




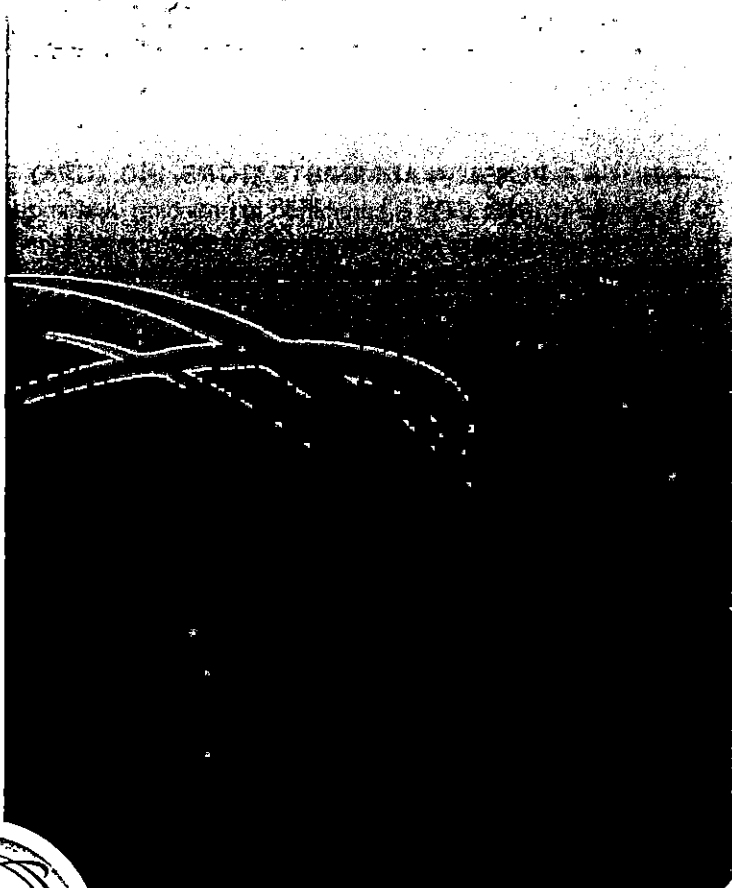
Health Insurance Bid

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 TERRY ROSS
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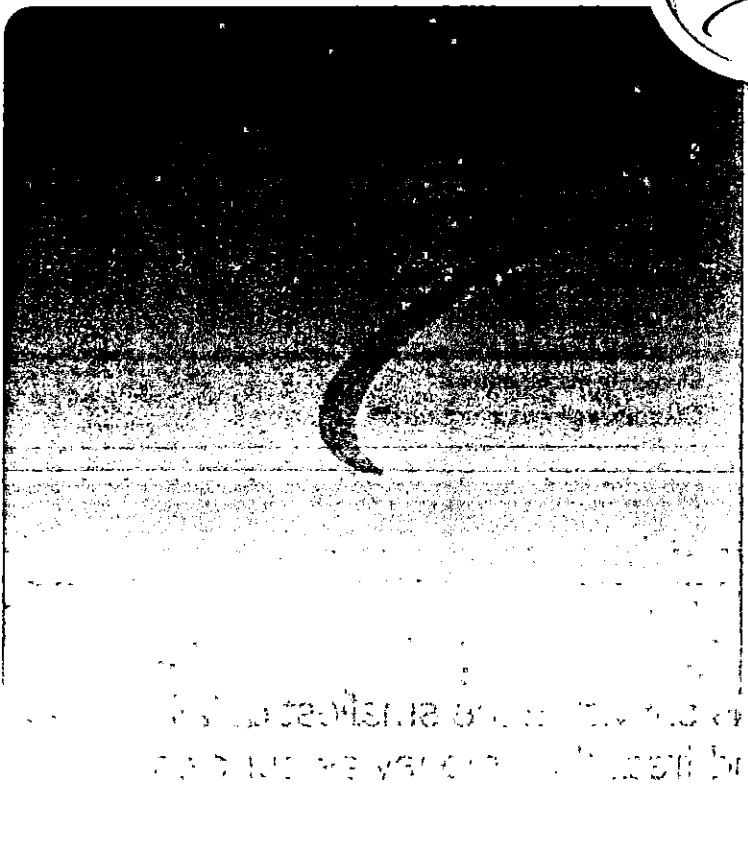
GROUP & PENSION ADMINISTRATORS, INC.



SMALL ENOUGH TO **CARE**,



LARGE ENOUGH TO **DELIVER**



GROUP & PENSION ADMINISTRATORS, INC.

GROUP & PENSION ADMINISTRATORS, INC. (GPA)

Founded in 1968, GPA is committed to providing customized, flexible healthcare benefit solutions for self-funded employers. GPA recognizes that not all employers or their group of employees, are alike. With this in mind, GPA is focused on creating health benefit plans that mirror each employer's unique needs while keeping cost under control and enhancing the quality of life for plan members.

GPA COMMITMENT

GPA is committed to providing a customized, flexible, and unique approach to web-based healthcare benefits management solutions that will liberate human resource professionals and empower members.

GPA offers the hands-on service and care of a smaller organization, yet offers the capabilities of the largest TPAs in the country. While many healthcare entities rely on technology short-cuts to reduce their administrative internal costs, GPA is committed to providing the hands on services needed to ensure your claims are processed accurately and timely. We manage your check book like it's our own!

GPA Highlights Include:

- Offices throughout the United States
- National customer base of privately held and publicly traded companies representing a broad spectrum of employers across all 50 states
- Largest privately owned TPA in the Southwest
- GPA is consistently recognized as one of "The Top Places to Work" in the Dallas Business Journal
- Less than 4% annual employee turnover
- 0% executive, director and management turnover in over 15 years

GPA's Broad Range Of Services Are Administered In-House, Including:

- Full range of health plan services including PPO, HSA, HRA, FSA
- Detailed financial and clinical reporting (custom online reporting)
- Actuaries on staff
- Full-time compliance assistance
- Dedicated account manager, claims and eligibility teams
- HealthWatch Utilization Management and Case Management**
- Nurse NavigatorSM
- GPA Corporate Care Clinics
- Patient advocacy
- Dedicated customer service
- Online enrollment and reporting
- Online health and wellness services
- Custom plan design and billing
- Targeted Disease Management**
- Maternity management**
- Custom wellness programs**

**Additional fees may apply.

GPA has a strong standing with large national and regional networks.

At **GPA**, our commitment to accuracy is shown at the smallest detail. We care about our clients' spending and treat their money as our own.

GPA's Unique Enhanced Cost Containment Programs :

- Cost Plus facility reimbursement (reduces overall health plan cost by 18-30%)
- Transparent PBM/Rx services (rebates credited at time of sale)
- Auto adjudication capped at \$1,000 per claim (generating 2-5% savings)
- Pharmacy intervention program
- Fiduciary liability transfer
- Fraud and abuse monitoring
- Access to Cigna's Network

THE GPA DIFFERENCE

While the services offered by many TPAs are similar, the personal touch and attention that clients receive with GPA is different than anything they have experienced before. Through our personalized approach to each client's healthcare needs, GPA offers maximized cost savings for our clients and their employees.

GPA Clients Receive:

- Electronic enrollment systems
- Custom reporting
- Mobile applications
- Online custom wellness tools with one-stop call resolution
- Provider location tools
- Dedicated team assigned to account
- Clinical and financial reporting
- One-on-one care coach
- Compliance/actuarial assistance

Claims Management And Cost Containment Expertise:

Best-in-class claims processing system and the personnel to match.

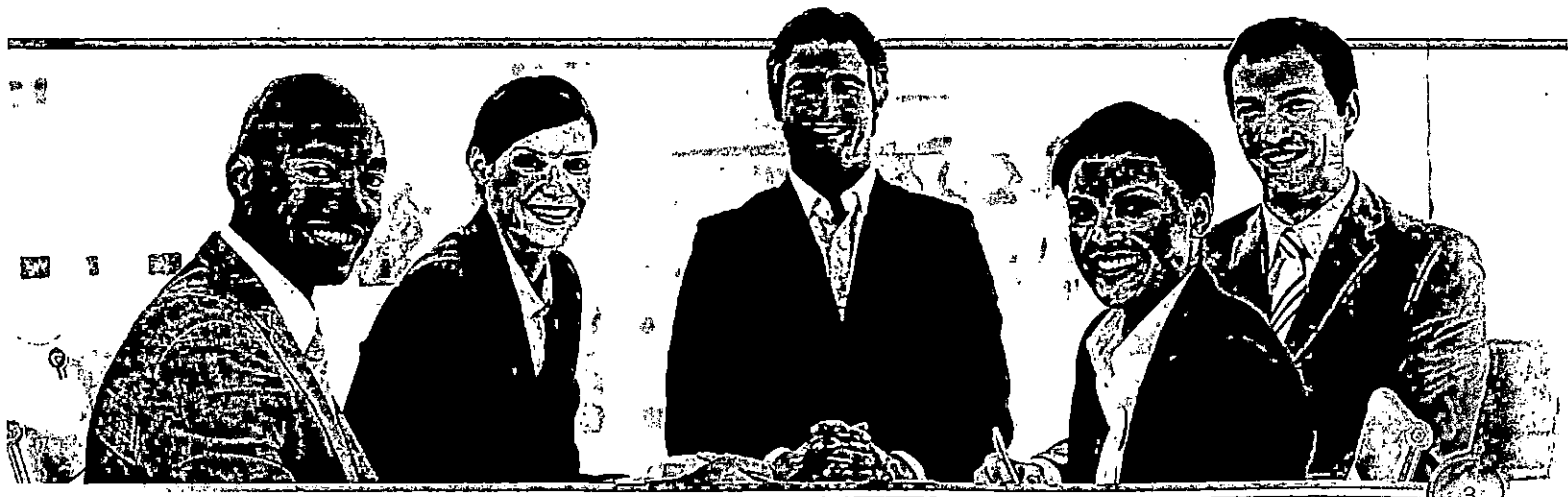
GPA Online:

Reducing inaccurate or fraudulent enrollment errors while maintaining data integrity.

Customer Service:

Empowered representatives that focus their performance on the two things they can directly control, the quality with which they handle each plan participant contact and their availability to answer calls.

→ The **GPA** average help time is 27 seconds with a live person.

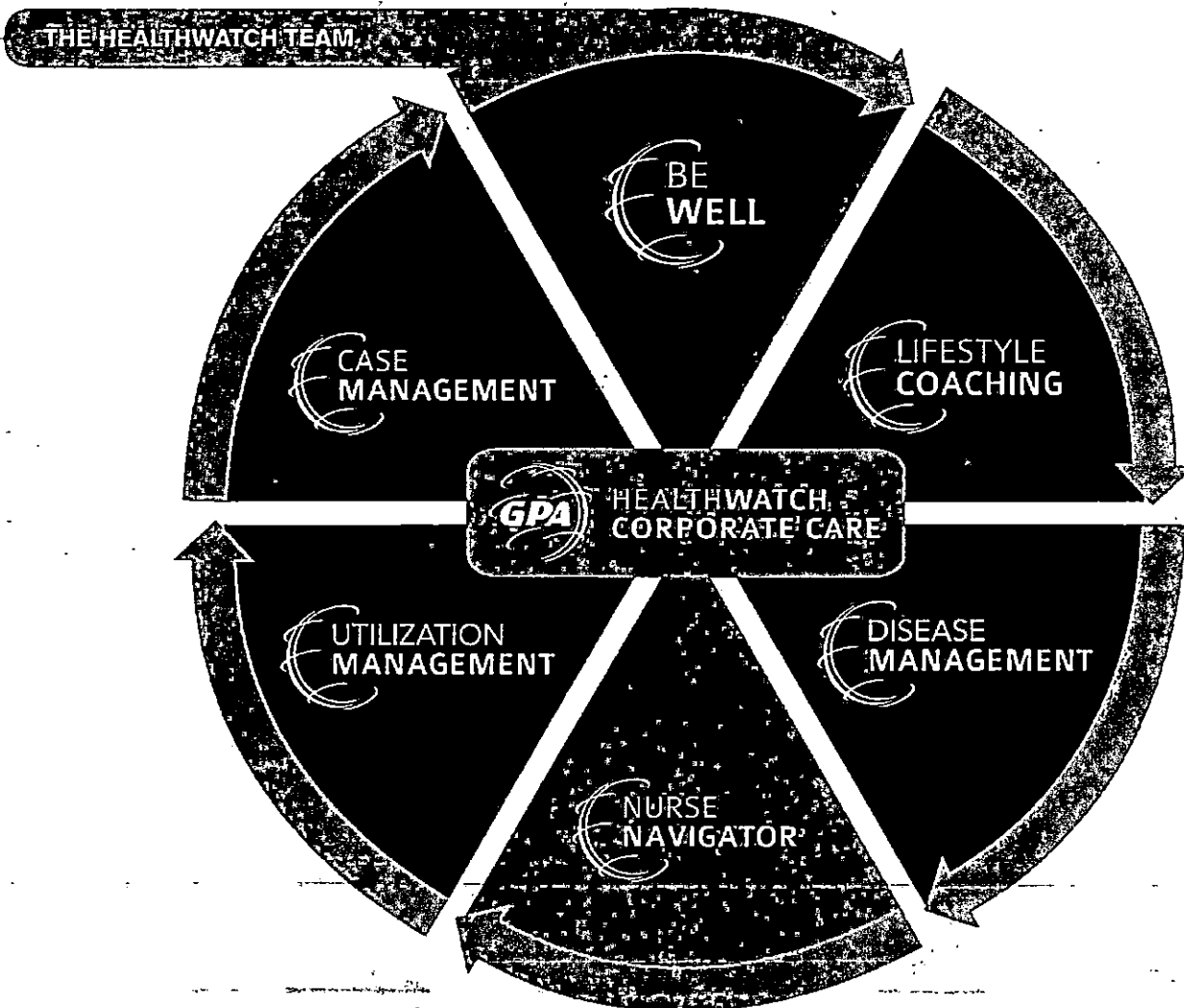


GPA HEALTHWATCH™ SUITE OF SERVICES

GPA PROVIDES A VARIETY OF ENHANCED SOLUTIONS FOR SELF-FUNDED EMPLOYERS THROUGHOUT THE UNITED STATES. ADDITIONAL PROGRAMS INCLUDE:

GPA HEALTHWATCH

HealthWatch services offer a giant step toward improving the quality of life for employees, spouses and dependents while at the same time enhancing the atmosphere of the work environment and controlling healthcare costs. Through the identification of at-risk members, GPA engages the members who are traditionally associated with increased medical costs. HealthWatch evaluates the needs of each client and their employees, develops the best strategies to meet those needs, implements interventions to accomplish the strategies and measures the results.



1,000:1 Clinician to patient Ratio for GPA

40,000: 1 Counselor to patient Ratio for National Insurance Companies

GPA HEALTHWATCH SUITE OF SERVICES

BEWELLSM

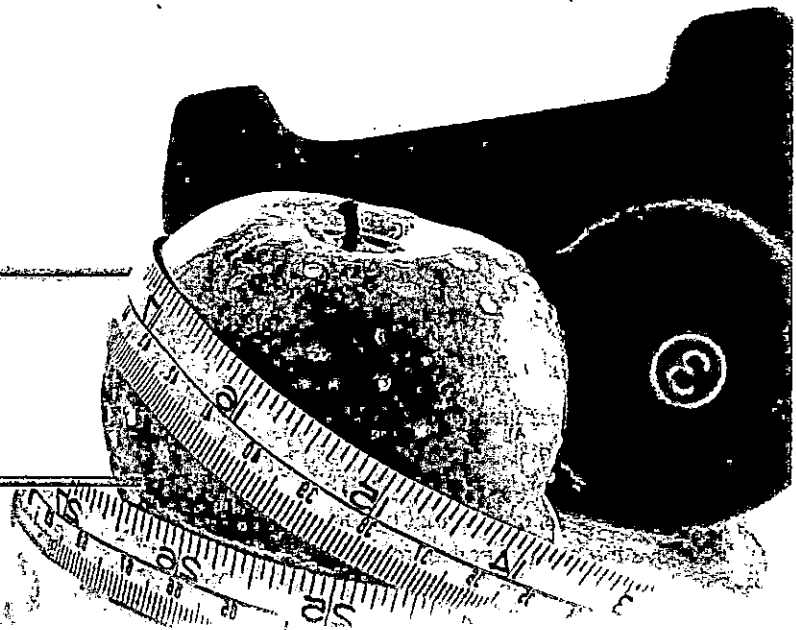
Highly tailored health interventions with interactive tools delivered to your entire population to enhance health and reduce costs.

BeWellSM designs custom wellness programs based on the client's benefits strategy, demographics, claims experience, desired outcomes, budget margins, time and resources (such as on-site staff) and level of readiness for a program. Incentive options include plan design changes, carrot vs. stick models, wellness checks and more. All programs are designed to improve and maintain an individual's health and well-being both in and outside the work environment.

BeWell Solution Offers:

- Year-round wellness programming
- Certified health experts
- Incentive program design & points tracking
- Effective, ongoing communications

BeWell creates a culture of workplace wellness.



LIFESTYLE COACHING

Lifestyle Coaching programs are targeted interventions for individuals who want to achieve a healthier lifestyle and prevent future health problems. Participants work with a Care Coach telephonically in several different areas including: back pain, high cholesterol, smoking cessation, weight management, high blood pressure, stress management and emotional well-being.

