



Colorado

2024 Group Medical Partner Showcase

Wednesday, October 2, 2024

Warner Pacific Offices
6143 S. Willow Drive, Ste. 200
Greenwood Village, CO 80111

WARNER 
Pacific

Your Colorado Warner Pacific Sales Team



Warner Pacific



Lars Parkin, RHU, REBC
Director of Sales - Colorado
LFP, LG and PEO Consultant

Warner Pacific



John Walker
Regional Vice President of Sales
Colorado and Texas

Some Market Observations with Lars

› Fully Insured

- › 3 remaining carriers in this space. Not expecting any new players in this space in 2025.
- › New product innovation from the big 3
- › Expecting less migration this Q5 than last Q5
- › Expecting significantly more ICHRA driven migration to the individual market.

› Level-Funded and Self-Insured

- › Incredible growth in AI driven underwriting protocols
- › Less “street” rate quotes – More underwritten
- › Creative RFP and sales bonuses from carriers and TPAs
- › Stop-loss market’s trend significantly higher than last year.

› Large Group

- › Continued growth of broker owned “Captive” re-insurance plans
- › More exploration of outside the box solutions (DPC, Virtual, etc.)

› Ancillary

- › PFML : Year 2 renewals will be interesting
- › Less bundling with medical carriers/TPAs

› Individual and Medicare

- › Explosive growth
- › 30%+ price point difference when compared to small group plans driving migration there, with or without ICHRA support

Colorado's
Market



Warner Pacific : By the Numbers

Market leadership.

Our teams bring decades of experience and a wealth of knowledge.

Consultative operating model.

We have 400+ employees ready to serve you as your back office and advisory team.

PRO Suite technology.

Our innovative technology allows you to service your clients from quote to card, while delivering administrative savings to you.

Agent development.

We take a hands-on approach in helping you succeed.

Trust and integrity.

We do more than just transact business — we build lasting relationships.

400+

Seasoned professional team members.
Local solutions with Statewide & National force

\$4B+

Annualized premium

8000+

Broker / Producer
Trusted Advisor
relationships served in CA, CO and TX.
Support agents in multi-states.

70,000+

In-force groups

60+

Expansive panel of Carrier, Vendor and TPA partners across the country



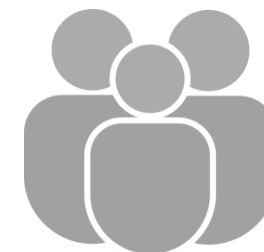
Warner Pacific Colorado Sales Operations Teams



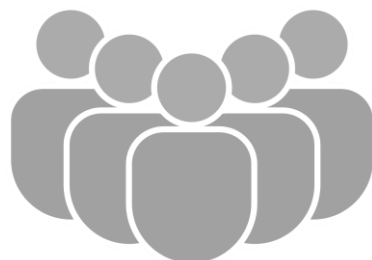
**Individual and
Medicare Team**



**Ancillary
Team**



**Small Group Fully-Insured
Medical Market Team**



**Large Group and Alternative
Funding Market Team**



**Enhanced Service
Model Team**

What's New at Warner Pacific this Q5

- **Warner Pacific National Growth**
 - Florida
 - Additional GA growth in Texas
- **Large Group and Alternative Funding Operations Team**
 - New alignment of RFP and case implementation resources with Cigna, Anthem, Kaiser and UnitedHealthcare. Fast, better LFP delivery.
- **Updated LFP, LG and PEO Underwriting Matrix**
- **Updated LFP, LG and PEO RFP Submission Document**
- **Updated and enhanced Broker Dashboard**
- **Updated compliance and reporting page**
- **New custom open enrollment and new hire onboarding benefits videos (in English and Spanish)**
- **Updates to ProQuote, Carrier 411, Document Toolkit, Resource Center**

**What's
New?**



**I accidentally gave my wife a
glue stick instead of her
lipstick.**

She still isn't talking to me...

WARNER >>
Pacific

Anthem BCBS of Colorado



Rob Kosick
Strategic Sales Advisor

Presence and purpose



Your Local Anthem Team



Melissa Chisum
Sales Director

Melissa.Chisum@anthem.com
720-925-2054



Stacie Bowman
Strategic Account Advisor

Stacie.Bowman@anthem.com
720-955-0598



Amber Khan
Strategic Account Advisor

Amber.Khan@anthem.com
720-355-4576



Rob Kosick
Strategic Account Advisor

Rob.Kosick@anthem.com
720-933-7537



AnnMarie Manders
Strategic Account Advisor

AnnMarie.Manders@anthem.com
303-242-6581



Steve Salisbury
Strategic Account Advisor

Stephen.Salisburyjr@anthem.com
720-768-4449



Jenna vonDreele
Strategic Account Advisor

Jenna.vonDreele@anthem.com
720-445-0268

2025

**ACA – Fully Insured
non-Standard and
Standard**

Updates you Need



Discover local network and coverage

PPO	Pathway EPO + STD	Pathway Essentials + STD	Mountain Enhanced + STD
Broad, statewide access with 42K doctors	Statewide access with 77% of the PPO doctors and hospitals	11 counties across Denver Metro and Boulder	Community-based, 9 counties
88 hospitals plus National BlueCard®	68 hospitals, contracting with UCHealth, HCA and Rocky Mountain Hospital for Children	10 hospitals, contracting with HCA and Rocky Mountain Hospital for Children	8 Hospitals
>4,000 Primary >6,500 Specialty >8,700 BH/SA	>3,000 Primary >9,000 Specialty >8,140 BH/SA	975 Primary 1,700 Specialists 5,970 BH/SA	261 Primary 576 Specialists 380 BH/SA
PCP Selection			
71% of members	23% of members	3% of members	3% of members
Savings	12% from PPO	22% from PPO	25% from PPO

2025 New SG ACA – Fully Insured Non-Standard and Standard Plans

New ACA Plans			
Contract Code	Plan Name	Networks	Highlights
83SC (PPO) 83WE (Pathway) 83YU (Mountain Enhanced)	Anthem Silver NETWORK 8000/40%/9200	Anthem PPO, Pathway, and Mountain Enhanced	<ul style="list-style-type: none"> • Leanest Silver plan option • \$50 PCP / \$100 SP / \$100 UC • Medical deductible applies to pharmacy tiers 3 & 4
83UW (PPO) 83UM (Pathway) 83T2 (Mountain Enhanced)	Anthem Bronze NETWORK 9200/0%/9200	Anthem PPO, Pathway, and Mountain Enhanced	<ul style="list-style-type: none"> • Leanest Bronze plan option • 0% coinsurance after deductible • K-chat and LHO are Ded then CIF

2025 SG LINK Copay Centric Plans

30 LINK Total Plans Across 3 Networks

	Plan Name	Networks	Highlights
	Anthem LINK Gold 1500/4500	Pathway EPO, Pathway Essentials, Mountain Enhanced HMO	Copay centric plan designs Embedded Dental & Vision with Whole Health Options (WH) New in 2025 Virtual specialty covered in full, or deductible covered in full for HSA
	Anthem LINK Gold 2000/5250		
	Anthem LINK Gold 2000/5250 WH		
	Anthem LINK Gold 3000/53000		
	Anthem LINK Silver 4000/6500 HSA WH		
	Anthem LINK Silver 4000/6500 HSA		
	Anthem LINK Silver 5000/9000		
	Anthem LINK Silver 7000/8600		
	Anthem LINK Bronze 6500/7200 HSA WH		
	Anthem LINK Bronze 6500/7200 HSA		




Embedded Employee Assistance Program (EAP)

Everybody needs a helping hand sometimes, and Anthem has the tools and resources for your employees and their household members.

Counseling	Legal Resources	Financial Planning
<ul style="list-style-type: none">• Access up to 3 visits with a counselor per person, per issue ear year.• Choose from in-person or virtual counseling sessions, including text and chat options.	<ul style="list-style-type: none">• Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues.• Pay a discounted rate if you need continued legal services.• Explore online forms, resources, and seminars to help navigate legal concerns.	<ul style="list-style-type: none">• Access unlimited phone consultations with a financial professional for help with issues such as retirement, home buying, and debt.• Take charge of your finances with helpful financial tools and calculators.

Engagement Package 200

Employees can earn up to \$200 by engaging in programs designed to meet their specific needs – whether they are already healthy or looking for more support managing a condition.

 Preventive care	 Condition management	 Wellness
Annual preventive wellness exam or well-woman exam \$25	ConditionCare \$50*	Complete action plans \$25*
Cholesterol test \$20	Building Healthy Families \$40*	Connect a device \$5
Flu shot \$20	Well-being Coach Telephonic: Tobacco Cessation Program \$25	Log in to anthem.com or app \$5
Annual eye exam \$25	Well-being Coach Telephonic: Weight Management Program \$25	Complete Health Assessment \$20
Colorectal cancer screening \$25		Track steps \$60*
Mammogram \$25		Update contact information \$10
		Use Well-being Coach Digital \$20*

Note: Engagement Package 200 is for 51 or more subscribers.

* To reach full earning potential, an individual must complete certain milestones. EAP products are offered by Anthem Insurance Companies, Inc.

2025 ACA Broker Commission

Effective January 2025 – New and Renewing Contracts

Tier	Total Enrolled Subscribers	Bonus
1	1-50	\$25
2	51-100	\$29
3	101+	\$35





Small Group ACA Fully-Insured

Wide variety of fully insured plans
with no medical underwriting

Top the Charts

- 1 100% HSA Options
- 2 Embedded Dental & Vision with Whole Health
- 3 Copay Centric Options with LINK
- 4 \$200 in rewards with our Embedded Engagement Package
- 5 EAP support for members and their families included in all plans
- 6 High performing, local networks
- 7 Updated Broker commissions

2025 Anthem Balance Funding – ABF



Anthem Balanced Funding

A self-funded solution providing your client with a simple and predictable payment experience

ABF combines the simplicity of insured funding with the benefits of self-funding, including:

- Fixed monthly payments with funds set aside to pay for post-termination runout claims.
- Detailed reporting with insights to support future planning.
- Lower premium taxes.
- The opportunity for renewing clients to share if claims are lower than expected.
- Settlements that are calculated after 90 days.
- Surplus sharing credited within 120 days.

To learn more, check out the *ABF Broker Playbook* on Anthem Broker Hub!

Standard contract terms:

- <\$25k> specific stop loss
- <120%> aggregate stop loss
- <12/12> coverage period
- <50, 70 or 100>% surplus refund
- <Non-ERISA groups eligible>
- <Includes state continuation>

2025 New SG Anthem Balance Funding – ABF

New ABF Plans			
Contract Code	Plan Name	Networks	Highlights
80G1 (PPO) 80ES (Pathway) 80FB (Mountain Enhanced)	Anthem Balanced 8000/40%/9200	Anthem PPO, Pathway, and Mountain Enhanced	<ul style="list-style-type: none"> • Great base plan option • \$50 PCP / \$100 SP / \$100 UC • Medical deductible applies to pharmacy tiers 3 & 4
80FV (PPO) 80FH (Pathway) 80H2 (Mountain Enhanced)	Anthem Balanced 9200/0%/9200	Anthem PPO, Pathway, and Mountain Enhanced	<ul style="list-style-type: none"> • Leanest ABF plan option • 0% coinsurance after deductible • K-chat and LHO are Ded then CIF

ABF Incentives – Customized per Group Offering

Incentive	Amount
Guaranteed Surplus	\$200 per employee
Specialty Bundling Medical Discount	2%
Increased broker bonus availability	Up to \$10,000
Increased Transition Credits	Up to \$15,000 or 3% - whichever is greater
Higher Commission Floor	Up to \$75

ABF Transition Credit

Enhanced Credits Oct 2024 - Jan 2025

Number of enrolled employees	Credit
10 to 24	\$2,500
25 to 50	\$7,500 or 3%
51 to 99	\$15,000 or 3%

Standard Credits Feb 2025 - Dec 2025

Number of enrolled employees	Credit
10 to 24	\$2,500
25 to 50	\$5,000
51 to 99	\$10,000



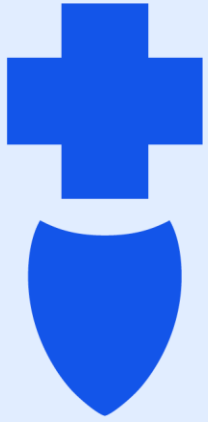
ABF Broker Bonus

New SOLD from January 2025 to December 2025

Number of enrolled employees	Bonus
10 to 24	\$3,000
25 to 50	\$7,500
51 to 100	\$10,000

Number of Pathway enrolled employees	Bonus
1	\$1,000





Thank you for your partnership



Affordability Experience and Simplicity
in harmony

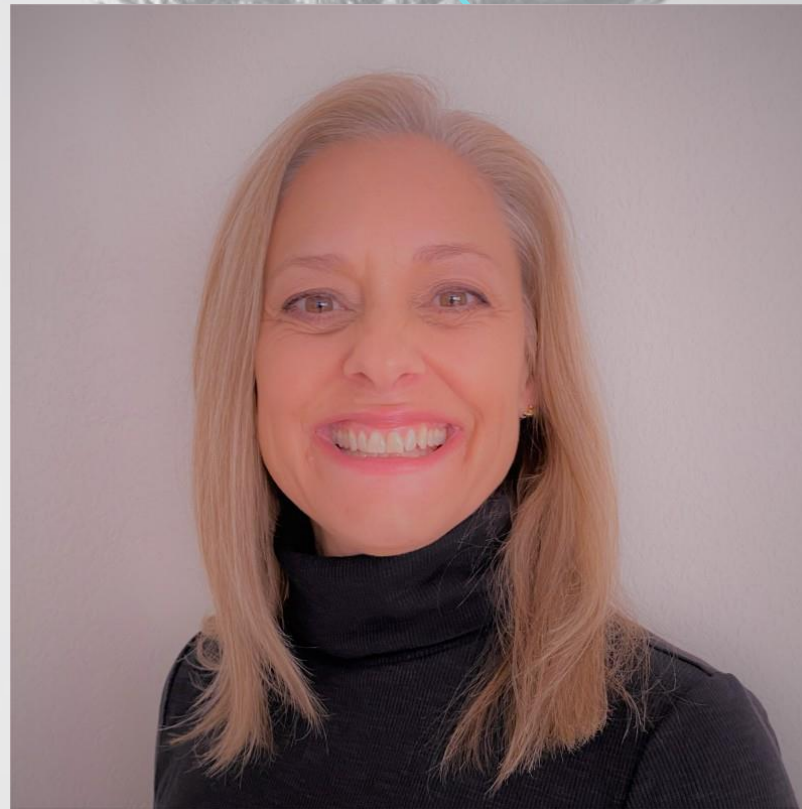


**My wife traumatically ripped
the blankets off me last
night.**

But I will recover...

