



What if you...

“”

- ...did not have to select a pre-packaged healthcare plan design(s)
- ...had a healthcare company with a consultative approach working with you to construct the ideal plan
- ...could integrate benefits, HR and Payroll platform into one
- ...provide equal or better benefits at a lesser year-over-year cost
- ...no longer turned over an unreasonable profit margin to an insurance company
- ...could provide plan participants with a concierge-level touch to customer service and personalized benefit advocacy
- ...received actionable plan performance reporting on a monthly basis

EVHC The Total Package



Consolidated Administration



Benefits, HR & Payroll



Benefit Advocacy



Custom Plan Designs



Equal or Better Benefits



Transparent Healthcare Costs



Consultative Approach



Keep Your Margin



Performance Reporting



Business Consulting Services LLC.

Contact us Today!

Matt Davlin

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☎ 208.724.5114

Margin

The difference between your set maximum claims liability and your actuarially expected claims is retained by the company

Stop-Loss Insurance

- Aggregate & Specific re-insurance

Administrative Services

- Customer service
- Claims adjudication
- Premium billing
- Plan reporting
- Utilization review
- Disease & demand management

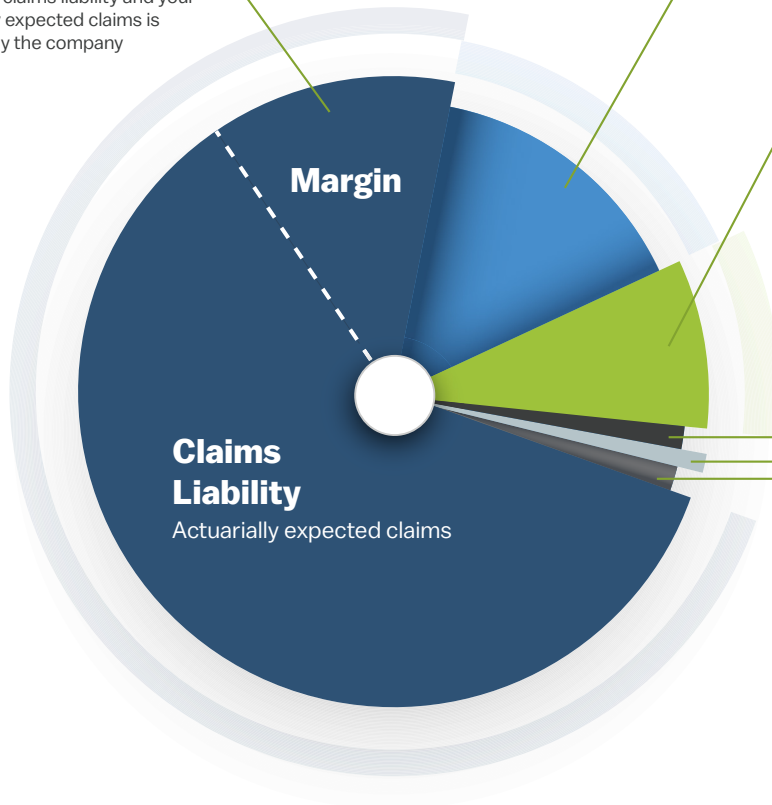
Provider Access

- Carrier-based networks
- Regional & national networks
- Out-of-network discounting

Pharmacy Benefits

- Prescription drug service
- Specialty pharmacy

HRIS Integration



Administrative Services

- Concierge-level customer service
- Claims adjudication
- Premium billing
- Plan reporting & consulting
- Utilization review
- Disease & demand management

Stop-Loss

25+ A-rated, US domiciled reinsurance partners including captives and markets that specialize in writing fully insured groups with limited data

Network

Choose from Cigna, Aetna and Anthem's Full PPO networks, reference-based pricing options and direct contracting solutions

Pharmacy

40+ Pharmacy Benefit Manager (PBMs) options, international sourcing and manufacturer assistance program review

HRIS/Payroll

Ability to connect with any HRIS and Payroll system



Mitigate Risk with Stop Loss Coverage

EVHC brokers an array of stop loss coverage options that help protect employers from high medical claims. Our stop loss plan management includes stop loss bid marketing, placement, contract management, reporting, claim filing and reimbursement management.