DISEASE MANAGEMENT

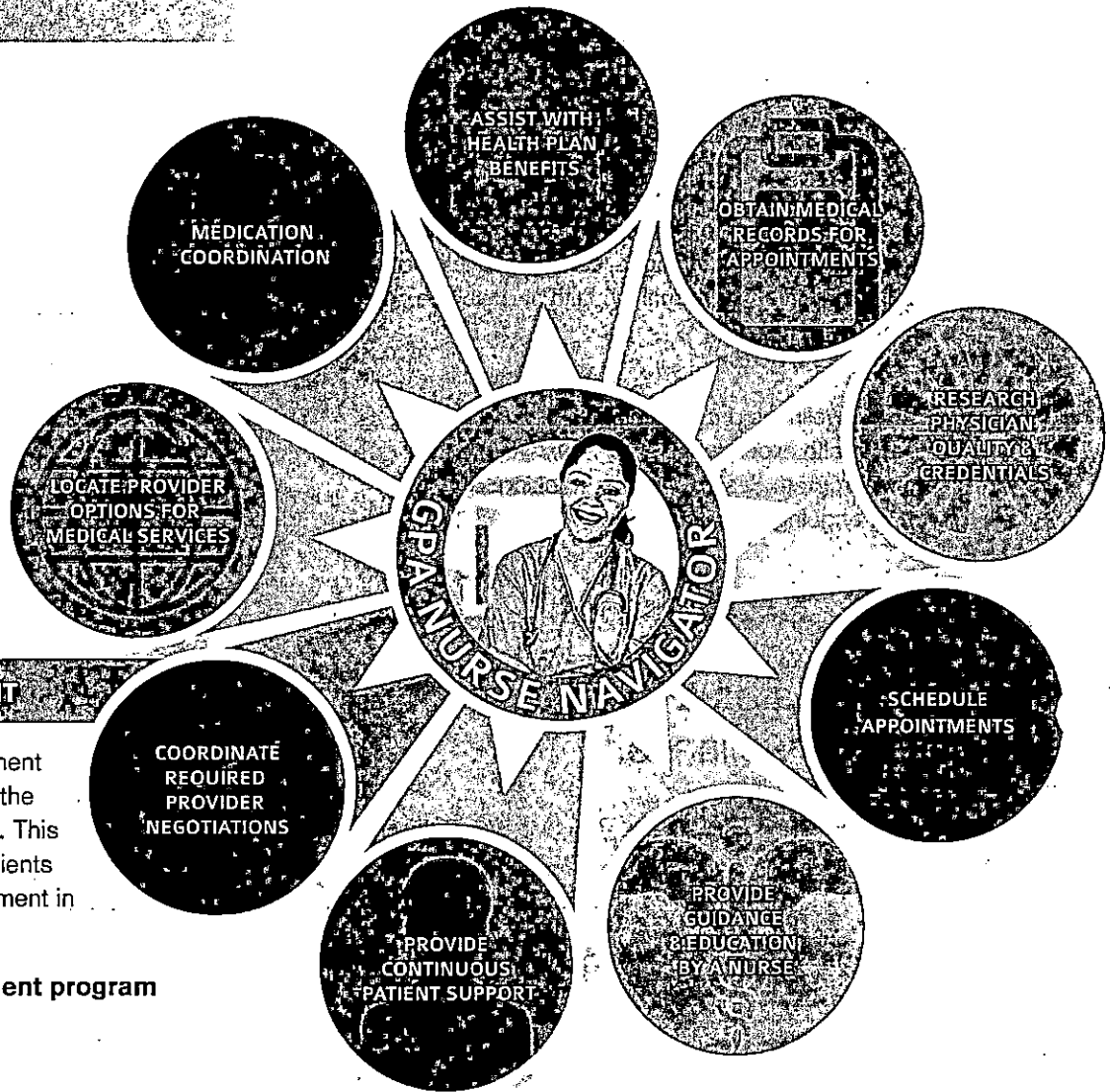
Disease Management targets groups and provides one-on-one interaction for individuals with chronic diagnoses that have evidence of being costly and that can be significantly improved in both cost and quality of life through early intervention, coordination among service providers and through educational programs.

The Care Coach team is comprised of registered nurses, registered dietitians, respiratory therapists, exercise physiologists, certified diabetes educators, obstetric nurses and licensed mental health professionals. Telephonic outreach to individuals with elevated risk of a health condition and targeted interventions help individuals achieve a healthier lifestyle and prevent future problems.

GPA HEALTHWATCH SUITE OF SERVICES

NURSE NAVIGATORSM

The GPA Nurse NavigatorSM is a patient advocacy program designed to help members define and understand how to maximize their healthcare benefits and quality of care. Our GPA Nurse Navigator program consists of a team of registered nurses, bi-lingual medical support specialists and benefit specialists that help members get the appropriate level of care they need at the lowest possible cost.



UTILIZATION MANAGEMENT

GPA offers Utilization Management to ensure that members obtain the appropriate services necessary. This program makes certain that patients receive the most effective treatment in the most cost effective way.

GPA's Utilization Management program offers value by:

- Reducing healthcare costs
- Improving productivity
- Reducing absenteeism
- Enhancing employee relations

CASE MANAGEMENT

GPA's approach to Case Management focuses on the most acute and life threatening diagnosis such as cancer, premature deliveries, organ transplants and acute cardiac issues. Our Registered Nurses are certified case managers and act as patient advocates who collaborate closely with both patients and providers to implement the best medical treatment in the most cost-effective manner.

GPA has a specialized Cancer Care Program specifically designed for these patients care, utilizing national Centers of Excellence, discounts for chemotherapy, molecular testing to confirm biopsy results prior to treatment, and includes our Oncology Certified Case Managers, licensed professional counselors, registered dieticians and clinical social workers.

GPA HEALTHWATCH SUITE OF SERVICES

GPA HEALTHWATCH CORPORATE CARE

GPA HealthWatch Corporate Care Clinics offer a comfortable and convenient environment for your employees to see a medical provider for primary care, acute illnesses and chronic condition management. Our clinics provide services fully integrated with your health plan administered by GPA in two customized options, traditional care and virtual care. Traditional care is a full-service option in a family practitioner setting. Virtual care utilizes telemedicine, including Autoscope robotics, which allows virtual communication in administering care. This technology-driven option is ideal for all types of companies; from mid-market employer size to companies with multiple locations or in rural areas.

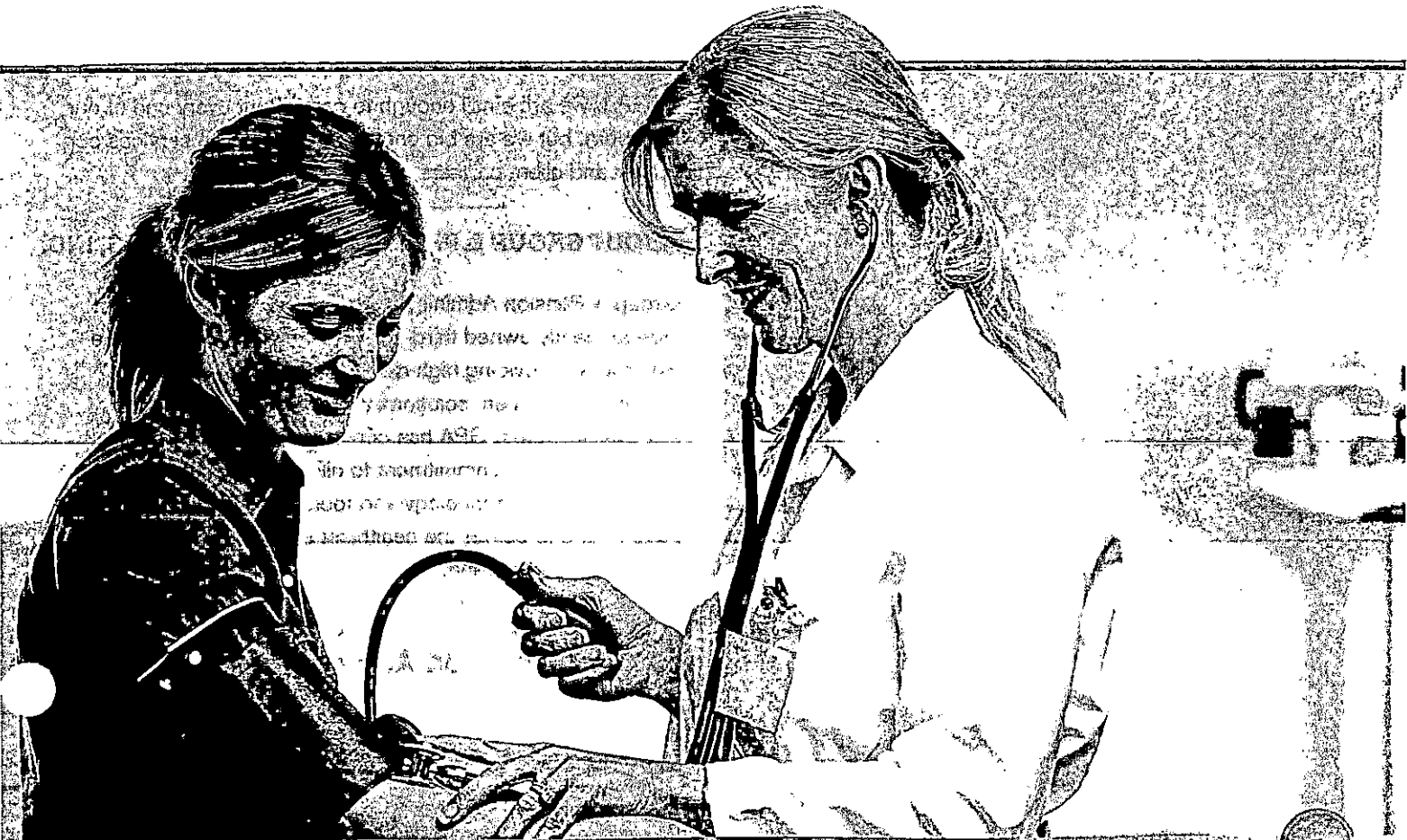
Benefits of traditional care:

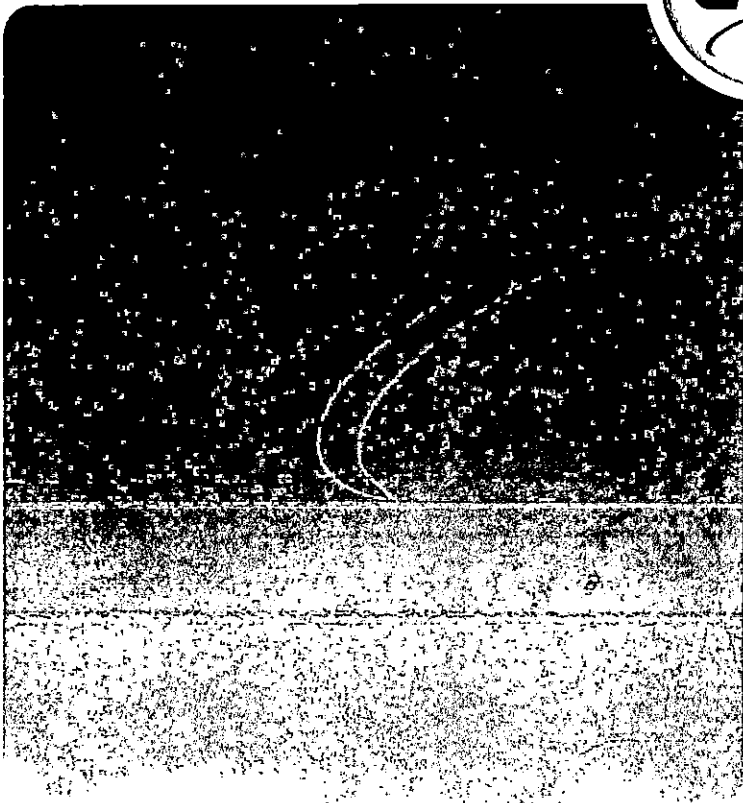
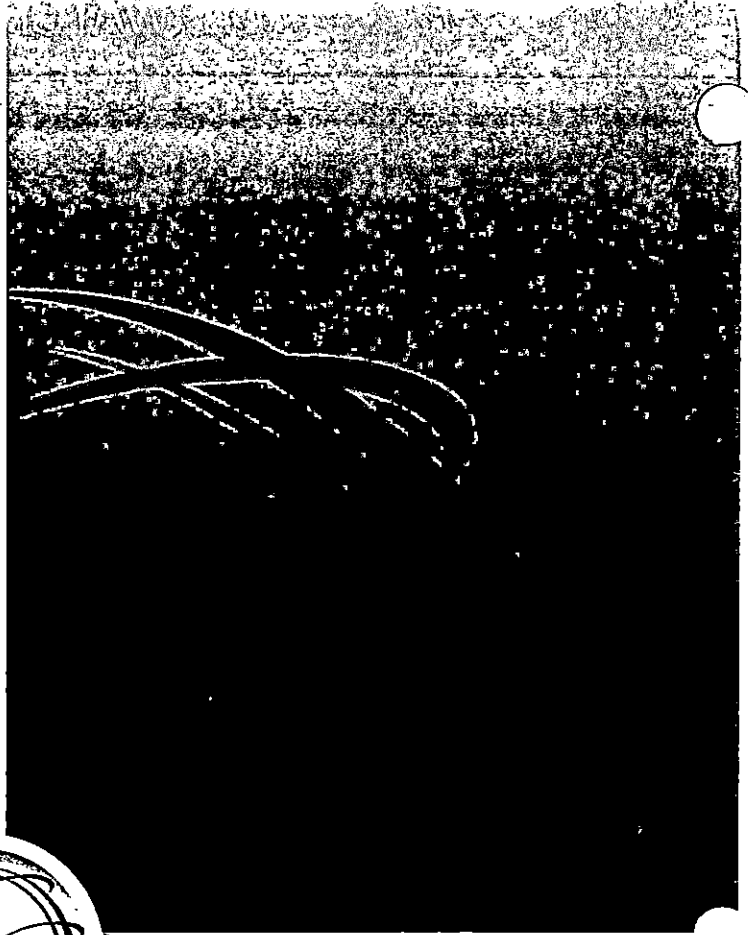
- Family practitioner setting
- Physician or physician assistant
- One-on-one attention
- Construction and location at discretion of the client
- Lab testing
- Physician and specialist integration

Benefits of virtual care:

- Allows virtual communication in administering care
- Benefits companies with multiple locations
- Convenient for rural settings
- Medical staff utilization
- Low overhead building costs
- Telemedicine compatible

Corporate care is a cost-effective mid-market employer solution.





At GPA, we are small enough to care about every one of our members, but we are big enough to offer all the services our broker and client partners need to be successful.

ABOUT GROUP & PENSION ADMINISTRATORS, INC.

Group & Pension Administrators, Inc. (GPA) is the largest independently owned third-party administrator (TPA) in the Southwest, providing high-quality and custom healthcare benefit management solutions to self-insured employers. For over 40 years, GPA has combined its value of service excellence with a commitment to clients. They combine industry-leading technology and tools with "high-touch" patient care to deliver the healthiest employees and the "healthiest" bottom line.

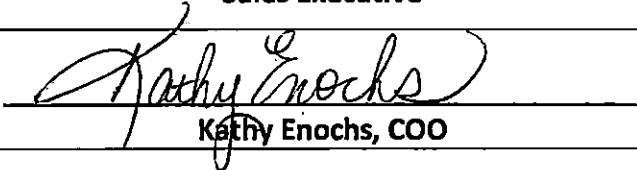
For More Information Contact:
Group & Pension Administrators Inc.



EXHIBIT VI

**UPSHUR COUNTY BID AFFIDAVIT
(REQUIRED)**

The undersigned certifies that they are a duly authorized officer/agent and authorized to execute the foregoing on behalf of the bidder. The bid prices contained in this bid has been carefully reviewed and is submitted as correct. Bidder further certifies and agrees to furnish any and all services effective October 1, 2016 upon the acceptance of the final proposal as firm and final, including any amendments and/or negotiations, and upon the conditions contained in the Specifications of this REQUEST FOR PROPOSAL.

COMPANY NAME	Group & Pension Administrators, Inc.
COMPANY ADDRESS (Street, town, State, zip)	12770 Merit Dr., 2nd Floor, Dallas, TX 75251
TELEPHONE NUMBER	972-744-2427
E-MAIL ADDRESS	Benn@gpatpa.com
FAX NUMBER	972-587-1459
CONTACT NAME	Ben Nix
TITLE	Sales Executive
AUTHORIZED SIGNATURE	 Kathy Enochs, COO
DATE	August 11, 2016

**COUNTY OF UPSHUR RESPONSE FORMS
(REQUIRED)**

Swiss Re - Please see Cost Section of Formal Proposal for quotes

Specific and Aggregate Stop Loss (10/1/2016 – 9/30/2017)	EMPLOYEE	FAMILY
\$75,000 – NLR/40% Rate Cap		
Specific Premiums	<u>\$148.18</u>	<u>\$349.83</u>
Aggregate Premiums	<u>\$8.38</u>	<u>\$8.38</u>
Aggregate Attachment factors	<u>\$561.85</u>	<u>\$1364.73</u>
(Attach actual quote, terms & conditions)		
Estimated Stop Loss Fixed Cost	\$554,936.16	
Estimated Maximum Claims Liability	\$2,150,083.20	
Estimated Fixed Costs (Admin & Stop Loss)	\$697,254.24	
Estimated Maximum Plan Costs	\$2,847,337.44	
Estimated Expected Plan Costs	\$2,417,320.80	
Network(s)	PHCS Physician Only and Cost Plus hospital payment option.	
Contract Basis	24/12	
TPA 10/1/2016 – 9/30/2017	2,300 Set-up Fee	
Medical Administration Fee	\$22.00 pepm	
Utilization Review Services	\$3.00 pepm	
Network Fee	Please see PPO Access Fee	
Cost Plus Audit Fee	ELAP 12% of Billed Charges	
Fiduciary Liability Transfer Fee (required w Cost Plus)	\$1.00 pepm	
PBM Fee	\$6.00 pepm	
COBRA/FSA Admin Fee	\$1.50 pepm	
Dental Admin	\$2.50 pepm	
Pharmacy Advocate Pgm Fee	NA	
Teledoc	\$3.00 pepm	
Transplant Fee	\$9.21 pepm	\$21.17 pepm
PPO Access Fee	\$4.50 pepm	
Nurse Navigator Fee	\$2.00 pepm	
Commission Level	15%	
Annual Maximum	Unlimited - Spec	
Lifetime Maximum	Unlimited - Spec	
Plan Year Maximum	\$1,000,000 Agg	

**COUNTY OF UPSHUR RESPONSE FORMS
(REQUIRED)**

SunLife - Please see Cost Section of Formal Proposal for quotes

Specific and Aggregate Stop Loss (10/1/2016 – 9/30/2017)	EMPLOYEE	FAMILY
\$75,000 – NLR/50% Rate Cap		
Specific Premiums	<u>\$131.43</u>	<u>\$305.40</u>
Aggregate Premiums	<u>\$10.40</u>	<u>\$10.40</u>
Aggregate Attachment factors	<u>\$553.11</u>	<u>\$1548.71</u>
(Attach actual quote, terms & conditions)		
Estimated Stop Loss Fixed Cost	\$486,344.16	
Estimated Maximum Claims Liability	\$2,362,888.32	
Estimated Fixed Costs (Admin & Stop Loss)	\$632,928.48	
Estimated Maximum Plan Costs	\$2,995,816.80	
Estimated Expected Plan Costs	\$2,523,239.14	
Network(s)	PHCS Physician Only and Cost Plus hospital payment option.	
Contract Basis	24/12	
TPA 10/1/2016 – 9/30/2017	2,300 Set-up Fee	
Medical Administration Fee	\$22.00 pepm	
Utilization Review Services	\$3.00 pepm	
Network Fee	Please see PPO Access Fee	
Cost Plus Audit Fee	ELAP 12% of Billed Charges	
Fiduciary Liability Transfer Fee (required w Cost Plus)	\$1.00 pepm	
PBM Fee	\$6.00 pepm	
COBRA/FSA Admin Fee	\$1.50 pepm	
Dental Admin	\$2.50 pepm	
Pharmacy Advocate Pgm Fee	NA	
Teledoc	\$3.00 pepm	
Transplant Fee	\$9.21 pepm	\$21.17 pepm
PPO Access Fee	\$4.50 pepm	
Nurse Navigator Fee	\$2.00 pepm	
Commission Level	15%	
Annual Maximum	Unlimited - Spec	
Lifetime Maximum	Unlimited - Spec	
Plan Year Maximum	\$1,000,000 Agg	

**COUNTY OF UPSHUR RESPONSE FORMS
(REQUIRED)**

Cabot - Please see Cost Section of Formal Proposal for quotes

Specific and Aggregate Stop Loss (10/1/2016 – 9/30/2017)	EMPLOYEE	FAMILY
\$75,000		
Specific Premiums	<u>\$110.90</u>	<u>\$247.46</u>
Aggregate Premiums	<u>\$5.68</u>	<u>\$5.68</u>
Aggregate Attachment factors (Attach actual quote, terms & conditions)	<u>\$547.12</u>	<u>\$1259.07</u>
Estimated Stop Loss Fixed Cost	\$398,092.80	
Estimated Maximum Claims Liability	\$2,010,131.04	
Estimated Fixed Costs (Admin & Stop Loss)	\$534,708.48	
Estimated Maximum Plan Costs	\$2,544,839.52	
Estimated Expected Plan Costs	\$2,142,813.31	
Network(s)	PHCS Physician Only and Cost Plus hospital payment option.	
Contract Basis	18/12	
TPA 10/1/2016 – 9/30/2017	2,300 Set-up Fee	
Medical Administration Fee	\$22.00 pepm	
Utilization Review Services	\$3.00 pepm	
Network Fee	Please see PPO Access Fee	
Cost Plus Audit Fee	ELAP 12% of Billed Charges	
Fiduciary Liability Transfer Fee (required w Cost Plus)	\$1.00 pepm	
PBM Fee	\$6.00 pepm	
COBRA/FSA Admin Fee	\$1.50 pepm	
Dental Admin	\$2.50 pepm	
Pharmacy Advocate Pgm Fee	NA	
Teledoc	\$3.00 pepm	
Transplant Fee	\$9.21 pepm	\$21.17 pepm
PPO Access Fee	\$4.50 pepm	
Nurse Navigator Fee	\$2.00 pepm	
Commission Level	15%	
Annual Maximum	Unlimited - Spec	
Lifetime Maximum	Unlimited - Spec	
Plan Year Maximum	\$1,000,000 Agg	

NOTES TO COMMISSIONER COURT

Please describe any modification from the current Plan or is in addition to the current coverage that will enhance the Plan.

