



BHCG-Centivo High-Performance Health Plan Overview.

A new high-quality affordable health plan solution for
Stone Bank School District's employees

November 2023

CENTIVO.

BHCG BUSINESS
HEALTH CARE
GROUP
Leading change. Creating value.

Addressing Stone Bank School District's business imperative

As an employer doing business in Wisconsin, you are facing the harsh reality that health care in your market is unaffordable for employers, employees and their families. The status quo is simply unsustainable.

The Business Health Care Group (BHCG) has selected Centivo as their partner to deliver a new purchasing model that drives sustainable, cost-effective health care for the Wisconsin market. BHCG and Centivo's goals include: 1) affordable health care for employees and their families, 2) high quality care, 3) cost sustainability for the business community and 4) provider compensation tied to value. Centivo's administrative services, efficient claims processing, advanced cost controls, employer analytics and integrated stop loss will help BHCG, and the business community, achieve these goals.

Results everyone appreciates

Employers who have switched to Centivo are seeing tremendous results, including **total cost of care savings averaging 23-36%**. Members also benefit, with a **75% reduction in out-of-pocket expenses**, which encourages both plan enrollment and proactive utilization. These savings are derived from influencing more cost-effective patterns of healthcare utilization—for example, we've seen the following across our membership:

↑ Primary Care visits 35% above benchmark	↓ Inpatient admits 8% below benchmark	↓ Emergency Room visits 17% below benchmark
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*Savings and utilization based on Centivo WI Book of Business results, 2022 vs moderately managed benchmark

When you prioritize excellence, savings follow

Introducing the High-Performance Health Plan

Centivo exclusively directs patients to providers who meet high-quality care standards, negotiating significantly discounted rates in exchange. These savings are shared by employers and employees alike. And these Primary Care teams act as true partners in care to ensure adequate, cost-effective treatment. Lower out-of-pocket costs encourage employees and their families to get the care they need when they need it, avoiding more serious health issues and improving outcomes, further reducing costs.

A better, more simple experience

Centivo supports the health plan strategy that's right for your organization and culture. With the option to offer our High-Performance Health Plan alongside traditional plan options using the Health Payment



Systems (HPS) network, and with the inclusion of Centivo's Virtual Primary Care practice, care becomes even more accessible and affordable with no forced disruption. Here's how we've designed the experience:

Affordable, no-nonsense plan designs

- Free primary care, no deductibles and predictable copays.
- An average out-of-pocket cost of \$400 for members.

Better access to measurably better primary care

- A dedicated Primary Care Team that ensures employees get the care they need and make more informed healthcare decisions.
- A market-leading advanced virtual primary care solution—the first in the nation to be PCMH-certified—opens up access to workers who too often go without care because of work schedules, income, geography or preferences.

Our proprietary high-value network that delivers on quality and cost

- A curated network of respected providers that meet strict price and patient-outcome criteria—Centivo is proud to partner with high value health systems in Wisconsin to bring reputable care at an affordable cost.
- An optional broad-network access via traditional carrier if preferred.

Please refer to this proposal's appendix for a more detailed summary of Centivo's services, including network development, care management and plan administration.

Level funding—because predictability feels good too

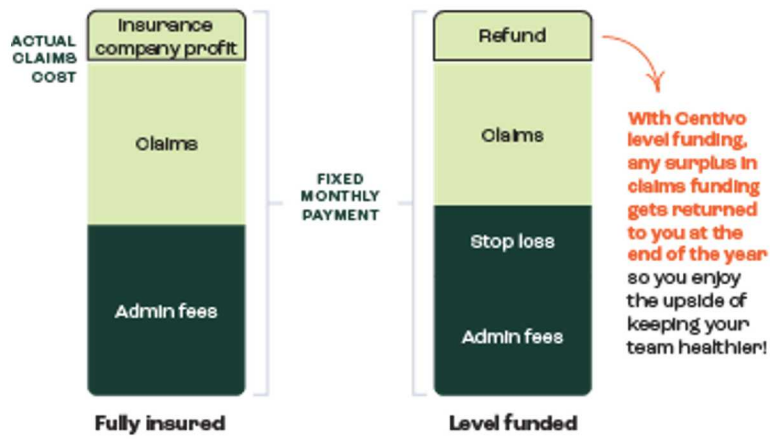
Nobody likes surprises, especially when they come in the form of unexpected monthly claims. Centivo level funding combines the predictable monthly billing of a traditional insured health plan with the control and benefits of a self-funded arrangement.