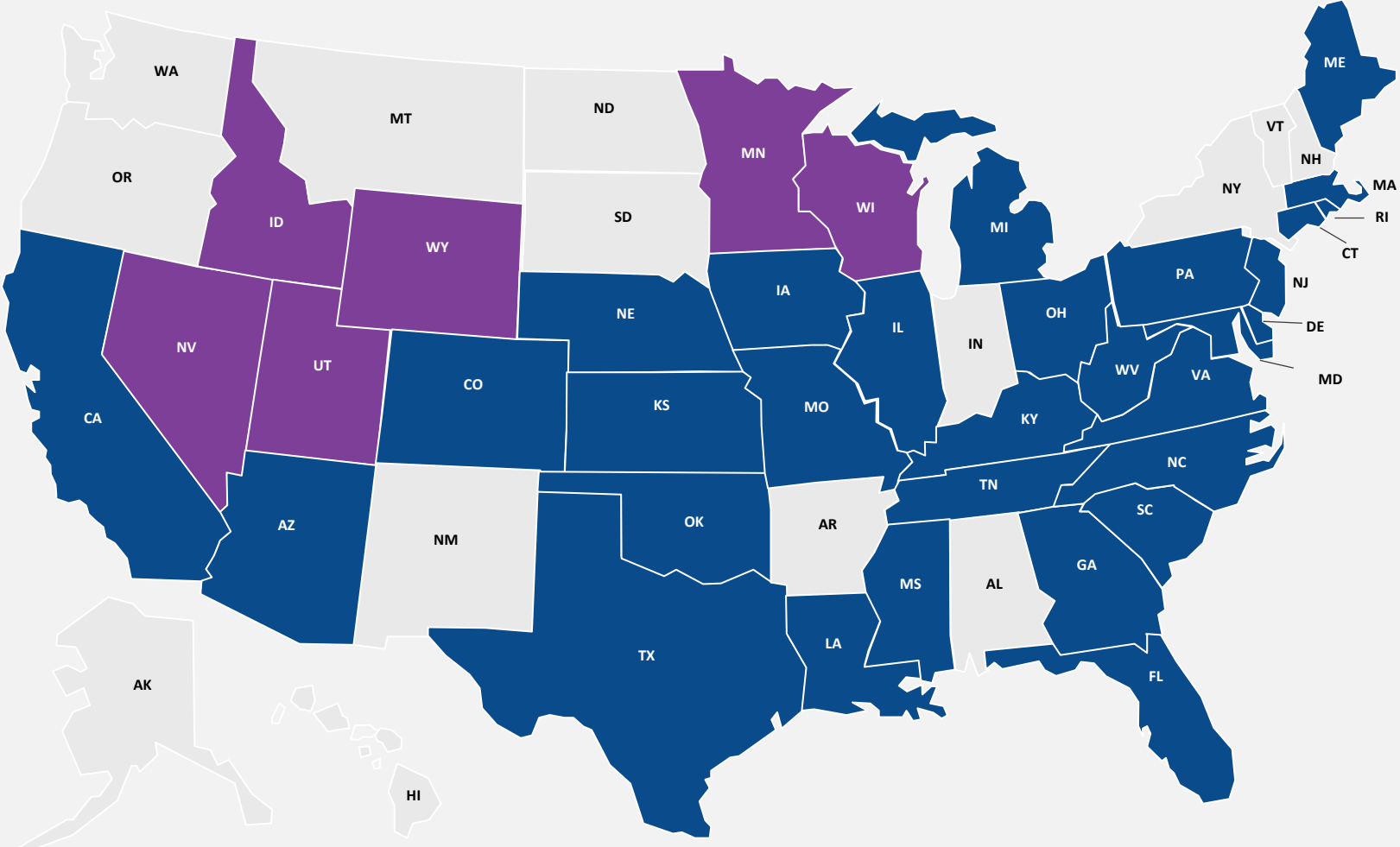
WARNER 
Pacific

Aetna



Mickey Carlin
Small Group Sales Executive

Small group Aetna Funding AdvantageSM markets

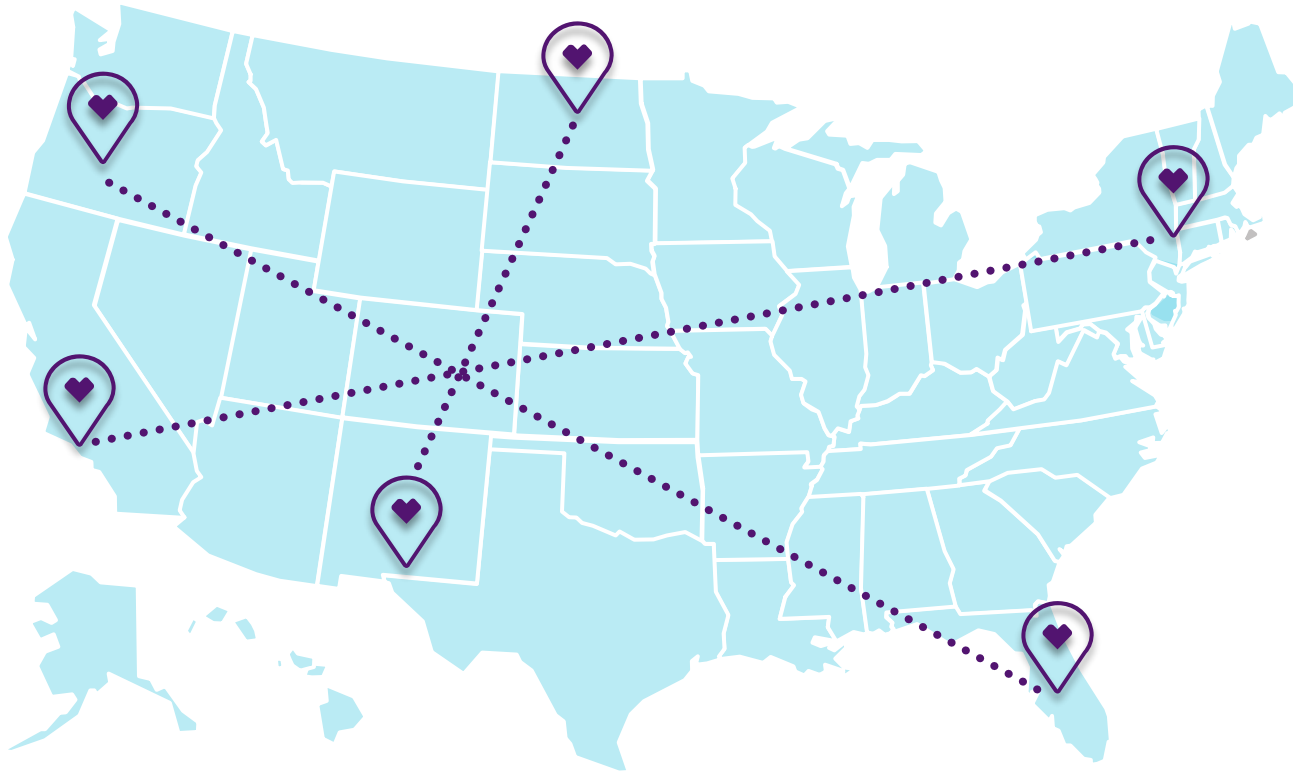


Availability

- Up to 50 eligible employees**
2-50: ID, MN, NV, UT, WI and WY
- Up to 100 eligible employees**
2-100: AZ, CO, CT, FL, GA, IA, IL, KS, LA, MA, MD, MI, MO, MS, NE, NJ, OH, OK, PA, SC, TN, TX, VA and WV
5-100: DE and KY
10-100: CA and RI
11-100: ME
12-100: NC*

*Starting with 10/1/2024 effective dates.

Coast-to-coast coverage with Choice POS II



285K+

primary care doctors¹

6.3K+

hospitals¹

560K+

specialists¹

1M+

ancillary providers
and non-physician
specialist¹

¹ Based on physician head count for Aetna® Choice POS II . Primary care doctors includes pediatric PCPs. Specialists include Ob/Gyn and physician specialists. Aetna® Executive Level Provider Counts (ELPC) monthly and commercial reporting sourced March 2024.

9/1/24 product portfolio updates

- **3 new plans:** \$3,000 100/50 \$0LXR, HSA \$4,000 100/50 E and HSA \$4,500 80/50 E
- **Expanding coverages and networks:**
 - **CVS Health Virtual Care™** to all local network and Innovation Health (IH) plans
 - **CVS Health Virtual Primary Care™** to certain local network and IH plans
 - **Artificial insemination** now included under Basic infertility
 - **Allowing contraceptives** up to a 12-month supply at one time
 - **Maintenance choice network** now includes Costco Pharmacy, Kroger and affiliated pharmacies, and several other independent pharmacies in addition to CVS Pharmacy® and CVS Caremark® Mail Service Pharmacy
- **NEW: Aetna Health Your Way™ – Engage** lets adult members earn up to \$100 per year in gift cards by completing engaging activities
- **NEW: Aetna Smart Compare®** provides the best matches prioritized at the top of a provider search on the member web site. The “Quality & Effective Care” designation identifies local providers who provide a higher quality of care*. Plus, these providers can help members save on medical costs and are already in our network.

Saving members money on prescription copays

Maintenance Choice[®] with opt out*



What it is:

Members pay **two copays instead of three** when they get a 90-day prescription filled through a participating channel, including:

- CVS Pharmacy[®]
- CVS Caremark[®]
Mail Service Pharmacy
- Costco Pharmacy
- Kroger Pharmacy
- For a full list of participating pharmacies, call the number on the member ID card

Real world impact

\$6.2M+

in savings for
AFA members in 2023
alone¹

Up to

5%

Lower total pharmacy
spend²

How it works:

After two retail fills, the member can choose to:

- Fill a 90-day supply from a participating mail service pharmacy or at selected participating retail providers. If the member fills a 90-day supply, they'll get three months for the cost of two copays.**
- Call to opt-out of the benefit and pay the retail cost share for every 30-day supply.
- Not call to opt out or switch to a 90-day supply and pay the full cost of the medication, starting with the third fill

*Does not apply to groups based in Oklahoma, Tennessee or West Virginia

**Eligible members enrolled in high-deductible health or Value plans must first meet their deductible before copay cost-sharing applies. Eligible members enrolled in IntRx plans must first meet their deductible before copay cost-sharing applies on brand and specialty drugs.

¹ Based on internal book of business data, 2023.

² CVS Health Analytics, 2023.

