

12. Satisfaction Survey Information Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - We Want To Hear From You! Survey Access Points
   - Employee Satisfaction Surveys
   - Medical Intelligence Surveys
   - Benefit Services Surveys
   - Professional Health Coaching Survey to Covered Individuals
   - Annual Fund Contact Member Satisfaction Survey
   - Satisfaction Survey Quarterly/Annual Measurement

13. Retiree Benefits Guide
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Pre/Post Sixty-five Retiree Benefit Overview
   - Section I: Pre 65 Retiree Benefit Options
     - Pre Sixty-five Certificate of Creditable Coverage
     - Pre Sixty-five Rx Creditable Coverage Reminder Letter
     - Pre Sixty-five Rx Non-Creditable Coverage Reminder Letter (for qualified high deductible H.S.A. health plans)
   - Sample Retiree Fund Contact Letter
     - Medical
     - Dental
     - Vision
   - Pre Sixty-five Sample Fund Contact Options Form
   - Sample Pre Sixty-five Retiree Letter
   - Pre Sixty-five Retiree Medical Change and Checklist Form
   - Pre Sixty-five Retiree Medical Change and Checklist Form

Section II: Post 65 Retiree Benefit Options
   - Medicare Overview
   - Post 65 Supplemental Benefits
     - Supplemental K Post 65 United Healthcare
     - Either Prescription Option: If Supplemental and Advantage Pres Option has to be the same Supplemental F Post 65 United Healthcare
     - Either Prescription Option: If Supplemental and Advantage Pres Option has to be the same Formulary H Full Coverage in Gap
     - Formulary G Generic in Gap
     - Advantage Plan
     - Value add Dental and Vision Supplements
     - Supplemental Plans and Stand-Alone Prescription Options
     - Retiree Comprehensive Eligibility Guide
     - Sample Post Sixty-five Fund Contact Letter
     - Sample Post Sixty-five Fund Contact Options Form
     - Sample Post Sixty-five Fund Contact Letter
     - Sample Post Sixty-five Fund Enrollment Form

Section III: Sample Employer Documents
   - Sample Retiree Ordinance/Resolution

TML MultiState
Intergovernmental Employee Benefits Pool

24 / 7 / 365 Healthcare Access
Employee Healthcare Benefit Reminder

TML MultiState IEBP would like to encourage you to become familiar with your healthcare benefit program. To assist you in this process, here are a few helpful tips:

- All new hires and their dependents covered under the IEBP benefit plan must complete Enrollment Paperwork and submit it to their Employer for approval. The Employer will then forward the information to IEBP.

- The completed and approved Enrollment Form must be received at IEBP within 31 days of the date of hire. Please contact us to ensure your eligibility paperwork has been received.

- All new hires enrolling in a Health Savings Account must go online and register at www.mywealthcareonline.com/libertyhealth after they receive their Welcome Kit.

Please call to verify your enrollment
(800) 282-5385

Visit our website at www.IEBP.org
Click LOGIN to sign up for a myHealth Portal user name and password
Satisfaction Survey 2016-2017

<table>
<thead>
<tr>
<th>Service</th>
<th>FY16-17</th>
<th>FY15-16</th>
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<td>Benefit Service Specialist</td>
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<td>Website</td>
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<td>General Service Improvement</td>
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<td>Overall</td>
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<td>94.32%</td>
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</table>

24/7/365 Healthcare Access
Other factors related to healthcare costs are of a concern for political subdivisions including utilization of care and the cost of providing coverage for dependents.

First: Percentage of Healthcare Utilizers and their impact to Soaring Healthcare Cost

- Examine utilization of care
  - 1% of the coverage population incur 25% of the claim costs
  - 3% of the population incur 46% of the claim cost and
  - 10% of the population incur 65% of the claim costs.
  - 67% of healthcare costs are spent on chronic disease states.
Service to: The Employer Healthcare Cost Dilemma

- First: Percentage of Healthcare Utilizers and their impact to Soaring Healthcare Cost
  - The lack of medical and prescription treatment compliance and existing gaps in care contribute to the increase of healthcare especially for chronic disease states.
  - Utilization of High Performance Tiered Network

- Second: Cost of Dependent Care
  - The number of employee dependents covered on healthcare plans has had an impact on costs.
  - Dependents, who typically bring a higher risk claim utilization, increase the level of incurred costs for medical and prescription services.
Second: Cost of Dependent Care