Level funding provides a fixed monthly payment consisting of:

- **Claims:** Your maximum annual claims divided into 12 equal payments. You won't be responsible for more than the maximum liability and, if claims fall below that level, you'll get back any surplus.
- **Stop Loss:** Added protection to limit your risk by placing caps on your individual and total claims exposure.
- **Admin fees:** Covers claims processing, billing, customer service, account management, reporting and other administrative services.





How it works:



Benefits of Centivo level funding:

- 100% of unused claims funds returned
- Fixed predictable monthly bills
- Robust claims data
- Bundled, transparent PBM with pass-through savings
- State premium tax exemptions
- Built-in individual and aggregate stop-loss protection

Proposed plan design

	High Performance Health Plan	HRA 3000
TYPICAL AV	~90%	~80%
Plan Administrator	CENTIVO.	CENTIVO.
Network	CENTIVO. (WI-2)	
 PCP & referrals required	Yes	Yes
Deductible	None	\$3,000/\$6,000
Out-of-pocket maximum	\$3,000/\$6,000	\$6,000/\$12,000
PCP visits	FREE	\$15
Specialists	\$30	\$50
Basic labs/imaging	MH Imaging: \$0 All others: \$10/\$200	MH Imaging: \$0 All others: 20% after ded.
Outpatient surgery	\$350	20% after ded
Inpatient hospital	\$700	20% after ded
Urgent care	\$100	\$100
Emergency room	\$200	\$300
Rx	\$20/\$45/\$80/30%	\$20/\$45/\$80/30%
Rates	Billed Max Tiered Max (Illustrative)	Billed Max Tiered Max (Illustrative)
Employee	\$1,830.38 \$889.17	\$1,853.88 \$952.26
Family	\$1,830.38 \$2,017.23	\$1,853.88 \$2,160.35

Proposal is subject to final underwriting and firm stop loss.

Employee contributions are subject to final approval by Centivo
Surplus is paid out based on a collective accounting, not by individual plan performance.

Payment projections

The chart below shows your total payment “Billed max”, the expected annual cost (based on your previous year’s claims trended forward one year) and scenarios where claims come in lower or higher than what we’ve projected. As you can see, if your actual claims spend comes in anywhere underneath the Billed Max, which we fully expect to be the case, you will have the surplus returned to you.

	Status Quo	Centivo - Level Funded (11 months)				
	Current	80%*	90%*	100%* (Expected)	120%* (Proj. max)	120% (Billed max)
Total spend	\$523,991	\$392,714	\$413,172	\$433,629	\$474,543	\$486,063
\$ vs current		-\$131,276	-\$110,819	-\$90,362	-\$49,448	-\$37,928
% vs current		-25%	-21%	-17%	-9%	-7%
Surplus potential**		\$110,004	\$88,839	\$56,154	\$11,520	\$0

* Totals reflect \$40 PEPM in projected rx rebates

** Surplus includes \$40 PEPM in projected rx rebates

HRA savings under Centivo not shown. Savings will be based on % HPP enrollment

Proposal is subject to final underwriting and firm stop loss



Pricing and fixed costs summary

The chart below outlines expected enrollment by plan and associated costs for each plan that bring us to the total monthly and annual cost calculations for each component – fixed cost, claims and maximum cost. You will also find a summary of the stop loss contract terms, which outlines your coverage.

- **Fixed costs:** Inclusive of stop-loss and admin fees.
- **Claim account:** Contributions reserved for funding member claim costs. Anything unused at the end of the year allocated for claims is returned to you, and you won't need to pay more if aggregate, eligible claims exceed the maximum amount.
- **Maximum cost:** This represents your total monthly payment based on enrollment.