Diabetes care offerings



Diabetic Meter Program

Members with Diabetes can order a new blood glucose meter* from Aetna.com for **\$0**

Regular blood sugar monitoring allows members to make better decisions to proactively manage their condition



\$0 Preferred Diabetic Benefit

\$0 cost share and waives the deductible (if applicable)*

To find eligible products:

1. Use the Advanced Control Plan – Aetna drug list.
2. Look under the categories:
 - ANTIDIABETICS, INSULIN
 - DIABETIC SUPPLIES
3. Look for "PG" (preferred generic) and "PB" (preferred brand)



Aetna Health Your Way™

Uses a health assessment to match members to care management

Diabetes-specific journeys:

“Manage pre-diabetes” and “Manage diabetes” modules

Boost better health with integrated rewards for members

Aetna Health Your Way™ – Engage



Adult members can earn up to \$100 a year in gift cards by completing simple and engaging activities

1

Know your risks

- Well-being assessment
- Preventive screenings
- Mental health check-in

2

Stay active

- Verified daily activity
- Weekly challenges

3

Improve your health

- Digital coaching
- Wellness webinars
- Flu shot
- Immunizations

Note: Listed activities should be considered “sample only.”

Helping members make informed choices

Aetna Smart Compare® designation identifies physicians and other providers who provide high-quality and effective care.

When members choose to use a provider with a designation it may result in:

- Better adherence to preventive screening guidelines
- Reduction of emergency room visits and complications
- Better management of chronic conditions

This generally leads to better health outcomes, cost savings and overall experience.

18%

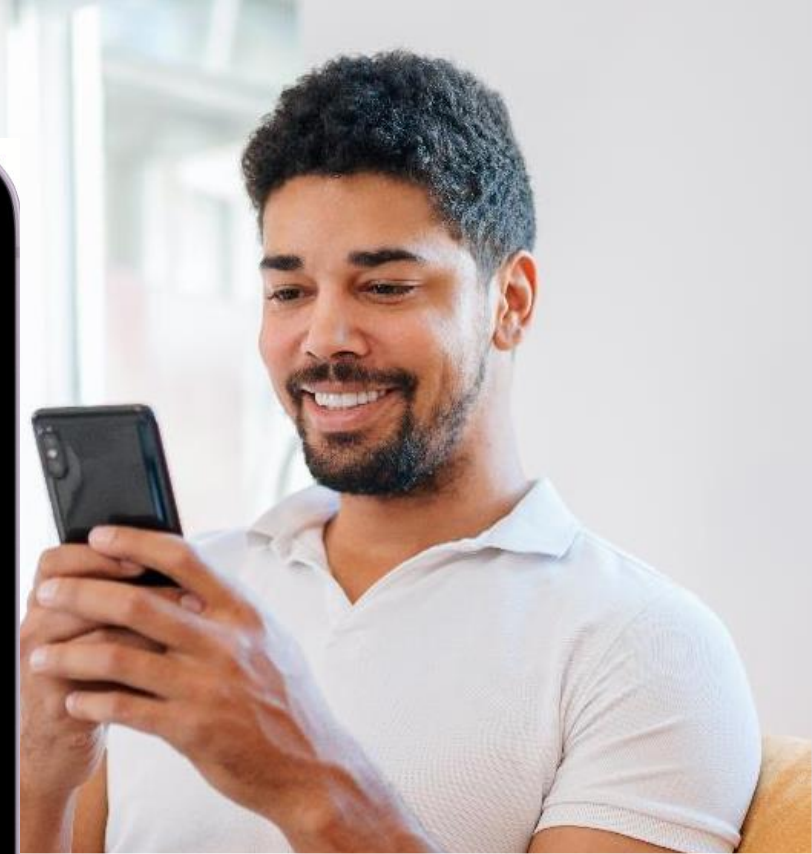
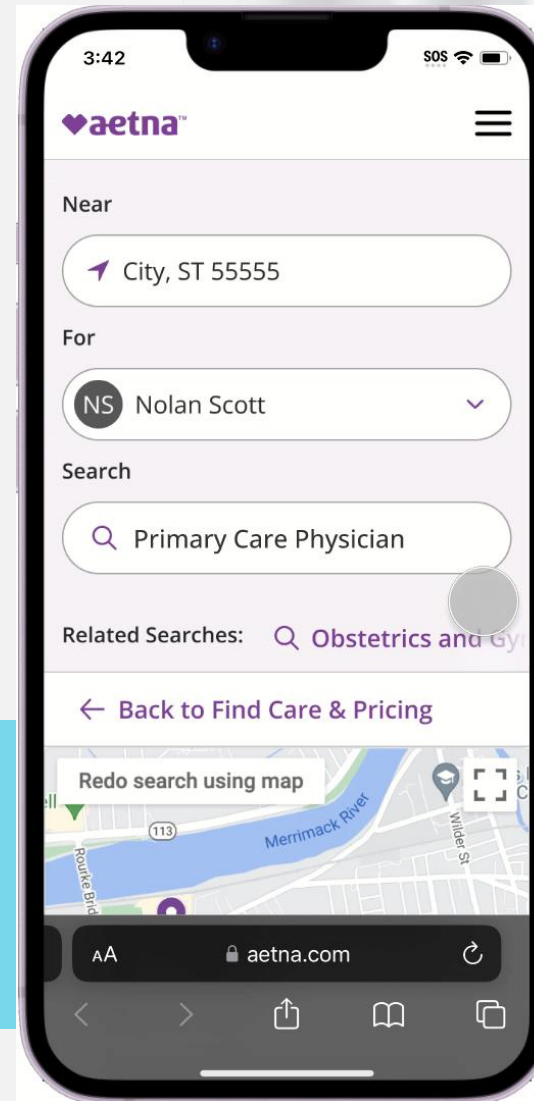
fewer inpatient hospitalization ¹

12%

fewer unneeded testing services ¹

11%

fewer emergency room visits ¹



95%

member satisfaction with Aetna Smart Compare primary care providers

Specialties include Cardiology, Endocrinology, General Surgery, Neurosurgery, Obstetrics and Gynecology, Oncology, Orthopedics, Primary care, Pulmonology and Vascular Surgery.

Program is not available to SG AFA groups located in California, joint ventures, local network and indemnity plans.

¹ Primary Care Physicians; Data based on full-year 2020-2021 commercial data and calculation based on 2023 designation result.

Over-the-Counter Health Solutions®



\$25

**Every member.
Every quarter.***

Hundreds
of eligible CVS® brand
health support products

Sample member experience

Marie's daughter gets the flu**

Marie's daughter, Sofia, has the flu. While at CVS Pharmacy picking up her prescription, she decides to grab some other items.

Marie's cart

DIGITAL THERMOMETER	\$17
NASAL DECONGESTANT TABLETS – 18 CT	\$4
SORE THROAT SPRAY - 6 OZ	\$4
Total	\$25

At checkout, the cashier inputs Sofia's info and applies the total to her quarterly allowance. Marie leaves without even reaching for her wallet.




*January 1-March 31; April 1-June 30; July 1-September 30; October 1-December 31. \$25 allowance each quarter to use on select CVS Health® brand products. Unused allowance does not carry over to the next quarter.

**Fictitious example for illustrative purposes only



2024 Excellence Producer Program

1 Qualify with new medical sales

 Bronze	 Silver	 Gold
Qualification Requirement		
5 cases or	15 cases or	25+ cases or
75 subscribers	200 subscribers	350+ subscribers
New business credits per new medical subscriber		
\$75 per subscriber	\$100 per subscriber	\$150 per subscriber

In addition, producers that qualify for at least the Bronze tier earn **\$8** per new dental subscriber and **\$2** per new vision subscriber when sold alongside a new medical case.

2 Retain more, earn more

Percent of medical subs retained	Credit per retained subscriber		
	Medical	Dental*	Vision*
75% to <80%	\$10	+\$4	+\$2
80% to <85%	\$30	+\$4	+\$2
>85%	\$50	+\$4	+\$2

*Subscriber must also be enrolled in an eligible medical plan to be eligible for the Dental or Vision credit

Your clients save with simple admin credits

Save with credits*

When you help a client buy AFA, they can get significant cost savings up front, making the transition easier.

Credit name	Amount per enrolled employee	Eligible employees	Credit requirements
2-100 new business	\$400	2–100	Meet standard underwriting requirements.
Level-funded incumbent	\$200	2–100	Be on a level funded plan with a different carrier AND be in a surplus position with that carrier.
Medical + Dental	\$150	2–100	Add an Aetna dental plan to the AFA plan.

- We'll apply the one-time credit to the admin fees on the second bill.
- Offer valid for 9/1/2024 through 3/1/2025 effective dates

*A group can only be eligible for an administrative fee credit at their effective date based on the number of enrolled employees at the time the case is sold. This material is for informational purposes only and does not constitute a contract. The offer is provided at the sole discretion of Aetna and can be terminated at any time and without notice.

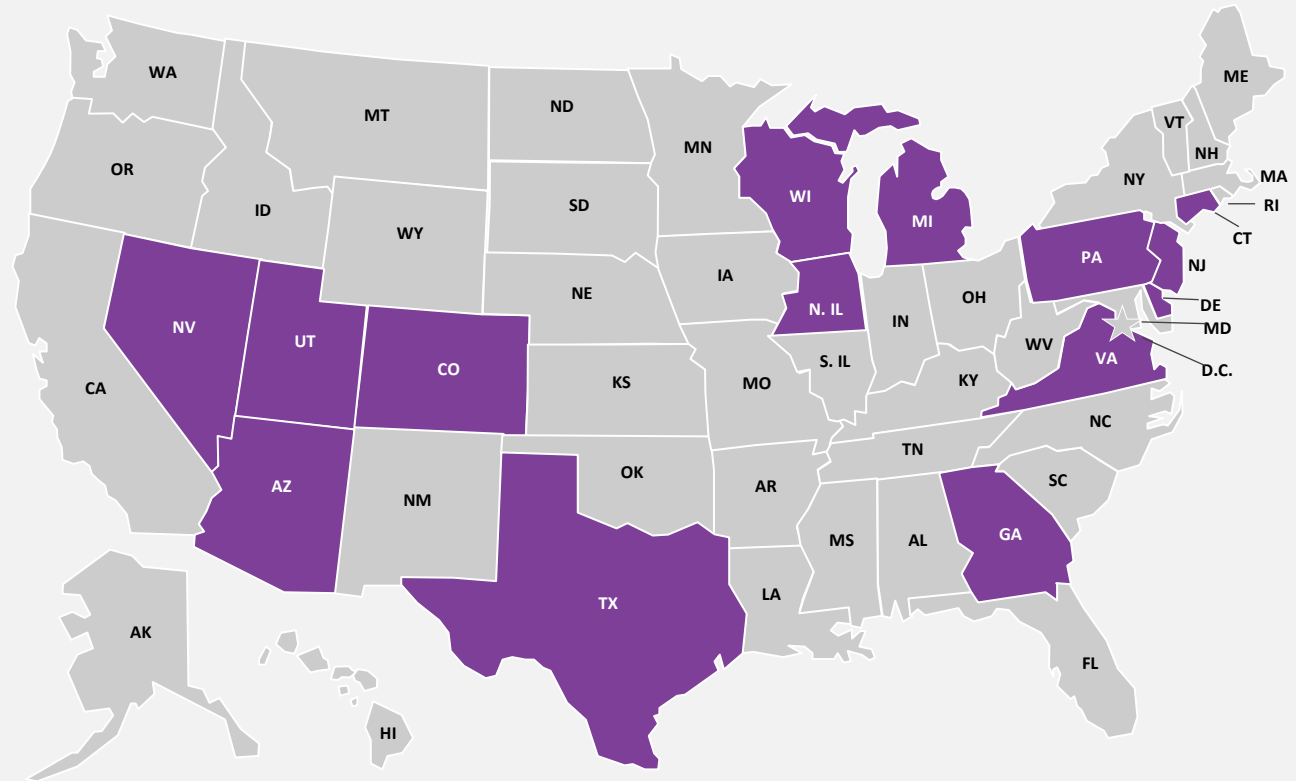
Renewal monthly cost increase cap

Save with renewal cost cap

We're giving your clients the peace of mind that their medical plan costs won't go up by more than 7% at their first renewal.

This offer applies to groups with 10 to 50 subscribers in AZ, CO, CT, DE, GA, MI, N. IL, NJ, NV, PA, TX, UT, VA and WI.

Use individual medical questionnaires (IMQ) to get the underwritten quote for the group. Currently level funded groups are not eligible unless underwriting requires IMQs.





IMQ Elite keeps you in the know

Free concierge service for collecting and submitting Digital IMQs in 4 easy steps.



