MyIEBP Trusted Advisor “For All Things Healthcare”

2018-2019 Improving the IEBP Membership Experience

July 10, 2018
10:00 AM

Improving the IEBP Membership Experience
Invest in the Tenured Political Subdivision Employees with TML MultiState IEBP,
Your Trusted Advisor for All Things Healthcare
Board of Trustees: 2017-2018 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

TRUSTEES AT LARGE
Appointed by Chair
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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
Manage the Chronic Disease States with some of the highlighted PEBA Effective Employee Benefit Solutions
MyIEBP Connect Membership Educational Series

- **July 10, 2018**: IEBP **Making the membership experience Positive: Patient Advocacy, Plan Advisor, Health Advisor**, Website Network Upgrade, MyIEBP Educational Tools
- **July 26, 2018**: Effective Management of the Prescription Dollar
- **July 31, 2018**: Self-Funded Employers "What makes-up the Cost of the Healthcare Risk" Underwriting, Stop Loss, Attachment Factor, Medical, Rx, Trends in Utilization Part I
- **August 7, 2018**: Self-Funded Employers "Managing the Healthcare Risk" Admin Cost, Stop Loss, Utilization, Commission Fees, Network Access, OON, Part II (TTC and Self-Funded Article)
- **September 6, 2018**: Actively at Work Requirements for Benefit Eligibility
The Employer Healthcare Cost Dilemma

- 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.
Underwriting

- **PEPY Cost of Healthcare - Claim Dollar Per Employee Per Year**
  - 2018: 40% Excise Tax delayed until 2020. This Excise Tax would apply to the amount of the premium that is above the thresholds below. SpecialtyRx 2018 50% of Drug Costs
  - E&Y May calculation increase percent went up 0.3% based on data through April. Not a material difference, in my opinion.

<table>
<thead>
<tr>
<th>Per Member Per Month (PMPM): Oct-Apr 2018</th>
<th>FY2017-18</th>
<th>FY2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEPY (Per Employee Per Year) (with admin)</td>
<td>$8,331.16</td>
<td>$8,414.99</td>
</tr>
<tr>
<td>PEPY (w/o admin)</td>
<td>$7,428.50</td>
<td>$7,557.10</td>
</tr>
<tr>
<td>Employee PMPY (Per Member Per Year) (w/o admin)</td>
<td>$5,453.13</td>
<td>$5,213.04</td>
</tr>
<tr>
<td>Dependent Spouse PMPY (Per Member Per Year)</td>
<td>$8,375.51</td>
<td>$8,318.07</td>
</tr>
<tr>
<td>Dependent Child PMPY (w/o admin)</td>
<td>$2,066.00</td>
<td>$2,847.72</td>
</tr>
<tr>
<td>Total Dependent PMPY (w/o admin)</td>
<td>$3,641.11</td>
<td>$4,245.92</td>
</tr>
</tbody>
</table>

**Source:** Mercer, 11.2.17
## Underwriting

### Equity Update through May

<table>
<thead>
<tr>
<th>Period</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>10/08-09/09</td>
<td>$55.6</td>
</tr>
<tr>
<td>10/09-09/10</td>
<td>$51.6</td>
</tr>
<tr>
<td>10/10-09/11</td>
<td>$54.5</td>
</tr>
<tr>
<td>10/11-09/12</td>
<td>$57.3</td>
</tr>
<tr>
<td>10/12-09/13</td>
<td>$58.1</td>
</tr>
<tr>
<td>10/13-09/14</td>
<td>$51.6</td>
</tr>
<tr>
<td>10/14-09/15</td>
<td>$41.6</td>
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<tr>
<td>10/15-09/16</td>
<td>$47.6</td>
</tr>
<tr>
<td>10/16-09/17</td>
<td>$42.6</td>
</tr>
<tr>
<td>10/17-05/18</td>
<td>$62.4</td>
</tr>
</tbody>
</table>
# Underwriting

## PPACA Cost Impact to Rates: 2018-2019 Average Rate Increase 4.0%

### Expanded Benefit Risk $50.21 million
- Expanded Benefit Risk 30.13%

### Federal Liaison Services and PPACA Administrative Fees
- 0.16%

### IEBP's Pooling Solution of 4.0%

### High Dollar Claim Review

<table>
<thead>
<tr>
<th>Plan Year 2017-18</th>
<th>$Amount (in Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oct-Apr</td>
</tr>
<tr>
<td></td>
<td>$2.0</td>
</tr>
<tr>
<td># of Individuals</td>
<td>7</td>
</tr>
<tr>
<td># of Potential Cov.Ind.</td>
<td>5</td>
</tr>
</tbody>
</table>

### Chart: Average Rate Increase 2018-2019
- 4.0%
- 2018-19: $13.1%
- 2017-18: 4.6%
- 2016-17: 5.6%
- 2015-16: 6.8%

### Comparison:
- Federal Liaison Services and PPACA Administrative Fees (0.16%) vs. IEBP's Pooling Solution (4.0%)
67% of claim costs are spent on chronic disease states.