- Employees, without covered dependents, believe their out of pocket costs for healthcare are unfairly increased due to the dependent healthcare utilization.
- Employers now must address the questions of equitable financial subsidy support for employees and employees with dependents, in addition to finding the revenue to maintain current employer subsidy support.
- Option
  - Spousal Incentive Reimbursement Arrangement (SIRA)
  - Not eligible if not on the plan previous plan year
Third: Plan Design Options to Buy Down Employer Cost of Healthcare Premiums/Contributions

- Political subdivisions rely on tax based revenue, established by the tax payers in their community, to pay for healthcare.
  - Some political subdivisions cannot feasibly raise taxes to meet the rising costs of healthcare and must consider other difficult options.
  - Political Subdivision Revenue Locked Environment

- Benefit Plan Changes to decrease premium/contribution costs.
  - These options include: buying down the healthcare costs by increasing deductibles and out of pocket expenses
    - IEBP’s Rerate Buy Down Limitations
      - 2016  8%
      - 2017  6%
  - Cost of Care Management regarding Prescription services MAC C to MAC A
Service to: The Employer Healthcare Cost Dilemma

- Third: Plan Design Options to Buy Down Employer Cost of Healthcare Premiums/Contributions
  - Benefit Plan Changes to decrease premium/contribution costs.
    - Implement high performance narrow networks/value tiered provide networks
    - High Performance Narrow Network medication formularies
    - Biologics 20% of prescription marketshare: Comparative large, complex molecules, with equally complex production processes. Biologics and biosimilars are derived from living organisms, including cells from humans, animals, or various microorganisms. These living systems are inherently complex and variable, which makes getting an exact compound match of an existing biologic drug virtually impossible.
    - Implement premium/contribution employee/employer premium/contribution cost share
    - Delete Supplemental Benefit Options: Dental, Vision, Life, etc.
      - Convert to Voluntary Benefits
      - Voluntary Benefits are Higher Cost than Group Benefits due to Adverse Selection
    - Alliance Relationships and their interface with membership
      - Long Term Care
      - Local Site Wellness
  - Rerate Cycle for Signature
## Plan Year Rerate Timeline

### 2017-2018

<table>
<thead>
<tr>
<th>Employer Plan Year</th>
<th>Underwriting Month</th>
<th>1st Mailing</th>
<th>OES Groups Parameter &amp; Rerate Sheets Due</th>
<th>B&amp;E MDB Updates Done By</th>
<th>QC (DB Audit) Done By</th>
<th>HITECH AS400 Prep Time &amp; PB Approval Done By</th>
<th>Sandbox goes Live for OES</th>
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<td>06/11</td>
<td>06/15-07/15</td>
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</tbody>
</table>
Fourth: Promote Employer and Employee Health and Wellness Engagement

- Employers and Employees must develop a partnership to increase employee engagement in managing the cost of healthcare by engaging in health and wellness programs, engagement in health and wellness lifestyles and maintain treatment compliance.
- Minimize Delay of Care for Employees due to Out of Pocket Expenses
- Consumer Health and Wellness Engagement
  - Annual biometric screenings are helpful in early diagnosis of treatment.
    - One of the challenges in the annual biometric screening and health and wellness program is the engagement of the employee population.
    - A participation reward program is helpful. The Patient Protection Affordable Care Act allows employers to incorporate a 30% premium/contribution of most cost effective plan differential for covered individuals who choose not to engage in the employer’s health and wellness program.
Fourth: Promote Employer and Employee Health and Wellness Engagement

- Consumer Health and Wellness Engagement
  - Annual biometric screenings are helpful in early diagnosis of treatment.
    - 50% Tobacco Cessation Differential
    - To assist in making Texas Healthier, IEBP will be providing local site biometric screening services for 2017-2018. Increasing political subdivision employees in healthcare consumer education and benefit plan designs will be key in the management of the integrity of the healthcare dollar.
    - IEBP is attempting to make Texas Healthier by providing 100% plan paid biometric screenings to ensure employees are being diagnosed early and treated appropriately.
  - 1:3 cost differential ratio for maturing population
Fourth: Promote Employer and Employee Health and Wellness Engagement

- On-Site/Local Site Clinics
  - 298 employees
  - 305 dependents
  - $9,045.00 x 12 = $108,540.00
  - Need 150.75 office visits a month average cost $60.00
  - Average for current utilization for Deer Park with community providers is 190.58
  - 30% would be 63.53 clinic utilization

- Onsite/Local Site clinics
  - 220 employees
  - $21.50 PEPM
  - $4,730.00 = $56,760.00 annual
  - Current visits per month 87.92
  - Required clinic visits 78.83
  - 30% Visits 29.31
Service to: The Employer Healthcare Cost Dilemma