Step 1:

Email
AFAHealthAppSupport@aetna.com
with request form and census



Step 2:

Create your FREE FormFire account
at:
www.FormFire.com/aetna



Step 3:

We'll invite and remind members to
complete a digital IMQ
through our secure portal



Step 4:

Once all IMQs are complete,
we'll release
the underwritten quote



We'll give you updates about key milestones

Streamlined installation

Step 1:	Step 2:	Step 3:	Step 4:
<p>Submit sales notice with the below required documents. Email them to: SmallGroupSold@Aetna.com</p> <p>You should attach:</p> <ul style="list-style-type: none">• The signed proposal• A completed census template	<p>Your group will be assigned to a sales coordinator to help collect required paperwork.</p> <p>You'll complete in Adobe Sign:</p> <ul style="list-style-type: none">• Employer application(s)• NY HCRA form• Banking form	<p>You finish the paperwork electronically with your sales coordinator.</p> <p>Sales coordinator will identify missing info and help answer any questions you have</p>	<p>If your group is using Springboard, we'll tell you when the group is ready to be enrolled. If you'd prefer, we can do the work for you.</p> <p>Your assigned Sales Coordinator will finalize your group once all required paperwork has been received.</p>

Service from the teams you know



Aetna Answer Team

Your service team, focused on first-call resolution for billing & enrollment, PS administration, urgent eligibility, Springboard, Producer World



New Business Unit (NBU)

Handle your new business cases from quote to card



Sales Implementation Managers (SIM)

New business service for first 45 days post sale



Account Executive

Assigned Account Executive to support you on reporting and renewal activities

Legal disclaimer

Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

Aetna Funding AdvantageSM plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop loss insurance coverage is offered by Aetna Life Insurance Company.

Aetna Resources For LivingSM is the brand name used for products and services offered through the Aetna group of companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC. and in California for Knox-Keene plans, Health and Human Resources Center, Inc.

Teladoc® is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) for a complete description of the limitations of Teladoc services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.



**My wife left me because of
my gambling addiction.**

**But I know I can win her
back...**

WARNER 
Pacific

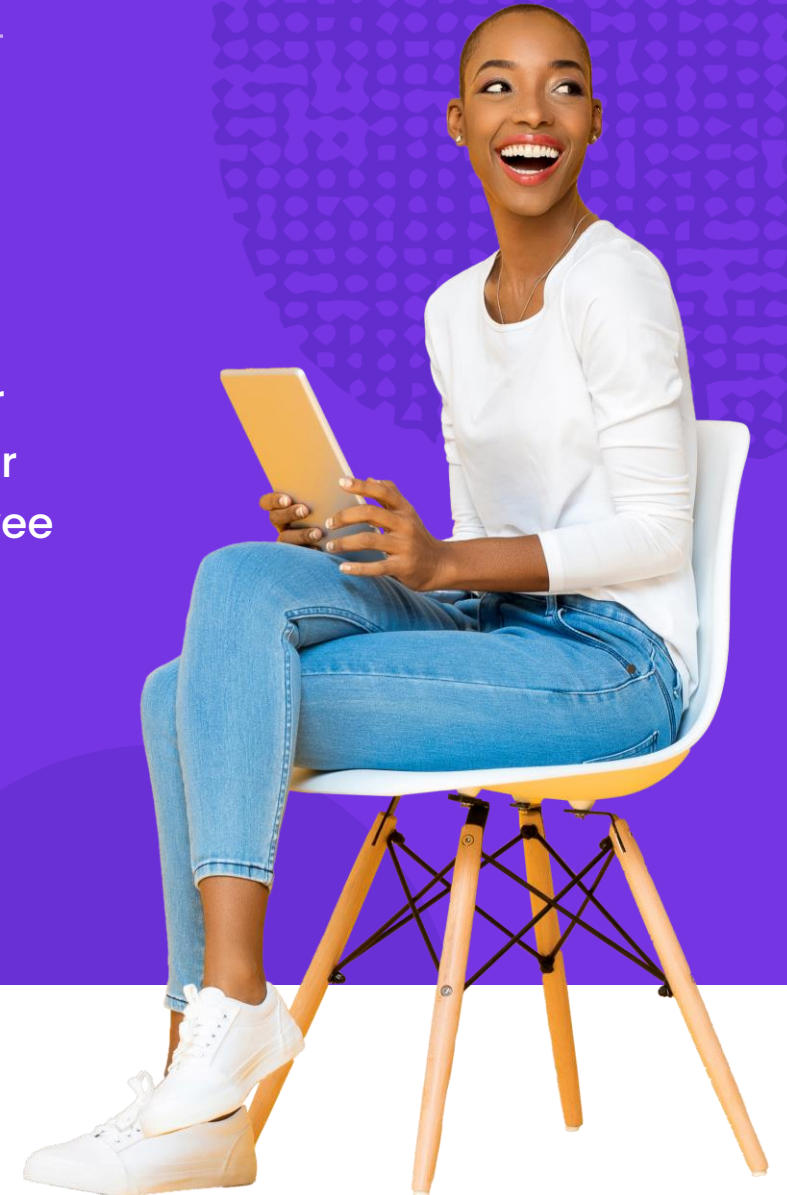
Angle Health



David Slepak
Vice President Commercial - West

Angle for Better

A Partner for the Modern Broker
An Ally for the Modern Employer
Benefits for the Modern Employee

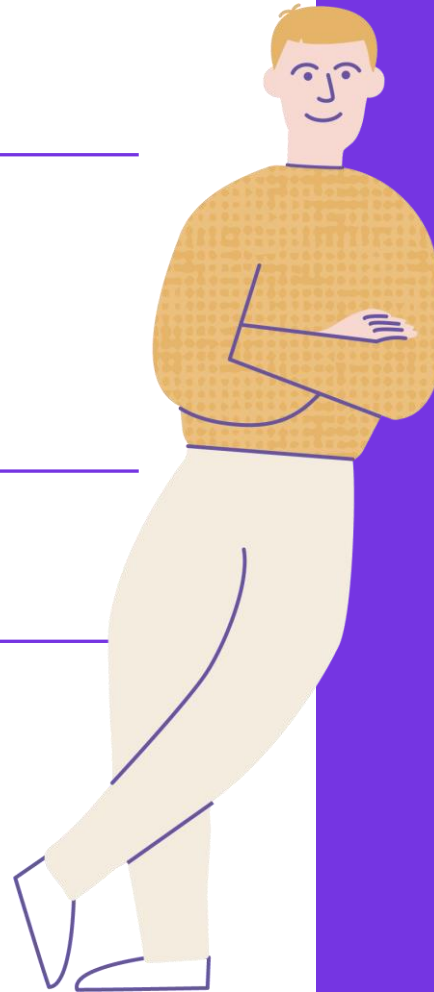


Agenda

▶ Meet Angle Health

▶ Shaping to
You
Your Clients
Their Members

▶ The Impact



David Slepak

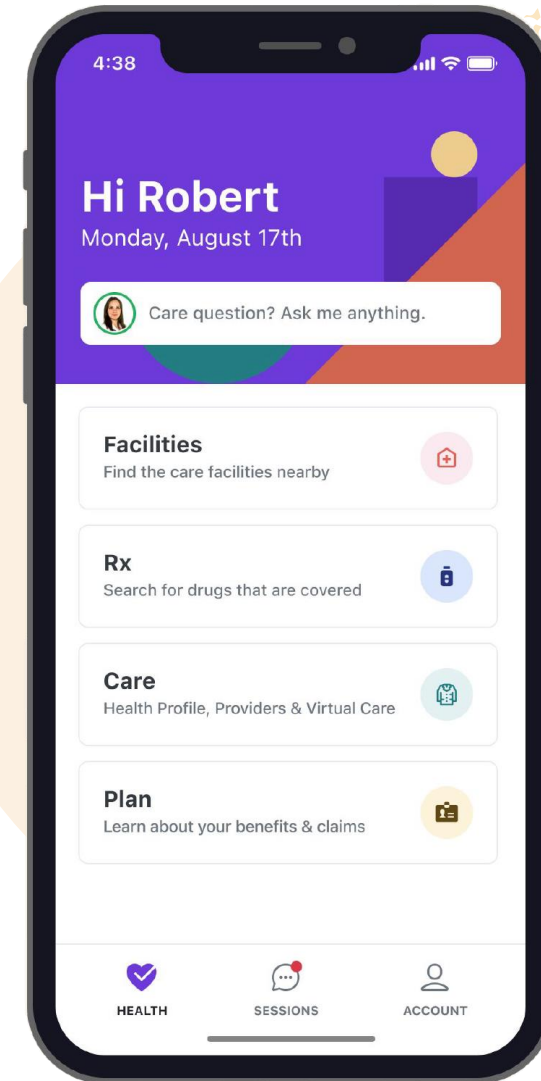
VP Commercial – West

Angle
Health

Creating A Better Angle for Healthcare

We are the risk-taker and claims payer as a carrier, MGU, and TPA. Our focus is removing the burden of procuring, managing, and accessing employer-sponsored healthcare with our AI-enabled full-stack platform.

And, yes, we execute the basics of healthcare flawlessly.



Aligning with the Best.

Underwritten on an A-Rated Paper
Excess insured by RGA (A Rated)



AS FEATURED IN:

Forbes

AXIOS

**BUSINESS
INSIDER**

BECKER'S
PAYER ISSUES

FIERCE
Healthcare

BACKED BY:

 **BLUMBERG
CAPITAL**

PRUVEN
CAPITAL

 **Portage**

 **Combinator**



SHAPING TO YOU

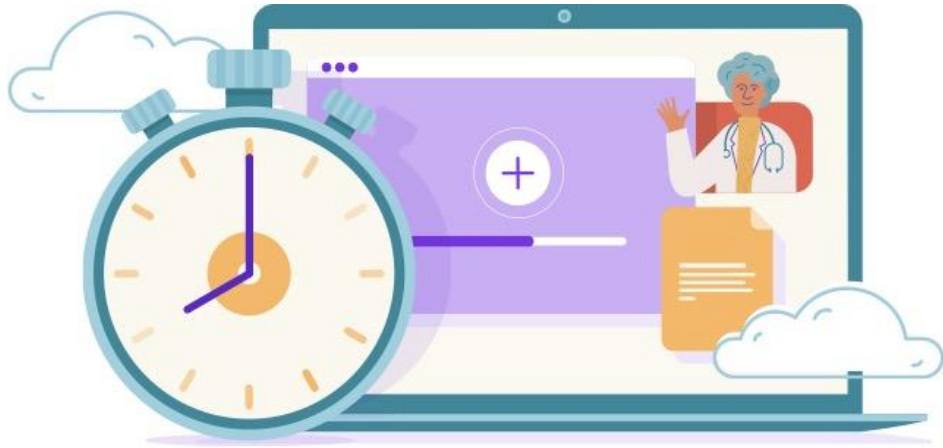
Making quotes frictionless with Quote to Card API (Q2C)



Self-service upload member-level census and receive a firm quote



24-48 hour around time when experience included



SHAPING TO YOU AND YOUR CLIENTS

Streamline Your Benefits Building.

Build custom benefits packages down to the coverage and cost-sharing level, tailored to each group and get a firm quote within minutes.

Networks	PBMs	Cost Shares	Point Solutions (coming soon)	Added Benefits
Cigna PPO	AngleRx	Deductible	Telemed	FSA
Aetna	Magellan	Coinsurance	Oncology	HSA
First Health	CapitalRx	Copays	Chronic Disease	COBRA
Regional Networks & Direct Contracts	SmithRx	Out of Pockets	Sleep Therapy	Compliance Reporting

SHAPING TO YOU AND YOUR CLIENTS

Own the experience with our Benefit Builder.



Tailor network, PBM, and cost share to your specific clients' needs



Add point solutions and other benefits to round out benefits offering



Your clients can see the impact on rates in real-time

Quote Details

Angle Health Group Group Name	1234 Quote ID	Angle Health Platform Quoted	01/01/2022 Effective Date
Level Funded Funding Type	example@example.com Email Address	Example City, State	12345 ZIP Code

