

# The Ideal Health Plan



## Risk

### Risk Management

- Obtain and facilitate reporting requirements for medical underwriting and renewals
- Perform medical review necessary for medical underwriting; assess/troubleshoot any potential lasers
- Secure and negotiate health plan reinsurance premiums
- Aid in the selection and ongoing monitoring of third-party administrator and other plan vendors
- Ensure financial and performance data are provided to Financial and Account Management Team
- Perform frequent plan evaluation services to ensure the most optimal plan performance, member experience, and cost savings
- Work with Financial Management on ongoing performance reports
- Negotiate and secure direct contracts with facilities and providers on large and single case basis



## Members

### Account Management

- Provide an encyclopedic knowledge of the medical risk management/insurance industry
- Stay up to date on market trends, financial and legal compliance issues
- Work with vendors to resolve routine escalated issues
- Participates in calls or client meetings as needed
- Aid members and HR in resolving any issues as they arise
- Maintain an accurate and detailed follow up system to ensure customer service issues are addressed
- Manage initial and renewal paperwork signatures as provided by Risk Management team
- Provide real time support to internal HR staff



## Finances

### Financial Management

- Analyze and provide reports on financial data received
- Prepare and interpret financial and performance summaries
- Educate client on financial implications of plan changes and trends
- Assist with mandated filings related to the plan
- Answer questions about the overall strategy
- Advise on strategies for cash management related to the plan
- Ensure the plan maintains proper documentation following industry guidelines
- Coordinate with risk and account management to ensure plan meets client objectives, resources and risk profile requirements

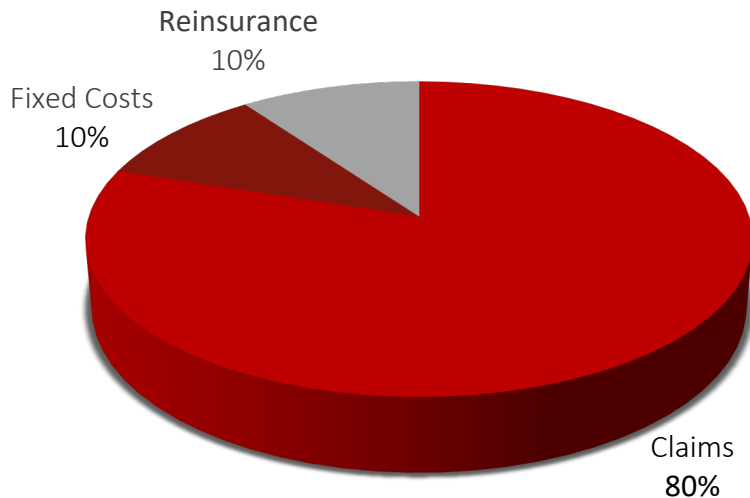
# The Problem

82% of Business Owners and their HR staff are unhappy with their current health plan offerings and its cost.

There are many issues that employers are facing regarding their fully-insured or even bundled self-funded group health plans.

The costliest and most difficult problem to mitigate is the plan's claims cost. Claims cost typically makes up at least 70% of an employer's total health plan cost, yet most fully-insured and bundled health plans hide the details of what drives that cost.

...And that is completely by design.



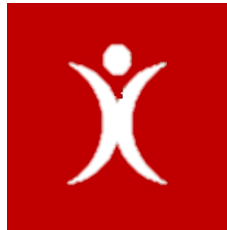
## No Transparency

Fully-insured and bundled self-funded health plans do not provide the necessary data that an employer needs to understand their costs or make any strategic decisions.



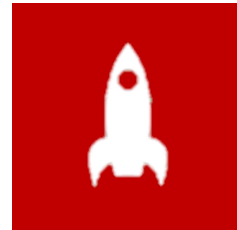
## No Flexibility

Fully-insured and bundled self-funded health plans also prevent employers from changing or replacing key components of the plan that may not be working out.



## No Freedom

All in all, fully-insured and bundled self-funded health plans mean there is little to no freedom and/or control.



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## Current State of Your Plan

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Your group likely has access to some level of aggregated data about the utilization and performance of the plan. However, the devil is in the details, and the granular data is not disclosed since it is currently fully insured or bundled self-funded. All observations and analyses made about the plan are keeping those realities in mind.

This should not be an afterthought, however. It is an observation, granular detail is not available on YOUR group, YOUR utilization, YOUR costs and YOUR risks.

# The Solution

## Implement an un-bundled, self-funded health plan solution.

This solution provides the following benefits:



### TPA Choice

Choice of best-in-class administration. The ability to hire and fire the third-party administrator based on performance without disrupting the other pieces that are working. If you're unhappy with your TPA, get rid of them and find another without gutting your plan.



### Network Choice

Doctors and hospitals are contracting directly with employers daily – why don't you? It allows for a custom network to be built based on your employees' needs.



### Rx Control

This is a major benefit in controlling costs in both pricing and plan design options with more and more specialty drugs and bio similar drugs coming on the market today.



### Flexibility

Customize your plan design based on your needs as a company and your employee needs. You are no longer restricted to a network or specific carrier offerings. Plan design is now strategic and proactive rather than reactive, choosing the best of the worst options.