- Fourth: Promote Employer and Employee Health and Wellness Engagement

  - Telehealth Ease of Access/Managed Out of Pocket Spending Access: Legislation approved audio/visual healthcare services
    - Medical Consult
    - Behavioral Health Level of Care
    - Dermatology Level of Care
Fifth: Transition to Consumer Engagement Benefit Plans

- Consumer Engagement: Increase political subdivision employees in healthcare consumer education and benefit plan designs will be the key in the management of the integrity of the healthcare dollar
  - Section 125
  - Health Reimbursement Accounts
  - Retiree Reimbursement Accounts
  - Health Savings Accounts with Qualified High Deductible Plan

Sixth: Healthcare Revolution

- Value Based Healthcare
Service to: The Employer Healthcare Cost Dilemma

- **Sixth : Healthcare Revolution**
  - Collaborative Teaming with Providers/ Delivery System
    - Working with Provider to align, goal set, benefit incentive, cost risk
    - High Performance Narrow Network
    - Area Factor
  - Multigenerational Membership
  - Providers
    - NICU Definitions
    - Level of Care
    - Evidence Based Medicine
  - Federal Government
    - Patient Protection Affordable Care Act (PPACA)
    - American Health Care Act (AHCA)
TML MultiState Intergovernmental Employee Benefits Pool (IEBP) has been servicing political subdivisions since 1979. IEBP has provided the highest quality of healthcare options for employers at the most affordable costs since its inception.

Over 900 Texas political subdivisions, and some cities in other states such as Oklahoma, are taking advantage of the benefits offered through this multi-employer pooling strategy.

Employers continue to design, bid and offer healthcare services as individual employers.

The pooling process has demonstrated and continues to demonstrate its effectiveness in minimizing adverse claim utilization that impacts the stability of healthcare rates.
Service to: The Membership

- Managing Turnaround Time
  - IEBP vs Industry Standard
- Managing Customer Service Response
- Long Term Care Benefit
- Membership Feedback on Accessibility to Information in Spanish
  - Spanish Portal
  - Translation Software Program
  - Current Documents in Spanish
    - SBC
    - Medical Intelligence Denials
    - ROR
    - Other Insurance
    - Surveys
    - Need Details from Medical Intelligence
    - Health Authorization
  - Request for Translation support
    - Enrollment/Change/Termination Forms
    - OES
    - Enrollment Poster
    - Spanish Poster Should be Added

24 / 7 / 365 Healthcare Access
Service to: The Membership

- Healthcare HITECH Expansion
  - CyberSecurity
  - Personal Health Information Security
  - Consumer Centered Debit Card Security: Section 125, Health Reimbursement Accounts, Health Savings Accounts
  - Electronic Medical Records
  - Provider Electronic Payment
  - IEBP New Website
  - Mobile Applications
  - Alere Health Assessment
  - Personal Health Record
  - MyProfessional Health Coach
  - MyHealth Calendar
  - MyHealth Notification Requirements
  - MyBenefits on Demand
  - MyClaim Look-Up
  - MYUHC Cost Estimator
  - MyCare Path Transparency
  - MyOnLine Privacy Practices
  - MyIEBP Connect
  - MyLunch and Learns

TML MultiState
Intergovernmental Employee Benefits Pool

24 / 7 / 365 Healthcare Access
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<tr>
<th>Month</th>
<th>MyHealth Webcasts (45 minutes)</th>
<th>IEBP MyHealth Educational Webinars (45 minutes - Fund Contact)</th>
<th>MyHealth Webinar Library</th>
<th>Webcast Date/Time/Location</th>
<th>MyHealth Lunch and Learns</th>
<th>Gaps in Care Letters</th>
<th>MyHealthy Links</th>
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<tr>
<td>Aug 2017</td>
<td>08/14/17 Liberty Bank Employer Webcast Tracey and Susan</td>
<td>New IEBP Services: Liberty Health HSA Bank and Paperwork Requirements, Telehealth Expansion new phone number, Long Term Care Benefits, Local Site Wellness “Making Texas Healthier”, Updated IEBP website, Texas Legislative transparency bill (urgent care centers), audio/visual telehealth, Electronic Medical Records, Electronic Provider Payments</td>
<td>Paperwork Requirements, Telehealth Expansion new phone number, Long Term Care Benefits, Local Site Wellness “Making Texas Healthier”, Updated IEBP website, Texas Legislative transparency bill (urgent care centers), audio/visual telehealth, Electronic Medical Records, Electronic Provider Payments</td>
<td>Webcast 08/31/17 3:00-4:00 pm</td>
<td>Network Access, Qualified High Deductible Transfer, How to Read an EOB</td>
<td>Immunizations</td>
<td>Childhood Vaccine Fact Sheet</td>
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<td>Sept 2017</td>
<td>Life of Being Physically Active and Healthy Eating</td>
<td>Healthcare at your Fingertips: WebPortal Education: IEBP, MyBenefits on Demand, Wealthcare Portal, OptumRx Portal, OES, Healthx, Aler Healthy Living</td>
<td>Electronic Healthcare Interface: 09/21/17 3:00-4:00</td>
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<td>Minimize my Out of Pocket Expense,</td>
<td>Depression, Schizophrenia, ADHD</td>
<td>Physical Activity Fact Sheet</td>
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<td>MyHealth Documentation Requirements: ROR, OI, Eligibility, Appeal Workflow, Paper Directory, Regulatory Reporting, ACA Requirement Deadline Date 10/15/17; Paper Filing with IRS 02/28/17; eFiling with IRS 03/31/17</td>
<td>Regulatory Reporting Timeline and connection with Greatland webcasts</td>
<td>ALE: 10/17/17 Non ALE: 10/24/17</td>
<td>ALE: 10/17/17 Non ALE: 10/24/17</td>
<td>Lunch &amp; Learn: Ease of Use MTMP and OptumRx Link on the IEBP site for prescription and pharmacy information How to Read an EOB</td>
<td>Asthma, COPD</td>
<td>Family Health Fact Sheet</td>
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# MyIEBP Connect