Network & Pharmacy

- Cigna PPO Network
- Angle Rx Pharmacy Benefit Manager

Previous Information

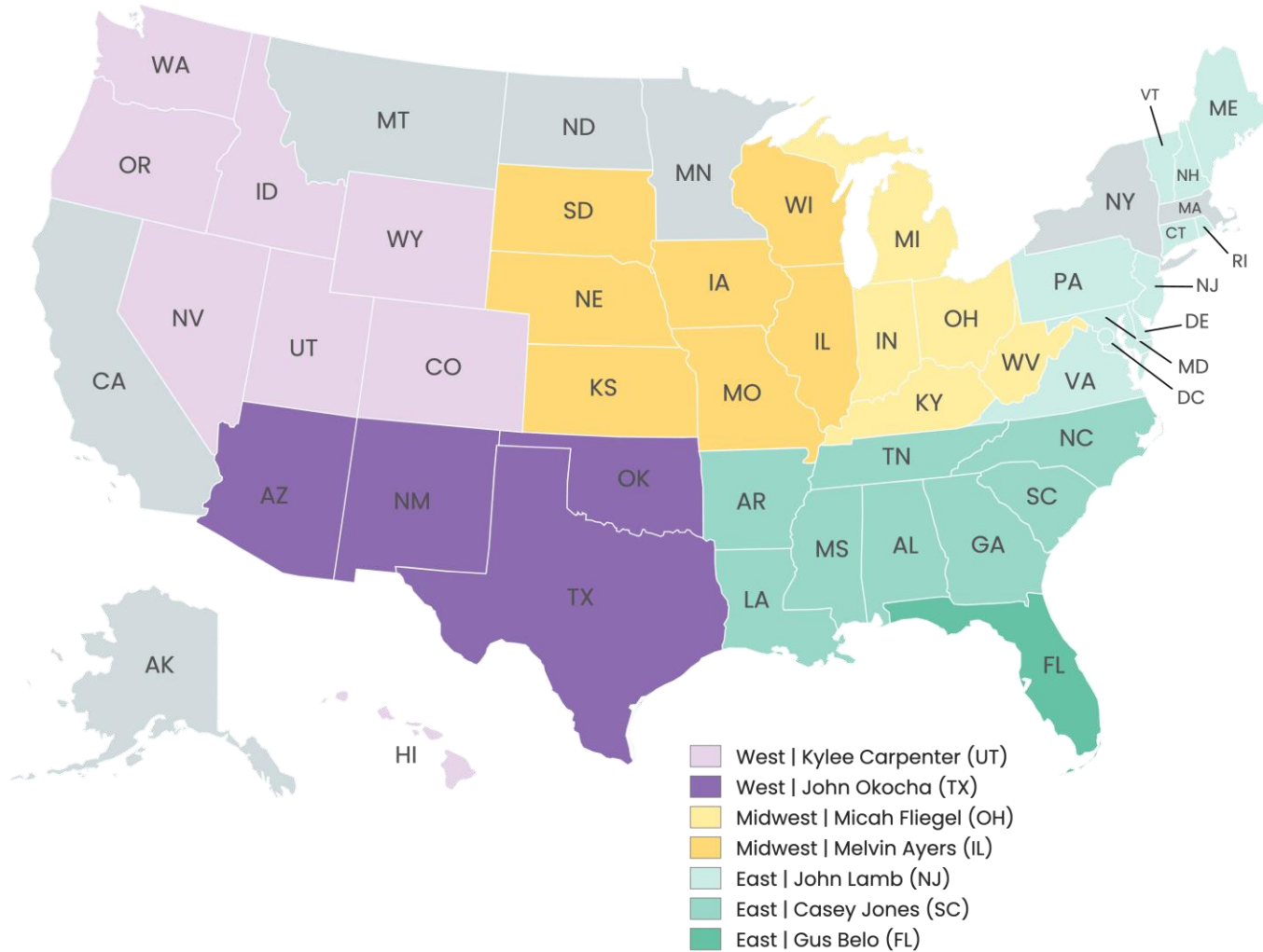
- Previous Plan Added
- Previous Experience Provided
- Previous Invoice info added

Angle Rates

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + ...
Angle Silver	\$100.00	\$100.00	\$100.00	\$100.00
Angle Gold	\$100.00	\$100.00	\$100.00	\$100.00
Angle Platinum	\$100.00	\$100.00	\$100.00	\$100.00

Plans Quoted

Angle Silver	Traditional Type	Embedded Deductible Type	\$100.00 INN Deductible
--------------	------------------	--------------------------	-------------------------



Created with mapchart.net

SHAPING TO YOU AND YOUR CLIENTS

Level Funded Availability

Instant quoting and 2+ employees available in most actively quoted states*

States requiring more than 2 employees: North Carolina: 20 eligible (10/1 - 12 eligible) Florida: 10 enrolled
 Nevada: 10 enrolled
 Colorado: 10 enrolled

*Actively quoting in all highlighted states for all effective dates with the exception of states where Adrem Administrators LLC is actively obtaining all necessary authorizations to act as a third-party administrator for self-funded employee benefit plans in the NJ, CT, DE, ID, IA, ME, MD, NH, OK, WI and WY and anticipates receiving such authorizations by 9/1/2024.

Level Funding: Navigating the Numbers.

Level Funding is rated on a per group basis, not community-rated like ACA

Quoting Parameters	Colorado
Surplus Refund	0%
Attachment Point	120%
Specific Deductible	\$10k
Contract Terms	12/24
Network	Cigna PPO/Aetna ASA PPO
PBM	AngleRx

NO

- No Participation Requirements
- No Health Applications
- No Nurse Calls

YES

- 1099
- PEO Extractions
- Virgin Groups
- Associations



SHAPING TO YOUR CLIENTS

Put it all in one place with HomeBase.

- ▶ Unified platform to manage employer-sponsored health plans, integrated with tools for you to easily access
- ▶ Leverages canonical data to seamlessly connect all of Angle's solutions
- ▶ Features User Centered Design (UCD) for easy navigation



The screenshot displays the HomeBase web application interface. At the top, there is a navigation bar with links for Home, Tasks, Members, Providers, Facilities, and Drugs, along with a user profile for Tim Hunter. The main content area is titled 'My Tasks' and contains a table of tasks. Below the table is a search section with tabs for Members, Providers, Facilities, Claims, and Authorizations. The search form includes fields for Member First Name, Member Last Name, Date of birth, Member ID #, Group Name, and Status.

Member	ID	Task Type	Priority	Due Date	Due Time
Courtney Henry	10017402	DME Review	HIGH	11/31/2020	5:00 PM EST
Jane Cooper	10017402	DME Review	HIGH	11/31/2020	5:00 PM EST
Bessie Cooper	10017402	DME Review	HIGH	11/31/2020	5:00 PM EST
Jenny Wilson	10017402	DME Review	HIGH	11/31/2020	5:00 PM EST
Devon Lane	10017402	DME Review	HIGH	11/31/2020	5:00 PM EST
Darlene Robertson	10017402	DME Review	MID	11/31/2020	5:00 PM EST
Kristin Watson	10017402	DME Review	LOW	11/31/2020	5:00 PM EST
Guy I lawkins	10017402	DME Review	LOW	11/31/2020	5:00 PM EST
Eleanor Pena	10017402	DME Review	LOW	11/31/2020	5:00 PM EST

The screenshot shows the HomeBase mobile application interface. The top of the screen displays the time 4:38 and the user's name 'Hi Robert' with the date 'Monday, August 17th'. Below this is a search bar with the text 'Care question? Ask me anything.' and a search icon. The main content area features four cards: 'Facilities' (Find Facilities by location or name), 'Rx' (Search for drugs that are covered), 'Care' (Health Profile, Providers & Virtual Care), and 'Plan' (Health Overview, Medications, Vitals...). At the bottom, there is a navigation bar with three icons: 'HEALTH', 'SESSIONS', and 'ACCOUNT'.

SHAPING TO YOUR CLIENTS

Make implementation easy with HomeBase.



100+ integrations with benefits admin platforms and payroll systems



AI and machine learning



Eligibility changes in less than 24 hours



New groups loads in less than 48 hours with digital ID cards

SHAPING TO YOUR CLIENTS AND THEIR MEMBERS

Eliminate the confusion through personalized member education with Engage.



Connection built with the member beyond just enrollment



Omnichannel communication aligned with member preferences



Opt-in health survey before, during, and after enrollment



Ongoing hyper-tailored education built for specific member journeys and conditions



SHAPING TO THEIR MEMBERS

Access+: Aligning Better Access, Outcomes, and Affordability.



With Access+, healthcare access is no longer limited to a plastic ID card

Creates personalized navigation inside and outside of the health plan


Helps increase access to care, improve health outcomes, and reduce out-of-pocket costs


Members voluntarily participate and can opt-out at any time


Access+ delivers a personal health plan experience by providing solutions for members' specific needs

SUGGESTED

 Start a session with your care team

 I'm feeling sick and need to speak to a doctor.

 Where's the nearest Urgent Care?

 What's my deductible?



SHAPING TO THEIR MEMBERS

Go beyond the health plan with Access+ Enhanced & Physician Led Assistance (APL)



With Precision Risk Scoring, identify the members with high-cost conditions or in need of high-cost medications



Connect with those high-needs members and provide options for alternative funding or assistance

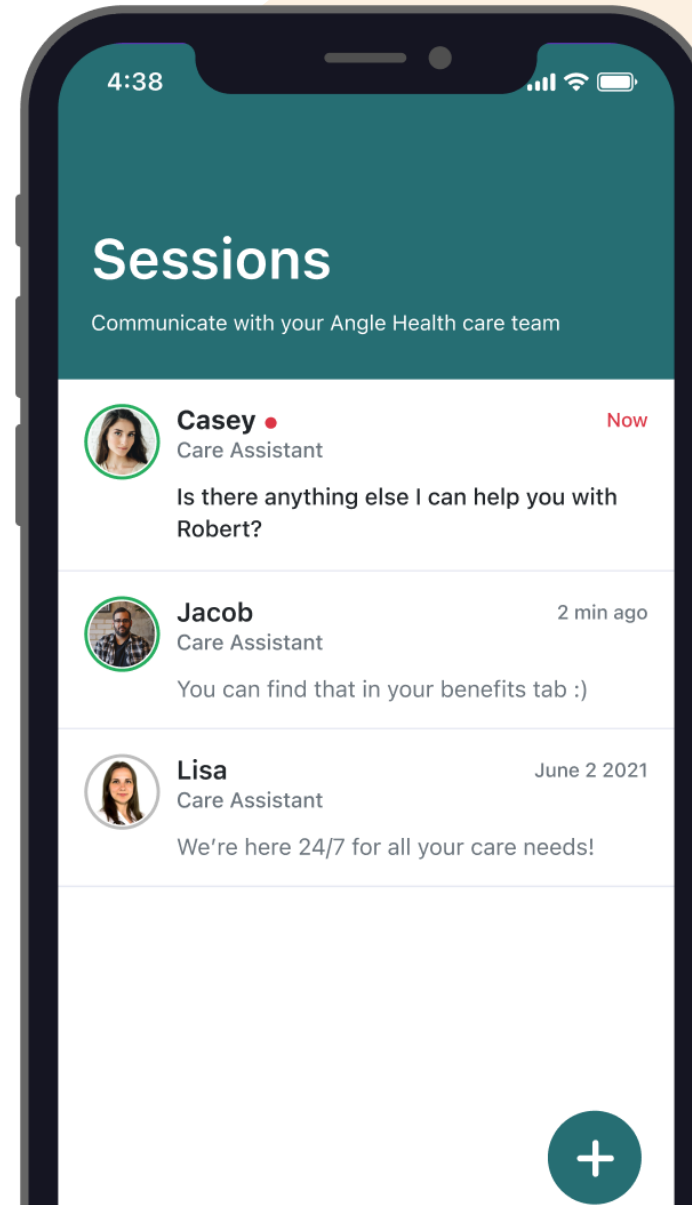
SHAPING TO THEIR MEMBERS

Focused support for the members who need it the most.

Access+ Condition Specific Assistance guides members with chronic conditions through solutions specific to their needs.

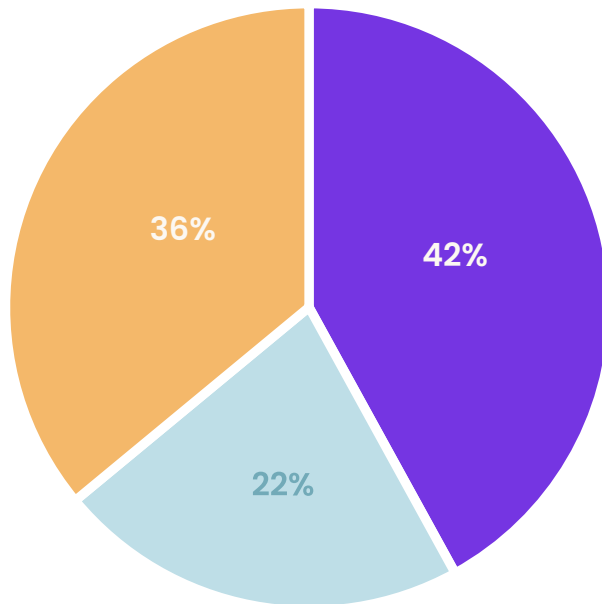
Conditions include:

- Hypertension
- Diabetes
- Fertility
- Post-Partum
- More



SHAPING TO THEIR MEMBERS

Target one of the highest cost drivers of a health plan with Access+ Rx Assistance.



Get hands-on assistance for members every time they receive a high-cost prescription or refill from their doctor. Access+ Rx Assistance coordinates the process for members to receive discounts, sourcing alternate funding and assistance programs.

See How the Savings Break Down

Here's how Access+ achieved savings last year

- Access+ Rx Assistance**
Members can get free or discounted medications with prescription assistance programs from pharmaceutical companies.
- Coupons & Copay Cards**
These programs are known as copay savings programs, copay coupons, or copay assistance cards. These manufacturer copay cards from drug companies help patients afford expensive medications by reducing the out-of-pocket costs.
- International Sourcing**
An international pharmacy will get a prescription from the member's doctor and mail the medication to the member at \$0 cost. This saves the plan a lot of money with no expense for the member.

ALIGNING ON IMPACT

"I will say the group I've sold with Angle was **fast, efficient, and loved your product!** Excited to keep looking for more opportunities to work together."

- Broker Partner

Thank You.