**Stages of Health Status**

- **Acute, Chronic**
  - 10% of the coverage population incur 65% of the claim costs;
  - 3% of the coverage population incur 46% of the claim costs;
  - 1% of the coverage population incur 25% of the claim costs

- **Getting Healthy, Living with Illness**
  - Disease Management
  - Health Coaching
  - Incentives

- **Staying Healthy**
  - Health Information
  - Health Assessments
  - Wellness Programs
2018-2019 Benefit Modifications

Improving the IEBP Membership Experience
The biggest mystery about their benefits, according to employees, 2017

- 28%: Exactly what's covered under the plan
- 22%: How much I'm responsible for, such as deductibles and copays
- 17%: What the exclusions are
- 13%: What all the insurance terms mean
- 9%: The doctors and hospitals that are in my plan
- 6%: Where to go for more information
- 5%: How to file insurance claims

Source: Aflac, September 2017.
Improving the IEBP Membership Experience

• Benefit Plan Education/Benefit Service Specialist On-Site Education
  – Access
    • Choice Plus Network
      – Tier 1 Premium Provider Network 5% additional Plan Benefit
      – PPO Network
      – Out of Network
    • Telehealth
      – Medical Consults
      – Behavioral Session
      – Dermatology Session
      – No Narcotic scripts
      – 7.5.18
    » States expand telemedicine to allow prescribing of controlled substances
  – HITECH Resources
    • OptumRx Application
    • IEBP/UHG Network Application with YouTube Support
    • Disease State tracking due to OptumHedis Engagement
IEBP Operational Enhancements

• IEBP HITECH
  – IEBP Website Refinement Plan
  – Bilingual Expansion
  – Online Help Center
  – Instant Messaging
  – HealthX Expansion/Multi-Authentication
  – Electronic Prior Authorization
  – IEBP Website Mobile Applications
  – Personal Health Records
  – Periodic/Electronic EOB Production (Unless paper requested)
  – Twenty-one day Periodic Explanation of Benefits (EOB) and Electronic EOB
    • Episodic EOBS - One Education Program
      – TMC has been in production with episodic EOBS for a month.
      – All groups effective 7.1.18
      – Marketing Education/Derrick YouTube
        » BSS/Account Management Responsibility - Open Enrollment
        » Fund Contact Bill Notification
        » EOB Notification
        » HealthX Notification
        » YouTube Electronic via Phone Access
      – Electronic EOBS effective 10.1.18
        » Enrollment Form Update
IEBP Operational Enhancements

• Plan Installation
  – Unspecified Claim 11,862 Diagnosis Codes
    • 931 were updated
    • 1,862 Code Review: with about 30% of the codes reviewed requiring redirection off the denial list
  – No assignment claims
    • 3,950
  – Non-Covered Diagnosis and Procedure Codes
  – Expanding Remark Codes
  – BLX/Calc Code Customization

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th># of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>011 - Primary Carrier EOB Needed</td>
<td>721</td>
</tr>
<tr>
<td>200 - Unspecified Diagnosis/Plan Ineligible Benefits</td>
<td>6,085</td>
</tr>
<tr>
<td>362/363/367 - Non Notification</td>
<td>4,451</td>
</tr>
<tr>
<td>937 - Other Insurance</td>
<td>3,422</td>
</tr>
<tr>
<td>998 - ROR</td>
<td>5,579</td>
</tr>
<tr>
<td>Claims with EOB comment codes</td>
<td>3,950</td>
</tr>
<tr>
<td>Total</td>
<td><strong>24,208</strong></td>
</tr>
</tbody>
</table>
IEBP Operational Enhancements