Plan	Tier	Projected Enrollment	Fixed Costs	Claim Account	Maximum Cost (Billed)
High Performance Health Plan	EE Only	3	\$ 900.51	\$ 929.87	\$ 1,830.38
	Family	10	\$ 900.51	\$ 929.87	\$ 1,830.38
HRA 3000	EE Only	2	\$ 924.01	\$ 929.87	\$ 1,853.88
	Family	9	\$ 924.01	\$ 929.87	\$ 1,853.88
11-month total		24	\$240,577	\$245,486	\$486,063
Stop Loss Contract					
Carrier:				Roundstone	
Contract Type:				11/11	
Specific Deductible:				\$25,000	
Aggregate Corridor:				120%	

Proposal is subject to final underwriting and firm stop loss.

In order to offer the BHCG-Centivo solution, **employers with a physical presence in Wisconsin** must be BHCG members. As a member of BHCG, you gain full access to all BHCG programs and partnerships, as well as the opportunity to participate in BHCG events and educational programs to help you navigate the ever-changing health care benefits landscape. The membership fee is \$15 PEPY for each eligible employee located in Wisconsin.

What you can expect

In addition to cost of care savings and better primary care utilization, Stone Bank School District will gain a reliable and trusted business partner in Centivo. We are committed to doing the heavy lifting during implementation and throughout the year to minimize the impact that the move to Centivo could have on your team. Plus, you'll have the transparency and flexibility that most employers want, including full access to your data and all fees. Lastly, Stone Bank School District and your employees will get a health plan that's easy to use.

We look forward to discussing our proposal and responding to any questions you may have. We hope to work with Stone Bank School District in the next plan year.



Appendix

The scope of services for Stone Bank School District includes:

Network management

- **Proprietary high-value provider networks** – As mentioned above, Centivo develops its own tailored high-value networks for members on the High-Performance Health Plan. In Wisconsin, we have three network configurations available to choose from, with the narrowest offering the greatest savings. Within each network configuration, only the highest-performing providers based on cost and quality from each participating health system will be available to members.
- **Broad PPO network access** – If Stone Bank School District chooses to offer a broad network option, we will provide access to HPS' network (in Wisconsin) for all plans other than the High-Performance Health Plan.
- **Centivo Virtual Primary Care** – Centivo offers a virtual primary care solution that's fully integrated with the health plan to enable highly-coordinated patient care, deliver lower member costs and provide superior data-driven specialist referrals when needed. Members 18 yrs old or older can utilize Centivo Virtual Primary Care on all plans covered by Stone Bank School District at no additional member cost. This service also includes access to other virtual specialty solutions for conditions such as adult and pediatric mental health, musculoskeletal, and other clinical needs.
- **Urgent Care Telemedicine** – All plans include access to Walmart Health Virtual Care to provide your employees and their covered family members with a telemedicine option for urgent care when they are unable to see their regular physician and talk therapy for mental health coverage.
- **Pharmacy** – Centivo's integrated solution includes a transparent PBM solution through CapitalRx. With a transparent PBM, you will get a solution that typically aligns with your economic and clinical interests better than the "spread pricing" model prevalent today. To be specific, employers will pay the actual cost of the drug (plus a small dispensing fee) as opposed to the arbitrarily marked up prices endemic in today's PBM space.
- **Member engagement** – Centivo will provide you with everything you need to make your employees feel informed and educated during the transition to the new plan offering. For open enrollment, we'll provide you with a member-facing flyer, webinar slides, a searchable provider directory and an FAQ document to engage employees and educate them on the positive change in benefits for the upcoming plan year. In addition, we'll provide all the content you need to incorporate into any overarching materials you have created.

At the start of the plan year, Centivo provides members with a hard copy ID card and plan information in a friendly welcome packet. Throughout the year, members have access to the Centivo app and member portal, where they can select a designated Primary Care Team, manage their referrals (for members of the Partnership Plan), reference their plan information, view claims details and Explanation of Benefits statements, print or request a new ID card, view accumulators, view network and formulary information and more. In addition, members will receive in-app, email and/or letters for important communications, such as explanation of benefit statements, dependent age-off notifications, referral notifications and more, throughout the year.