ANGLE HEALTH

EMAIL | kylee@anglehealth.com – Benefits Consultant
david@anglehealth.com – VP Channel West

WEB | ANGLEHEALTH.COM





**My wife has begged me to
stop making police related
puns.**

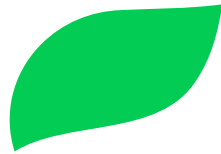
I said, “OK. I’ll give it arrest”.

WARNER >>
Pacific

Cigna



Amy Kirkland
New Business Manager
Cigna Select Segment



Cigna

U500 Select Sales

Value Add Services & Capabilities



U500 Sales Team

Colorado & Wyoming

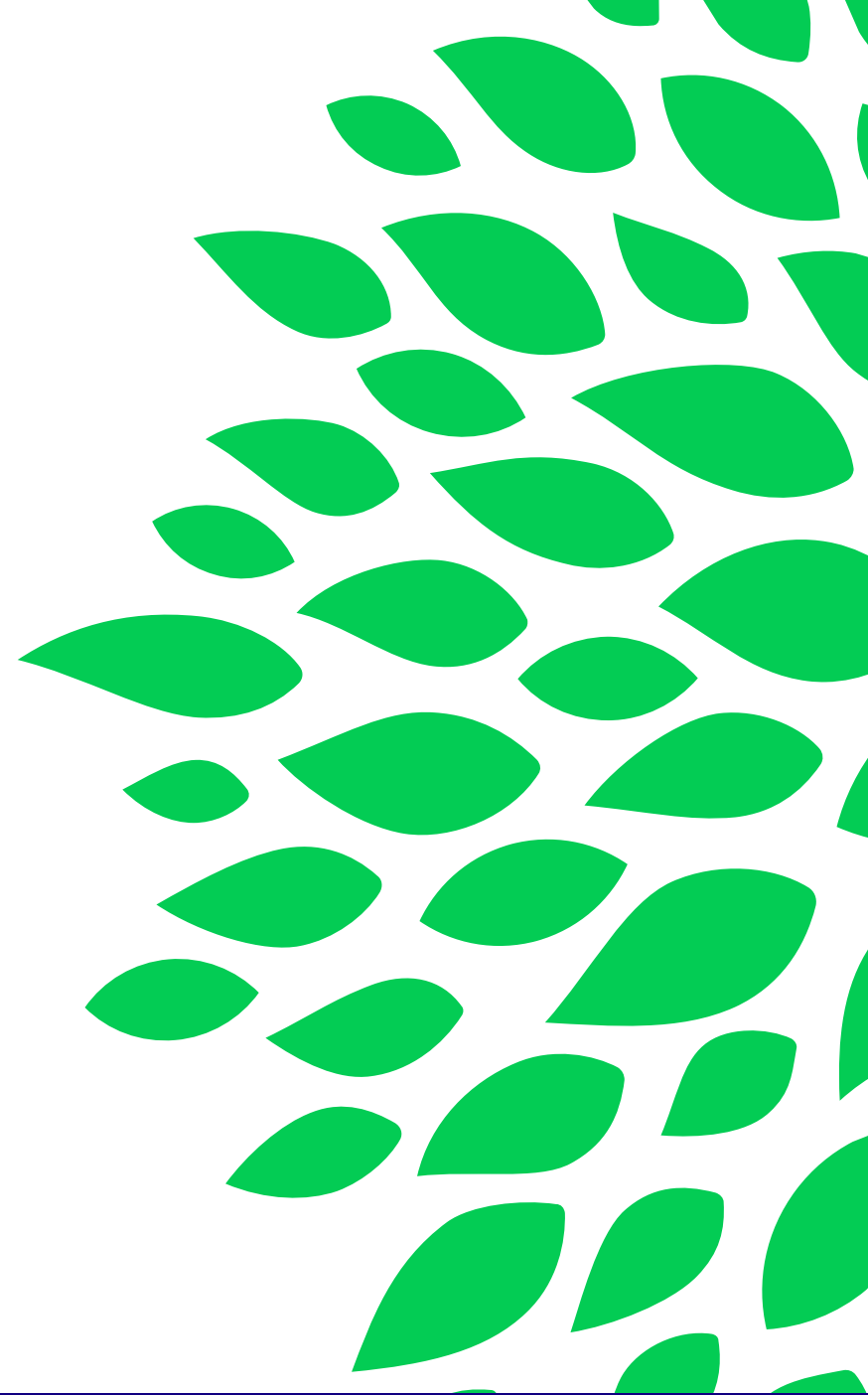
Amy Kirkland, New Business Manager

Mindy Hemphill, New Business Manager

Matt Nelson, New Business Manager

Kaity Rimer, Dental Sales Executive

Buck Colomy, Sales Manager



Requesting a U500 Quote

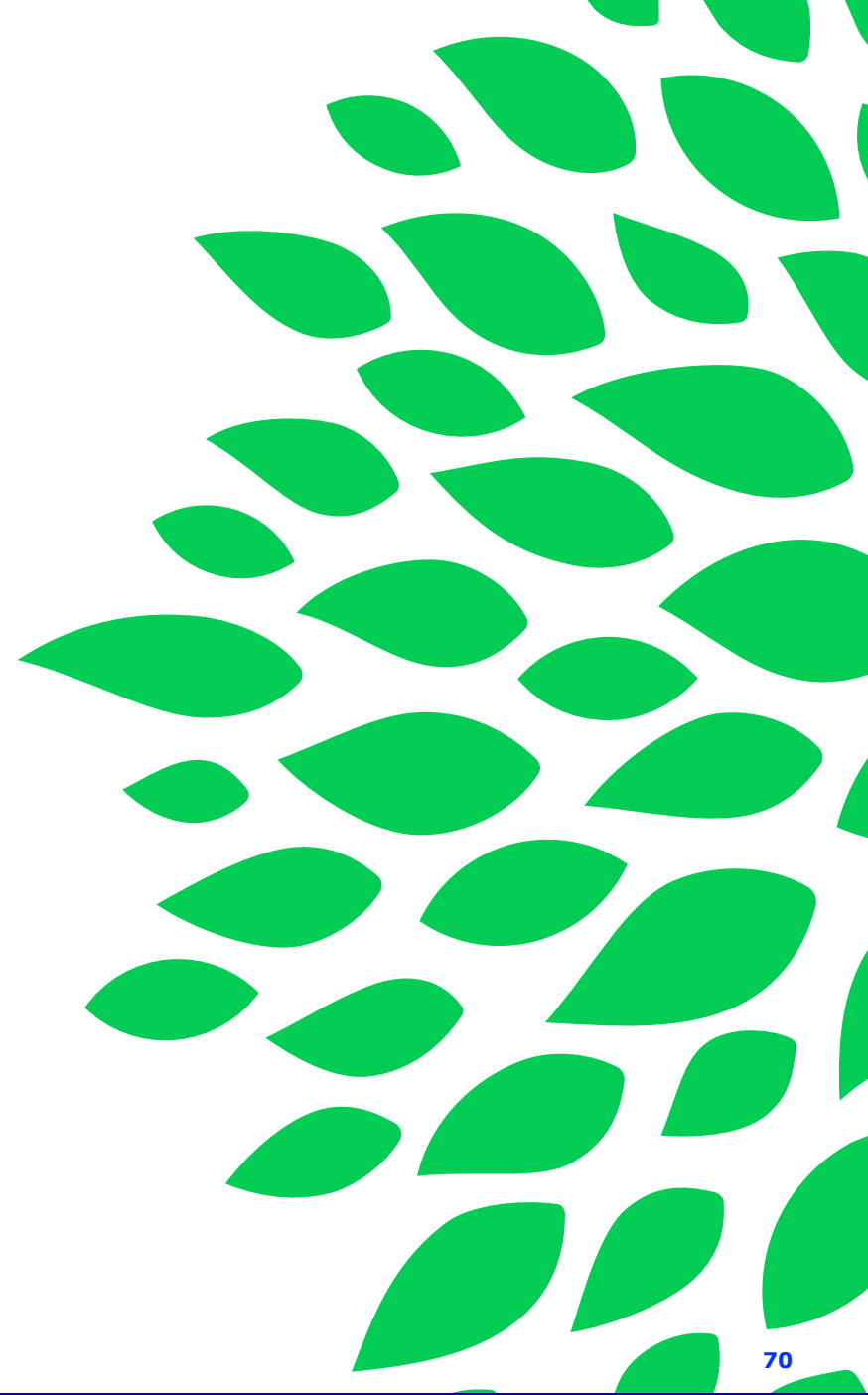


Requesting a quote

Send groups of 25-499 (minimum 20 enrolled)

Minimum Required information:

- Needed for PRS, member/dependent level census:
 - Last Name, First Name, DOB, Zip, Gender, and whether they are an employee or dependent
- Enrollment by plan (if multiple plans)
- SBCs
- Current and Renewal rates (if available)
- Claims if they will be experience rated
- Business Address
- Due Date
- Broker Info
- Requested Commissions



Cigna's Value Add

Services, products and capabilities

Dedicated Account Team

New Business Manager

New Business Coordinator

Implementation Manager

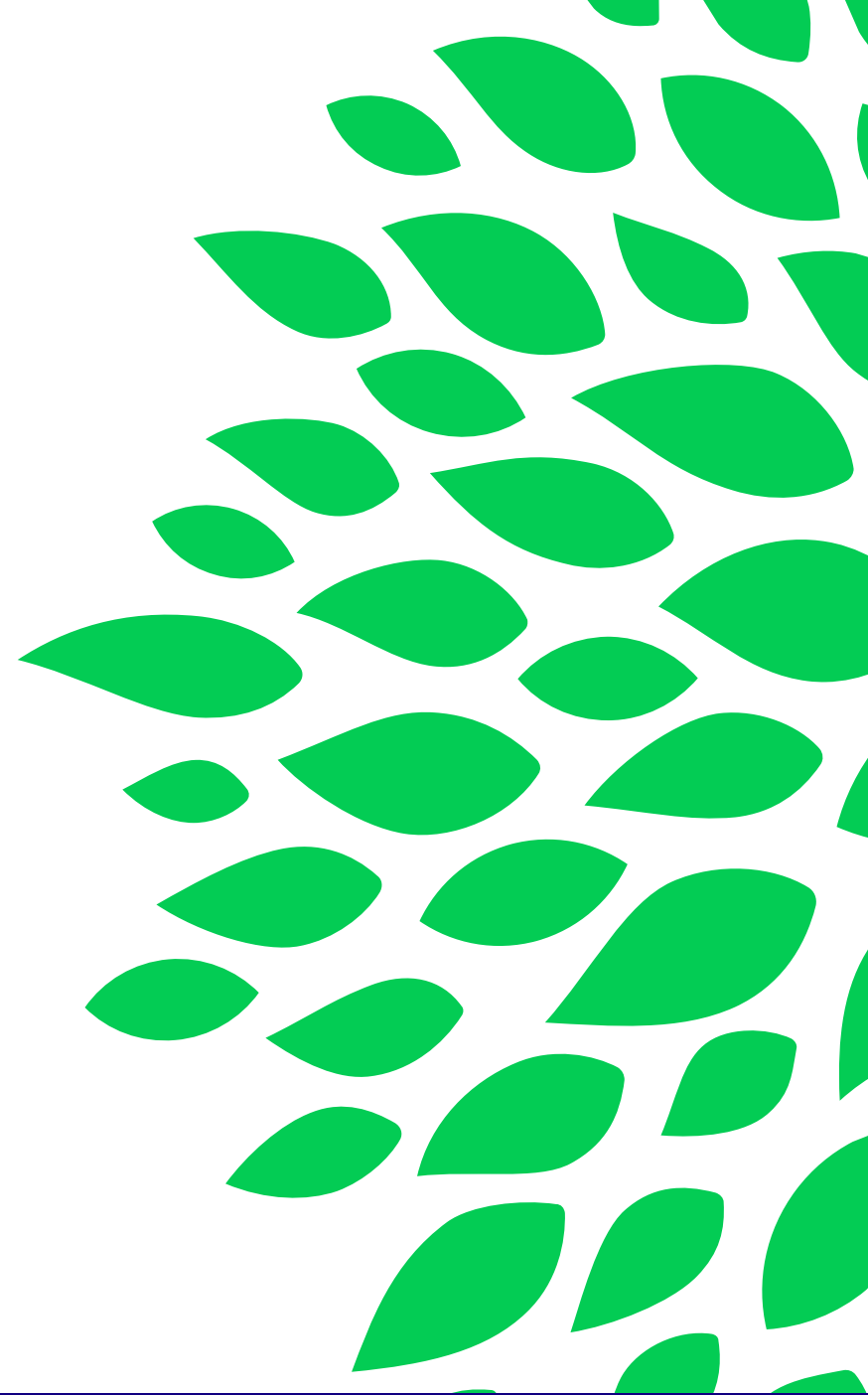
Ongoing Support

Client Manager

Customer Service Consultant

Health Engagement Team

Gold/Platinum Service Team



Driving program engagement and access to care

Connecting to products and services to empower smarter health decisions for your employees.