• Notes and Reminders to Membership
  – Secure E-mail Upgrade
    • The IEBP Secure E-mail System (ZixCorp) is implementing an increased security measure. Anyone with an old browser will have issues and will need to upgrade their browser. Starting on 4/4, we will include the below information in outgoing secure emails. Please educate your staff that work with members using the IEBP secure e-mail.
    • After June 3, 2018, users that attempt to access the secure e-mail portal with a browser that does not support TLS 1.2 will get a "connection refused" message. A comprehensive list of browsers that support TLS 1.2 is available here: https://www.ssllabs.com/ssltest/clients.html.
    • If your browser is not listed, please upgrade your browser.
    • Once you confirm your browser is supported, make sure TLS 1.2 is enabled by following the instructions found here: https://knowledge.symantec.com/support/mpki-for-ssl-support/index?page=content&id=INFO3297
IEBP Operational Enhancements

• Billing and Eligibility
  – Interface with Debit Card
  – Interface with Qualified High Deductible Plans and H.S.A.
  – Interface with OptumRx with Medication Therapy Management Plan
  – Electronic Billing unless paper requested
  – Other Insurance Required Information for Employee and Dependents

• Outstanding Information
  • Right of Recovery
  • Other Insurance
  • Dependent Validations
Improving the IEBP Membership Experience

- **Health Plan Advisor**
  - On-site Education meetings provided by Benefit Service Specialists (English/Spanish Opportunities)
  - Health Plan Advisors/Employee Engagement in their Health
    - Morbid and Catastrophic Obesity Referral to The Physician Weigh Program
    - Best Doctor Referrals per IEBP Grand Rounds
    - Telehealth Services: Medical Consult, Behavioral Health, Dermatology
    - Interactive Website Well Being Assessment/Personal 1:1 support
    - OptumInsight Predictive High Risk Scores
    - High Risk Medication Management Program: Opioids, Narcotics, ADHD, Antidepressants
    - Transition of Care
    - DidYa Know Program: Immunizations, Tobacco Cessation, Diabetes, Nutrition and Healthy Eating, Healthy Pregnancy, Pain Management, Gaps in Care
    - Webcast Programs
      - Weight Management/Obese Covered Individuals
      - Tobacco Cessation
      - Chronic Disease Management
IEBP Operational Enhancements

• **Customer Care**

  – Optum Global Solutions

  • Provider Calls ODS Report: 82.12%
  • Provider Calls IVR: 76.58%

<table>
<thead>
<tr>
<th>Mo/Yr</th>
<th>Total Calls</th>
<th>Provider Calls (ODS)</th>
<th>Member Calls</th>
<th>Provider Calls (IVR)</th>
<th>%Provider (ODS)</th>
<th>%Provider (IVR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-17</td>
<td>12,794</td>
<td>9,915</td>
<td>2,879</td>
<td>11,302</td>
<td>77.50%</td>
<td>88.34%</td>
</tr>
<tr>
<td>Feb-17</td>
<td>11,020</td>
<td>8,819</td>
<td>2,201</td>
<td>9,740</td>
<td>80.03%</td>
<td>88.38%</td>
</tr>
<tr>
<td>Mar-17</td>
<td>12,922</td>
<td>10,403</td>
<td>2,519</td>
<td>10,786</td>
<td>80.51%</td>
<td>83.47%</td>
</tr>
<tr>
<td>Apr-17</td>
<td>9,549</td>
<td>8,798</td>
<td>751</td>
<td>8,281</td>
<td>92.14%</td>
<td>86.72%</td>
</tr>
<tr>
<td>May-17</td>
<td>12,018</td>
<td>10,033</td>
<td>1,985</td>
<td>9,125</td>
<td>83.48%</td>
<td>75.93%</td>
</tr>
<tr>
<td>Jun-17</td>
<td>12,129</td>
<td>10,254</td>
<td>1,875</td>
<td>8,844</td>
<td>84.54%</td>
<td>72.92%</td>
</tr>
<tr>
<td>Jul-17</td>
<td>11,171</td>
<td>9,202</td>
<td>1,969</td>
<td>7,933</td>
<td>82.37%</td>
<td>71.01%</td>
</tr>
<tr>
<td>Aug-17</td>
<td>12,722</td>
<td>10,380</td>
<td>2,342</td>
<td>8,909</td>
<td>81.59%</td>
<td>70.03%</td>
</tr>
<tr>
<td>Sep-17</td>
<td>11,198</td>
<td>8,821</td>
<td>2,377</td>
<td>7,829</td>
<td>78.77%</td>
<td>69.91%</td>
</tr>
<tr>
<td>Oct-17</td>
<td>12,138</td>
<td>10,449</td>
<td>1,689</td>
<td>8,480</td>
<td>86.09%</td>
<td>69.86%</td>
</tr>
<tr>
<td>Nov-17</td>
<td>10,916</td>
<td>8,995</td>
<td>1,921</td>
<td>7,910</td>
<td>82.40%</td>
<td>72.46%</td>
</tr>
<tr>
<td>Dec-17</td>
<td>9,861</td>
<td>7,622</td>
<td>2,239</td>
<td>6,871</td>
<td>77.29%</td>
<td>69.68%</td>
</tr>
<tr>
<td>Total</td>
<td>138,438</td>
<td>113,691</td>
<td>24,747</td>
<td>106,010</td>
<td>82.12%</td>
<td>76.58%</td>
</tr>
</tbody>
</table>
IEBP Operational Enhancements

