2022 Open Enrollment Educational Session Medical, Prescription Drug and Health Savings Account (HSA) Updates Welcome!





Welcome

- For your privacy, you have been muted upon entry to this webinar
- We have reserved time at the end for Q&A
- If you have a question in the middle of the presentation, please use Chat feature
- This is a live recorded webinar so please refrain from asking personal health care questions (i.e., personal claims issues)

Thank You for Joining!

HIRE **RIGHT**

Agenda:

- Open Enrollment Reminder
- Session Overview
- Introduction to SimplePay Health
 - Who is SimplePay Health
 - How it Works
 - Member Experience & Technology
 - Financing & Health Savings Account
 - Added Benefits & Next Steps

Open Enrollment is Here!



November 8th – November 17th

- One time each year you can make changes for any reason
- Switch to a different plan
- Add or drop coverage
- Add or drop dependents
- Enrollment action is required for all 2022 benefits
 - If you do not act during open enrollment, your current enrollment elections will terminate 12/31/2021
 - If elections are not made during open enrollment you must wait until the next open enrollment period unless you experience a Qualifying Life Event (QLE) such as a change in marital status, the birth of a child, eligibility for Medicare or Medicaid etc.

HIRE **RIGHT**[®]

Today's Session will Cover:

- An introduction to SimplePay Health and the three medical plans being offered that will replace current offerings through Anthem Blue Cross of California effective 1/1/2022
- Information on our new Health Savings Account (HSA) administrator, Vive
 - Vive partners exclusively with SimplePay Health for a seamless HSA experience
- Information on 2022's incentive/HSA contributions

For more information on 2022 benefits please visit the Open Enrollment page at YourBenefitsCenter.com. Other changes include:

- Healthcare, Dependent Care FSAs and Commuter Benefits will now be administered by Navia Benefits
- Hospital Indemnity (previously with Aetna) and Critical Illness (previously with MetLife) will now be administered by The Hartford

INTRODUCING SIMPLEPAY HEALTH



FORGET EVERYTHING YOU KNOW ABOUT HEALTH INSURANCE.





Who is SimplePay Health?

Who is SimplePay Health?

- SimplePay Health has partnered with Aetna's National PPO Medical Network and a National Pharmacy Benefits Manager - MedOne, to provide a health plan that performs dramatically better for all stakeholders: patients, providers and employers.
- SimplePay Health plans offer a simplified plan design and payment model that provides price and quality transparency that naturally motivates individuals to self-select the highest quality providers in their community without reducing their choice of provider.
- Combined with a single monthly statement that eliminates all the billing and payment complexity under a traditional model, individuals can pay out-of-pocket costs over time from their personal accounts or HSA, all at 0% interest.
- The result is a lower cost and better-quality care for employees and their families.



Simplepay has Bench Strength through Our Partners

DO NOT LET THE DIFFERENT LOGOS CONFUSE YOU (IF ASKED WHAT INSURANCE YOU HAVE, PLEASE TELL YOUR PROVIDER <u>AETNA</u>)









 #5 on Fortune100
3rd Largest US Health Insurer



MedOne manages your Rx Benefits 2nd Largest
Independent US
Administrator

Powered by Aetna

- Largest US Benefit Administrator
- 4 Million+

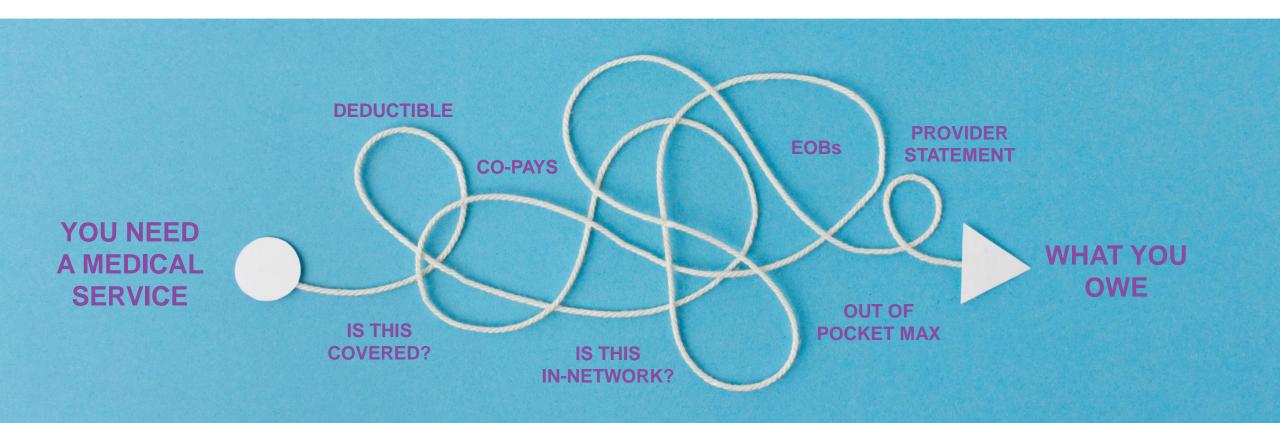
Members on Concierge Platform Largest US Well-Being Platform
#1 Choice by Fortune 100 Companies