GPA is proposing our Cost Plus payment option. With Cost Plus there is Physician Only PPO network through PHCS and no hospital Network as all hospital claims are audited and paid at the greater of Cost + 12% or Medicare + 20%.

Please attach additional pages if necessary

THE COUNTY OF UPSHUR recognizes the time and effort you expend in preparing and submitting proposals to the County. Please let us know of any requirements in the RFP that are causing you difficulty in responding. We want to make this process as easy as possible so that all responsible vendors can compete for the County's business.



GROUP & PENSION ADMINISTRATORS, INC.
ABBREVIATED PROPOSAL

UPSHUR COUNTY

CUSTOM HEALTH BENEFIT SOLUTIONS

Agent: The Mund Group, LTD.
Effective Date: October 1, 2016



SUMMARY OF GROUP & PENSION ADMINISTRATORS, INC.

Founded in 1968 GPA is committed to providing customized, flexible healthcare benefit solutions for self funded employers. GPA recognizes that not all employers or its employees are alike. With this in mind, GPA is focused on creating health benefit plans that mirror each employer's unique culture while keeping cost under control and enhancing the quality of life for plan members.

- Offices located in Dallas, San Antonio and Houston
- National customer base of privately held and publicly trading companies representing a broad spectrum of employers across all 50 States
- GPA is consistently recognized as one of "The Top Places to Work" in the Dallas Business Journal
- Less than 4% annual employee turnover
- 0% executive, director and management turnover in over 10 years

GPA's standard services include: (see GPA services for additional detail)

- Full range of health plan services including PPO, HSA, HRA FSA
- Detailed financial and clinical reporting (custom online reporting)
- Actuaries on staff
- Full time compliance assistance
- Dedicated account manager, claims, eligibility team
- HealthWatch Utilization Review and Large Case Management**
- Nurse Navigator
- Corporate Care Clinics
- Patient Advocacy
- Dedicated customer service
- COBRA/HIPAA services**
- Claim Subrogation**
- External Audit Review
- Online Enrollment and Reporting
- Online Health and Wellness services
- Custom plan design and billing
- Targeted Disease Management**
- Maternity Management**
- Custom Wellness programs**
- TC3 Non network wrap
- Fraud and Abuse Technology

** Additional fees might apply. See program explanation and cost page.

GROUP & PENSION ADMINISTRATORS, INC.
Park Central 8 • 12770 Merit Dr • 2nd Floor • Dallas, TX 75251 • 972-238-7900



SUMMARY OF GROUP & PENSION ADMINISTRATORS, INC.

GPA Unique Enhanced Cost Containment Programs

- Cost Plus Facility Reimbursement (reduces overall health plan cost by 12-17%)
- Cost Plus PBM/Rx services (Rebates credited at time of sale)
- Auto Adjudication Capped at \$1,000 per claim
- Pharmacy Intervention Program
- Fiduciary Liability Transfer
- Fraud and Abuse monitoring

GPA COMMITMENT

GPA is committed to providing customized, flexible, web-based health care benefits management solutions that liberate human resource professionals and empower members.

While many healthcare entities rely on technology to reduce their internal costs, GPA is committed to providing hands on services for our customers and brokers.

For more information and a demonstration of our capabilities, please visit our website at www.gpatpa.com. We look forward to meeting with you to discuss our proposal in greater detail.

**GPA SMALL ENOUGH TO CARE,
LARGE ENOUGH TO DELIVER**



THE BENEFITS OF SELF-FUNDING – COST PLUS

FULLY INSURED vs. PARTIALLY SELF-FUNDED

	FULLY INSURED	PARTIALLY SELF FUNDED
Is the employer liability capped?	Yes	Yes with Stop-loss coverage - Specific & Aggregate Coverage
Who keeps the profits in a good claims year?	Insurance carrier keeps it	Self-funded employer keeps it
Fiduciary Responsibility	Insurance carrier takes this responsibility	Employer takes this responsibility
ACA Taxes	Up to 4% tax	Less than 1%
State Tax	3%	None
Flexibility in designing benefits	Limited and governed by both State and ACA Regulators	Very Flexible
HHS and State Insurance Departments investigate reasonableness of premiums thus increasing costs to run the plan	Yes	Exempt
Providers are paid at:	On average Medicare + 150% to 500%	Medicare + 20%
Auditing facility claims for errors, accuracy & reasonableness	Limited to None	100% are Audited
Percentage of Employers over 200 employees nationwide who are Self Funded vs. Fully Insured (per New York Times)	18% are fully insured	82% are partially self funded
Access to claims data	Limited	Complete access to data



THE BENEFITS OF SELF-FUNDING – TRADITIONAL PPO

FULLY INSURED vs. PARTIALLY SELF-FUNDED

	FULLY INSURED	PARTIALLY SELF FUNDED
Is the employer liability capped?	Yes	Yes with Stop-loss coverage - Specific & Aggregate Coverage
Who keeps the profits in a good claims year?	Insurance carrier keeps it	Self-funded employer keeps it
ACA Taxes	Up to 4% tax	Less than 1%
State Tax	3%	None
Flexibility in designing benefits	Limited and governed by both State and ACA Regulators	Very Flexible
HHS and State Insurance Departments investigate reasonableness of premiums thus increasing costs to run the plan	Yes	Exempt
Percentage of Employers over 200 employees nationwide who are Self Funded vs. Fully Insured (per New York Times)	18% are fully insured	82% are partially self funded
Access to claims data	Limited	Complete access to data



CORPORATE EXPERIENCE

Through our personalized approach to each client, GPA offers maximized cost savings for our clients and their employees. With benefit designs that are creative and effective, GPA ensures that information is processed accurately and quickly. The services offered by many TPA's are similar, the details make the difference. With GPA, you have an experienced partner guiding each step and the tools necessary to generate positive results.

GPA customers receive:

CLAIMS MANAGEMENT AND COST CONTAINMENT

We Use Experienced Personnel and Upfront Technology to Manage Your Claims Risk

- Auto-Adjudication Limit of \$1,000
- Fraud & Abuse Technology
- Optimization of Out-of-Network Claims Savings
- Sophisticated Claim Edit Technology
- Pre-payment Avoidance
- Direct access to experienced examiners
- Electronic processing of claims for accuracy
- Average turnaround time six-to-eight days
- Simultaneous reimbursement for convenience
- Subrogation services feature full-time legal expertise and monthly claim transfers
- Claim authority levels-GPA uses a multi-tiered approach to claims processing. Approvals are based on roles and experience within the organization to ensure the highest level of accuracy.

The GPA Claims Team have developed some of the industries' best controls related to claims processing. We know that experience and training is the key to claims processing, and our team uses this experience to ensure your claims are processed correctly. Each of our processors is put through a rigorous training program, and the enhanced skills bring increased responsibility. For the claim's employees first 90 days, a senior processor reviews 100% of their claims. All other employees have defined processing limits, mitigating the opportunity for inexperience to create a payment error on your behalf. The claims limits by experience are as follows:

Level I Processor:	\$2,000	Supervisor:	\$85,000
Level II Processor:	\$5,000	Claims Manager:	\$100,000
Level III Processor:	\$10,000	COO:	All claims over \$100,000
Level IV Processor:	\$25,000		



CORPORATE EXPERIENCE



At GPA, our commitment to accuracy is shown at the smallest detail. We care about our customers spending and treat your money as our own.

AUTO-ADJUDICATION

GPA purposely limits auto-adjudication to claims less than \$1,000 as a cost saving measure for our clients. Capping auto-adjudication at \$1,000 per claim results in an overall auto-adjudication rate of 17%. This attention to detail on average saves our clients 5-7% over automated models. While it may be more affordable for us to leverage automated technology, we understand the value of having individuals review complex claims personally. Our attention to detail in this situation is unmatched in the industry.

FRAUD & ABUSE

CLAIMWATCH's Intelligent Claim Surveillance software employs dynamic profiling and predictive technologies using all available historical information to quickly identify complex fraud schemes, including sophisticated duplicate schemes, that previously could not be identified, and uncover new and emerging schemes – before claims are paid.

In a study published in the *Journal of American Medical Association*:

- 54% of physicians reported using deception of third party payers to obtain benefits.
- 39% of physicians reported exaggeration of patient's condition, changing a diagnosis or reporting signs or symptoms that did not exist.

DATA ANALYSIS & REPORTING

MEDSTAT - Data Analysis and Predictive Modeling

Clients receive quarterly a comprehensive clinical analysis with up to three years of annual medical and pharmacy claim and utilization activity. Multiple years of data compared to a National database Benchmark provides the Client with a credible perspective of their costs. Detailed information on specific clinical conditions and provider types, over several years, allows the client to understand utilization patterns and better focus their financial resources in areas with the most potential.

REPORTING

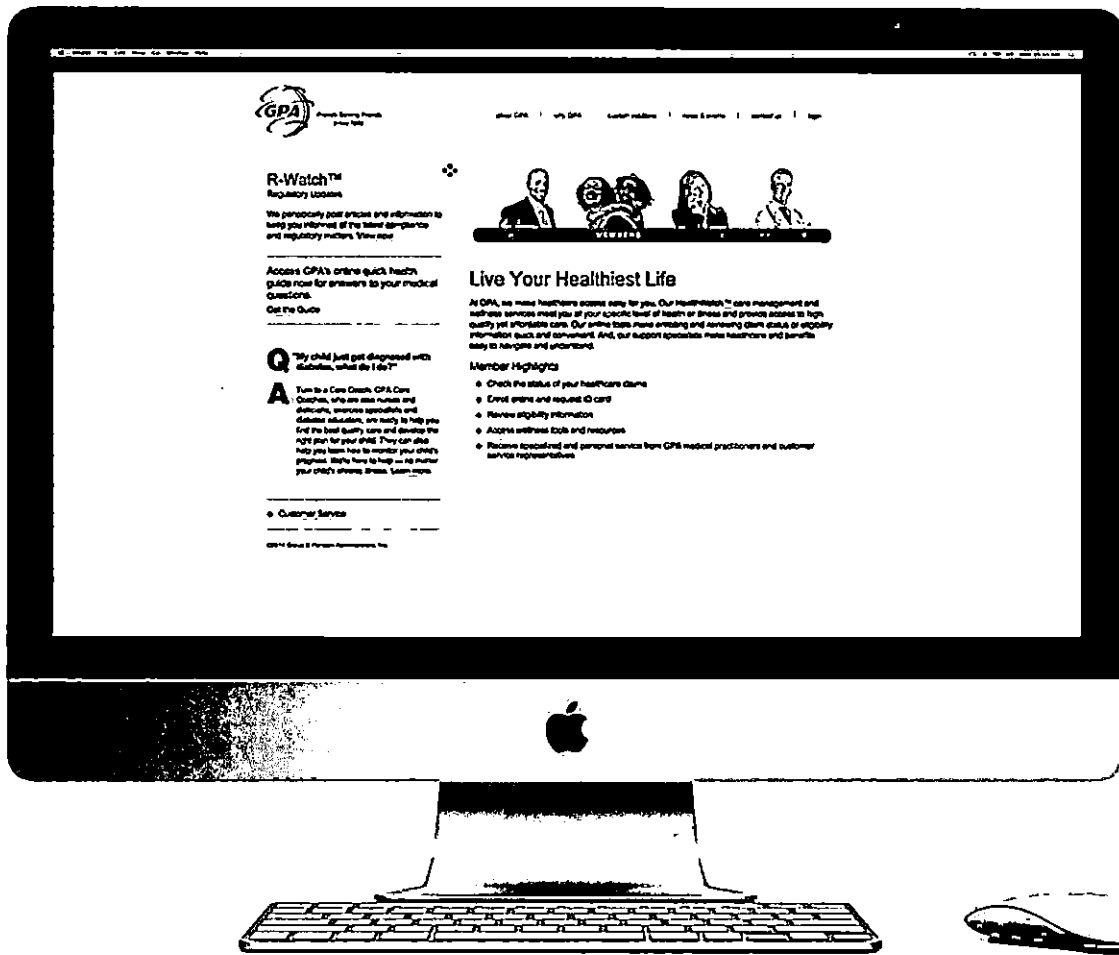
GPA's Standard Report package provides client with a financial overview on a monthly, quarterly, bi-annual or annual basis. Reports include Stop-loss Fund Accounting Summary, 50% of Specific Reports, Utilization Report, Case Management Report, etc.



CORPORATE EXPERIENCE

ENROLLMENT SYSTEM

GPA's online enrollment system harnesses the Internet's power to simplify employee benefits administration and dramatically reduce the cost and errors associated with today's paper-based enrollment systems. GPA Online reduces inaccurate or fraudulent enrollment errors while maintaining data integrity from initial submission of employee elections to final input into your payroll system and GPA Online. Online enrollment through GPA Online is an optional service that is available to all medical administration clients for maintaining accurate and complete plan eligibility. If selected, employees can take charge of their own enrollment and benefit selection.



GROUP & PENSION ADMINISTRATORS, INC.

Park Central 8 • 12770 Merit Dr • 2nd Floor • Dallas, TX 75251 • 972-238-7900



CORPORATE EXPERIENCE

COSTPLUS

CostPlus creates transparency when it comes to choosing the right health care plan for your organization. The Cost Plus product has been shown to decrease medical costs \$150,000 per 100 employees. CostPlus offers employers a smart alternative to the typical PPO plans that barely scratch the surface in terms of cost savings. CostPlus is an alliance between GPA, a leading TPA, and ELAP, leader in fiduciary protection. We work together to shield our members by auditing claims riddled with exorbitant charges from healthcare facilities, and to provide legal defense if balance billing or a collection attempt occurs. And, we save you time and money by eliminating much of the guesswork of what you owe on your plan.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Physician Only Services	Modify Plan Document	Claims Audit	ERISA Based Approach	Protect the Plan Member
Abandon traditional PPO-network for hospitals and other facilities Implement physician-only network, such that doctors & professionals are paid status quo	Install smart plan language - CostPlus reimbursement methodology - ELAP as co-fiduciary	Audit, adjudicate, and pay all in-patient & out-patient facility claims by applying the CostPlus formulas, as per the plan language	ELAP handles all claim appeals on behalf of the employer and is responsible for legal defense of Plan	Protect member with expert attorneys from balance billing from providers or collection agencies at no additional costs

WHY COST PLUS?

PPOs often give a false sense of savings on items that are marked up way beyond cost. A 60% discount on an item that lists for \$200 and costs \$13 is hardly a cause for celebration. CostPlus gives you the freedom to put an end to outrageous claims pricing and access to legal support in the event of a dispute.

Discover the CostPlus difference:

- Access physicians through a **National Network**
- **Co-fiduciary protection**—in the event of balance billing or a collections attempt
- **Fair claims pricing**—claims are audited for unfair mark-ups
- **Stop-loss coverage** that results in significant premium reductions



CORPORATE EXPERIENCE

PARTNERSHIP WITH CIGNA

GPA and CIGNA have joined forces and combined collective strengths to deliver a powerful mix of benefit solutions proven to deliver more of what you need:

- Easy access to quality health care networks – local, national and international
- Innovative programs to improve employee health and productivity, and lower costs
- Flexible pricing and funding options to save money and optimize cash flow
- Highly personalized service and account support that exceeds expectations

With GPA you will receive a highly personalized plan design and administration services from a company that knows you and your people by name. Their partnership guarantees CIGNA’s world-class expertise and innovation from one of the largest and most respected health service companies in the nation. Together, GPA and CIGNA can deliver superb results. And better value.

It’s all about relationships and a solid history of growth and experience (To be emphasized in Design)

Regardless of funding or plan type, your clients and their covered individuals can benefit from access to our strong proprietary network of health care professionals, coast to coast. By establishing and developing these important relationships with doctors, hospitals, behavioral specialists, and other ancillary services and facilities across the country, our network continues to grow stronger. As a result, individuals can easily go online seven days a week to find a doctor or health care facility to meet their needs.

As part of the CIGNA family of companies, our network offers:

- Health care benefit solutions for more than 12 million individuals nationwide
- A broad nationwide proprietary network, soon to exceed 650,000 health care professionals and 5,600 facilities



CORPORATE EXPERIENCE

BETTER ACCESS

With our broad networks, employees have convenient access to thousands of doctors, specialists, hospitals, labs and facilities from coast to coast. And because providers in our network go through rigorous credentialing, we help to ensure that employees always receive the highest quality care possible, with quality health care programs in 150 countries around the world.

Through use of the CIGNA PPO Network, you can find a Health Care Professional in two ways:

- Visit www.mycignaforhealth.com and select "Find a Health Care Professional"
- Call GPA during business hours

Special Features allow you to:

- Complete side-by-side comparisons of up to five health care professionals
- Print out door-to door directions
- Save your doctor as an email contact
- Create custom lists of specialists located close to work or home

The screenshot shows the MyGreatWest website interface. On the left is a navigation menu with categories like Member Enrollment, Flexible Spending Account Tools, and Help. The main content area features a 'WELCOME' banner and a section titled 'Important Changes on the Road to CIGNA' with explanatory text. On the right, there is a 'Member Sign-In' form with fields for Username and Password, and a 'Find a Health Care Professional' button. A callout box on the right side of the screenshot provides instructions on how to use the 'Find a Health Care Professional' feature.

Once you click on "Find A Health Care Professional," select:

- Find a doctor.
- Search by name, specialty, or medical condition (when asked to select your plan option, choose "PPO").
- Optional search criteria allows you to specify doctor, gender, secondary language and board certification status.