- **Customer Care**
  - First Call Resolution
  - Claim Adjudication Support
  - Benefit Plan Design Benefits and Limitations
    - Benefits
    - Exclusions
    - Notification Requirements
    - No Cost Share Medical and Prescription Benefits
  - Answer Call with 45 seconds
  - Patient Advocacy Services
  - Proactive Reach Out
    - Reject Claims
    - Unspecified Diagnosis
  - Multidisciplinary Leadership Team
    - Customer Care
    - Quality Compliance
IEBP Operational Enhancements

• Customer Care
  – CallTrak Turnaround Time Management
    • Rush CallTrak
    • CallTrak
  – Health and Wellness BioIQ Scheduling
  – Prompt Pay Good Faith Reach Out
    • Turnaround Time Management by Age
  – Satisfaction Survey
    • CAHPS Compliance
  – Member Claim Advisor (possibility)
Improving the IEBP Membership Experience

• **Benefit Plan Education**
  – PreTax Benefit Utilization to Minimize Out of Pocket Expense
    • Section 125
    • Health Reimbursement Accounts
    • Retiree Reimbursement Accounts
    • Health Savings Accounts supporting Qualified Health Deductible Plans
  – Benefit Plan Eligibility
    • Active Employee Status
  – Calendar Year Biometric Screenings and Well Being Assessment
    • On-Site
    • Community Based Providers
  – Dental Benefits
    • Network Option No Plan Steerage
  – Employee Rights and Responsibilities
Local Site Health and Wellness Biometric Services

- BioIQ and Hooper Holmes/Provant
- Well Being Assessment
- US District Court


A federal court recently ruled that effective January 1, 2019, employer-sponsored wellness programs must be truly voluntary - meaning employers may no longer offer employees incentives (or threaten penalties) for participation involving medical exams or inquiries. The case, AARP v. EEOC, could change workplace wellness as we know it.

The EEOC final rules, issued in May 2016, permit employers to offer a financial incentive of up to 30% of the cost of employee-only coverage to workers who participate in workplace wellness programs. The rules are intended to offer employers guidance on how to design their wellness programs to comply with the Americans with Disability Act (ADA) and the Genetic Information Nondiscrimination Act (GINA), which generally prohibit employers from collecting and using information about the health of workers and their families.
HIPAA, as amended by the Affordable Care Act, allows health plans and insurers to offer incentives of up to 30% of the cost of coverage in exchange for an employee's participation in a health-contingent wellness program. Given possible prejudice to AARP members if the original rules stay in place, "and that the balance of the equities weighs in favor of vacatur in 2019, it would constitute manifest injustice to keep the Rules in place beyond 2018," the court said.

Court ordered the EEOC to report its updated schedule for rulemaking by March 30 and to issue new proposed rules by August 31, 2018.
Membership Guides Overview

Benefit Modifications = Red Bold; Language Modifications = Underlined Italics

Covered Individual Required Documents to Receive per Plan Year

1. Member Rights and Responsibilities Guide
   - IEBP Member Rights and Responsibilities Statement
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - IEBP Employee Healthcare Benefit Reminder Poster
   - E-Friendly IEBP Healthcare Benefit Information Links
   - 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 *Periodic* 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 “*We want to hear from You*”

   - Translation Services
   - Managed Care/Cost Efficiency Audits
   - PPACA Healthcare Definitions
   - *After Hours and/or Weekend Medical and Mental Health Care*
   - 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
     - IEBP Protected Health Information Interface with Providers
     - Glossary of Privacy Terms
Membership Guides Overview