- **Member care** – The Centivo Member Care Team represents a significant expansion of the traditional customer service role, with a team-based model and higher staffing ratio than most traditional health plan call centers. In addition to replying to member questions and concerns, Centivo Member Care will also help to identify and overcome any barriers the member faces in receiving care, such as identifying in-network providers and more.
- **Care management** – Care management services are fully integrated with Centivo’s member and provider service functions. For Utilization Management, that means we handle eligibility and benefit verification as well as the intake process for pre-authorization in only one call, we handle concurrent review and discharge planning, and we steer to in-network providers to avoid out-of-network charges.

Centivo partners with MedWatch for its integrated clinical management services and focuses our programs on the highest risk members. Centivo identifies at-risk members monthly through predictive modeling and risk stratification using medical and pharmacy claims, as well as other data as available (e.g., biometric data, referrals). At-risk members identified through analytics, as well as through utilization management, high cost claims and PCP referrals, will be targeted for the appropriate population health management programs.

MedWatch is a triple URAC accredited organization that specializes in case management and disease management. Case Managers are experienced RNs, with extensive case management expertise in a variety of specialties.

Plan administration

- **Implementation and account management** – Stone Bank School District will receive a designated implementation manager to ensure a smooth implementation and lead the coordination with all third-party vendors, including PBM, Stop Loss, etc. After the effective date, the Client Success Manager takes over as the primary contact. The Client Success Manager is available for any needs you may have and represents your voice across the organization, sharing and disseminating client needs and priorities internally.
- **Reporting and analytics** – Our employer administrative portal allows clients to securely access a wide range of financial, administrative, and clinical information to manage their health plan. You can securely log in to view eligibility and benefits, claims, payments and pharmacy benefit details. We partner with a leading analytics company, Virgin Pulse Claims Insight to enrich our reporting with commercial benchmarks, predictive models, gaps-in-care and grouper methodologies. Centivo generates quarterly and annual reports to help you manage the financial aspects of your plan, assess plan performance and identify risks and opportunities for improvement.
- **Claims administration** – We process and pay claims quickly using an integrated leading claims processing technology platform, Javelina, which accommodates sophisticated plan designs, including plans that drive domestic steerage, network management, and both traditional and alternative payments.
- **Cost controls** – We ensure cost control using sophisticated tools and specialty review partners. Our processes result in a lower auto-adjudication rate than industry standard as we only auto-adjudicate straightforward and low-dollar claims, with detailed review of all claims that are out-of-network or are denied. We partner with several leading healthcare cost management solutions companies for our claims cost control initiatives.

Stop-loss

Stop-loss coverage is provided by a third-party partner and is included within the quoted fixed monthly costs. Our stop-loss partner has met Centivo’s standards based on thorough due diligence.



Disclosures and contingencies:

- Roundstone requires an upfront collateral payment with first month's premium. The collateral amount has been built into the billed premiums.
- Policy coverage is contingent upon receipt of all required items specified in both the Binding Kit package and Process Next Steps document provided by Roundstone.



2024 Medical benefits for Stone Bank School District

You have a range of network options and coverage levels so you can pick the plan that best fits the needs of you and your family.

The High-Performance Plan

- **FREE** primary care
- No deductible
- Predictable copays
- Urgent care covered as in-network when outside the Centivo Network area
- Emergency care covered as in-network no matter where you are

Partnership makes the plan different

It's proven that working with a primary care doctor can help keep you healthier, improve your healthcare experience and reduce emergency room visits, all of which keep your costs lower. That's why the core of the High-Performance Plan is a relationship between you and your doctor, with FREE primary care visits.

For most specialist care, you'll need a referral from your primary care doctor. This referral process makes sure you'll get the right care for your needs from in-network doctors.



Scan this QR code for a short video to learn more.



A network of trust and quality

The Centivo Network spans every kind of provider you may need, from trusted local health systems to dedicated virtual doctors and an array of specialists and services in between. This in-network only plan includes:

- Coverage for urgent care outside the network area and emergency care anywhere
- Local, virtual and national providers
- Hands-on personal help from Centivo Member Care to help find providers and answer questions

See who's in the network at stonebank.centivo.com.