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<th>MyHealth Lunch and Learns</th>
<th>Gaps in Care Letters</th>
<th>MyHealthy Links</th>
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<td>MyIEBP Service Improvements: ProActive Reach out Patient Advocacy, CPS Conversion Update, Vision Claim Adjudication Update, Medical Intelligence, App Functionality, multigenerational sensitivity, <strong>Regulatory Reporting</strong>, ACA Requirement Deadline Date 1095 C forms delivered to employees 01/31/18; Paper Filing with IRS 02/28/18; eFiling with IRS 03/31/18 Regulatory Reporting Timeline and connection with Greatland webcasts <strong>Online Enrollment Education</strong></td>
<td>ALE: 11/07/17 Non ALE: 11/14/17</td>
<td>Lunch and Learn: Open Enrollment/On-line Enrollment Required Pro-Active Follow-up by group of no OI response. Ensure all Membership is in production with OES system. Requirements: Itemized Bill</td>
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<td>Tobacco Cessation Fact Sheet Diabetes Fact Sheet</td>
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<td>Dec 2017</td>
<td>MyHealth Educational Tools: Guide Overviews: Pick Two –Request Remark Code Information, Gap In Care Letters, Did ya Know Flyers?</td>
<td>12/07/17 3:00-4:00</td>
<td>Lunch &amp; Learn: HealthX and Benefit Eligibility Information, OI and ROR, Who to call or e-mail</td>
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<td>Stress Fact Sheet</td>
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<td>Jan 2018</td>
<td>MyHITECH Education: Network Adequacy: Finding a provider on the website via phone and computer, New Website, Phases of Website Refinement, Health Assessment and Healthy Living Review, Cost Transparency,</td>
<td>01/18/18 3:00-4:00</td>
<td>Lunch &amp; Learn: HITECH</td>
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<td>Healthy Eating Healthy Activity</td>
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<td>February</td>
<td>PBEA Broker/Consultant Relationships: Distribution Relationship and Benefits, Benefit of Pooling, IEBP Value Add Services</td>
<td>IEBP Service Overview to Broker No Date</td>
<td>Consumer Education: Portals and Documentation No Date</td>
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<td>Heart Disease Fact Sheet</td>
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<td>March</td>
<td>Nutritional Living</td>
<td>IEBP and Political Subdivisions <strong>Making Texas Healthier</strong></td>
<td>03/22/18 3:00-4:00</td>
<td>Notification Requirements</td>
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<td>Colorectal Awareness Fact Sheet</td>
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<td>May</td>
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<td>Managing the Soaring Costs of Healthcare, Underwriting Tips, Employer Defined</td>
<td>5.24.18 3:00-4:00</td>
<td>Asthma/COPD</td>
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<td>June</td>
<td></td>
<td>Planning for a Successful Open Enrollment</td>
<td>06.21.18 3:00-4:00</td>
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<td>Month</td>
<td>MyHealth Webcasts (45 minutes)</td>
<td>IEBP MyHealth Educational Webinars (45 minutes-Fund Contact) MyHealth Webinar Library</td>
<td>Webcast Date/Time/Location</td>
<td>MyHealth Lunch and Learns</td>
<td>Gaps in Care Letters</td>
<td>MyHealthy Links</td>
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<td>July</td>
<td>MyOnLine Enrollment (OES)</td>
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<td>07/19/18 3:00-4:00</td>
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<td>Coping with Loss</td>
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<td>MyHitech Education</td>
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<td>08/23/18 3:00-4:00</td>
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<td>September</td>
<td>Weight Management Series</td>
<td>MyIEBP Guides</td>
<td>09/20/18 3:00-4:00</td>
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<td>October</td>
<td>Understanding Consumer Education Plans</td>
<td></td>
<td>10/25/17 3:00-4:00</td>
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<td>Schizophrenia, Bipolar, ADHD, Depression</td>
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<td>November</td>
<td>Tobacco Cessation Series</td>
<td>Regulatory Reporting Overview</td>
<td>11/15/17 3:00-4:00</td>
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<td>December</td>
<td>MyIEBP Connect</td>
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Hurricane Harvey: IEBP Natural Disaster Protocol