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2. **Medication Therapy Management Guide**
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Prescription Flowsheet
   - Step Therapy/RxResults
   - Clinical Prior Authorization/RxResults
   - OptumRx Vaccine/Immunization Network Services
   - *Value Based Benefits for Chronic Conditions (Diabetes, Hypertension & High Cholesterol)*
   - 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 Consumer Portal*
   - 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.) Benefit Plans Wellness Drug List
   - IEBP Political Subdivision Preferred 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 Benefit 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
Membership Guides Overview

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**OTHER HELPFUL GUIDES**

1. **Employee Website User Guide**
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - iebp.org
   - MyHealth Web Portal
   - MyHealth Web Portal Outline
   - Telehealth Services
   - Healthy Initiatives
   - Contact Us
   - Secure E-mail
   - OptumRx Desktop Website
   - OptumRx Mobile Friendly Website
   - OptumRx Mobile Application
   - MyIEBP Mobile Application
   - Helpful Links and Phone Numbers
   - Healthcare Links not found on the IEBP Website

2. **Fund Contact Website User Guide**
   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - iebp.org
   - MyHealth Web Portal
   - Fund Contact MyHealth Web Portal Outline
   - Telehealth Services
   - Supply Request Form
   - View Employee Eligibility
   - Billing Reports
   - Contact Us
   - Eligibility Reports
   - Electronic Health Authorization Access
   - Secure E-mail
   - Helpful Links and Phone Numbers
   - Healthcare Links not found on the IEBP Website
Membership Guides Overview

Benefit Modifications = Red Bold; Language Modifications = Underlined Italic

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 *Periodic* Explanation of Benefits (EOB)
- Sample Explanation of Payment (EOP)
- Medical
  - Medical Enrollment and Checklist Form
  - Medical Change and Checklist Form
  - Teladoc Group Account Setup 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
  - Liberty HSA Transfer Form
  - HSA Enrollment Form
  - HSA Change Form
  - HSA IRS Form 1099-SA Instructions
  - HSA IRS Form 5498-SA Instructions
- Other Insurance Form: English and Spanish
- Right of Recovery-Accident/Injury Form: English and Spanish
- 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
  - Section 125 Dependent Care Reimbursement Forms
  - Section 125 Recurring Expense Service Form
  - Section 125 Direct Deposit Authorization Agreement
- Six Steps to Understand Your Benefits During Open Enrollment
- COBRA Continuation of Coverage (COC)
  - COBRA COC Qualifying Event Form
  - COBRA COC Enrollment and Checklist Form
  - COBRA COC Employer’s Termination Notice Form
- Health Information Authorization Form
Membership Guides Overview

Benefit Modifications = **Red Bold**; Language Modifications = *Underlined Italics*

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 Qualifying Event Information
   - The Standard Claim Procedures
   - The Standard Travel Assist Brochure
   - The Standard Life Enrollment-Change Form
   - The Standard Voluntary AD&D Coverage Form
   - The Standard Participation Agreements
   - 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 Emergent/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
   - Annual Enrollment Service Support Options
   - Employer Benefit Options
   - Provider Network Options
   - Open Enrollment Procedures
   - IEBP Billing Procedures
   - Benefit Guides Resources
   - Healthy Living Fact Sheets
   - Interlocals
   - Rerate Sheet Online Instructions
   - Annual Rerate Sheet
   - Annual Rerate Letters: 10.1 & Non 10.1
   - Health Reimbursement Arrangement (HRA)
   - Retirement Reimbursement Arrangement (RRA)
   - Navigate to a Health Savings Account (HSA)
   - Sample Section 125 Flex Agreements: Premium Only Plan with or without Qualifying Events, Standard Plan with or without Qualifying Events, Grace Period (two months and fifteen days) with or without Qualifying Events, Carryover (maximum $500 unreimbursed healthcare dollars) with or without Qualifying Events
   - COBRA Continuation of Coverage (COC)
   - Life Benefit Parameter Agreement
   - Annual Certification of Mandatory Distribution of Benefit Books and Plan Information with Employer Agreement to Distribute Notice of Privacy Practices
   - Sample Documents
     - Business Associate Agreement
     - Retiree Ordinance/Resolution
     - Employer Member Supply Request Form
     - Online Request Form for ID Card (Online Form Only)
Membership Guides Overview

Benefit Modifications = **Red Bold**; Language Modifications = *Underlined Italics*

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
   - Regulatory Reporting Data for Covered Individuals
   - How to Obtain Vital Record Documentation
   - FMLA Overview
   - Eligibility and Enrollment Definitions