CORPORATE EXPERIENCE

BETTER SERVICE

From plan consultation and design to enrollment and claim processing, we listen to your needs and go the extra mile to deliver it right – the first time, every time.

Corporate Care Clinics

GPA HealthWatch Corporate Care clinics provide primary care to participating employees and their family members. Our customizable clinics also provide services fully integrated with your health plan, administered by GPA, including:

- Claim payment
- Pharmacy benefit
- Identify gaps in care
- Medication reconciliation
- Disease Management
- Wellness Programs
- Provider knowledge of plan benefits

GPA HealthWatch offers two customized clinic options:

Traditional Care - Full-service care practiced in a family practitioner setting. A traditional clinic’s staff includes a doctor or physician’s assistant that provides one-on-one medical attention. Construction and location is at the discretion of the client.

Virtual Care - Medical staff utilizes Telemedicine, featuring Autoscope robotics, which allows virtual communication in administering care. On-site medical assistance is also available. The technology driven option is ideal for all types of companies, especially those that have multiple locations. It offers little overhead building costs, and Telemedicine options for established patients.



CORPORATE EXPERIENCE



GPA understands that x-rays can dramatically impact medical spending and partnered with One Call Medical program to assist in controlling this expense. To ensure that important diagnostic tests like MRI, CT scans and PET scans remain affordable GPA offers a new program for health benefit plans that features a national network of discounted radiology providers

Benefits of using OCM network are:

- Access to over 2,900 radiology centers located throughout the United States
- Providers undergo a rigorous credentialing and peer review process for radiology quality
- Unique scheduling services to assist members with selection and scheduling of appointments
- Coast-to-coast call centers operating 8:00am-8:30pm EST with multilingual staff
- Significant savings compared to traditional PPO fee schedules
- No additional cost for employees
- No special claims forms or enrollment needed to participate
- Sophisticated "patient scheduling" capability utilizing state-of-the art technology
- "Three-Way Call" provides ultimate member assistance and network steerage
- Claims payment made to network provider

Users of the One Call Medical program typically can reduce their radiology testing by 25% - 50%, therefore we felt this was a valuable benefit to offer our customers.

Not available with Cigna PPO option.



MEMBER EXPERIENCE

Members receive a wealth of services through GPA, including products that are designed to enhance their health and wellbeing. Through our innovative HealthWatch product line, members can engage with professionals through a variety of convenient options. As with all services offered by GPA, customers receive personalized service no matter their communication choice. We know that with GPA, there is an option for everyone, which leads to decreased medical spending for the employer.

CUSTOMER SERVICE

Group and Pension Administrators believe that the primary function of Customer Service is nothing short of helping people in need. Whether that need is as common as describing the benefits of a plan or as complex as helping a member understand a series of claims following a prolonged illness, the Customer Service team is there to provide help.

Unlike traditional call centers which base a CSR's performance upon the number of calls they answer and the duration of those calls, we empower our CSRs by instead focusing their performance on the two things which they can directly control: the quality with which they handle each plan participant contact and their availability to answer calls. There is a clear cause-and-effect relationship between a CSR not being rushed to meet call quotas and their willingness to embrace their role as participant advocate, educator, and source of aid.

Overview

- Live receptionists greet each caller, answering all calls on average within 30 seconds
- Spanish-English bi-lingual receptionist and CSR staff available
- All plan participant calls were answered on average in 26-seconds in 2013
- Our commitment to and investment in technology helps us help you
 - *Priority paging system for emergencies*
 - *Continuous access to eligibility, claims status, and benefits for plan participants and providers of service through GPA web portal*
 - *Additionally, providers have access to 24-hour eligibility, claims, and benefit information through IVR system which transmits requested information to caller via FaxBack*

Hours of Operation (GPA provides a national toll-free number)

Customer Service hours are:

Monday – Thursday: 8:00am to 7:00pm

Friday: 8:00am to 5:00pm

IVR-FaxBack and web portal available 24/7



MEMBER EXPERIENCE



TELADOC INTRODUCING THE FUTURE OF AFFORDABLE MEDICAL BENEFITS



SERVICES

GPA's **TelaDoc™** product offers our clients a network of licensed primary care physicians who diagnose individual medical problems via the telephone, recommend treatment and prescribe medication (when appropriate) over the telephone 24 hours a day, 365 days a year. You can access this service wherever you happen to be: your home, office, hotel room, or vacation campsite. Simply make a phone call and, in most cases, speak to a doctor within 30-40 minutes.

TelaDoc™ is available in all 50 states. TelaDoc™ offers many benefits such as:

- Physicians who diagnose medical problems and prescribe medication when appropriate on demand
- Prescriptions phoned into your local pharmacy
- Patient access to medical records with HIPAA compliant secure servers
- Telephone access to a physician from any phone, **24 hours a day, 7 days a week**
- Access to a physician within three hours *
- Most medical issues can be resolved from any remote location
- Reduce the number of hours you spend away from work therefore increasing productivity
- CMS 1500 Form for reimbursement

The fee for the Teladoc Program is a composite of \$2.00 per Employee (paid through claims account). If TelaDoc is not paid through the claims account the fee is \$3.00 pepm



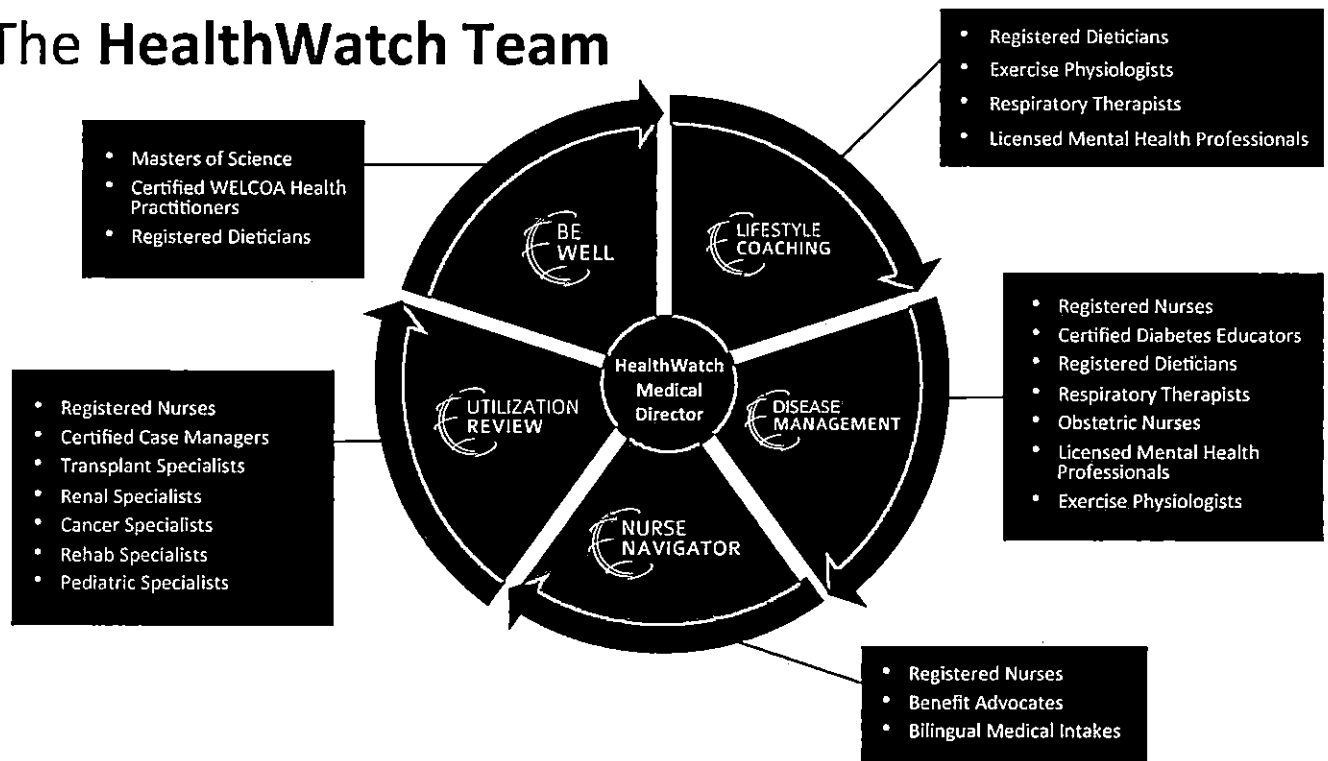
MEMBER EXPERIENCE

GPA HealthWatch

GPA offers program designed to assist members with chronic conditions, maternity management and disease management. By implementing HealthWatch services, you are taking a giant step toward improving the quality of life for your employees, spouses and dependents while at the same time enhancing the atmosphere of the work environment and controlling your healthcare costs.

Through the identification of at risk members, GPA engages the members that traditionally are associated with increased medical costs. HealthWatch evaluates the needs of our client and its employees, developing the best strategies to meet those needs, implementing interventions/activities to accomplish the strategies and measuring the results. Individuals with specific disease conditions are provided a 1:1 counselor to patient ratio to assist them achieves greater success. Participation engagements are the main points of focus among a significant percentage of the entire population. This has proven to improve behaviors and reduce health risks.

The HealthWatch Team





MEMBER EXPERIENCE

MATERNITY MANAGEMENT PROGRAM

Optimizes the health of Mothers and Newborns.

➤ ROI - 11:1

Identifies high-risk pregnancies and provides customized educational tools prepared by a Masters Health expert to optimize the health of mothers and their newborns. Nurse follows Mother's progress and coordinates physicians.

LIFESTYLE COACHING

Lifestyle Coaching partners individuals with a specialized Care Coach for personal support, motivation and accountability to help achieve health goals.

Care Coach credentials include registered nurses, registered dietitians, respiratory therapists, exercise physiologists, certified diabetes educators, obstetric nurses and licensed mental health professionals. Telephonic outreach to individuals with elevated risk of a health condition and targeted interventions help individuals achieve a healthier lifestyle and prevent future problems.

Conditions treated include Pain Management, High Cholesterol, Smoking Cessation, Weight Management, High Blood Pressure, Stress Management and Emotional Well-Being.

CARE MANAGEMENT AND UTILIZATION

GPA's approach to care management focuses on working with members to obtain the appropriate services. The goal is to assure that patients receive the most effective treatment in the most cost-effective manner. Active involvement with GPA during treatment ensures that best practices are followed, and prevents redundant procedures and unnecessary costs.



MEMBER EXPERIENCE

INTEGRATED DISEASE MANAGEMENT

Disease management targets groups of individuals with chronic diagnoses that have evidence of being costly and that can be significantly improved in both cost and quality of life through early intervention, coordination among service providers, and through educational programs.

Having disease management services with GPA provides a solution for every level of health. Our HealthWatch programs come together to create a seamless integration to ensure continuous care and cost containment.

The GPA Patient Care Model includes:

- Notification event from HealthWatch Utilization Review Department Referral from HealthWatch Case Management to Care Coordination/Disease Management
 - Completion of an online Health Risk Assessment (HRA)
 - Results of on-site health screening
 - Through Medstat claims statistical information



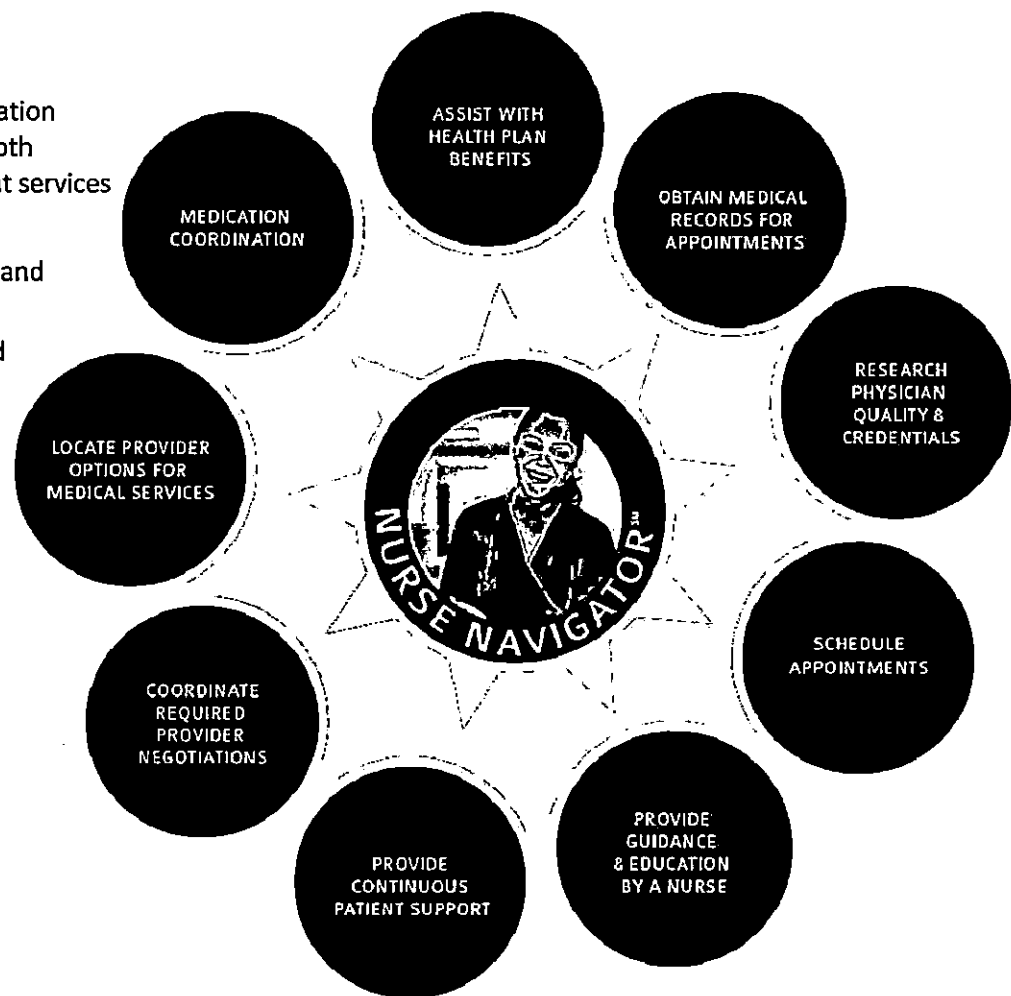
MEMBER EXPERIENCE

GPA NURSE NAVIGATOR

The GPA is a patient advocacy program designed to assist members define to understand how to maximize their healthcare benefits and maximize their quality of care. Our GPA Nurse Navigator Program consists of a team of registered nurses, bi-lingual medical support specialists, and benefit specialists that help members get the appropriate level of care they need at the lowest possible cost. Nurse Navigator services include provider/facility identification and quality metrics, cost comparison, appointment facilitation, medical record retrieval, treatment education, and benefit plan assistance.

GPA Nurse Navigator delivers:

- Provider/facility identification and quality metrics for both in-patient and out-patient services
- Cost comparisons
- Appointment facilitation and medical record retrieval
- Treatment education and follow-up guidance, nurse driven
- Benefit plan education and assistance





MEMBER EXPERIENCE

BEWELL CUSTOM WELLNESS PROGRAMS

Highly tailored health interventions with interactive tools – delivered to your entire population to enhance health and reduce costs.

BeWell designs custom packages based on the client's benefits strategy, demographics, claims experience, desired outcomes (goals and objectives), budget margins, time and resources (such as onsite staff) and their level of readiness for a program. All programs are designed to improve and maintain an individual's health and well being both in and outside the work environment.

All program packages include:

- > Strategic Wellness Consulting – where we begin the continual process of evaluating the needs of the organization and its employees, developing the best strategies to meet those needs, implementing activities to accomplish the strategies, and measuring the results.
- > Online Points and Incentive Tracking – tracks and rewards for multiple health activities.
- > Online Wellness Web site – includes a state-of-the-art Health Risk Assessment and much more!

<GPA> <TRIPLE S WELLNESS> PROGRAM
 <DATE DATE>

<Triple S Steel Wellness> is putting more power and resources into your wellness program with BeWell! Administered by GPA HealthWatch, the wellness program assists you in making healthier lifestyle choices while rewarding you for your participation. Take advantage of the tools and resources provided by the wellness program and improve your health while having fun!

The <Triple S Wellness Program> is confidential, voluntary and available to <employees and covered spouses>. In order to obtain the rewards through the <Triple S Wellness Program>, <medical covered employees and covered spouses> must complete the following:

1. COMPLETE THE WELLNESS ASSESSMENT
2. PARTICIPATE IN BIOMETRIC SCREENINGS
3. PARTICIPATE IN LIFESTYLE CHALLENGES & RECOGNITION
4. COMPLETE WELLNESS ACTIVITIES
5. EARN WELLNESS REWARDS

BECOMING A <TRIPLE S WELLNESS> PARTICIPANT IS EASY WITH OUR <5 SIMPLE STEPS>

FOR IMMEDIATE RELEASE

Fitness and Wellness Fair Motivates Employees to Commit to Better Health

Lewisville, Texas June 3, 2014 Parkway Construction and Associates, LP, held the Parkway Fit Fair, as part of their effort to promote employee health. The goal of the event was to connect, educate and provide a means of awareness about the services available to assist Parkway employees along their wellness journey. The fair was developed by Group & Pension Administrators, Inc. (GPA) BeWell team and provided physical and educational events throughout the day. It also provided an opportunity for community vendors to introduce their services to Parkway employees and connect with them on an individual basis.

Events began at 9:30 a.m. with a welcome speech from Rick Wojciechowski, President and Chief Executive Officer of Parkway Construction, stressing the importance of health and wellness in an effort to shape the culture of Parkway for the future. The event kicked off at the sound of the Lewisville Fire Department's fire engine alarm with the company bike ride & walk/run as the first event. Parkway employees were given the option to participate in one of four activities: a 4 mile or 10 mile bike ride, 2.5 mile run or a 1.5 mile walk. All 73 participants were awarded a Parkway Fit Fair shirt designed by Parkway Construction. A representative from the American Diabetes Association Tour de Cure team joined the 9:55-mile bike ride to show support.

HEALTHWATCH BEWELL

A BETTER WAY OF DOING WELLNESS

<Client> is partnering with <GPA HealthWatch> to put more power and resources into your <own> Wellness Program! The wellness program supports you in making healthy lifestyle choices and you will be rewarded for your participation. It is simple, fun, and good for your health and well-being. <BeWell> offers you:

- Personalized Health Resources including Fitness and Nutrition Trackers
- Wellness Assessment
- Interactive Health Challenges
- Health Fairs
- Onsite Health Screenings
- Earn Points Discounts

<BeWell> is now available to <GPA EMPLOYEES>

WHO IS MY WELLNESS PROGRAM CONTACT?
 <FIRST NAME> <LAST NAME>, <QUALIFICATION> | <TITLE>
 LOCAL PHONE: <972.744.8408> | EMAIL: <email@gpapa.com>

HERE'S A LITTLE ABOUT ME...
 <As a certified Ins., I joined the GPA team in 2014. With past experience in general and variable contracts, I have worked with the Iron Milling team. I am here to assist all GPA employees integrate your BeWell benefits in a customized manner.
 I am here to assist all XYZ employees navigate the wellness portal, log wellness points, answer questions about rewards or any other components of your wellness program.>

Your Wellness Coordinator can help. Contact <First Name> today!