Let's Explore How it Works...



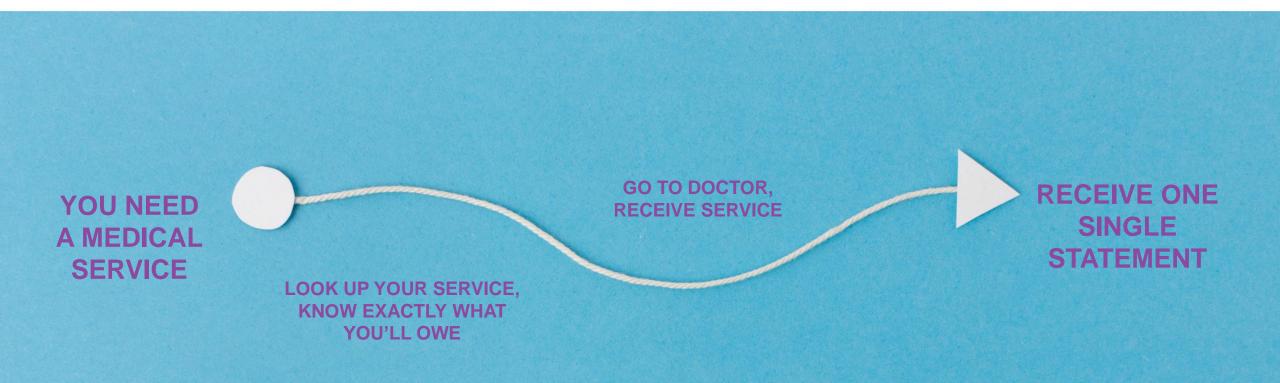
How it Works...

Your Current HealthCare Experience is Complicated





Your HealthCare Experience Simplified with SimplePay Health!





Your Benefits with SimplePay Health



*Health Savings Account (HSA) compatible health plans are required to meet a deductible as required by the IRS before plan benefits apply. HSA compatible plans being offered include the Value and Enhanced High Deductible Health Plans.

How We Do It

- SimplePay uses one of the largest healthcare databases in the country to evaluate the quality of service provided by Aetna's participating network providers. Providers are assigned a **tier ranking** at the procedure level to naturally steer members to the highest quality of care yielding the best possible member experience and outcomes. The quality metrics used to determine provider tiers include, but are not limited to, the following:
 - Medical Board Certified
 - Patient Outcomes
 - Re-admission Rates
 - Malpractice History
 - Operating Efficiency
 - Physician Years of Experience



Tier Structure Example *The Type of Care You Receive Matters!*





Note: The copays on this page are for illustrative purposes only

Specialist Visit

(Deductible/Coinsurance vs. SimplePay Copays)

Today	SIMPLEPAY – ENHANCED plan	SIMPLEPAY – ENHANCED plan	SIMPLEPAY – ENHANCED plan
Member Receives bills & Eobs for each provider!	Member Receives one monthly statement	Member Receives one monthly statement	Member Receives one monthly statement
Specialist visit: You owe \$150 X-ray: You owe \$120	Tier 1	Tier 2	Tier 3
Total: You owe \$270	All Providers: You owe \$30	All Providers: You owe \$40	All Providers: You owe \$65

Simplepay has "Door to door" Bundled billing/Payment for members

Assumes all services related to the specialist visit are performed with the same provider on the same date of service.