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

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 *Performance* Improvement Plan
   - IEBP Member Rights and Responsibilities Statement
   - IEBP Information
   - Provider Portal/Website Services for Providers
   - Provider Network Assistance: United Healthcare Choice Plus PPO, ACO, Select Networks
   - Public/Private Alliance Provider Solution
   - Medication Therapy Management Program
   - Population Health Engagement
   - Provider Clinical Practice Guideline Resources
   - Provider Coding Guidelines
   - Prompt Pay Adjudication and Provider Claims Tracking and Handling
   - Sample *Periodic* Explanation of Benefits (EOB)
   - Electronic Fund Transfer Information
   - Sample Explanation of Payment (EOP)
   - How Benefits are Paid
   - Non-Duplication of Benefits
   - IEBP Protected Health Information Interface with Providers
   - Provider Satisfaction Survey
Membership Guides Overview

Benefit Modifications = Red Bold; Language Modifications = Underlined Italics

   - Member Let’s Get Educated Rights and Responsibilities Postcard
   - Introduction
   - MyHealthcare Cost Estimator (MyHCE)
   - MyClaim Look-Up
   - MyQuality of Life Programs
   - Care Path Descriptions
   - Specialties Linked to Care Paths
   - Care Path Definitions
   - Disclaimer

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 Diagram
   - Qualified High Deductible H.S.A. Health Plan Wellness Drug List
     (Over The Counter (OTC) Prescriptions, Patient Protection Affordable Care Act (PPACA) No Cost Share Mandates)
   - Health Savings Account (H.S.A.) Contribution Matrix Limits
   - Health Savings Account (H.S.A.) Catch-up Contributions
   - Health Reimbursement Account (HRA) Spenddown Pool Plan Agreement
   - Retirement Reimbursement Arrangement (RRA)
   - Benefits Debit Card Management Tips
   - IRS Form 1099-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
Membership Guides Overview

Benefit Modifications = Red Bold; Language Modifications = Underlined Italics

13. Spanish Guide

- Benefit Documents
  - Summary of Benefits and Coverage (SBC)
  - Enrollment Poster
  - Teladoc FAQs
  - Teladoc Getting Started

- Forms
  - Right of Recovery Form (Subrogation)
  - Other Insurance Form
  - Health Information Authorization Form
  - Satisfaction Surveys
    - Emergency Room
    - Behavioral Health
    - Generic
    - Telehealth
    - Inpatient Facility
    - Professional Health Coach
    - Medical Case Management

- Medical Intelligence Documents
  - Welcome to IEBP Letter (Health Coach)
  - Health Coach Flyer
  - Education Letter
  - Outreach Letter
  - Call Letter
  - Professional Health Coach Survey Letter
  - Case Management (CM) Survey Letter
  - CM-Self-Management Plan Letter
  - CM-Transition in Care for Parent Letter
  - CM-Transition in Care for Unable to Reach Letter
  - Wellbeing Assessment


- 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 Rx Creditable Coverage Part D (Rx) Reminder Letter
  - Pre Sixty-five Rx Non-Creditable Coverage Part D (Rx) Reminder Letter (for qualified high deductible H.S.A. health plans)
  - Pre Sixty-five Certificate of Creditable Coverage
  - Sample Fund Contact Retiree Letter and Options Form
    - Medical
    - Dental
    - Vision
  - Sample Pre Sixty-five Retiree Letter
  - Pre Sixty-five Retiree Medical Enrollment and Checklist Form
  - Pre Sixty-five Retiree Medical Change and Checklist Form
- Section II: Post 65 Retiree Benefit Options
  - Medicare Eligibility, Enrollment, and Entitlement Overview
  - UnitedHealthcare Post Sixty-five Retiree Options
    - Advantage Plan
    - Supplemental K
    - Either Prescription Option: If Supplemental and Advantage Plan Option has to be the same Supplemental F
    - Formulary G Generic in Gap
    - Either Prescription Option: If Supplemental and Advantage Plan Option has to be the same Formulary H Full Coverage in Gap
    - Supplemental Plans and Stand-Alone Prescription Options
    - Value add Dental and Vision Supplements
  - Sample Post Sixty-five Retiree Letter
  - Sample Post Sixty-five Retiree Enrollment Form
- Section III: Sample Employer Documents
  - Sample Employer Retiree Ordinance/Resolution
Healthcare Redesign in Texas

- **Stakeholder Alliance**
  - TML Support
    - Monthly article in TTC
    - Weekly article in Exchange
    - Facebook and Twitter access for positive information
  - State Capital Involvement in Innovative Healthcare for Texans
Your Time is Appreciated

Have a Great Day!