COSTS

COST PLUS OPTION

Administration	
Proposal Based on:	Employees: 176
Effective Date:	10/1/2016
Set-Up Fee: Includes Plan Document	\$2,300
PPACA/SBC (Summary of Benefit Coverage): Pass through cost for translation and certification fees for SBC provided in languages other than English.	\$500 per medical plan
Medical / RX Administration	\$22.00 pepm
Dental Administration	\$2.50 pepm
Dental ONLY Administration (no Medical Election)	\$3.50 pepm
Medtrak PBM	\$6.00 pepm
PPO Fee: PHCS Physician Only PPO – Cost Plus Option	\$4.50 pepm
COST PLUS ELAP Fee (If elected) (reduction to rates and factors may apply)	12% of total billed facility charges
Fiduciary Liability Transfer-ELAP Audit Applicable with Cost Plus	\$1.00 pepm
Transplant Carve-out: Unlimited LTM - If more than 20% of employees live outside Texas, rates are subject to change.	\$9.21 Single pepm \$11.96 Dep pepm
COBRA (Conexis)	\$1.50 pepm
TelaDoc	\$3.00 pepm
Non-PPO negotiations and / or network access – Fraud and Abuse detection	30% of savings
ID Card (No Dependent names on ID card)	No Charge
Home Mailing of ID Cards by Claims Administrator	\$2.50 per employee
GPA fee for PBM Interface fee is \$.85 per script or \$1.50 pepm depending upon PBM contract selected.	
HealthWatch	
HealthWatch UR Notification: During the term of this agreement	\$3.00
Care Management Programs	\$135 per hour*
Physician Review	\$300 per hour*
Nurse Navigator (if elected)	\$6.00 pepm or \$2.00 pepm / \$135 per hour* Hourly rates effective when GPA is actively communicating with members or providers and coordinating requested information
HealthWatch Optional Services	
BeWell Management Programs (if elected)	Cost dependent upon program options chosen
*Charged by the minute, not the 1/4hr. as is the norm. Min. 6 mins.	



COSTS

Optional Services	
Vision Administration (If Applicable – please add \$500 set-up fee)	\$1.00 pepm
One Call Radiology (If elected)	Included
Subrogation (If elected)	30% of savings
Cafeteria 125 Flexible Spending Plans and HRA Accounts	
Medical/Dental/Vision/Dependent Care/HRA With Debit Card:	\$4.75 per acct per month
Without Debit Card:	\$4.25 per acct per month
Cafeteria 125 and HRA Setup Fee	\$1,000
Positive Pay (Flex Plans Only)	\$.35 pepm
Setup fee	\$500
Other Fees	
Printing–Booklets, enrollment packets, or printing material	Pass through cost of printing
Annual Maintenance Fee	\$500
Re-statement of Plan Document after Initial Implementation	\$1,000
Run-in / Run-out	10% of paid claims
Run-in / Run-out Set-up fee per Plan Option (if benefits vary from GPA administered plan(s))	\$500
Online Access programming set-up (usual charge is one hour)	\$125 per hour
Plan changes made after Plan Benefits are entered into GPA system	\$125 per hour, Minimum \$250
Additional Benefit Plan Options added after initial set-up completed	\$500

Group & Pension Administrators, Inc.
Self-Funded Welfare Plan Stop-Loss Proposal Comparison

Upshur County
Cost Plus

RATES ARE NOT FIRM AND UNDERWRITING IS NOT COMPLETE UNLESS OTHERWISE INDICATED

Reinsurance Carrier	Swiss Re. No New Laser at Renewal/40% Rate Cap	Sunlife No New Laser at Renewal/50% Rate Cap	Cabot
Transplant Carrier	AIG	AIG	AIG
PPACA/SBC (Summary of Benefit Coverage) Fee: If produced by GPA the fee is \$500 Per Medical Plan. Pass through cost for translation & certification fees for SBC provided in languages other than English.			
Setup Fee *:	2,300.00	2,300.00	2,300.00
Specific ANNUAL Maximum Benefit:	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited
Transplant Lifetime Maximum	Unlimited	Unlimited	Unlimited
Aggregate Plan Year Maximum Benefit:	\$1,000,000	\$1,000,000	\$1,000,000
Run-In/Run-Out:	10%	10%	10%
<i>Note: These rates are not included in totals below.</i>			
STOP-LOSS BASIS			
Number of Employees:	176	176	176
Number of Dependent Units:	100	100	100
Specific Deductible:	\$75,000	\$75,000	\$75,000
Specific Contract:	24/12	24/12	18/12
Aggregate Contract:	24/12	24/12	18/12
Aggregate Run-in:	\$344,013	\$0	\$301,520
Est. Aggregate Minimum Attachment:	\$2,150,083	\$2,362,888	\$2,010,131
Specific Contract Includes:	Medical & RX	Medical & RX	Medical & RX
Aggregate Contract Includes:	Medical & RX	Medical & RX	Medical & RX
MONTHLY FIXED COSTS			
Specific Premium			
Employee:	\$148.18	\$131.43	\$110.90
Dependent Unit:	\$201.65	\$173.97	\$136.56
Family:	\$349.83	\$305.40	\$247.46
Composite (for illustrative purposes only):	\$262.75	\$230.28	\$188.49
Transplant:			
Employee:	\$9.21	\$9.21	\$9.21
Dependent Unit:	\$11.96	\$11.96	\$11.96
Family:	\$21.17	\$21.17	\$21.17
Aggregate Premium			
Composite:	\$8.38	\$10.40	\$5.68
Administration			
Claims Per Employee: (Medical, RX)	\$22.00	\$22.00	\$22.00
Claims Per Employee: (Dental)	\$2.50	\$2.50	\$2.50
Utilization Review-Healthwatch:	\$3.00	\$3.00	\$3.00
GPA Physician ONLY PPO Network:**	\$4.50	\$4.50	\$4.50
Rx Program:*** MedTrack	\$6.00	\$6.00	\$6.00
Fiduciary Liability Transfer: ELAP	\$1.00	\$1.00	\$1.00
GPA COBRA/HIPAA FEE: CONEXIS	\$1.50	\$1.50	\$1.50
TelaDoc:	\$3.00	\$3.00	\$3.00
Nurse Navigator:***	\$2.00	\$2.00	\$2.00
Total Per Employee:	\$211.27	\$196.54	\$171.29
Total Per Dependent Unit:	\$213.61	\$185.93	\$148.52
Total Per Family Unit:	\$424.88	\$382.47	\$319.81
AGGREGATE FACTORS			
Employee:	\$561.85	\$553.11	\$547.42
Dependent Unit:	\$802.88	\$995.60	\$711.65
Family:	\$1,364.73	\$1,548.71	\$1,259.07
Composite (for illustrative purposes only):	\$1,018.03	\$1,118.79	\$951.77
Attachment Points			
Monthly:	\$179,173.60	\$196,907.36	\$167,510.92
Annual:	\$2,150,083.20	\$2,362,888.32	\$2,010,131.04
TOTAL ANNUAL COSTS			
Stop-Loss Premium	\$554,936.16	\$486,344.16	\$398,092.80
Transplant:	\$33,803.52	\$33,803.52	\$33,803.52
Aggregate Premium	\$17,698.56	\$21,964.80	\$11,996.16
Administration	\$51,744.00	\$51,744.00	\$51,744.00
Administration as a % of Maximum Annual Costs	1.81%	1.72%	2.03%
UR, PPO, Rx, Broker and All Other	\$44,352.00	\$44,352.00	\$44,352.00
Total Fixed	\$702,534.24	\$638,208.48	\$539,988.48
COST PLUS EXPECTED @ 15% SAVINGS: ILLUSTRATIVE ONLY!	\$2,164,590.82	\$2,244,972.54	\$1,906,877.59
COST PLUS EXPECTED @ 20% SAVINGS: ILLUSTRATIVE ONLY!	\$2,078,587.49	\$2,150,457.00	\$1,826,472.35
Expected:	\$2,422,600.80	\$2,528,519.14	\$2,148,093.31
Maximum:	\$2,852,617.44	\$3,001,096.80	\$2,550,119.52

ALL CLAIMS OVER THE AGGREGATE PLAN YEAR MAXIMUM BENEFIT ARE EXCLUDED FROM AGGREGATE REIMBURSEMENT.

If you are considering any vendor changes, please check the termination clause for those contracts as some contingencies may apply.
LASERS/AGGREGATING SPECIFIC ARE NOT INCLUDED IN THE EXPECTED OR MAXIMUM COST.
PROJECTED COST PLUS SAVINGS ARE ILLUSTRATIVE ONLY AND ARE NOT A GUARANTEE OF CLAIM COST SAVINGS.
 * Set-up fee does not include the cost of printing plan booklets, PPO directories, or the hourly programming fee for the on-line enrollment system.
 **IMS Physician Only PPO will be used for the DFW area and PHCS Physician Only PPO will be used for all other areas.
 ***RX Fees and Set-up costs may vary based on PBM selected. Mailing ID cards to employee's home by the Claims Administrator is one-time fee of \$2.50 per employee.
 ****Nurse Navigator is available for \$6.00 pepm OR \$2.00 pepm + \$135 per hour. Hourly rate is effective when GPA is actively communicating with members or providers and coordinating requested information.
 PLEASE REFER TO CARRIER QUOTE FOR CARRIER CONTINGENCIES. ALL CARRIER QUOTES ARE NOT FIRM UNLESS OTHERWISE INDICATED BY THE CARRIER.
 IF QUOTES HAVE NOT BEEN PROVIDED WITH THIS SPREADSHEET, PLEASE CONTACT GPA IMMEDIATELY FOR COPY.
COST PLUS ELAP Fee (reduction to rates and factors may apply) 12% of billed charges

GPA ASSUMPTIONS

Quote based on the proposed effective date of July 1, 2016.

Printing costs for any enrollment or marketing materials are provided subject to a pass through cost to the employer.

GPA fee for PBM interface is \$.85 per script or \$1.50 pepm depending on the PBM contract selected.

GPA may receive additional compensation from the carrier in the form of override commissions based upon GPA's potential volume with the carrier. The amount of such additional compensation, if any, will not be known until the end of GPA's contract date with the carrier. Amounts will never be above 3% of premium.

Due to changes in DOL Claims Regulations, GPA requires weekly check runs to be funded within 5 business days.

PLEASE REFER TO CARRIER'S QUOTE AND ASSUMPTIONS, as GPA spreadsheet is only an overview and may not disclose proposal plan specifics related to any types of benefits and/or rates included in the coverage and/or applicable limitations and exclusions. The figures quoted by the Carrier and GPA are based on the information submitted. Inaccurate or incomplete representations of the information submitted may necessitate revised figures.

Quote is contingent upon receipt of total paid claims, diagnosis & prognosis of large claimants up to the effective date.

Quote is contingent upon receipt of Disclosure Statement. Rates will not be guaranteed until Disclosure Statement is signed and completed.

Programming charges for non-standard reports \$225/hour

Plan changes made after Plan Benefits are entered into GPA system \$125/hour -Minimum \$250

Rates are based on final enrollment. Any changes in the number of participants may affect the rates and/or administration fees quoted.

GPA is not responsible for the length of time in which an aggregate claim is reimbursed.

GPA's fee is based on the information provided at the time of quote and is subject to change upon disclosure of new and/or updated information. A monthly minimum fee will be based on the total number of employees admin fee and dependents admin fee (if applicable) on the effective date of the plan x .75.

Plans written on an a 12/12 basis (incurred in 12 months and paid in 12 months) means that only expenses for plan benefits incurred within the 12 month plan period and paid within the same period will be eligible to apply toward stop loss coverage. GPA does NOT recommend this type of contract unless the prior contract was either on a self-funded 12/15 basis (incurred in 12 months and paid in 15 months) or a fully insured policy.

At renewal, an Annual Maintenance Fee of \$500 applies.

ADDITIONAL SERVICES:

Fiduciary Liability Carve-out (ELAP): \$1.00 Per Employee Per Month - The Fiduciary Responsibility Transfer protects employers acting as sponsors of self-funded health plans. This program provides a clear-cut strategy to deal with the responsibilities of being a Plan Fiduciary. The program will make the final benefit decision at "Level II Appeal." The Plan Document would be amended to name ELAP as a co-Fiduciary. The Fiduciary Liability carve-out becomes responsible for legal defense and awards that result from their denial of a benefit (excluding the cost of the benefit itself). The limit is \$1,000,000 per legal action, and no deductibles apply to you.

Restatement of Summary Plan Description for medical/dental/vision (if applicable)- \$1,000

Restatement of Summary Plan Description for dental only - \$500

COBRA fee - \$1.50/employee / HIPAA fee - \$0.75/employee.

Positive pay arrangement with client's bank - (Flex Plans Only) one time set-up fee of \$500 plus \$.35 (minimum) per employee per month.

Dental Administration Fee with Medical coverage \$2.50 per Employee per month

Vision Administration Fee with Medical coverage \$1.00 per Employee per Month

Dental coverage without Medical coverage is \$3.50 per Employee per month

Employee Life Only Coverage \$1.00 per Employee per month.

Monthly Aggregate - additional \$1.50/employee to Admin fee to GPA, as well as additional premium to carrier.

Eligibility Maintenance of products other than those being administered by GPA is \$1.00 per employee per month per product (i.e. dental, vision, life, etc.).

The charge for Care Management Programs (including Provider Contract Negotiation) through HealthWatch is \$135.00 per hour.

The charge for Physician Review through HealthWatch is \$300 per hour.

TelaDoc - \$3.00/employee; No Registration Fee; Consultation Fee \$45.00

Third Party Subrogation -- 30% of recovery

Optional: Network Travel Wrap -- 25% of savings

HRA is \$1,000 Set Up Fee and \$4.25 w/o Benny Card or \$4.75 with Benny Card.

If EAP is sold, GPA's Admin. Fees will increase \$.50 for assisting with EAP services.

One Call Medical -- devoted exclusively to managing radiology costs and offers access to over 2,900 radiology centers throughout the United States that delivers substantial savings for high-cost radiology tests. Member will now have a choice when they have a need for advanced radiology --MRI, CT & PET Scans.

Nurse Navigator is available for \$2.00 pepm plus \$135 per hour or \$6.00 pepm. Hourly rate is effective when GPA is actively communicating with members or providers and coordinating requested information.

GPA travel expenses for out of town enrollment meetings; printing of materials and other services mutually agreed upon by the Employer/Client and Claims Administrator are a pass through cost to the client. Expenses for the services provided will be itemized and invoiced to the Employer/Client.



MARKETING REP

Mark Coughenour
Mark_Coughenour@swissre.com
(860) 469-2060

Name of Group: Upshur County
Producer: Group & Pension Administrators, Inc.
Insurance Carrier: Westport Insurance Corporation
Administrator: Group & Pension Administrators, Inc.
Proposed Effective Date: 10/01/2016

Case Name: Upshur County

Quote Number: 172978

Prop ID: 2

OPTION SUMMARY

Sold Notice: Our client has selected the Option indicated below.

When this case sells with Swiss Re Corporate Solutions, we will be pleased to prepare our Sold Application Package for you. This package will contain a completed application with agreed upon rates, factors, and contingencies.

To select coverage, simply mark the box next to the option you want, date where indicated below, and email it to Sharon Dye at Sharon_Dye@swissre.com (860) 469-2061 .

	Option	Specific Deductible	Specific Contract	Client's Liability	Specific Annual Premium	Aggregate Contract	Aggregate Annual Premium	Annual Attachment Point
<input type="checkbox"/>	1	\$75,000	24/12	\$0	\$449,246	24/12	\$13,728	\$2,150,083
<input type="checkbox"/>	2	\$75,000	24/12	\$0	\$554,941	24/12	\$17,699	\$2,150,083

Group & Pension Administrators, Inc.

Date

Westport Insurance Corporation
Stop Loss Proposal

Name of Group	Upshur County Gilmer, TX	Proposal	08/10/2016	
Producer	Group & Pension Administrators, Inc.	Effective	10/01/2016	Expiration
Administrator	Group & Pension Administrators, Inc.			09/30/2017
Underwriter	Sharon Dye (860) 469-2061			

SPECIFIC STOP LOSS Includes Medical, Rx Card Coverage(s) Advance Reimbursement: Yes

		Option 1		Option 2
Specific Deductible		\$ 75,000		\$ 75,000
No Laser Option		Included		Included
Contract Type		24/12		24/12
Commission Level		0.00%		15.00%
Quoted Rate Per Month	Enrollment			
Single	76	\$ 119.95		\$ 148.18
Family	100	\$ 283.21		\$ 349.83
Estimated Annual Premium		\$ 449,246		\$ 554,941
Maximum Annual Reimbursement		Unlimited		Unlimited
Maximum Lifetime Reimbursement		Unlimited		Unlimited

AGGREGATE STOP LOSS Includes Medical, Rx Card Coverage(s)

		Option 1		Option 2
Contract Type		24/12		24/12
Aggregate Claim Factors	Enrollment			
<u>Medical, Rx Card</u>				
Single	76	\$ 561.85		\$ 561.85
Family	100	\$ 1,364.73		\$ 1,364.73
Est. Attachment Point		\$ 2,150,083		\$ 2,150,083
Rate Per Month	Enrollment			
Composite	176	\$ 6.50		\$ 8.38
Estimated Annual Premium		\$ 13,728		\$ 17,699
Rate(s) includes Commissions of		0.00%		15.00%
Run-in Dollar Limit		\$ 344,013		\$ 344,013
Maximum Annual Reimbursement		\$ 1,000,000		\$ 1,000,000
Aggregate Corridor		125%		125%

Rolling (Monthly) Aggregate Monthly Accommodation: No

OVERALL COST SUMMARY

		Option 1		Option 2
Total Specific Premium		\$ 449,246		\$ 554,941
Total Aggregate Premium		\$ 13,728		\$ 17,699
Total Fixed Cost		\$ 462,974		\$ 572,640
Variable Costs		\$ 2,150,083		\$ 2,150,083
Self Funded Liability		\$ 0		\$ 0
Maximum Total Liability		\$ 2,613,057		\$ 2,722,723

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

This Proposal is based on standard policy provisions, limitations and exclusions contained in the issuing carrier's stop loss policy as well as the qualifications and contingencies specified in supplemental correspondence developed by Swiss Re Corporate Solutions.

The proposed rates and factors are based upon the data supplied in the request for proposal and does not constitute an offer to bind coverage. Any inaccuracy or misrepresentation in the data or any material change in the plan design or census data supplied can necessitate a recalculation of the rates and factors, or cause a claim to be reevaluated, denied or void coverage retroactive to the effective date of the policy.

Applicant, its agent and/or administrator does not have the authority to bind or modify the terms of this stop loss coverage proposal.

Swiss Re Corporate Solutions and Westport Insurance Corporation may pay the selling broker or Third Party Administrator compensation for the promotion and sale of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash and/or non-cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels and volume of business. We encourage brokers and their clients to discuss what commissions may be paid in connection with the purchase of products and services from Westport Insurance Corporation .

Coverage ceases upon termination of the administrator, placement of an insured policy or at the end of the policy period. Specific coverage may be elected by itself. Aggregate coverage must be accompanied by Specific coverage.