Advantages – The EVHC Difference

By utilizing our preferred relationships with leading stop loss carriers and our extensive and comprehensive medical and PBM reporting, EVHC can extend the maximum value to your clients. We offer employers the following advantages:



Competitive advantage by leveraging our preferred relationships and pricing to market and negotiate favorable rates with and unique solution with carriers.



Highly competitive rates due to our claims processing excellence, clinical expertise, unique cost containment strategies, quality of disclosure, and completeness of information provided to substantiate claims



Carrier commitments for faster reimbursement turnaround times, preferred disclosure requirements, and early renewal lock-ins.



Experience and expertise – With 50 years in the self-funded health benefit plan industry, our team of experts can tailor a comprehensive solution that includes:

- ☒ The recommended type of stop loss (specific, aggregate, or both)
- ☒ Deductible options
- ☒ Aggregate factors that match your goals and risk tolerance

Stop Loss Carrier	AM Best Rating*
Aetna	A-
Anthem Stop Loss	A
Berkley Accident & Health	A
Cigna	A
Granular Insurance	A-
HM Insurance Group (HMIG)	A
IOA Re	A
Optum	A
Skyward Specialty Insurance	A
Sun Life Financial	A+
Swiss Re Corporate Solutions	A
Tokio Marine HCC – Stop Loss Group (TMHCC)	A++

*Rating provided by Standard & Poor's.

EVHC's Stop Loss Services

Our dedicated stop loss team monitors, manages, and submits stop loss claims to the carriers for reimbursement. They provide the following services:

- ☑ Billing, receiving and forwarding premiums to the carrier
- ☑ Monitoring specific stop loss claims for timely filing and reimbursement
- ☑ Integrating data with carriers for efficient and timely claims reimbursement
- ☑ Coordinating and integrating with PBMs and specialty vendors for transplants, specialty drugs, and other services applicable to the stop loss contract
- ☑ Submitting final SPDs to the carriers and ongoing communication regarding plan changes
- ☑ Regular reporting to carriers on potential high dollar claimants
- ☑ Negotiating discounts directly with facilities and doctors
- ☑ Filing aggregate claims, including a final reconciliation performed within 30 days following the end of the plan year
- ☑ Providing underwriting support for plan design options and stop loss contract recommendations
- ☑ Providing detailed, comprehensive reporting for both specific and aggregate stop loss coverage





The Cutting Edge of Cost-Containment

When it comes to keeping costs low, Enhanced Claims Control closes gaps and helps ensure your money is being spent where it should be.

Enhanced Claims Control provides an additional layer of investigation and cost reduction on claims. This comprehensive set of services and tools is designed to reduce costs throughout all aspects of your plan.

How it Works

We aggressively pursue savings for out-of-network claims, subrogate claims to help eliminate unnecessary financial responsibility, use advanced data mining and prospective analysis to identify and mitigate fraud, conduct audits of select hospital bills, address total medical specialty drug spend, identify questionable provider billing patterns and negotiate deep discounts on kidney dialysis care.



Services and Tools Designed to Reduce Costs*



Critical Claims Unit

EVHC's Critical Claims Unit (CCU) uses a variety of approaches to help mitigate risk for claims that often have a propensity for billing errors, waste, and abuse and to drive savings by creating opportunities to negotiate savings and better payment rates.



Hospital Bill Auditing

We have special processes to scrub itemized bills, review doctors' orders and identify any billing issues. We then work with the facility to help resolve any questionable charges so you aren't stuck overpaying.



Subrogation Review

Our team performs an in-depth review of paid claims and screens for other liable parties, and if we discover another at-fault party, we'll work to help you recover any associated paid claims.



Out-of-Network Discounts and Fee Negotiations

Discounted healthcare doesn't have to be limited to in-network providers. If members visit an out-of-network provider, we provide a multi-tiered hierarchy of programs designed to take advantage of contracted discounts, cost-based reimbursement determinations, or negotiations.



Dialysis Cost Management

Dialysis care can be costly and long-term. We provide specialized claim review, care management and support, and discount negotiation for the course of treatment.



Fraud Services

With the industry experts at Covent Bridge, we use the latest in comprehensive investigative technology to mitigate risk for claims with a propensity for fraud. This provides you with peace of mind and drives savings.