### Better Benefits

Being able to customize means you can add new technology like tele-medicine, no co-pays for certain doctors or hospitals, no cost behavioral health therapy with board certified therapists, etc.



### Transparency

Transparency of fees and costs is an in-valuable benefit for decision making. The plan is paid for by your group's money. This means you should see where, when and how, every dollar is spent.

# Proposed Service Providers



## TPA Choice

VAULT coordinates the services of several best-in-class TPAs. For a group your size, VAULT will work with you and your broker to identify the right TPA for your group.



## Network Choice

We support Value Based Pricing strategies as well as direct contracting and PPO agreements. VAULT will work with you and your broker to identify the best network option(s) that meet the needs of your employees, while still providing the opportunity to identify cost savings measures.



## Rx Control

VAULT works with and recommends the leading Pharmacy Benefit Managers in the world. VAULT will work with you and your broker to select the best formularies, and PBM to optimize the distribution of savings to your group.



## Flexibility

We will work with you to identify any specific changes you want in your health plan design. We can include/exclude/change any treatment types or services. This makes your plan, your plan. In addition, we can embed specific service protocols that ensure cost management and the best possible outcomes for your employees.



## Better Benefits

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## Transparency

Transparency of fees and costs is an in-valuable benefit for decision making. The plan is paid for by your group's money. This means you should see where, when and how, every dollar is spent.

# Did You Know?

6% of enrollees spend

# 80%

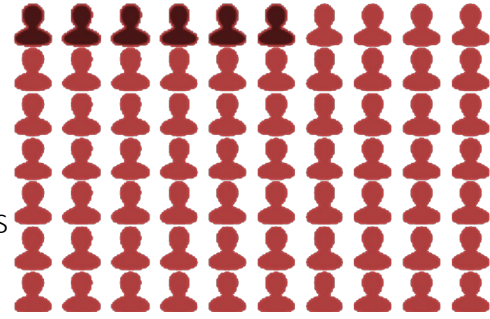
of plan dollars

20%

ARE MISDIAGNOSED

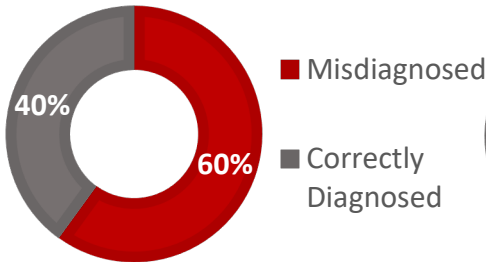
40%

HAVE WRONG OR SUB-OPTIMAL TREATMENT PLANS

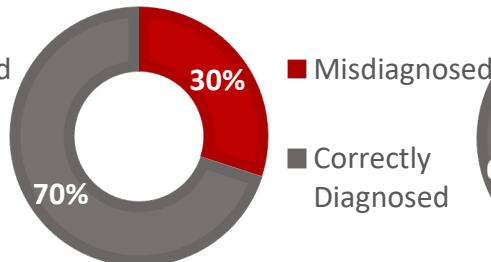


## Second Opinions Matter

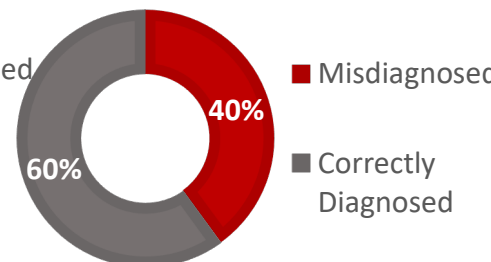
### SPINE SURGERY



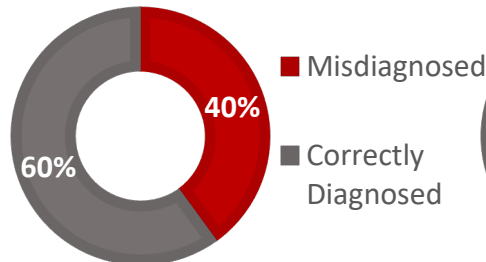
### CANCER TREATMENT



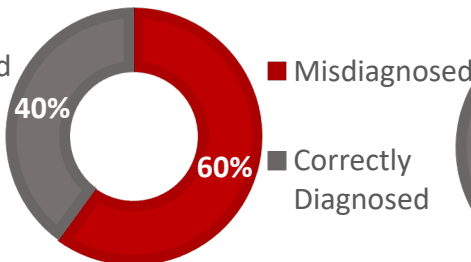
### STENTS



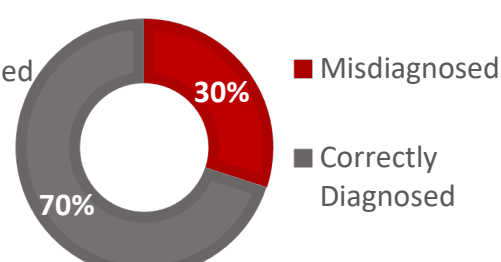
### TRANSPLANT SURGERY



### BYPASS SURGERY



### KNEE SURGERY



## Our Business Model

When someone's healthcare needs are complex, the most convenient option may not be the best.

Even the closest, high-reputation, regional academic medical center may fall short for the patient and their needs.

Assists patients in getting world-class advice and treatment



Confirm and/or correct diagnoses