Here's how:

- **What's included** - Helping employees understand what programs, products and resources are included in their plan
- **Access to care** - Connecting employees to what's included in their plan so they can get the care they need-when and how they prefer

1. The program and services are provided by Virgin Pulse and not by The Cigna Group or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/or their products, processes or services, do not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Product may be updated or modified prior to availability. Terms and conditions apply. 2. The program and services are provided by TransUnion and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability may vary by location and plan type and is subject to change. References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Not available for insured clients situated in NY and NJ.



Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute.
Use and distribution limited solely to authorized personnel. © 2024 Cigna Healthcare.

We have you and your employees covered with plans that include features such as:

- 24/7 support and care
- Virtual care
- Behavioral health
- Cigna Healthcare well-being solutions, together with Virgin Pulse®¹
- Omada
- Pathwell Bone & Joint
- Healthy Pregnancies, Healthy Babies
- Identity theft protection²
- Fitness challenges
- Wellness webinars
- myCigna
- Cigna for Employers

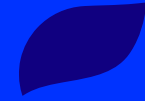
myCigna.com®

Your employees' online home for assessment tools, plan management, medical updates and much more

- Find in-network doctors, dentists and medical services
- View **digital** ID card information
- Review coverage
- Manage and track claims
- Order refills or speak with a Home Delivery pharmacist
- Use our Drug Cost Tool to compare real-time drug pricing specific to your plan
- Compare cost and quality information for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Sign up to receive alerts when new plan documents are available
- Track account balances and deductibles



Confidential, unpublished property of Cigna Healthcare.
Do not duplicate or distribute. Use and distribution
limited solely to authorized personnel. © 2023 Cigna
Healthcare.



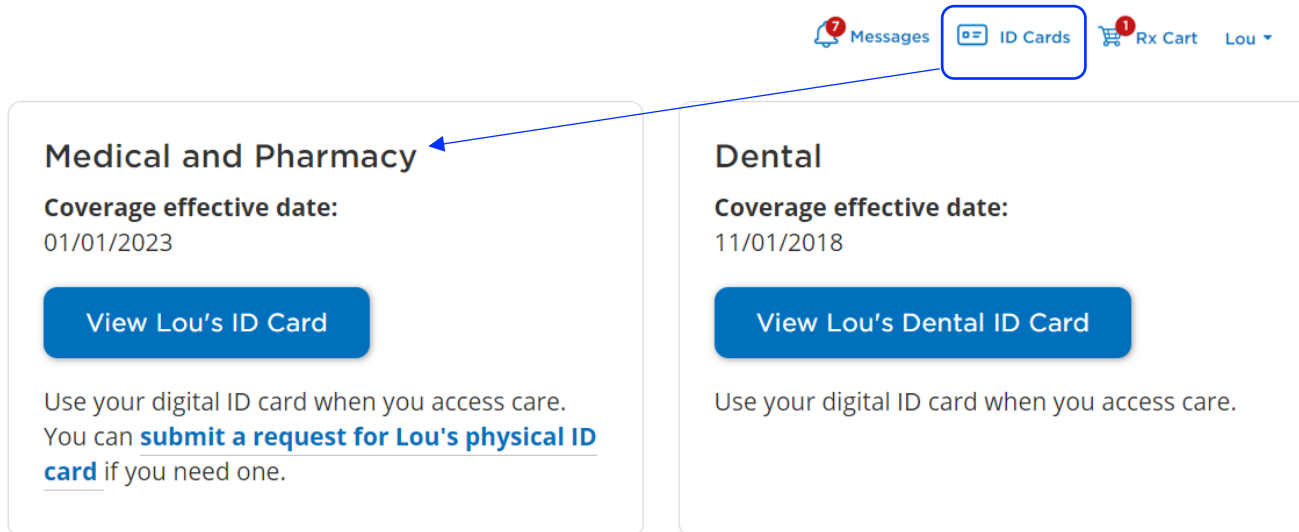
**Employees
download the
myCigna app
and access
their account
with any
compatible
device.**



Digital ID cards

- Digital ID cards allow members to access their plan coverage and information more easily, and they are more conveniently available when needed
- Digital ID cards can be downloaded and easily saved, shared, printed, or emailed directly to a provider
- To access their digital ID cards, members can select “ID Cards” on myCigna.com or the mobile app

Encourage your employees to register on myCigna to access their digital ID cards.



The screenshot shows the top navigation bar with 'Messages' (7), 'ID Cards', 'Rx Cart' (1), and 'Lou'. Below, there are two main sections: 'Medical and Pharmacy' and 'Dental'. Each section displays the 'Coverage effective date' and a 'View Lou's ID Card' button. The 'Medical and Pharmacy' section also includes a link to 'submit a request for Lou's physical ID card'.

Category	Coverage effective date	Action
Medical and Pharmacy	01/01/2023	View Lou's ID Card
Dental	11/01/2018	View Lou's Dental ID Card

Use your digital ID card when you access care. You can [submit a request for Lou's physical ID card](#) if you need one.



Cigna One Guide[®]

Personalized health advocacy and navigation

- Integrated, whole health view across medical, behavioral, pharmacy and clinical
- Guidance to high performing providers and more efficient care settings as well as health improvement programs
- Support 24/7 live interactions through multiple modalities (online, telephone, mobile, chat and email)
- Ability to reach customers proactively at key journey moments
- Next best action guidance focused on condition-specific care

46%

using high-performing providers¹

23%

fewer avoidable ER visits²

52%

higher medical case management engagement²

3.5X

more likely to engage in coaching³

24/7 customer assistance



Reach us 24 hours a day, seven days a week.



Ask for a Spanish-speaking service representative, or someone who can translate one of 200 languages.



Get answers to your health, claims and benefit questions.



Order an ID card, update insurance information, check claim status and more.



**The answers you need are just a phone call away.
Anytime you need us, feel free to call the toll-free number on your Cigna ID card.**

Suite of virtual¹ services

Primary Care

- Preventive care wellness screenings at no additional cost²
- Routine care visits allow employees to establish relationship with same PCP
- Prescriptions available through home delivery or local pharmacies, if appropriate

Urgent Care

- Available 24/7, including after hours, holidays
- Care for 80+ minor medical conditions
- Less expensive than urgent care and ER

Dermatology

- Access to board-certified dermatologists (no appointment required)
- Treatment plans and, if necessary, prescriptions, within 24 hours
- Care for the most common hair, skin and nail conditions

Behavioral Care

- Access to psychiatrists and therapists
- Flexible video and phone options
- Ability to select same provider each session

NEW to MDLIVE

Chronic care management for hypertension

1. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas. 2. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. https://www.mdliveforcigna.com/mdliveforcigna/landing_home. 3. Cigna 2019–2020 analysis of total medical costs for medical customers with Cigna Virtual Care. Client results may vary. 4. Cigna "Episodes of Care study comparing virtual vs. brick-and-mortar visits." 2020 book of business. [Pricing study]. Client results may vary.

Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2023 Cigna Healthcare.

Virtual Urgent Care from MDLIVE®

\$121

weighted average savings per visit compared to more costly channels³

In low-acuity urgent care episodes, MDLIVE® visits generated

11%

fewer-than-expected follow-up visits for the same condition than brick-and-mortar providers⁴

16% less

duplication of care in urgent care visits vs. other virtual PCPs and specialists⁴

Enhanced, rich emotional well-being support integrated into your plan- **Cigna EAP for members**

Self-service digital tools



Online peer counseling and therapy. Helps employees overcome barriers like stigma, distance, and the need to take time off work to access effective support.



Self-directed program to help employees reduce stress, gain confidence and boost overall health.¹



Easy access to real-time behavioral health coaching, video therapy, psychiatry appointments and skill-building.¹

Face-to-face assistance

Additional employee assistance programs to promote health and well-being²

- Three in person or virtual **face-to-face** visits
- **Live chat** with an employee assistance program advocate
- **Unlimited telephone counseling** and access to work-life resources
- Access to **legal and financial consultations**

- **258k+** contracted behavioral health care providers nationwide³ (doubled in the last five years)
- National **network** of clinicians, counselors, psychiatrists and psychologists
- **Virtual counseling sessions**
- **High performing mental health and substance use** Centers of Excellence
- **Online therapy** with a licensed therapist
- **No prior authorizations** for routine counseling
- **Specialized programs** for autism, eating disorders, substance use and more

#1

largest virtual network in the country³

51%

reduction in outpatient behavioral spending

1. Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change. 2. Employee assistance program services are in addition to, not instead of, health plan benefits. These services are separate from health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law. *The Cigna Center of Excellence designation is a partial assessment of quality and cost-efficiency and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna's online provider directories are not a guarantee of the quality of care that will be provided to individual patients. Providers are solely responsible for any treatment provided and are not agents of Cigna. 3. Cigna unique provider data as of Jan. 2023. 4. Cigna Analytics, EAP and Medical Study, 2020.

Identity theft protection

CONSIDER THE FACTS:

- 1 Every two seconds, there's a new identity theft victim.¹
- 2 15 billion consumer credentials are circulating on the dark web.²

TWO WAYS TO ENROLL:

1. IdentityForce will **email an enrollment link to registered myCigna customers.** (remind employees to register on myCigna ³)
2. Customers can visit our dedicated IdentityForce website <https://cigna.identityforce.com/starthere> or phone line **(833-580-2523)** to get started



We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.⁴

We'll help protect your Cigna medical plan subscribers and their children against ID theft and help fix any identity theft compromises – at no additional cost for eligible members

Once enrolled, customers can access **IdentityForce** directly through the **IdentityForce** app or website

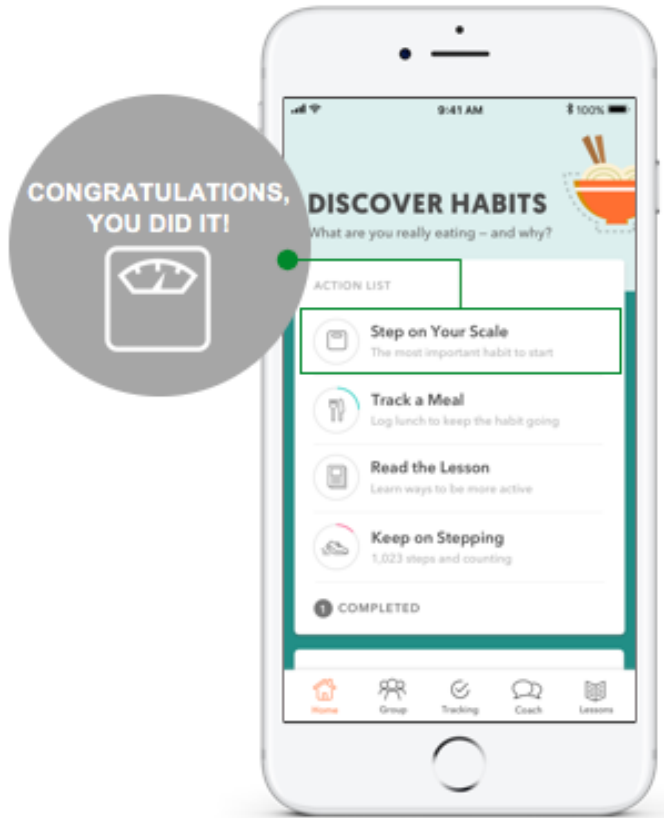
The program and services are provided by Sontiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability may vary by location and plan type and is subject to change. References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services are at your sole risk. 1. Sadler, AT. "There's a new victim of identity theft every two seconds: Here's the best way to protect yourself online." Clark.com. April 3, 2017. <https://clark.com/technology/theres-a-new-victim-of-identity-theft-every-twoseconds-heres-the-best-way-to-protect-yourself-online/> 2. Forbes. "New Dark Web Audit Reveals 15 Billion Stolen Logins From 100,000 Breaches." <https://www.forbes.com/sites/daveywinder/2020/07/08/new-dark-webaudit-reveals-15-billion-stolen-logins-from-100000-breaches-passwords-hackerscybercrime/?sh=6e53c5bf180f>. July 8, 2020. 3. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 4. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. <https://www.cnbc.com/select/best-identity-theft-protection-services/>. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theftprotection-services/>.

Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2023 Cigna Healthcare.

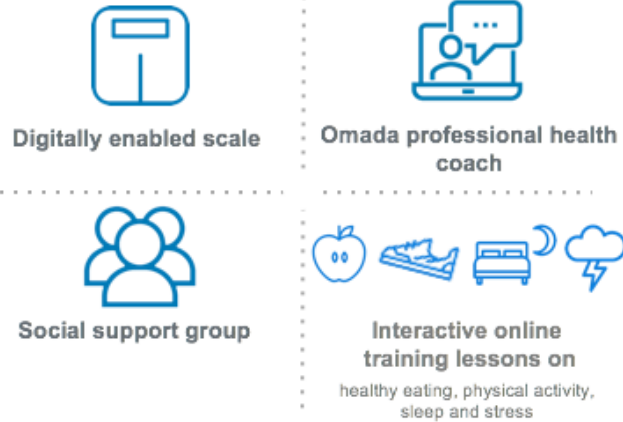
Cigna diabetes prevention program

In collaboration with Omada.