This proposal is subject to review and acceptance of the employer's signed plan document (within 60 days of the effective date) confirming that all plan document provisions associated with this proposal have been met. Please review your plan document as reimbursements will be limited to the lesser of the benefit maximum reflected in the plan document or the Maximum Reimbursement amount reflected in this proposal.

This proposal assumes a minimum of 75% participation of all eligible employees as stated in the plan document. Should the 75% minimum participation or the current eligibility differ in any way, verification will be needed and this offer may be re-evaluated

This proposal assumes that Medicare is primary for retirees age 65 and over. If Medicare is not primary, we reserve the right to reevaluate the terms of this proposal.

This proposal is subject to receipt, review and approval of updated claim information to include paid, pended, denied, held and suspended reports. In addition, diagnosis, current and future treatment plan, and prognosis is required for known or expected shock claimants.

This proposal is subject to information on any individual who previously exhausted the employer benefit plan lifetime maximum who will be reinstated because the lifetime maximum cap has been eliminated. Disclosure of information must include any dependent under age 26 being added who was previously deemed not eligible under the employer benefit plan and whose claims could potentially exceed 50% of the specific deductible.

This proposal is subject to information on claims under assessment by an Independent Review Organization (IRO).

Retirees are not covered.

Organ Transplant coverage under Stop Loss is secondary to the Fully Insured Organ Transplant Policy.

Elimination of Laser (EOL) feature has been included:

- 1) No new claimants will be lasered in the second contract year. Claimants with a higher Specific deductible in the first contract year will have the deductible level continued in the second contract year unless there is medical information that allows Swiss Re Corporate Solutions to lower the claimants deductible.

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2) The Specific Premium will not increase by more than 40% in the second contract year. Adjustments may be made for changes in contract type; deductible, plan changes or other material changes from the first year. It should also be stated that this is a maximum renewal increase for the second year, however, if the experience runs well it will be less.

Quote assumes the following plan design:

PPO: ELAP 2015

	Plan 1	
	In-Net	Out-Net
Deductible	\$1,000	\$1,500
Coinsurance	80%	70%
Maximum Out-of-Pocket	\$4,000	\$10,000
Plan Description	Current	

ADDITIONAL QUALIFICATIONS

This quote is ILLUSTRATIVE and will require updated paid and large claims information closer to the effective date. Medical and Rx experience must be included if Rx is covered under Stop Loss.

Proposal is subject to review and acceptance of the Disclosure Statement completed by the Employer and TPA. Please refer to our Disclosure Statement form for additional stipulations and details.

Medical Review of large/ongoing claims has not been completed and will be necessary if Swiss Re Corporate Solutions' quote is being considered.

Proposal is based on the current plan design(s) using the above reference PPO networks.

This proposal is subject to the applicant agreeing to waive the requirements of Texas Insurance Code sections 1550.052 and 1550.053(2) concerning bid and deductible requirements for municipality stop loss coverage.

Please provide monthly enrollment for the 2014-15 & 2013-14 policy years. Please also provide detail large claimant information for the 2013-14 policy year.



PROPOSAL

Brighter under the sun



Created for:
Upshur County

4/2

Introduction

Thank you for the opportunity to provide your company with insurance protection. We are honored to offer this proposal to you.

Proposal presented to

Upshur County
P.O. Box 730
Gilmer, TX 75644

SIC Code: 9111

Proposal presented by

Sun Life Financial
One Sun Life Exec Park
112 Worcester St
Wellesley Hills, MA 02481
Tel: 877-736-4739

Benefits quoted

Aggregate Stop-Loss and Specific Stop-Loss

Proposed Effective Date

October 1, 2016

Things to know

- This proposal shows a summary of proposed benefits, rates, and underlying assumptions. It is not part of the group policy or a legal contract with Sun Life or its affiliated companies.
- This proposal is valid for 60 days, starting from August 5, 2016, and only for the proposed Effective Date.
- The rates shown may be subject to recalculation pending a) final enrollment, b) census data, and c) review of any additional data requested in the proposal. Please review the assumptions for information about how the rates were derived.

Producer licensing

All Sun Life companies require producers who use insurance quotes for the purpose of soliciting, selling, or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale, or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale, or negotiation of insurance, including but not limited to solicitation, sale, or negotiation conducted in person or by telephone, by e-mail, by fax, or otherwise.

Producer compensation

We encourage brokers and their clients to discuss what commission or other compensation may be paid in connection with the purchase of products and services from Sun Life companies. All Sun Life companies may pay the selling broker, agency, or third party administrator for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business. For New York-issued cases, producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

Plan and rates

This proposal may be based on employee census information provided by the employer. Acceptance of the group and final rates will be determined by Sun Life based on actual enrollment and case experience, if required. Terms and conditions of any coverage under the policy may be determined by all required final data and by underwriting rules, minimum participation requirements, and policy provisions in effect on the date coverage begins.

Underwriting companies

The Sun Life Financial group of companies operates under the "Sun Life Financial" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life Financial group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life Financial group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

Stop-Loss

We are pleased to offer Stop-Loss insurance to employers. Our coverage provides a full range of services and features designed to make self-funding easier and more affordable. Here are some highlights:

- **Autonomy:** Receive fast, final decisions to underwriting and claim requests because we don't need to take the time to ask for a reinsurer's approval. As a direct-writer carrier, we retain 100% of the risk for our Stop-Loss policies.
- **Excellent Claims Service:** Experience a high standard of customer service, including an average 7-business-day turnaround time for complete Specific claim requests.
- **Money-Saving Programs:** Get SunResources® and SunEliteSM—both are provided to all Sun Life Stop-Loss customers. Sun Life nurse consultants work with administrators even before the Stop-Loss deductible is reached to help reduce claim expenses for the plan through SunResources® access to specialized vendors. The SunEliteSM medical plan document review service delivers insight you can use to strengthen cost containment, federal law compliance, and discretionary authority language.
- **Comprehensive Policy:** Enjoy a Stop-Loss policy that covers a variety of managed care fees, off-label drug use, alternative care, state assessments, and state-mandated hospital surcharges. These reimbursable expenses can help lower the total cost of self-funding.
- **Flexibility:** Choose from a full range of plan designs to meet any budget. Designs include a range of deductibles and run-in and run-out options.
- **Customized Protection:** Tailor coverage with the innovative Cancer rider deductible (requires an in force Sun Life Cancer/Critical Illness policy), Aggregating Specific deductible, Monthly Aggregate Accommodation option, Clinical Trials option, and Advance Funding.
- **No New Lasers at Renewal:** Eliminate the potential for additional lasers with the No New Lasers at Renewal option. It includes the Renewal Rate Increase Cap to help make renewals even more predictable and stable.
- **Gapless Renewals:** Catch claims that would otherwise go uncovered between policy years with the Gapless Renewals option. This added coverage was created for claims that don't fall into the normal run-out pattern.
- **No Redislosure at Renewal:** Rely on this to make things easier—you don't have to send in a large claims disclosure again at renewal.

Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 07-SL REV 7-12.

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Stop-Loss

Rates

No New Lasers at Renewal Option

Proposed Third Party Administrator: Group & Pension Administrators Inc

Proposed network: ELAP Cost Plus, proprietary

Specific Stop-Loss insurance			
Effective Date: 10/01/2016	Commission: 15%	SIC:	9111
Policy year end date: 09/30/2017			
Covered benefits	Medical including prescription drug plan		
Annual maximum: Unlimited			
Claim Basis:	24/12		
Specific Deductible	\$75,000	\$85,000	
Aggregating Specific Deductible			
Employee tier/lives			
Employee only	76	\$131.43	\$119.27
Employee and family	100	\$305.40	\$281.35
Total Lives	176		
Monthly premium	\$40,529	\$37,200	
Policy year premium	\$486,351	\$446,392	
Aggregate Stop-Loss insurance			
Effective Date: 10/01/2016	Commission: 15%	SIC:	9111
Policy year end date: 09/30/2017			
Maximum Aggregate benefit: \$1,000,000	Corridor: 125%		
Claim Basis	24/12		
Internal maximum	\$75,000	\$85,000	
Employee tier/lives			
Medical			
Employee only	76	\$422.07	\$446.78
Employee and family	100	\$1,181.80	\$1,206.51
Total Lives	176		
Prescription Drug Card			
Employee only	76	\$131.04	\$131.04
Employee and family	100	\$366.91	\$366.91
Total Lives	176		
100% Minimum Attachment Point	\$2,362,888	\$2,415,078	
Aggregate premium			
Monthly rate per employee	\$10.40	\$12.56	
Policy year premium	\$21,965	\$26,527	
Policy year cost summary			
Specific Deductible	\$75,000	\$85,000	
Internal maximum	\$75,000	\$85,000	
Total premium	\$508,316	\$472,919	
Aggregate Attachment Point	\$2,362,888	\$2,415,078	
Maximum exposure	\$2,871,204	\$2,887,997	

Included in this plan:

- Managed care discount for pre-certification, utilization review, medical case management
- Retirees not included for Specific coverage
- Retirees not included for Aggregate coverage

Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 07-SL REV 7-12.

Additional options:

- A discount may be available with the purchase of Group Life and/or LTD.

Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 07-SL REV 7-12.

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Assumptions

- Clinical Trial Coverage: Costs relating to non-experimental and non-investigational treatment incurred as part of a clinical trial are covered as eligible expenses. Costs relating to experimental or investigational treatment are not covered.
- Mental/nervous/drug/alcohol coverage is based on current plan design.
- Advance Funding Endorsement included.
- This proposal includes the No New Lasers at Renewal option and a Renewal Rate Cap of 50%. The Renewal Rate Cap applies to the Specific Stop-Loss rates and Aggregating Specific Deductible (if applicable), and it assumes there are no material changes to the policyholder's plan, the Stop-Loss policy, or the group being covered.
- Quote based on current plan of benefits.
- We are offering a conditional 60 Day Early Lock option. You must provide all required information through 07/31/2016 including but not limited to a signed SRQ and application. The information must be received no later than 08/31/2016. This offer is no longer valid after 08/31/2016
- This proposal assumes that the municipality will execute a written waiver in favor of Sun Life Assurance Company of Canada that waives the requirements of subsections 2(a) and (b) of the Texas Insurance Code, Title 1, Chapter 21, Subchapter E, Article 21.49-16, which prohibit: (a) the use of a higher deductible for certain employees; (b) the exclusion of certain employees from coverage; and (c) the right to modify or limit the terms of coverage after the contract has been made.
- This proposal assumes that a fully insured transplant policy is in place. This policy will serve as primary coverage for all transplants and transplant-related services. Sun Life will act as secondary coverage.
- This proposal assumes the mirroring amendment/endorsement is included. Mirroring of the employer's plan document is subject to review and approval by Sun Life and may impact the quoted rates. The employer plan document must be submitted within 90 days of the policy Effective Date and must include an executed signature page.
- This proposal assumes the police/fire employees are 20% of the group.
- This proposal assumes that the following cost containment program(s) will be in place on the Effective Date: GPA Health Watch
- The standard dependent definition is an employee's spouse and unmarried natural, adopted, or step children, unless otherwise noted.
- This proposal assumes your plan covers only full-time and regular part-time hourly and salaried employees, unless otherwise noted.
- Common ownership of the business units.
- Notification of any employer-completed merger or acquisition.
- Final rates for Specific coverage are guaranteed for 12 months from the Effective Date, unless a change in risk occurs. Risk changes include plan or policy amendments; Third Party Administrator or Administrative Services Only changes; network or cost-containment vendor changes; enrollment shifts greater than 15%; participation shifts in each plan option greater than 10%; and addition/deletion of a subsidiary, division, affiliate, or associated company.

Contingencies

- Claims over \$37,500 from 10/1/2015 through 7/31/2016 with diagnosis and prognosis.
- Monthly enrollment and claims by line of coverage from 10/1/2015 through 7/31/2016
- Medical case management report for [NAME], including prognosis, expected treatment, and anticipated expenses.
- Medical case management report for id#007020701091, 00720700541, and 00720700311 including prognosis, expected treatment, and anticipated expenses.
- Pending and Pre-certification reports through 7/31/2016

Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 07-SL REV 7-12.

Sold Case requirements

- Copy of plan document
- Final census information through the end of the enrollment period, including age or date of birth, gender, zip codes, coverage codes, and identification of any HMO, retiree, COBRA, and noneligible employees
- Special Risk Questionnaire (SRQ)
- For cases with run-in only:
 - Pending hospital expenses and known confinements that have not yet generated a bill
 - Pre-certification billing through 2 weeks prior to the Effective Date
 - Outstanding claims due to subrogation, audit, contested denials, or any other reason
- For cases with 12/12 or run-outs: pre-certification billing through 2 weeks prior to the Effective Date

Issuance of a contract is subject to submission of all Sold Case and Proposal Contingencies.

Disclosures

Policy disclosures

Stop-Loss

Exclusions

We do not reimburse for any of the following:

- Expenses for medical services rendered to a Covered Person by the Covered Person's family member or relative.
- Expenses that are payable or reimbursable under any Workers' Compensation Law or similar legislation.
- Expenses for any cosmetic Treatment as defined in Your Plan. This exclusion does not apply to expenses relating to breast reconstruction after mastectomy.
- Expenses for any Experimental or Investigational Treatment, or for any hospital confinement or Treatment that results from Experimental or Investigational Treatment.
- Expenses for any transplant not included in the definition of Transplant.
- Expenses relating to non-human organ or tissue transplants, gene therapies, xenographs or cloning.
- Expenses for any Treatment administered outside the United States if the Covered Person traveled to the location where the Treatment was received for the purpose of obtaining the Treatment.
- Expenses for benefits in excess of Your Plan's limits, or expenses that are excluded under Your Plan.
- Expenses in excess of the Usual and Customary Charge.
- Any amount paid by You in excess of a negotiated provider discount, or any penalty or late charge incurred, or any discount lost, unless previously approved in writing by Us at Our U.S. Headquarters.
- Expenses associated with the administration of Your Plan including, but not limited to, claim payment fees, cost containment administrative fees, PDP administration fees, PPO access fees, premium functions, medical review and consultant fees, unless otherwise covered under this Policy.
- Expenses paid by You relating to any litigation concerning Your Plan, including, but not limited to, attorneys' fees, extra-contractual damages, compensatory damages and punitive damages.
- Any portion of an expense which You are not obligated to pay under Your Plan, or which is reimbursable to You under:
 - Another group health benefit program; or
 - A government or privately supported medical research program; or
 - Medicare; or
 - Any coordination of benefits or non-duplication of benefits provision of Your Plan; or
 - Worker's compensation; or
 - Any other source.
- Expenses incurred by a person who is employed by You at any unit, subsidiary or division of Yours that has not been underwritten by Us.
- Expenses incurred for any illness or injury due to, or aggravated by, war or an act of war, whether declared or undeclared.
- Expenses paid by You for any Treatment authorized or approved under any provision of Your Plan which:
 - Allows the plan administrator to approve alternative care or alternative treatment; or
 - Allows the plan administrator to alter, modify, or waive Plan provisions or limitations, or
 - Grants You or Your plan administrator discretion to approve coverage for Treatment not otherwise covered under Your Plan;
 unless the Treatment satisfies the criteria for Alternative Care set forth in Section II.
- Expenses covered under a Prescription Drug Plan, unless Prescription Drug Plan coverage is a Covered Benefit on the Schedule of Benefits.

August 5, 2016

- Expenses for any Transplant if You have a separate insurance policy that covers Transplants for Covered Persons regardless of whether the Covered Person is covered by that policy.
- Notwithstanding any other Policy provision, We will not reimburse any expense incurred by any employee, or by the employee's dependents, where the employee is a member of: (a) a division, unit, group, subsidiary, affiliate, or class of employee of the Policyholder; or (b) an association, trust, cooperative or similar organization connected with the Policyholder, that is not covered by the Plan as of the Policy Renewal Effective Date.

General disclosures

1. For current financial ratings, please visit www.sunlife.com.

The Sun Life Financial group of companies operates under the "Sun Life Financial" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life Financial group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life Financial group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

2. Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Online Will Preparation and Claimant Support Services are provided by ComPsych®. Employee Assistance Program (EAP) work/life services are provided by ComPsych®. EAP By DesignSM, EAP EssentialSM, EAP CompleteSM, and EAP Business ClassSM are service marks of Sun Life Assurance Company of Canada. Services are provided in partnership with ComPsych® Corporation and are not insurance. HealthChampionSM (a health care support service) is provided by ComPsych®. Absence Management Services are provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. Convenience Resources and Adult/Elder Care Support are provided by Harris, Rothenberg International, Inc., a service provider not affiliated with Sun Life. The benefit-specific sections of this proposal will note if any of these services are available to employees. The entities that provide the value-added services are not contractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the services at any time.

Service guarantees: if we do not meet our service standards, the employer is given a refund as a percentage of premium covered by these guarantees. Service guarantee payment not to exceed the lesser of 3% of annual premium or \$5,000. Certain limitations apply.

Any payment will be paid, by check, at the end of a policyholder's policy year. To obtain payment, a policyholder must request it in writing. Sun Life Financial will determine whether a payment is made. Sun Life Financial's maximum liability under this guarantee is limited to the lesser of 3% of a policyholder's annual premium or \$5,000. The maximum payment for breach of the service standard is one-third of the maximum liability, or \$1,667 for each Claim Service, Customer Service, or Overall Satisfaction Guarantee. These service guarantees are available to all 100%-employer-paid and partially-employer-paid plans.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 13-SD-C-01, 12-AC-C-01, 13-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 15-LFPort-C-01, 12-STDPort-C-01, 12-ACPort-C-01, 13-SDPort-C-01, TDBPOLICY-2006, and TDI-POLICY. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GP-A, GC-A, 12-GP-SD-01, 13-SD-C-01, 12-GP-01, 15-GP-01, 12-AC-C-01, 12-DI-C-01, 13-LFPort-C-01, 13-ADDPort-C-01, 12-STDPort-C-01, 12-ACPort-C-01, 13-SDPort-C-01, 12-GPPort-P-01 and 12-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

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Employer: Upshur County
Effective date: October 1, 2016
Underwriter: Steve Sullivan

Proposal # 1
Proposal date: August 10, 2016

Enrollment:	
# of Single	76
# of Family	100
Total Number of Covered Lives:	176

Option 1

SPECIFIC	
Specific Deductible	\$75,000
Treaty Year Maximum	Unlimited
Contract Basis	18/12
Covered Benefits	Medical, RX
Run In Limit	N/A
Aggregating Specific Deductible	N/A
Estimated Annual Premium	\$398,093
Commission %	15.00%

Premium Rates	Single \$ 110.90 Family \$ 247.46
Specific Advance	Included

AGGREGATE	
Maximum Benefit	\$1,000,000
Contract Basis	18/12
Covered Benefits	Medical, RX
Run In Limit	\$301,520
Estimated Annual Attachment Point	\$2,010,131
Estimated Annual Aggregate Premium	\$11,996
Commission %	15.00%

Aggregate Factors	\$547.42 \$1,259.07
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Aggregate Premium Rate pepm	\$5.68
Accommodation Rate pepm	N/A
Aggregate TLO Rate pepm	N/A

Contract Length 12 months

Estimated Maximum Fixed Costs	\$410,089
Estimated Maximum Aggregate Attachment Point	\$2,010,131
Estimated Annual Fixed and Funding	\$2,420,220

Underwriter's Notes :

Quote assumes the fully insured transplant policy will remain in force the entire contract year covering all employees.