Texas Department of Insurance Support due to Hurricane Harvey
IEBP is NOT regulated by Texas Department of Insurance but will be compliant with TDI recommendation for carrier support to impacted covered individuals who reside in an identified devastated county

- TDI encourages carriers to provide relief to those policyholders in counties covered in the governor's proclamations, including the suspension of premium payments to allow continuing insurance coverage.
  - **IEBP Sixty Day Suspension of payments for October Plan Year.** Due date will be December 1, 2017.

- It is the opinion of the Texas Department of Insurance that all health insurers and health maintenance organizations that provide health coverage or cover the payment of medical or other health care services as a part of any policy or certificate or evidence of coverage should, throughout the duration of the governor's proclamations, authorize payment for necessary medical equipment, supplies, and services regardless of the date on which the service, equipment, or supplies were most recently provided.
  - **IEBP acceptance of Late Terms Sixty Day expanded period of time.** Due date will be December 1, 2017.
Hurricane Harvey: IEBP Natural Disaster Protocol

- It is the opinion of the Texas Department of Insurance that all health insurance companies and health maintenance organizations should waive penalties and restrictions on insureds, certificate holders, or enrollees when these insureds, enrollees, or certificate holders obtain necessary emergency and nonemergency health and dental services out-of-network as a result of the disaster through the duration of the governor's proclamations. Additionally, health insurance companies and health maintenance organizations should not deny payment for necessary emergency and nonemergency health and dental services that are obtained out-of-network as a result of the threat of imminent disaster through the duration of the governor's proclamations.
  - IEBP will bump up network benefit for Employers within impacted counties for OON non emergent and emergent services. Services incurred for the months of August and September 2017.

- It is the opinion of the Texas Department of Insurance that all health insurance companies and health maintenance organizations should extend, as necessary, through the duration of the governor's proclamations, any claim-filing deadlines for providers, insureds, certificate holders, or enrollees, including those set forth in Insurance Code §1301.102 and §843.337(a), and 28 Texas Administrative Code §21.2806(a) and §21.2819.
  - IEBP will accept providers within devastated geographic areas, an extension of filing and appeal deadlines by 60 days. Claim filing deadlines and appeals for impacted geographic providers and covered individuals will be extended through November 2017.
The Texas Department of Insurance is of the opinion that all insurance companies and health maintenance organizations should waive contractual restrictions that require insureds, certificate holders, or enrollees to obtain preauthorization, referrals, notification of hospital admissions, or medical necessity reviews for specified health care or dental services through the duration of the governor's proclamations.

- **IEBP** will delete prior authorization penalties within devastated geographic areas by for services incurred for the months of August and September. Prior Authorization and Medical Necessity will still be obtained, but late penalties will not be applied.

It is the opinion of the Texas Department of Insurance that all health insurers and health maintenance organizations that provide prescription medication coverage as part of any policy, certificate, or evidence of coverage should, through the duration of the governor's proclamations, authorize payment to pharmacies for up to a ninety day supply of any prescription medication for individuals regardless of the date upon which the prescription had

- **IEBP** has approved OptumRx to lift ‘refill too soon’ membership in the counties devastated by Hurricane Harvey for 60 days. Please see the identified devastated counties below.
## Hurricane Harvey: IEBP Natural Disaster Protocol

<table>
<thead>
<tr>
<th>Counties</th>
<th>Counties</th>
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<tbody>
<tr>
<td>Angelina</td>
<td>Goliad</td>
<td>Montgomery</td>
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<td>Aransas</td>
<td>Gonzales</td>
<td>Newton</td>
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<td>Atascosa</td>
<td>Grimes</td>
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<td>Austin</td>
<td>Guadalupe</td>
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<td>Galveston</td>
<td>Matagorda</td>
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Adjourn

Have a Great Day!
Your Time is Appreciated