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**STONE BANK
SCHOOL DISTRICT**

PPO plan

You also have the option to choose the Traditional PPO plan, administered by Centivo.

With this plan you'll pay copays for office visits, such as for primary care, specialists and mental health providers. These visit aren't subject to the deductible.

Most other care, such as lab work or surgeries, will be subject to a deductible and coinsurance. Once you meet your deductible, you'll pay coinsurance (a percentage of the cost of care), until you reach your out-of-pocket maximum. This means your out-of-pocket costs will be higher and less predictable.

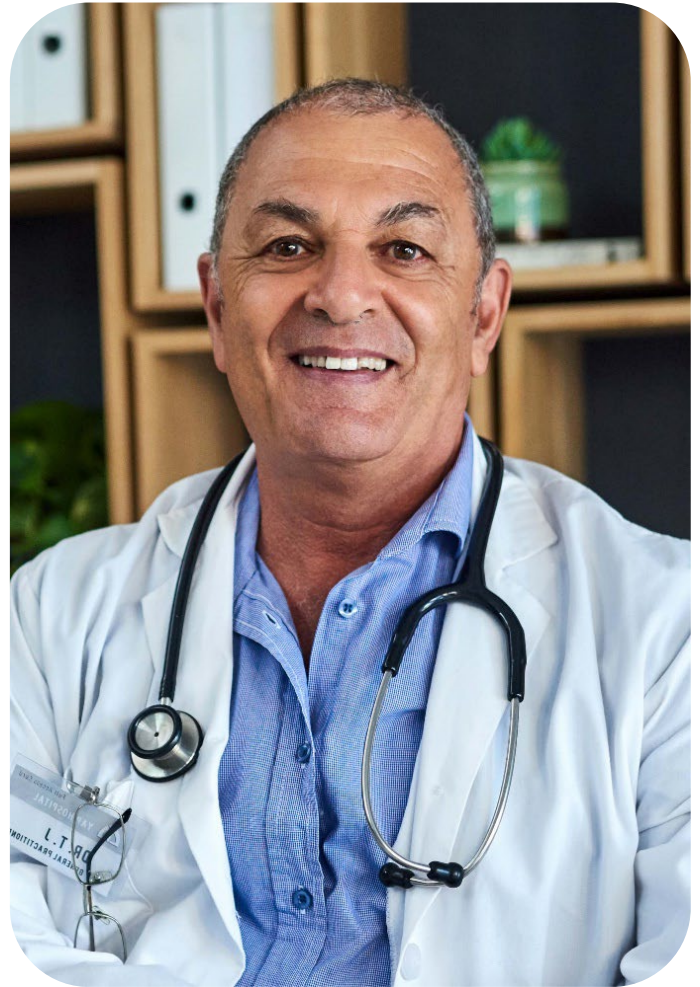
The Traditional PPO Plan is the only plan that offers access to out-of-network providers, but you'll pay more out-of-pocket for that care.

The doctors you can see:

You'll have access to the HPS Network, which offers access to healthcare providers in Wisconsin.

You can view the HPS provider network at providir.hps.md and search by provider name, specialty or distance from your ZIP code.

If you need care outside the HPS service area, you'll have access to the MultiPlan Network. View the MultiPlan provider network at multiplan.com/webcenter/portal/ProviderSearch?SiteId=84453.



Plan comparison chart

	High-Performance Plan	Traditional PPO Plan
Deductible	No	Yes
Predictable copays	Yes	Only for some care
Coinsurance	No	Yes
Out-of-network coverage	Urgent and emergency care only	Yes, at higher cost
FREE Primary Care	Yes	No
FREE Centivo Virtual Primary Care	Yes	Yes

Included with all plans

FREE virtual primary care

The Centivo Virtual Primary Care practice offers a convenient alternative to in-person primary care, so you can be seen whenever – and wherever – you need care. It takes the place of an in-person primary care office with an online, accessible, real-time Primary Care Team. If at any time you need to be seen in person, your Virtual Primary Care Team will guide you to quality, local in-person providers.

Available in select states to members 18 and up.

Learn more at vpc.centivo.com.