Medical Specialty Drug

Powered by Archimedes, LLC, we provide employers with a complete specialty drug management solution backed by near real-time data that addresses total medical specialty drug spend, regardless of benefit design or configuration.



Waste and Abuse Protection

We bring sophisticated technology similar to what's used to monitor credit card purchase patterns to analyze historical claims for questionable provider billing patterns. We also use experienced waste and abuse-fighting experts to ensure claim dollars are being spent on valid claims, not bogus or padded ones.

Fees for Enhanced Claims Control are a percentage of any savings found.

*Availability of services and tools is based on network eligibility. Please contact your client manager for more information.

**For more information on Enhanced Claims Control,
contact your EVHC sales executive or client manager.**





One Call. ***Does it all.***



The same 24/7 Benefits Navigation and Member Advocacy now with more ways to maximize benefits and minimize financial impact



More Benefits Don't Have to Be More Confusing

As an employer you need to offer more and better benefits to compete for the best employees. But that creates a challenge as well. The more benefits you offer, the more confusing it can be for an employee to navigate those benefits. Who should they call, and when? And, what happens when a member needs more assistance, like a dedicated advocate to help them best utilize their benefits and deal with complicated benefits?

With Connect, one call does it all for your employees – with the assistance of a real person, 24/7.

Here's How Connect Works.

Your Employees Call Connect Any Time With:



Benefit Questions and Issues

- Determining claim balance
- Assisting with required healthcare forms
- Flex account questions
- Obtaining medical records for appointments
- Researching provider quality and credentials
- Scheduling provider appointments
- Claim status and appeals
- Understanding medical bills & explanations of benefits (EOBs)
- Pharmacy benefits
- Dental, flex, COBRA, or vision questions
- Employee Assistance Programs (EAP)
- Connecting to Life Management health & wellness team
- Finding in-network, cost-effective providers
- Assisting with elder care issues for children of aging parents
- Helping them get the most out of all their benefits
- Eligibility
- ID cards
- Voluntary benefits
- 401(k)
- HMO & other health plans
- Group life & health
- Pre-certification
- Negotiating out-of-pocket expenses



Connect Texts Your Employees

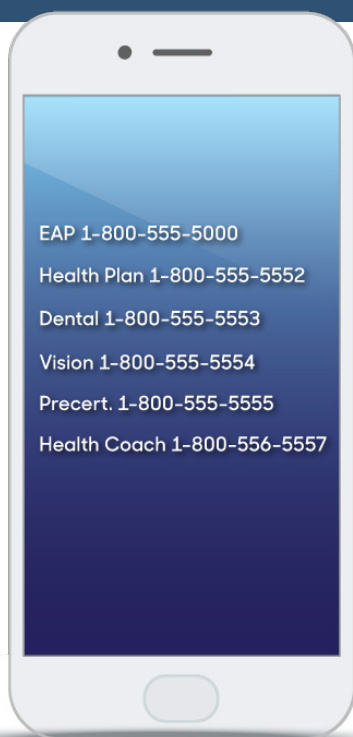
- Reminders about tools to help them (and you) save money by shopping for care
- Personalized reminders about their benefits to help them get the most out of their plan
- Cost-effective Rx tips
- Reminders about scheduling important doctor's appointments and tests
- And much more!

Connect Minimizes Financial Impact

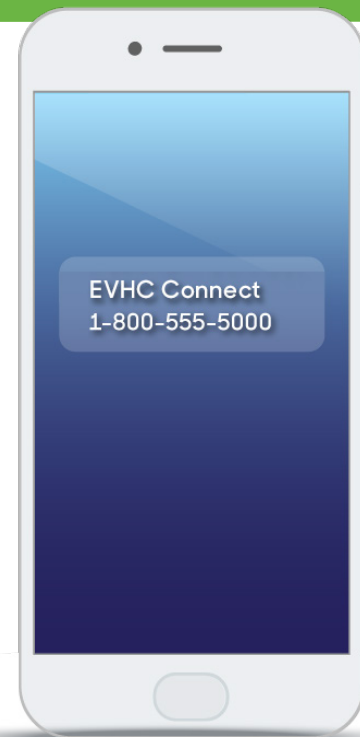
Connect is designed to help minimize the financial impact of your health plan and maximize your return on investment by addressing these major cost drivers:

- Cost-effective Utilization - We can assist members with finding an in-network, lower cost doctor or facility without sacrificing quality.
- Benefit Program Optimization - By connecting with members via text, phone, or email, EVHC can assist them in making full use of their benefits, which limits their out-of-pocket expenses and costly gaps in care.
- Benefit Support and Advocacy - Navigating a complex bill can be complicated and overwhelming. But through Connect, our advocates can help members understand their condition, maintain treatment compliance, and coordinate their care.

Typical contact list for employee benefits:



Contact list for employee benefits with Connect:



Benefits Navigation and Assistance Dedicated, Live Answer, Customer Service

When your members have benefit-related questions, a live person from Connect is available 24/7. No automated phone queues or the need to “press 1” for service. Just a live, caring advocate who is ready to help answer benefits questions, even if the answer requires them to connect the caller to another vendor within the benefit plan. We never tell the member to “hang up and call this number.” We personally transfer them to the vendor and stay on the line until another representative is ready to take the call.

Member Advocacy Guidance for Complex Benefit Issues

At times, members need assistance beyond the normal scope of benefits issues, such as understanding or negotiating a bill or finding a specialist at a fair price. Our member advocates are skilled benefits professionals who can provide one-on-one interactive, in-depth problem solving and assistance for members to help them understand their care and benefits and ease their minds. Our advocates guide members through their plan so that they have full access to their benefits and make the most out of their available resources.



Connect helps employees understand and get the most out of their benefits, which can lead to: fewer calls to your HR department, higher productivity and lower costs.

Your Benefits Program is a Valuable Asset

Make sure that your employees are using their benefits to the fullest, with the guidance and support of a trusted adviser. Connect takes your benefits to a new level, while improving the health and productivity of your members with dedicated benefits assistance and navigation, complex issue management with caring advocates. Even better, Connect provides all this and more day and night, every day.



Member information

Claims Submission

Network & copays

Pharmacy information

Member

Member: Member Name
Member ID: 0000555
Employer: ABC Company
Group No: 00001
Dependent Coverage: No

Member

EDI: Payer ID 35182
Mail: Evolution Healthcare
P.O. Box 2920
Clinton, IA 52733-2920

Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna

PPO Network

Cigna

Copays: Office Visit /\$25 Specialist/\$45

Pharmacy Plan

Rx Bin: 004336 **CVS/caremark**
PCN: CS2200 www.caremark.com
Rx Group: CS2200 Employee: 866.644.7527
Pharmacist: 800.364.6331

Retail Copays: Generic/\$10 Preferred/\$25 Brand/\$40
Mail Order Copays: Generic/\$20 Preferred/\$50 Brand/\$40

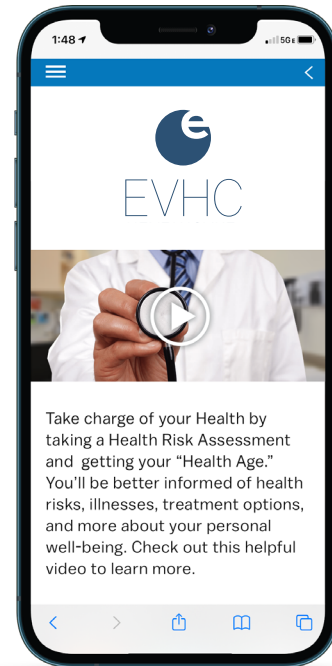
Confirm receipt of your new card

844-274-5819

from your mobile phone

Register your card for ease of connectivity

myEVHCwire Mobile Messaging



Admin and Support:

Brokers and Clients:

- Eligibility Specialists
- Implementation and Enrollment Support
- Dedicated Consultant and Account Management Teams

Members:

- Integrated Claims and Customer Service Unit
- Benefit Advocacy
- Clinical Coordination

Included in Every Proposal:



What We Need to Quote:

1. Current and last year's renewals on carrier paper.
2. Census including age, gender, zip, medical plan and medical tier.
3. Current benefit summaries to match.
4. Broker compensation.