Advanced Imaging - MRI

(Deductible/Coinsurance vs. SimplePay)

Today	SIMPLEPAY – ENHANCED	SIMPLEPAY – ENHANCED S	SIMPLEPAY – ENHANCED PLAN
Member Receives bills &	Member Receives one	Member Receives one	Member Receives one
Eobs for each provider!	monthly statement	monthly statement	monthly statement
Radiologist : You owe \$150	Tier	Tier 2	Tier
MRI : You owe \$500	1		3
total : You owe \$650	All Providers: You owe \$140	All Providers: You owe \$190	All Providers: You owe \$315

Simplepay has "Door to door" Bundled billing/Payment for members

Assumes all services related to MRI are performed with the same provider on the same date of service.



Inpatient Heart Surgery

(deductible/Coinsurance vs. SimplePay)

Today	SIMPLEPAY – ENHANCHED PLAN	SIMPLEPAY – ENHANCHED PLAN	SIMPLEPAY – ENHANCHED PLAN
Member Receives bills & Eobs for each provider!	Member Receives one monthly statement	Member Receives one monthly statement	Member Receives one monthly statement
Surgeon: You owe \$1,000			
Surgery Center: You owe \$2,000			
Pathologist: OOPM Reached			A + A
radiologist: OOPM Reached Anesthesia Bill: OOPM Reached	Tier 1	Tier 2	Tier 3
Total: You owe \$3,000	All Providers: You owe \$1,300	All Providers: You owe \$1,600	All Providers: You owe \$1,750

Simplepay has "Door to door" Bundled billing/Payment for members



Plans Offered through SimplePay Health – Medical Benefits

		SimplePay	Core Plan		S	implePay Value HDHP			SimplePay Enhanced HDHP				
	Tier 1	Tier 2	Tier 3	Out-of- Network	Tier 1	Tier 2	Tier 3	Out-of- Network	Tier 1	Tier 2	Tier 3	Out-of- Network	
Carrier Network	Aetna Choice POS II					Aetna Choice POS II			Aetna Choice POS II				
Annual Deductible		Non	e		\$2,0)00 per individual /	\$4,000 per family		\$1,500 per individual / \$3,000 per family				
Annual Out-of-Pocket Maximum	\$5,7	750 per individual /	′ \$11,500 per fami	ly	\$5,0	00 per individual /	individual / \$10,000 per family			\$3,350 per individual / \$6,700 per family			
Savings Account Eligibility	Fle	xible Spending Acc	count (FSA) Eligible	2	He	ealth Savings Accou	int (HSA) Eligible		Health Savings Account (HSA) Eligible				
Employer Contribution to Savings Account	None				Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year			Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year					
Office Visit	\$30	\$40	\$65	\$80	\$15	\$20	\$30	\$40	\$15	\$20	\$30	\$40	
Specialist Visit	\$55	\$75	\$125	\$150	\$30	\$40	\$65	\$80	\$30	\$40	\$65	\$80	
Teladoc	No Charge	No Charge	No Charge	Not Covered	No Charge	No Charge	No Charge	Not Covered	No Charge	No Charge	No Charge	Not Covered	
Chiropractic (20 visits per calendar year)	\$55	\$75	\$125	\$150	\$30	\$40	\$65	\$80	\$30	\$40	\$65	\$80	
Diagnostic Lab and X-ray	\$80	\$110	\$180	\$225	\$40	\$55	\$90	\$110	\$40	\$55	\$90	\$110	
Urgent Care	\$55	\$75	\$125	\$150	\$30	\$40	\$65	\$80	\$30	\$40	\$65	\$80	
Emergency Room	\$525 (copay waived if admitted)				\$265 (copay waive	d if admitted)			\$265 (copay w	aived if admitted)		
Inpatient Hospital Services	\$2,850	\$3,800	\$5,750	\$6,900	\$1,425	\$1,900	\$3,165	\$3,800	\$1,300	\$1,600	\$1,750	\$2,500	
Outpatient Surgery	\$925	\$1,235	\$2,050	\$2,500	\$465	\$615	\$1,030	\$1,236	\$465	\$615	\$1,030	\$1,240	