Employer: Upshur County

Proposal #1

Eff. Date : October 1 2016

The terms of this offer are tentative and subject to change based on receipt, review and approval of the following:

- This is not a binder or contract of insurance.
- These estimated costs do not include any cost of health plan claim administration.
- The TPA/Administrator selected must be approved by Cabot Underwriters, LLC. This proposal assumes that the TPA/Administrator will be Group Services & Administration.
- An actively-at-work provision for employees and non-institutional confinement provision for dependents shall apply to all persons to be covered as of the effective date of the stop loss coverage. The actively-at-work provision is waived for those claimants disclosed on the Disclosure Statement.
- This quote assumes that participation is at least 75%. In addition, this quote assumes LESS than 10% retiree participation (The percentage of retirees covered is less than 10% of the total covered employees); and that Medicare is primary for retirees age 65 and older.
- Every employee and dependent who is disabled or hospital confined must be identified with complete details prior to the acceptance of this case.
- The minimum aggregate deductible is 100% of the single and family units covered during the first policy month times the respective aggregate attachment point factors times 12.
- Specific excess risk insurance will pay 100% of claims paid according to the claims basis in excess of the specific deductible to a maximum benefit of Unlimited per Treaty year. Aggregate excess risk insurance will pay 100% of claims paid according to the claims basis in excess of the aggregate deductible to a maximum of \$1,000,000 for the Treaty year.
- Final acceptance of the case is subject to the approval by Cabot Underwriters, LLC and will be based on data supplied as of the effective date of coverage. If this quote is not accepted within seven days from the proposed effective date it may be re-underwritten. All rates and factors are contingent upon final plan and enrollment.
- The quote assumes the same plan of benefits as is currently in-force.
- Updated and verified AGGREGATE claim experience of the current plan year including employee enrollment information through 12 months on a monthly basis is required. If in the final month(s) on the aggregate claim report are 10% greater than the average of the previous months paid claims, OR if the final month(s) claims cause the quoted aggregate attachment point to increase greater than 5%, quoted aggregate factors may be adjusted.
- Updated and verified SPECIFIC claim experience of the current plan year thru 11 MONTHS is required. (Please note: lasers may be place and/or rates may be revised)
- Rates & Factors are subject to change if the enrollment changes by 10% or more between the census provided at time of quote and the census on the effective date.
- Any ongoing information regarding claims projected to exceed \$ 25,000

Employer: Upshur County October 1, 2016

The terms of this offer are tentative and subject to change based on receipt, review and approval of the following:

This proposal assumes that the Managed Care Network will be Cost Plus.

Pre- Certification, Utilization Review and Large Case Management are mandatory on all groups.

- Additional claims information is required on the following employee(s)/ dependent(s). The information should include a complete diagnosis, prognosis, dates of service and current/future treatment plans including projected cost for drugs, negotiated pricing for dialysis, transplants, etc. Large Case Management reports are also required. Attending Physician Statements and Lasers may or may not be required depending on this information.
- We will need updated reporting prior to medical review.
- Final determination of approval of individual plan participants is based on the claim status and health situation at the time of final disclosure. Change in health condition of any individual who may be tentatively approved will that individual to be re-underwritten. In addition, any Plan participant who has reached the annual maximum benefit must be disclosed with full details and current status, i.e., deceased, off the Plan, back to work.
- Completed and signed disclosure statement to include the following reports:
 - The actual pre-cert report for the most recent 90 days to the date of disclosure
 - Large Case Management reports for anyone that was or is currently in LCM
 - The 50%, Aggregate, Trigger and pending claim reports as of the date of disclosure
 - RX paid claim report for the top ten claimants including rx, dollar amount and dates of service.
- A signed Application is required within one week of receiving the completed and signed Disclosure statement. If a signed Application is not received in this time period, updated Disclosure reporting may be required.
- A final signed plan document and all signed amendments for the coverage period. We must review and approve all plan documents to verify that benefits correspond with those assumed when we prepared our quote. Any changes in benefits could result in changes to rates and factors.
- Reimbursement of vendor savings limited to 25% of net realized savings.
- To finalize our rates and factors, we will need a census with individual zip codes.
- Are retirees covered? If so, please identify. Is Medicare primary coverage at age 65?
- Carrier is Nationwide



COSTS

ASSUMPTIONS AND LIMITATIONS

This proposal is based on an effective date no later than October 1, 2016. The rates assume an enrollment of **176** employees. Any changes in the number of participants may affect the rates quoted.

Please refer to the carrier's proposal for plan specifics related to any types of benefits included in the coverage and/or any applicable limitations and exclusions. The figures are based on the information submitted. Inaccurate or incomplete representations of the information submitted may necessitate revised figures.

- Inaccurate or incomplete representations of the information submitted may necessitate revised figures.
- GPA is not responsible for the length of time in which an aggregate claim is reimbursed.
- GPA's fee is based on the information provided at the time of quote and is subject to change upon disclosure of new and/or updated information.
- Our pricing does not include special programming charges associated with electronic transfers of data. Special programming is billed at an hourly rate.
- Rates are based on final enrollment. Any changes in the number of participants may affect the rates quoted.
- Quote is contingent upon receipt of Disclosure Statement. Rates will not be guaranteed until Disclosure Statement is signed, completed and accepted by the stop loss carrier.
- Employees who are not actively at work on the effective date will not be covered unless medically underwritten based on the EMPLOYER DISCLOSURE STATEMENT.
- The maximum aggregate stop loss reimbursement is \$1,000,000 per policy period.
- Simultaneous reimbursement on specific claims is only available through the eleventh (11th) month of the policy/plan year (claims over \$10,000 only), if available through carrier and elected.
- Quote is not a contract of insurance and does not bind coverage.
- GPA travel expenses for new group set-up is included in GPA Set-Up Fees and for one location only. GPA travel expenses for enrollment meetings for multiple locations are not included in the GPA New Group Set-Up Fees and will be a pass through cost to the client. Printing of special request materials will be a pass through cost to the client. Expenses for the services provided will be itemized and invoiced to the Employer/Client.

GPA travel expenses for out of town renewal re-enrollment meetings; printing of materials and other services mutually agreed upon by the Employer/Client and Claims Administrator are a pass through cost to the client. Expenses for the services provided will be itemized and invoiced to the Employer/Client.

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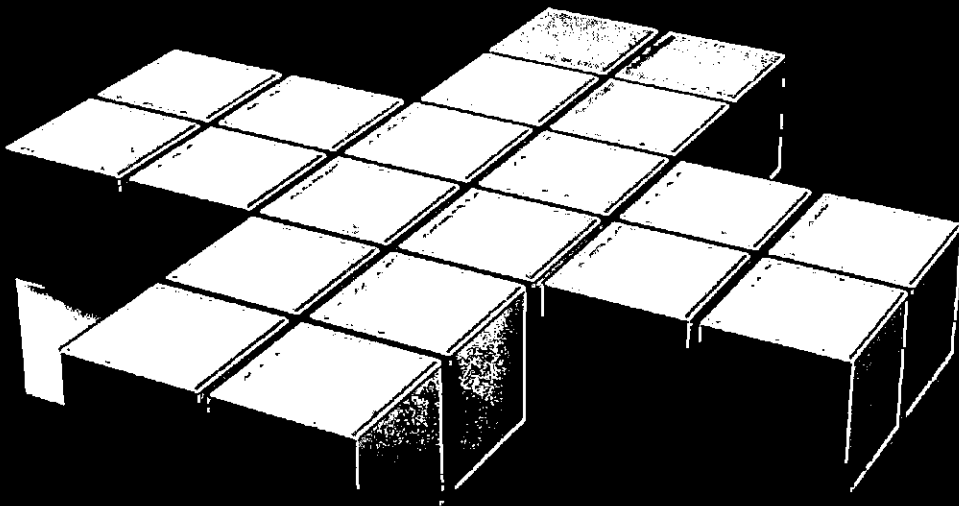
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costplus 



CostPlus —

A CRYSTAL CLEAR

Approach to your Healthcare Plan

CostPlus creates transparency when it comes to choosing the right health care plan for your organization.



The CostPlus Alternative

CostPlus offers employers a smart alternative to the typical PPO plans that barely scratch the surface in terms of cost savings. What if instead of subjective discounts on your bill, your health plan paid provider cost plus a **reasonable margin**?

Ask yourself:

- + Are you frustrated with network discounts coinciding with rising plan cost?
- + Wouldn't it be nice to offer employees the same benefits at a lower monthly rate?

CostPlus is a an alliance between GPA, a leading TPA, and ELAP, leader in fiduciary protection. We work together to shield our members by auditing claims riddled with exorbitant charges from healthcare facilities, and to provide legal defense if balance billing or a collection attempt occurs. **And, we save you time and money by eliminating much of the guesswork of what you owe on your plan.**



LEADING
TPA



FIDUCIARY
PROTECTION
LEADER

costplus

Why CostPlus?

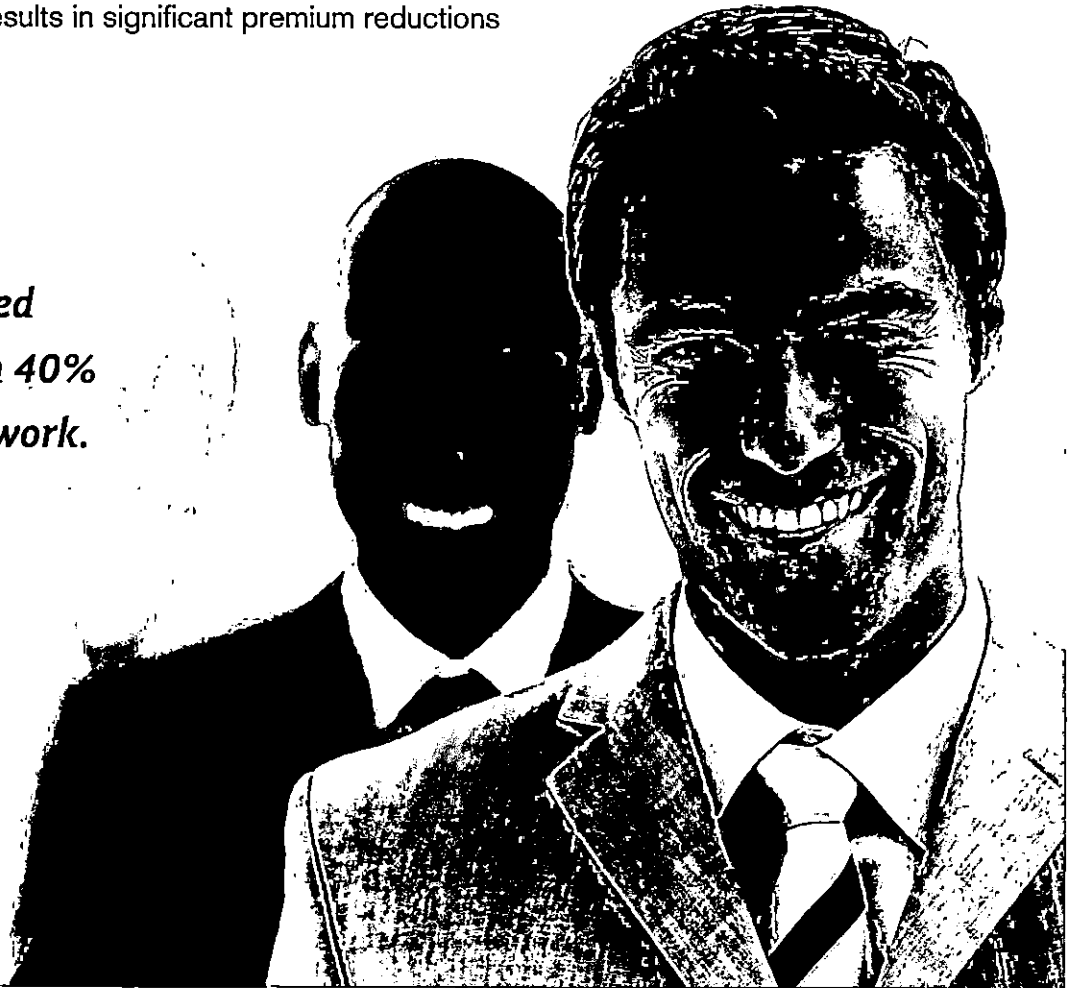
PPOs often give a false sense of savings on items that are marked up way beyond cost. A 60% discount on an item that lists for \$200 and costs \$13 is hardly a cause for celebration.

CostPlus gives you the freedom to put an end to outrageous claims pricing and access to legal support in the event of a dispute. Discover the CostPlus difference:

- + Access physicians through a **national network**
- + **Co-fiduciary protection**—in the event of balance billing or a collections attempt
- + **Fair claims pricing**—claims are audited for unfair mark-ups
- + **Stop-loss coverage** that results in significant premium reductions

“Cost Plus has generated savings of greater than 40% over our prior PPO network.

*Buddy Haggard
VP of Audit and Finance
Farmer’s Furniture*



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The CostPlus Solution

Provider Cost + Reasonable Margin = Fair Pricing

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Physician Only Services	Modify Plan Document	Claims Audit	ERISA Based Approach	Protect the Plan Member
<p>Abandon traditional PPO-network for hospitals and other facilities</p> <p>Implement physician-only network, such that doctors & professionals are paid status quo</p>	<p>Install smart plan language</p> <ul style="list-style-type: none"> - CostPlus reimbursement methodology - ELAP as co-fiduciary 	<p>Audit, adjudicate, and pay all in-patient & out-patient facility claims by applying the CostPlus formulas, as per the plan language</p>	<p>ELAP handles all claim appeals on behalf of the employer and is responsible for legal defense of Plan</p>	<p>Protect member with expert attorneys from balance billing from providers or collection agencies at no additional costs</p>

\$150,000
Average Savings Per 100 Employees

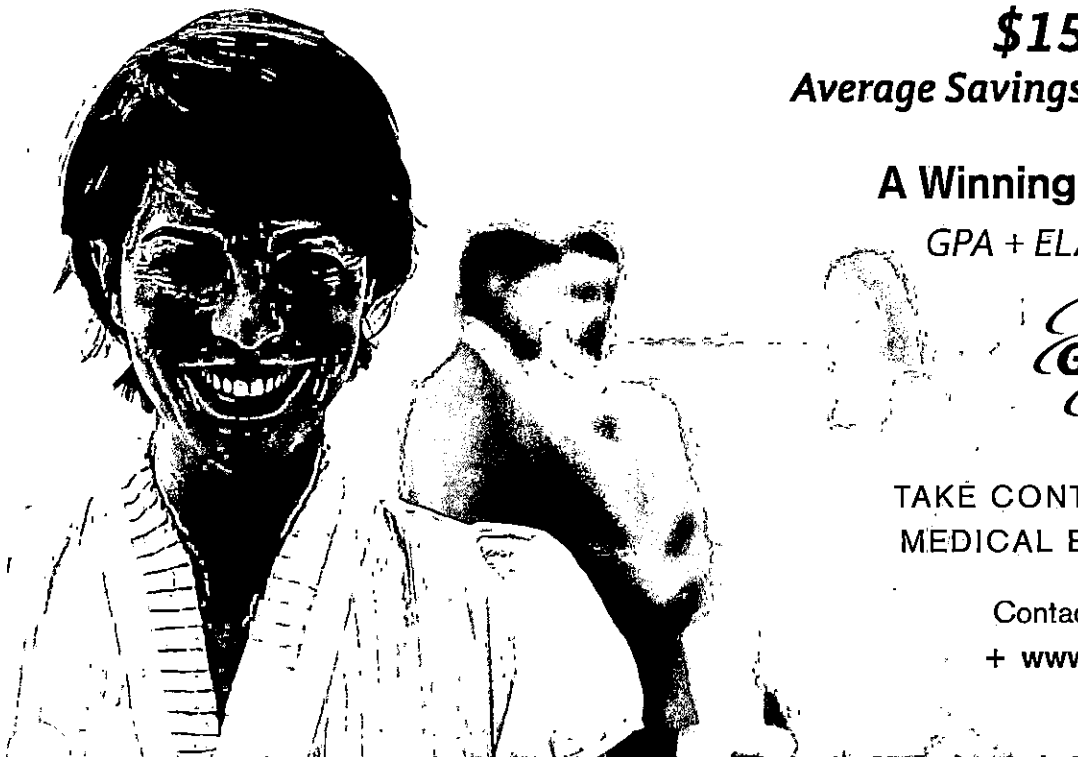
A Winning Combination

GPA + ELAP = CostPlus



TAKE CONTROL OF YOUR MEDICAL BENEFIT PLAN!

Contact Us Today:
+ www.gpatpa.com





HEALTHWATCH

Executive Overview

By implementing HealthWatch services, you are taking a giant step toward improving the quality of life for your employees, spouses and dependents while at the same time enhancing the atmosphere of the work environment and controlling your healthcare costs.

HealthWatch is the beginning of a continual process of evaluating the needs of our client and its employees, developing the best strategies to meet those needs, implementing interventions/activities to accomplish the strategies, and measuring the results. The most important initial focus is to drive participation and create engagement among a significant percentage of the entire population. This has proven to improve behaviors and reduce health risks.

Benefits for Employers:

- Enhanced employee productivity
- Improved health care costs
- Decreased rates of illness and injury
- Reduced employee absenteeism

Benefits for Employees:

- Increased health awareness
- Increased commitment to the organization
- Increased health and well-being
- Improved quality of life

Continuum of Health

Your members' health care needs cross the continuum of care from wellness to acute illness. HealthWatch offers a comprehensive umbrella of unique and integrated services specifically designed to meet your employees' needs at their level of wellness or disease. Patients may move seamlessly between these services while HealthWatch provides care management. All with high touch, cost effective, measurable interventions aimed at controlling your bottom line.



General Wellness

- Health Education
- Biometric Screenings
- Custom Web Portal
- Incentive Management
- Health Assessment
- Points Tracking
- Seminars
- Health Fairs

Risk & Behaviors

- Lifestyle Coaching
- Maternity Management
- Healthy Me & More
- Behavior Change Interventions

Chronic Illness

- Disease Management
- Community Resource Coordination
- Doctor-Patient & Pharmacy-Patient Relationships
- Complex Care Coordination

Acute Care

- Utilization Management
- Benefit Reviews
- Case Management
- Medical Reviews
- Benefit Advocates
- GPA Nurse Navigator
- Cancer Care Program
- GPA HWCC Onsite Health Clinics



HealthWatch Program Proposal

Current Proposal is valid for sixty days and GPA medical plan administration is required.

BEWELL WELLNESS

The BeWell Fast Track Wellness Program is a simple, cost-effective solution that can be administered quickly and easily. The program is strategically designed to increase awareness, education and member engagement throughout the year. Quarterly focuses include Physical Activity, Stress and Emotional Health, Nutrition, and Medical Self-Care and Consumerism.

BeWell Fast Track: \$3.50 PEPM

GPA Medical Covered Employees

Non-GPA Medical Covered Employee:
\$5.00 per employee per month

Spouses: \$2.00 *only* per spouse per month

BEWELL CUSTOM + HEALTHY ME & MORE

BeWell is a results-driven wellness program that delivers the engagement you need to reduce healthcare costs and increase productivity. Through customized population health management, BeWell creates a lasting, positive impact to individual participants and wellness program results.