Pharmacy

Pharmacy benefits are provided by Capital Rx. You'll get access to over 60,000 pharmacies across the US. You can find participating pharmacies by visiting capitalrx.com/members or by contacting the Capital Rx Pharmacy Help Desk at **833-463-0349** (24/7/365).



Telemedicine

When your regular provider isn't available, you can visit virtually with a Walmart Health Virtual Care provider for urgent care and talk therapy. When you need medical attention for a minor health concern, U.S.-licensed and board-certified doctors, physician assistants and nurse practitioners are available 24/7/365. Licensed therapists provide talk therapy for members ages 18 or older and can be scheduled in as little as 72 hours.

Easy-to-use app and member care

Once your plan year begins, you'll have access to your plan information on our easy-to-use app:

- View or print your ID card
- Access your coverage details
- View your care history and Explanation of Benefits (EOB) statements
- Send a message to Centivo Member Care
- And more

To get started, you'll need to create an account with your Centivo member ID, which you'll find on your ID card.

If you prefer to speak with someone, Centivo Member Care is available to answer any questions you have about finding in-network providers, understanding your coverage and more. Simply call the number on the back of your Centivo ID card.

Your benefit highlights	High-Performance Plan	Traditional PPO Plan	
	In-network	In-network	Out-of-network
Network	Centivo Network WI-2	HPS Network	N/A
Primary care doctor selection required	Yes	No	No
Primary care referrals to specialists required	Yes, with some exceptions*	No	No
Deductible (individual/family)	None	\$3,000/\$6,000	\$7,500/\$15,000
Out-of-pocket maximum (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$15,000/\$30,000
Annual physical/vaccinations/screenings	FREE	FREE	Ded. + 50% coins.
Primary care (includes pediatricians)	FREE	\$15 copay	Ded. + 50% coins.
Centivo Virtual Primary Care	FREE	FREE	N/A
Specialist	\$30 copay	\$50 copay	Ded. + 50% coins.
Mental health	FREE	\$15 copay	Ded. + 50% coins.
Basic imaging (such as X-rays)	\$10 copay	Ded. + 20% coins.	Ded. + 50% coins.
Advanced imaging (such as MRIs & PET scans)	\$200 copay	Ded. + 20% coins.	Ded. + 50% coins.
Outpatient surgery	\$350 copay	Ded. + 20% coins.	Ded. + 50% coins.
Inpatient surgery	\$700 copay	Ded. + 20% coins.	Ded. + 50% coins.
Telemedicine (urgent care/mental health)	FREE	FREE	N/A
Urgent care	\$100 copay	\$100 copay	Ded. + 50% coins.
Emergency room \$250 penalty for non-emergent use of the ER	\$200 copay	\$300 copay	\$300 copay
Prescription coverage by Capital Rx	Retail (up to 30-day supply)/mail order (90-day supply) In-network only. No pharmacy deductible. Out-of-pocket maximum combined with medical.		
Generic – Tier 1**	\$20/\$40 copay		
Preferred brand – Tier 2	\$45/\$90 copay		
Non-preferred brand – Tier 3	\$80/\$160 copay		
Specialty (30-day supply only) – Tier 4	30% coinsurance**		

* If you don't visit your designated PCP for care or get a referral for specialist visits, your care will not be covered. No referral needed for OB/GYN, mental health, urgent, emergency or chiropractic care, lab work, physical, occupational or speech therapy.

** A small number of generic drugs may fall under the preferred brand tier. Please check the prescription drug list or contact Capital Rx for any questions about specific medications.

Defining key terms:

Deductible (Ded.)

The amount you pay out-of-pocket before the plan pays towards your healthcare costs. There is no deductible with the High-Performance Plan.

Copay

A fixed dollar amount you pay for a healthcare service or visit.

Coinsurance (Coins.)

The percentage of costs you're responsible for after you meet your deductible. If coinsurance is 20%, you'll owe 20% of the cost after you reach your deductible.

Out-of-pocket max

The most you'll pay for any covered healthcare and pharmacy expenses during the plan year.

To learn more, go to stonebank.centivo.com or contact your HR department.

This document was written to provide an overview of the plan offering. Information is not a complete description of benefits.