Plans Offered through SimplePay Health – Prescription Drug Benefits

		SimplePay Core Plan			SimplePay Value HDHP			Р	Sim	plePay En	hanced HD	OHP
	All other In- Network Pharmacies	CVS	Walgreens	Out-of- Network	All other In- Network Pharmacies	cvs	Walgreens	Out-of- Network	All other In- Network Pharmacies	cvs	Walgreens	Out-of- Network
Deductible		Deductible d	oes not apply			Medical dedu	ctible applies		Medical deductible applies			
Out-of-Pocket Maximum*	Prescriptions	subject to med	ical out-of-pock	et maximums	Prescription	s subject to med	ical out-of-pocke	t maximums	Prescriptions subject to medical out-of-pocket m			t maximums
31 Day Supply (R	etail Pharmacy)											
Generic	\$5 copay	\$10 copay	\$20 copay	Not covered	\$5 copay	\$5 copay	\$10 copay	Not Covered	\$5 copay	\$5 copay	\$10 copay	Not Covered
Preferred	\$45 copay	\$50 copay	\$85 copay	Not covered	\$10 copay	\$15 copay	\$25 copay	Not Covered	\$10 copay	\$15 copay	\$25 copay	Not Covered
Non-Preferred	\$65 copay	\$80 copay	\$130 copay	Not covered	\$15 copay	\$15 copay	\$30 copay	Not Covered	\$15 copay	\$20 copay	\$30 copay	Not Covered
90 Day Supply (Ho	me Delivery)											
Generic		\$10 copay		Not covered		\$10 copay		Not covered		\$10 copay		Not covered
Preferred		\$90 copay		Not covered		\$25 copay		Not covered		\$25 copay		Not covered
Non-Preferred		\$130 copay		Not covered		\$30 copay		Not covered		\$30 copay		Not covered
Specialty**		\$85 copay		Not covered		\$15 copay		Not covered		\$15 copay		Not covered

Plans Offered through SimplePay Health – Bi-Weekly Payroll Deduction

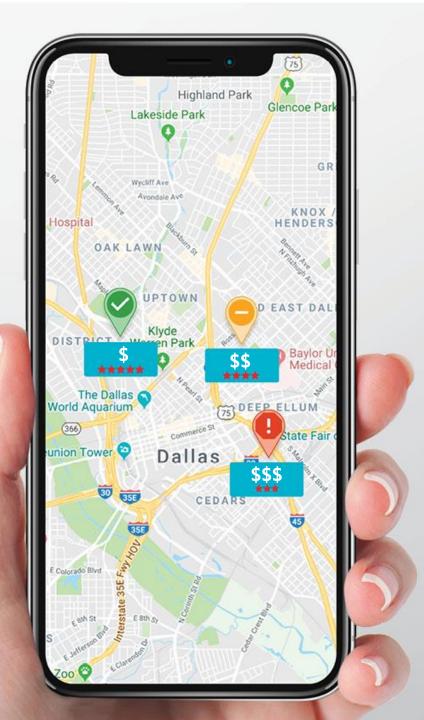
	SimplePay Core Plan	SimplePay Value HDHP	SimplePay Enhanced HDHP	
Gross Salary <\$30K				
Team Member Only	\$36.86	\$44.97	\$73.57	
Team Member + Spouse or Domestic Partner	\$95.85	\$116.89	\$191.21	
Team Member + Child(ren)	\$78.41	\$95.64	\$156.44	
Team Member + Family	\$155.80	\$190.02	\$310.78	
Gross Salary \$30K – \$59K				
Team Member Only	\$46.93	\$57.24	\$93.64	
Team Member + Spouse or Domestic Partner	\$117.96	\$143.90	\$235.33	
Team Member + Child(ren)	\$96.49	\$117.70	\$192.50	
Team Member + Family	\$186.95	\$228.03	\$372.94	
Gross Salary \$60K-99K				
Team Member Only	\$50.26	\$61.33	\$100.31	
Team Member + Spouse or Domestic Partner	\$125.34	\$152.88	\$250.03	
Team Member + Child(ren)	\$102.52	\$125.07	\$204.55	
Team Member + Family	\$197.34	\$240.69	\$393.66	
Gross Salary >\$100K				
Team Member Only	\$53.60	\$65.36	\$106.88	
Team Member + Spouse or Domestic Partner	\$132.65	\$161.81	\$264.66	
Team Member + Child(ren)	\$108.55	\$132.38	\$216.50	
Team Member + Family	\$207.73	\$253.36	\$414.38	