BeWell includes our Healthy Me & More curriculum-based online coaching programs. Quarterly programs include a workbook, variety of educational resources and certified coach for participants interested in additional contact. Programs available: weight loss, diabetes and Metabolic Syndrome.

BeWell Custom: \$5.00 PEPM

GPA Medical Covered Employees

Non-GPA Medical Covered Employee:
\$7.00 per employee per month

Spouses: \$2.00 *only* per spouse per month

BEWELL + TELEPHONIC COACHING

BeWell Plus Coaching provides an additional boost for participants who are at-risk and need to make lifestyle changes to improve their health. BeWell Plus includes our highly-personalized Telephonic Coaching and Healthy Me & More Programs and is recommended when utilizing the BeWell Health Outcomes programs to encourage participants to take action and reduce their Metabolic Syndrome risks. This program creates a lasting, positive impact to individual participants and wellness program results.

BeWell Plus Coaching: \$8.00 PEPM

GPA Medical Covered Employees

Non-GPA Medical Covered Employee:
\$10.00 per employee per month

Spouses: \$2.00 *only* per spouse per month

HEALTH SCREENINGS

Biometric screenings are an important component to comprehensive health and wellness programs. They provide important data to shape the direction of your organization and provide members information on current and potential medical issues. All results are integrated into HealthWatch. BeWell client results are automatically uploaded into the Wellness Assessment.

- **GPA Panel:** Premium Panel Plus a Full Chemistry and Thyroid Panel including: heart function, electrolytes & minerals, diabetes, anemia, proteins, kidney tests, liver tests, muscle & bone, gout, and PSA (men 40 plus)
- **Premium Panel & Finger Stick:** Lipid profile, glucose, blood pressure, height, weight, BMI & waist circumference

GPA Panel

Onsite: \$74/Screening and \$93/Male 40+

Offsite: \$64/Screening and \$83/Male 40+

Premium Panel

Onsite: \$45/Screening

Offsite: \$32/Screening

Finger Stick Panel

\$46/Screening

Option to Pay as a Wellness Claim

Non-BeWell: \$675 Administrative Fee

HEALTH FAIRS (a la carte)

Corporate health fairs are an effective way to provide valuable health information and screening services to large numbers of employees in a convenient "one-stop shop" format. Health fair components include:

- Budget assessment & logistical planning
- Organize planning committee
- Develop communications plan and create communications
- Finalize events, activities, and theme
- Select participants, co-sponsors, internal and external partners
- Select vendors and prepare vendor agreements
- Coordinate prizes

Setup Fee: \$800

Onsite Fee: \$150/hour +
travel expense

ONSITE HEALTH SEMINARS (a la carte)

We offer professional, fun, and interactive onsite seminars to increase awareness and education on a variety of wellness topics.

\$350/hour

seminar + travel expense

COMMIT TO BE FIT

Commit to Be Fit is a prevention program that utilizes health screenings with defined strategies to address health issues before they ever become costly or potentially life-threatening conditions. The most comprehensive wellness program GPA HealthWatch offers, Commit to Be Fit provides a fully customized wellness program, one-on-one coaching for individuals who are at risk, and a central communication center with wellness portal access and bundled pricing.

\$10 PPPM

To cover all BeWell Customized, Healthy Me & More and Disease Management fees for registered participants

Additional Cost: Health Screenings

TELEPHONIC LIFESTYLE COACHING (a la carte)

Lifestyle Coaching helps members change or manage behaviors, reverse metabolic syndrome, prevent serious illness, improve outcomes and reduce the overall cost of healthcare. Care Coaches reach out by phone, email or online classes to help members achieve a healthier lifestyle by offering personalized plans and providing the education and resources they need to maintain healthy behaviors to slow or stop the progression of disease.

Option 1: \$100/hour

Option 2: \$2.50 PEPM

Lifestyle Coaching Programs:
Weight, Stress Blood Pressure,
Cholesterol & Tobacco

HEALTHY ME & MORE (a la carte)

Healthy Me & More is an innovative solution that helps participants achieve optimal health and decrease health risk factors. This 8-week program offers a unique approach to addresses personal behavioral factors through on-line videos, specialized coaches, and a variety of educational resources. Participants are engaged and empowered to reach their health goals.

\$250 per participant

Program: Weight Loss & Diabetes

DISEASE MANAGEMENT

(already included with GPA medical plan administration)

Disease Management reaches out to individuals with chronic diagnoses that can often times become costly. Disease Management proactively improves members' quality of life while reducing employer health cost through early intervention, coordination among service providers, and with evidence-based educational programs.

\$135/hour

Disease Management Programs:

Asthma, COPD, Depression, Diabetes, CAD & CHF

GPA NURSE NAVIGATOR

GPA Nurse Navigator gives members the tools and support they need to make the best decisions, improve outcomes and save significant time and money for both themselves and their employer. Through dedicated teams, including GPA registered nurses, bilingual medical support specialists and benefit specialists, GPA Nurse Navigator delivers:

- Provider identification and quality metrics for in-patient and out-patient services
 - Cost comparisons for out-of-pocket and medical services by provider
 - Appointment facilitation, and medical record retrieval/coordination
 - Education on treatment plan and follow-up guidance provided by Registered Nurses
- Assistance with understanding benefit plan coverage, deductibles, co-payments, and questionable claims

Option 1: \$2.00 PEPM

\$135/hour

Hourly rates effective when GPA is actively communicating with members or providers and coordinating requested information

Option 2: \$6.00 PEPM

GPA HEALTHWATCH CANCER CARE

GPA understands that cancer is the leading cost driver in claims and creates the highest demand for complex case management. GPA has a specialized Cancer Care Program specifically designed for these patients care, utilizing national Centers of Excellence, discounts for chemotherapy, biopsy second opinions, and includes our Oncology Certified Complex Case Managers, Licensed Professional Counselors, Registered Dieticians, Respiratory Therapists, Clinical Social Workers and Benefit Advocates.

Center of Excellence Access

Agreement Fee

\$135/hour

GPA HEALTHWATCH CORPORATE CARE, INC.

HealthWatch's Corporate Care Clinics are the future of employee care. Worksite clinics offer a comfortable and convenient environment for your employees to see a medical provider for both acute illnesses and chronic condition management. Through telemedicine, including Autoscope robotics, the Corporate Care Clinics use virtual communication to administer care. On-site medical assistance is also available. The convenient access of a Worksite clinic allows employees to receive the highest level of care without leaving their office.

Setup Fee: \$100k

\$12 PEPM

Hourly Fees:

Physician Assistant: \$95/hr

Medical Assistant: \$35/hr

Additional Costs:

Lab, Medical Equipment, Supplies, etc.



First step to ensure
medical necessity and
enhance care quality

UTILIZATION MANAGEMENT FEATURES INCLUDE:

- Evaluating the appropriateness and medical necessity of healthcare services that patients will receive
- Reviews based on approved Utilization Management requirements and procedures
- Physician Advisor reviews and appeals processes if warranted
- Reducing medical adverse reactions and eliminating unnecessary treatment
- Personal care provided by a dedicated nurse throughout the Utilization Management process
- Patient education to help understand diagnosis, treatment plan and home transition planning
- Coordination of Benefit Advocates to assist with benefit and financial questions
- Triage into other HealthWatch service areas

THE VALUE OF UTILIZATION MANAGEMENT:

FOR EMPLOYERS

- Reduced healthcare costs
- Achieved medical care compliance
- Ensured medical necessity
- Enhanced employee relations

FOR EMPLOYEES

- Improved health & outcomes
- Best-in-class care
- Fewer hospital and ER visits
- Coordination with Benefit Advocates

METRICS FOR SUCCESS

- Patient improvement analysis
- Patient satisfaction ratings
- Hard dollar savings



IN PROCESS
Health Utilization Management

Group & Pension Administrators, Inc.

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GOING ABOVE-AND-BEYOND



HealthWatch Case Managers are registered nurses with advanced credentials and experience in a range of specialty areas. The advocates provide guidance during acute medical treatment during their journey with a life-threatening illness — all to achieve the best possible outcomes.

CASE MANAGEMENT BENEFITS & FEATURES:

- Provide one-on-one care and emotional, medical and benefit guidance
- Identify treatment barriers and find solutions
- Coordinate treatment plans that are medically necessary and national guideline compliant
- Effectively communicate with stop loss carriers
- Negotiate with providers
- Provide community resource coordination
- Specialized Cancer Care and Transplant Programs

UNIQUE FEATURES OF CANCER CARE COMPLEX CASE MANAGEMENT:

- Access to Centers of Excellence
- Partnership with the National Cancer Center network
- Molecular testing to confirm biopsy results prior to treatment
- Dynamic Oncology Team composed of Nurses, Social Workers, Dietitians, Respiratory Therapists, and Licensed Professional Counselors
- In-person consultation or medical-record examinations to confirm diagnosis and best treatment plan to achieve optimum outcomes
- Reimbursement of patient travel expense

HealthWatch clients average \$5 in cost savings for every dollar spent on case management.

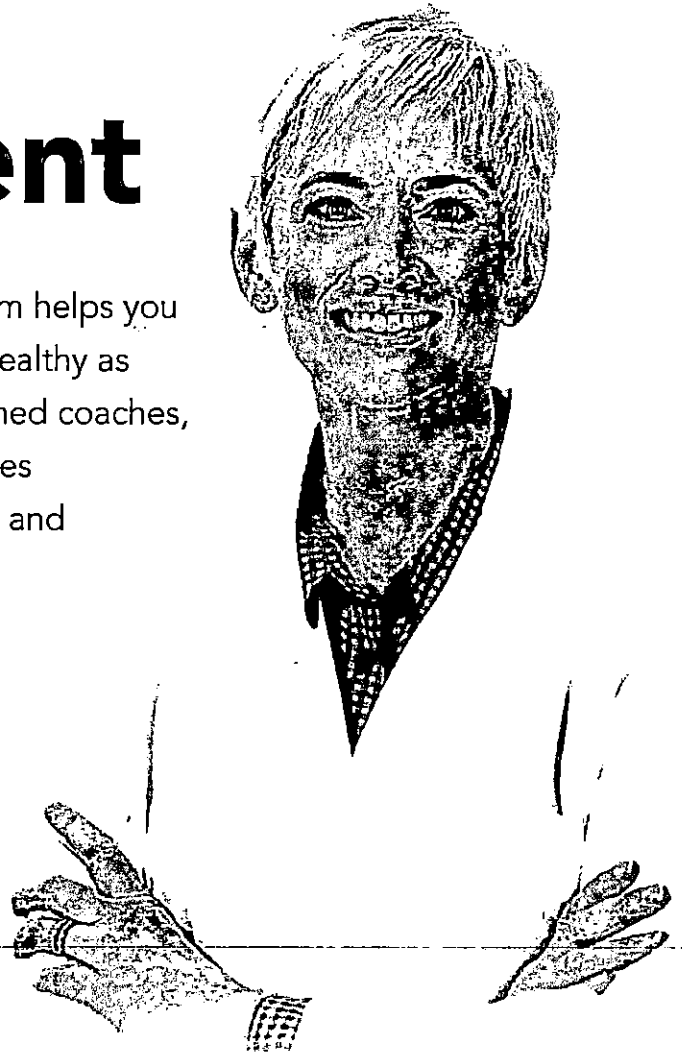




Disease Management

HealthWatch's Disease Management Program helps you manage your chronic conditions to stay as healthy as possible with assistance from our highly trained coaches, including: nurses, dietitians, certified diabetes educators, respiratory therapists, counselors and social workers. Completely confidential, our customized program provides educational resources and partners with you to achieve the goals you have always wanted.

**Motivation is what gets you started,
inspiration is what keeps you going.**



GREAT NEWS:

**This voluntary program is a benefit
offered by your company at**

NO CHARGE TO YOU

YOUR HIGHLY TRAINED CARE COACH WILL HELP YOU:

- Manage your chronic conditions and prevent complications
- Achieve your best physical and mental health
- Understand your conditions through customized resources
- Save money through effective use of health plan benefits

To enroll simply call toll-free **1-800-843-6705 option 2** or email **mycoach@gpatpa.com**.

www.gpatpa.com



NURSE NAVIGATOR PROGRAM



The GPA Nurse Navigator program provides the long-term savings employers seek by guiding their members through the healthcare system, helping them to maximize their healthcare benefits. Comprised of Nurses, Benefit Specialists and Medical Support Specialists, the Nurse Navigator team works with the member to provide the tools and ongoing collaboration they need to make the best decisions and receive quality care at the most cost effective price.

NURSE NAVIGATOR DIFFERENTIATORS INCLUDE:

- Reconciling cost savings against actual EOB for hard dollar cost savings
- Coordinating medical services for both outpatient and inpatient
- Performing post procedure follow-ups with members to assess ongoing needs
- Locating hard to find specialists
- Coordinating appointments and retrieving medical records
- Providing a highly skilled team, including a Physician Advisor, to provide members with optimal medical care coordination
- High-touch communication with members

THE RESULTS—NURSE NAVIGATOR DELIVERS:

4:1

Average program ROI



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HEALTHWATCH

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Maternity Management

HealthWatch's Maternity Management Program provides expecting mothers with the guidance and support you need for a healthy pregnancy. **Offered at no cost to you**, this voluntary and confidential program ensures you have everything you need during your journey to motherhood.

THERE FOR YOU WHEN IT MATTERS, OUR MATERNITY CARE COACHES:

- Guide you step-by-step through your pregnancy and medical needs
- Assess your health and well-being to provide custom nutrition and workout plans
- Minimize your healthcare expenses through effective health plan benefit use
- Provide educational materials to keep you up to date with pregnancy best practices



To enroll simply call toll-free **1-800-843-6705** or email **mycoach@gpatpa.com**.

www.gpatpa.com



**HEALTHWATCH
CANCER CARE**

CANCER CARE PROGRAM

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GPA has partnered with INTERLINK® to provide a comprehensive cancer care management program. GPA's HealthWatch Cancer Care combines specialized cancer care management, custom designed benefit language and providers comprised of leading cancer centers across the country, recognized as Centers of Excellence (COE), to increase savings associated with cancer treatment. While following NCCN Clinical Guidelines®, employees receive evidence-based treatment that addresses their specific cancers.

CANCER CARE BENEFITS INCLUDE:

- Benefit designs incentivizing members and providers to pursue effective and cost-conscious treatment plans
- Diagnosis accuracy based on substantiated molecular biopsy reading
- Collaboration of care team, including Oncology Certified Case Managers, Social Workers, Registered Dieticians, Benefit Specialists and more, to assist in patient's care and recovery

IMPROVING COST CONTAINMENT BY:

- Contracting with exclusive oncology COE's to leverage their volume discounts
- Preventing unnecessary in-patient admissions through Oncology Certified Case Managers with knowledge to help manage symptoms
- Ensuring medication treatments are appropriate and negotiating the cost of chemotherapy to reduce pharmacy costs

There will be an estimated 1,658,370 new cancer cases diagnosed during 2015 and an estimated 28% are misdiagnosed.

**MEMBERS MUST CONTACT US IMMEDIATELY
UPON LEARNING CANCER DIAGNOSIS.**

Group & Pension Administrators, Inc.



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HEALTHWATCH
BEWELL

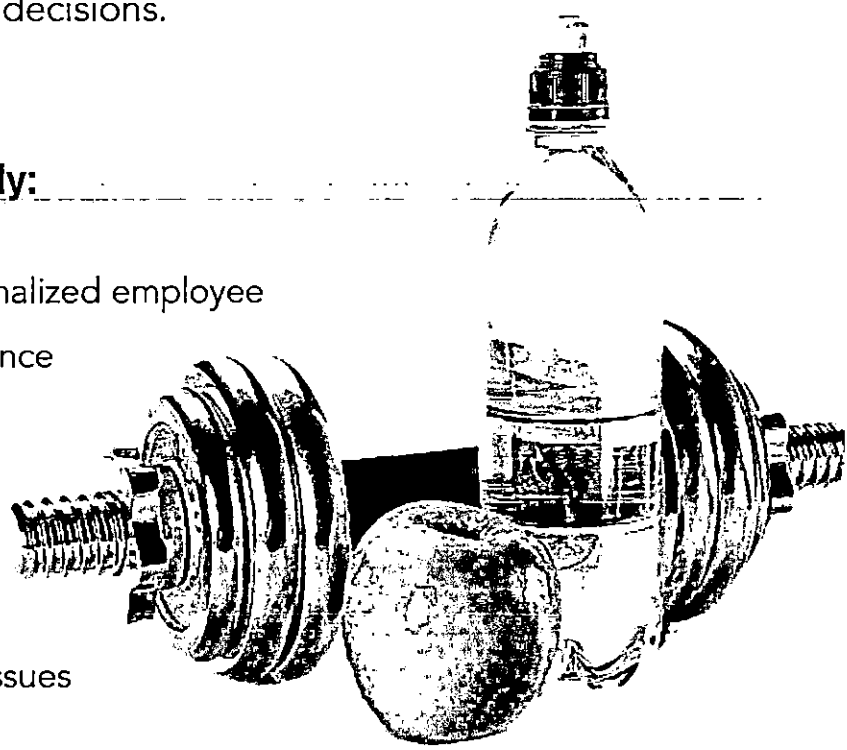
Healthier Members Stronger Organizations

BeWellSM, a GPA HealthWatch product, is a results-driven wellness program that delivers the customization and engagement you need to reduce healthcare costs caused by poor health decisions.

Wellness participants average \$1,145 less in claims cost compared to non-wellness participants

Through customized population health management, BeWell actively:

- Increases cost savings through personalized employee care and step-by-step wellness guidance
- Reduces healthcare costs through improved employee dedication
- Ensures long-term savings by addressing the root cause of health issues



For more information about **BEWELL** please contact the GPA HealthWatch Program Manager **Kate Lawson** at **972.744.2590** or **KateL@gpatpa.com**



MAXIMIZE YOUR HEALTH PLAN Whenever And Wherever You Are

The new GPA Mobile App, offered through your health plan, puts our most popular online features at your fingertips.

THE GPA MOBILE APP ALLOWS YOU TO:



CHECK CLAIM STATUS



ACCESS YOUR ELIGIBILITY INFORMATION

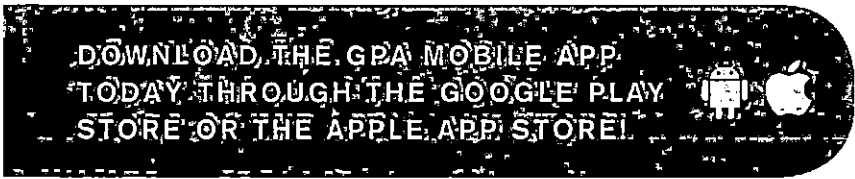


VIEW AND EMAIL YOUR ID CARD



REVIEW YOUR ACCOUNT SUMMARY AND BENEFITS

Have a question regarding your health plan? You can send a secure message to our Customer Service Department through the new "Message Center" or for more general inquiries, visit our Frequently Asked Questions page.



Available on Android and Apple devices, simply download the mobile app for free, register and set up a user ID and password. It's that simple!

www.gpatpa.com



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