The Member Experience & Portal Demo

FIND YOUR PHYSICIAN & DESIRED PRICE

or call your Health Pro

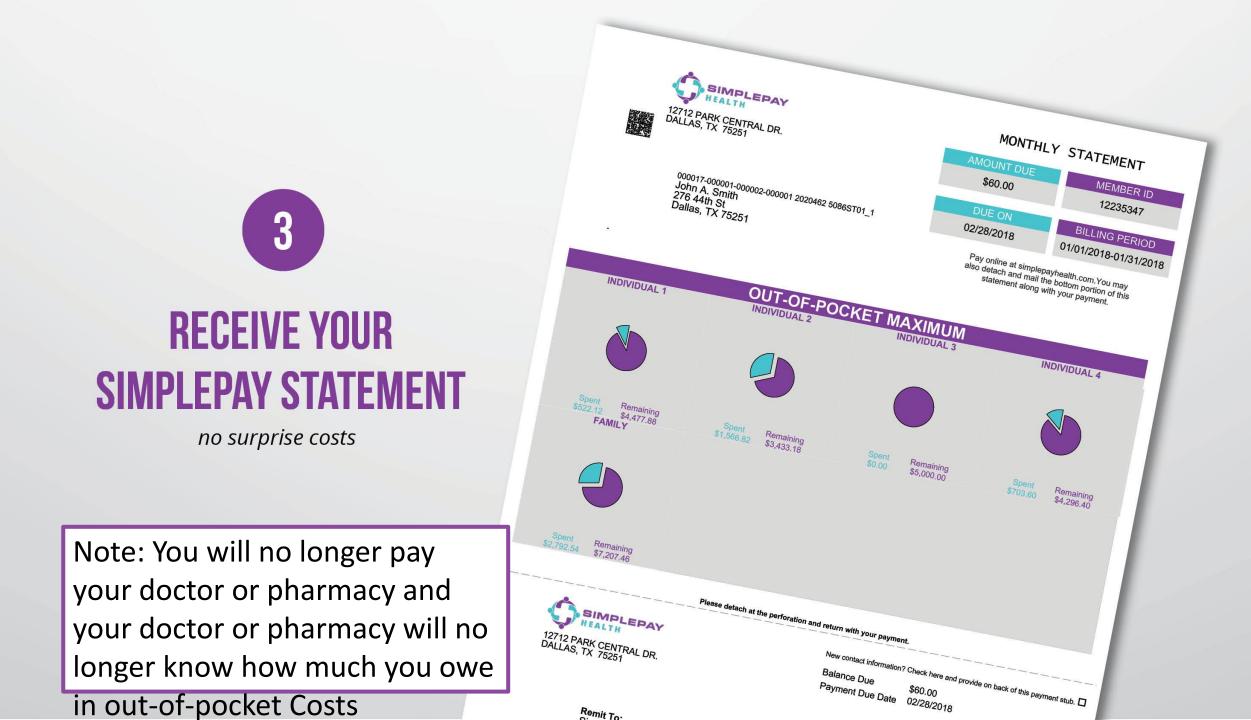


2 SHOW YOUR SIMPLEPAY HEALTH CARD

AT TIME OF SERVICE

you pay nothing

An Ascene Company Member	Medical Plan
HireRight Group #: 18322 Member: FIRST NAME LAST NAME Member ID: 123456789123 Division: 007	Coverage: Aetra Network Coverage: Aetra Network Coverage: Plan: Aetra Choice POS II No Patient Responsibility Owed at Time of Service. Plan will pay provider the full contract rate. Pharmacy Plan
Important Information Deductible and OOP Amounts (Single/Family): INN/ OON Deductible \$1,500/ \$3,000 INN OOP Max \$3,350/ \$6,700	RXBIN: 610311 RXPCN: MD1 RXGRP: HRGHT Member: 800.606.3564 Pharmacy: 855.210.6985



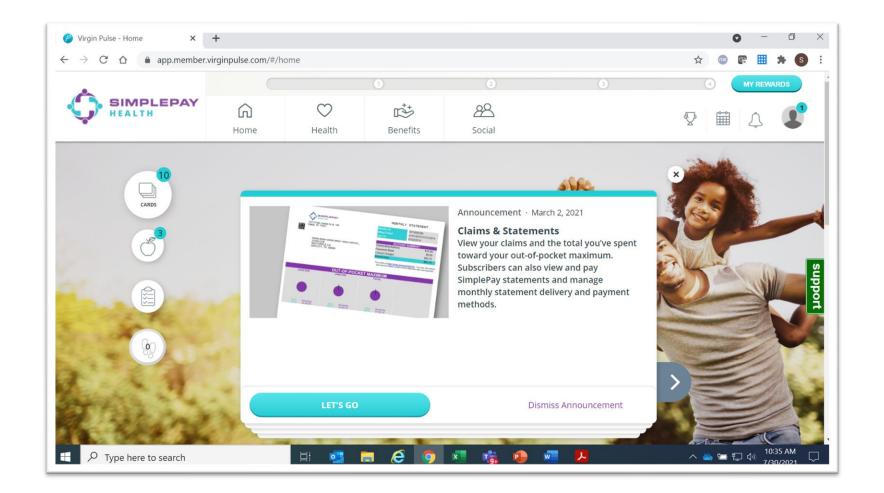
Member Portal Demo



Download the SimplePay Health App:







Financing & Health Savings Account (HSA)

Built in Financing – Copay Plans

(Giving you financing equal to or better than Providers)



No payment required at time of service.

Statements will be paid automatically by preset payment account

0% interest payment plans with autopay feature

Payment plans don't exceed \$100 per month unless

your total outstanding balance exceeds \$5,000*

*Minimum Payments for Balances Over \$5,000 will be Evaluated based on affordability for the member but in no case will the minimum payment exceed \$375 per month



Built in Financing – HDHP Plans

(Giving you financing equal to or better than Providers)

I R PAVIA



3

No payment required at time of service.

- Pre-tax payment Advantages
- 0% interest payment plans Tied to minimum HSA
 - Contribution

To participate in HDHP, Member must make minimum monthly contribution

Employer Spending Account Contributions

- Effective 1/1/2022 we will be replacing our incentive program with an automatic monthly employer contribution to eligible Health Savings Account (HSA) plans.
 - HSA eligible plans include the Value and Enhanced High Deductible Health (HDHP) plans.
 - If you have an HSA account with Anthem Actiwise, you have the option to rollover funds to your Vive HSA account for a **\$25 processing fee.**
 - Like last year, you will need to submit a Consent Form via our new administrator's portal no later than **January 31, 2022.**
 - If you do not wish to rollover your Anthem Actwise funds, then you will be responsible for the monthly administration fee until you close your account.
- The Core plan is no longer incentive eligible due to the elimination of the plan's deductible in 2022.



Employer Spending Account Contributions

HireRight Contributions:

- Individual Coverage: \$70 per month / \$840 per year
- **Family Coverage:** \$140 per month / \$1,680 per year Note: you must be enrolled in one of the Health Savings Account (HSA) eligible plans. HSA eligible plans include the SimplePay Health Value and Enhanced HDHP plans.

IRS Annual Contribution Limit

(includes HireRight Contributions)

- Individual Coverage: \$3,600 per year
- Family Coverage: \$7,200 per year
- Contribute an additional \$1,000 per year if age 55 +



Sign Your Patient Financial Agreement & Provide your Preferred Payment Account

Step 1 - Sign your Patient financial Agreement included in your Benefits system as part of Open enrollment

Step 2 - tell us your preferred payment account for the Automatic payment program by completing the form in your benefits system as part of open enrollment*

Financial Agreements and Opt-out Forms are a part of the PlanSource open enrollment experience during your medical plan selection.

*If you do not have a Credit card or Bank Account available for the payment Protection program, please notify your Benefits team

Added Benefits and Next Steps

SimplePay Health Pro Services



Have questions? <u>HealthPro@simplepayhealth.com</u> 800-606-3564.

- Assist in Finding a provider
- Setting appointments with Providers
- Available for open enrollment questions
- Available for insurance questions
- Resolving billing issues with provider
- Recommending top providers

Innovative Solutions Available to You				
WONDT HEALTH FORMERLY NATURALLY SLIM	Weight loss and Healthy Eating			
CLAIR [`] TY ^{**}	Digestive Health			
Livongo [®]	Diabetes and Hypertension			
Joyages	Mental Health			
O Regenexx®	Musculoskeletal – Surgery Alternative			
ovia [™]	Fertility, Pregnancy, and Parenting			
C 2 2nd.MD	Second Opinion Services			
Nirgin Pulse	Health and Wellbeing Platform			
TELADOC	Telemedicine Services			

Virtual Visits at No Cost!

Common Treatments

- Allergies
- Bronchitis
- Common cold
- Rash
- Sinusitis
- Strep
- Pink eye



Common Treatments

- Asthma
- Flu
- Fever
- Headache & Migraine
- Poison Ivy
- Respiratory Infection
- Ear infection

Please Tell Us if You Have Other Insurance

If you are enrolling in the Simplepay health plan and have secondary insurance coverage, the coordination of benefits form MUST be completed.

You must complete the form if you are covered under Medicare/Medicaid or financial assistance through your provider.

The completion of this form ensures we properly process your claims in a timely manner and allow you to coordinate with a secondary payer. SIMPLEPAY HEALTH SimplePay Health 12712 Park Central Drive, Suite 100 Dallas, TX 75251

ACTION REQUIRED: PLEASE COMPLETE AND RETURN WITHIN 30 DAYS

SimplePay Health Members with Medicaid, Medicare, and Provider Financial Assistance

Per your SimplePay Health employer-sponsored group health plan (the "Plan"), if you or your enrolled dependent are also entitled to Medicaid, Medicare, or financial assistance from a healthcare provider, the Plan will be the primary coverage, and Medicaid, Medicare, or the financial assistance will be the secondary coverage.

Coordination with these secondary payers requires an alternative cost-share structure than your out-of-pocket costs being comprised of <u>SimplePays</u>. Adjustments to the claims and statement process must be made; therefore, <u>members eligible for Medicaid or Medicare or considering accepting financial assistance from a provider must</u> <u>notify the Plan in advance</u>. With these adjustments the Plan will pay the impacted providers at a set coinsurance rate (percentage) equal to the value of your health plan design. Your Plan's value is 76%, meaning that the Plan will cover 76% of a claim's cost, and you will cover the remaining 24% (up to your out-of-pocket maximum). Your out-of-pocket costs will no longer be reported on your SimplePay statements, and you will be responsible for:

 coordinating with your provider to ensure any out-of-pocket costs are billed to and paid by your secondary payer, or

- paying your provider the out-of-pocket cost for your medical and pharmacy claims.

In most cases, your secondary payer will pay all or part of these out-of-pocket costs for you; however, SimplePay Health and your Plan **do not guarantee** secondary payer coverage of your out-of-pocket costs, and once you elect this secondary payer payment process, SimplePay Health **will not** reprocess claims for impacted providers under your typical SimplePay Health benefits.

SimplePay Health Members with Other Private Insurance

If you or a covered dependent on the Plan also have other private secondary insurance (including COBRA), you are responsible to coordinate with that plan for payment of your out-of-pocket amounts owed on your SimplePay Health statement. If you would like assistance in coordinating with your secondary insurance plan, please reach out to your Health Pro at <u>healthpro@simplepayhealth.com</u> or 1-800-606-3564.

If secondary coverage is not reported to SimplePay Health in advance, all patient responsibility amounts (SimplePays) will be your responsibility to pay.

Please provide up-to-date information on the enclosed form regarding any additional insurance coverage or financial assistance from a healthcare provider that you or your covered dependent(s) may have. We must have your reply each Plan year to avoid delays in processing your claims.

Return the enclosed form within 30 days to:

Mail: SimplePay Health, 12712 Park Central Drive, Suite 100, Dallas TX, 75251

Email: healthpro@simplepayhealth.com



Expect to be Contacted by our Care Managers if You Are Searching For OR Receiving Higher Levels of Care





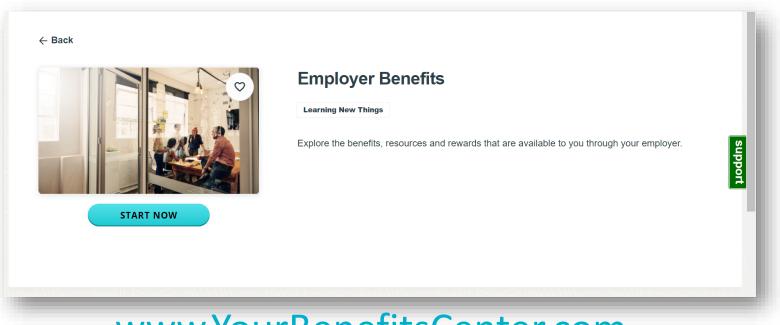
Submit Prior-authorizations on High-cost Medications



Forms to be provided via Email and will be posted on the Benefits page



Where To Go For More Information



www.YourBenefitsCenter.com

https://employers.simplepayhealth.com/Hireright-core https://employers.simplepayhealth.com/Hireright-value-hdhp https://employers.simplepayhealth.com/Hireright-enhanced-hdhp

Questions?







THE FACE YOU MAKE WHEN YOU REALIZE HEALTHCARE IS NOW SIMPLE.