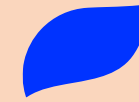
Digital support focused on reducing the risk of type 2 diabetes and heart disease through healthy weight loss, nutrition, sleep and exercise.



**Personalized tools
at no extra cost to
your employees***



For illustrative purposes only.



Building healthy habits that last

- Eat healthier – Learn the fundamentals of making smart food choices.
- Increase activity – Discover easy ways to move more and boost energy.
- Sleep better and stress less
- Overcome challenges – Gain skills that allow employees to break barriers to change.
- Strengthen habits – Zero in on what works and find lasting motivation.

Employees can come back stronger

Online back and joint program through RecoveryOne™

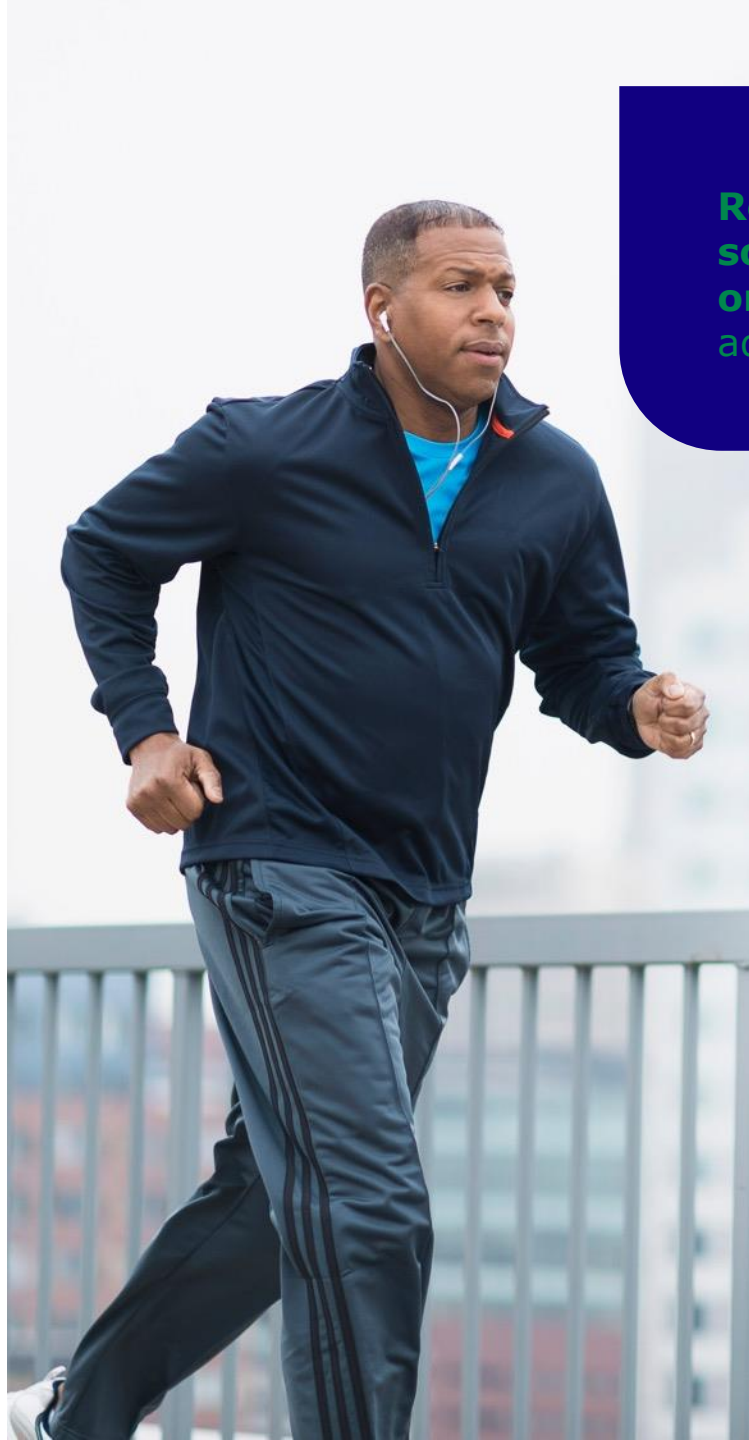
50%

of employees are likely struggling with **nagging injuries or muscle and joint pain**, which can hurt their quality of life and long-term health.¹

Only 1 in 10

people who could benefit from physical therapy gets it.²

1. World Health Organization. "Musculoskeletal conditions." 26 November 2019, who.int/news-room/fact-sheets/detail/musculoskeletal-conditions. 2. "Medical Expenditures Panel Survey." Agency for Healthcare Research and Quality, US Department of Health and Human Services. Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2023 Cigna Healthcare.



RecoveryOne is a convenient solution via smartphone, tablet or computer that's available at \$0 additional cost to employees.

Employees will:

- Have a video consultation with a licensed physical therapist who creates a customized recovery plan
- Get an equipment kit sent to their homes
- Follow step-by-step exercise instructions and video demos
- Enjoy support and a weekly check-in with a behavioral coach

Pathwell Bone & JointSM

A Condition-Specific Care Program that is shaping a new standard of care for musculoskeletal conditions that guides employees through their end-to-end health journey

1:1 personalized support for spine, hip, knee and shoulder pain based on evidence-based guidelines

Guidance and coordination to top tier in-network providers and designated surgeons who deliver quality, affordable MSK care

Dedicated Clinical Care Advocate (physical therapist/registered nurse) drives healthy behavior

Encourages use of designated providers for **zero/low¹ cost for surgery**

Powered by:



Cutting-edge analytic capabilities



Guided digital experience



Clinical MSK expertise

Leading to:



Reduction in unnecessary surgery



Savings up to 25% off market average per MSK surgical episode²



Lower total medical costs³

1. When program participation requirements are met for Condition-Specific Care benefit. Admission through discharge. For non-HSA plans, the employer's plan pays 100% of eligible expenses. For HSA plans, the employer's plan pays 100% after deductible is met. 2023 2. Cigna internal analysis of expected savings based on geography compared to market average rates from admit to discharge. Market geographies are defined by Cigna Referral Region, which Cigna uses to define geographies across a number of programs. Results may vary by client and funding type. 3. 2022 Cigna internal analysis of expected savings, actual results may vary.

Cigna Pharmacy

Value Adds

Pharmacy Value Adds

SaveOnSP

Can help lower out of pocket costs to \$0, maximizes copay assistance amounts from manufacturers for certain specialty medications within qualifying plans to help both customers and clients save. Not available on HDHP/HSA plans.

Patient Assurance Program

Protects customers from high out of pocket costs, helping improve overall affordability for customers each time they fill their diabetic prescription. Removes cost barrier promoting better adherence. Provides \$25 maximum out of pocket cost per 30-day supply of certain insulins.

Price Assure by GoodRx

Pharmacists check Cigna negotiated rate, compare to GoodRx. If GoodRx is more beneficial to member, GoodRx cost is charged at register without any action from the member, and that amount is applied to both deductible and OOPM.

Preventive Package

Expanded preventive generic medication covered at no cost to member, working alongside PPACA no cost share drug list. Can be pre-deductible for HDHP/HSA plans.



A pharmacy network designed to boost engagement and avoid surprises.

How it works.

- Customers choose from two complete 30- and 90-day networks, with either CVS Pharmacy or Walgreens as the main anchor.
- Every covered member in the household* can choose the pharmacy network that works best for them.
- Members have access to a large network that includes local pharmacies, grocery stores, retail chains and wholesale warehouse stores, in addition to their preferred anchor pharmacy.

Member Choice Cigna 90 Now	
Anchor Option 1	Anchor Option 2
CVS Pharmacy	Walgreens
30-day supply: 55,000 pharmacies ¹ 90-day supply: 30,000 pharmacies ¹	30-day supply: 55,000 pharmacies ² 90-day supply: 30,000 pharmacies ²
Voluntary or Exclusive 90-day supply benefit design available at one of 30,000 pharmacies.	Voluntary or Exclusive 90-day supply benefit design available at one of 30,000 pharmacies.
Network excludes Walgreens.	Network excludes CVS.



Improving care and cost outcomes with specialty drug management

Leveraging 30+ years of experience in holistic customer care and cost management

- High value, low-cost formulary **strategy built across pharmacy and medical benefits**
- Prior authorization **powered by data and benefit integration**
- Proactive **site of care optimization**
- Integrated predictive modeling and reporting
- **Financial protection** through integrated stop loss and cost guarantees
- **Embarc Benefit Protection**® helps avoid “lightning strike” cost of gene therapy medications
- **24/7 condition-specific support** with Accredo Therapeutic Resource Centers®
- **500+** condition-focused Accredo pharmacists
- **99.1% access** to specialty drugs with Accredo



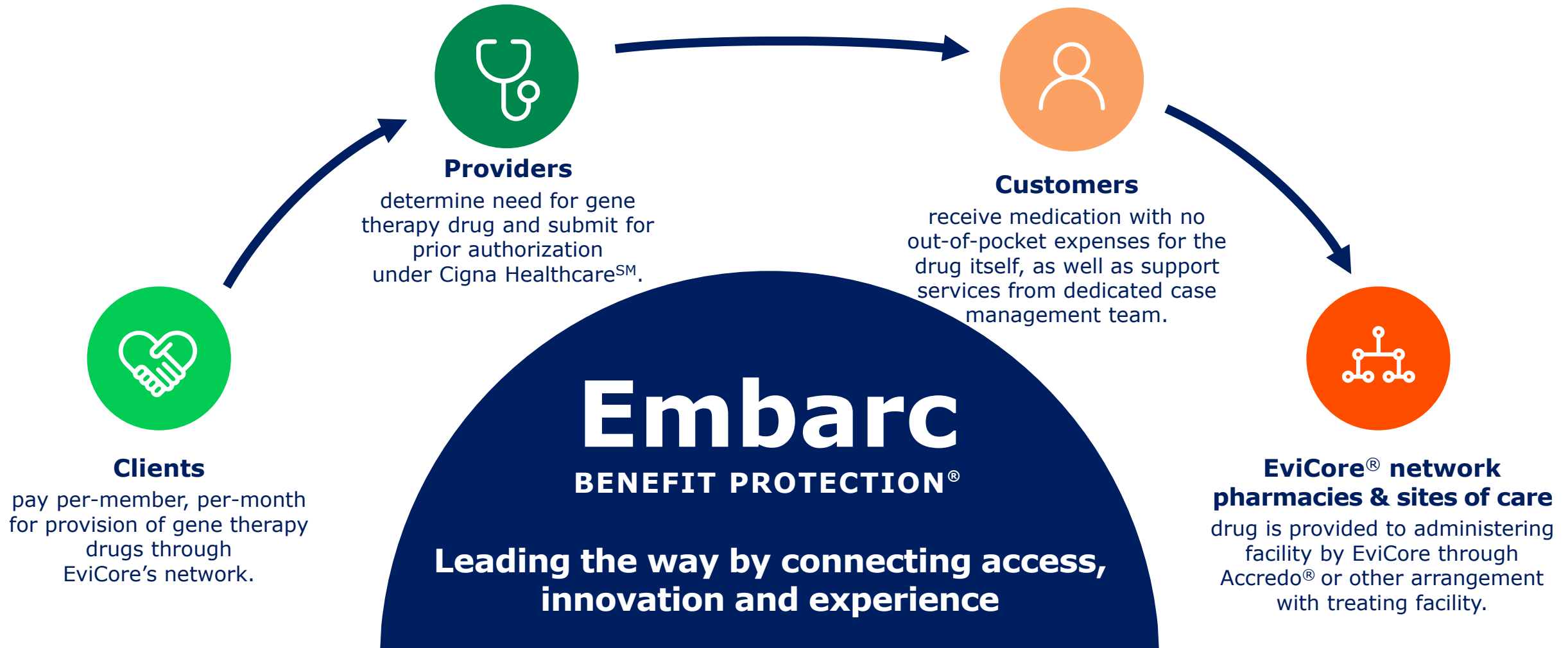
\$8,907 PMPY
savings when taking
specialty medications¹

Fee schedule that
consistently achieves
discounts of **AWP minus**

30% or more²

How it works: simple, affordable, predictable

Providing access to life-changing gene therapies.



Tackling disease progression and the spiraling cost of cardiometabolic

This multi-faceted condition has one chief component: obesity. A successful and sustainable approach to weight management includes access to GLP-1 medication, enhanced utilization management, and lifestyle modification programs to motivate lasting healthy change.

Solutions available today:

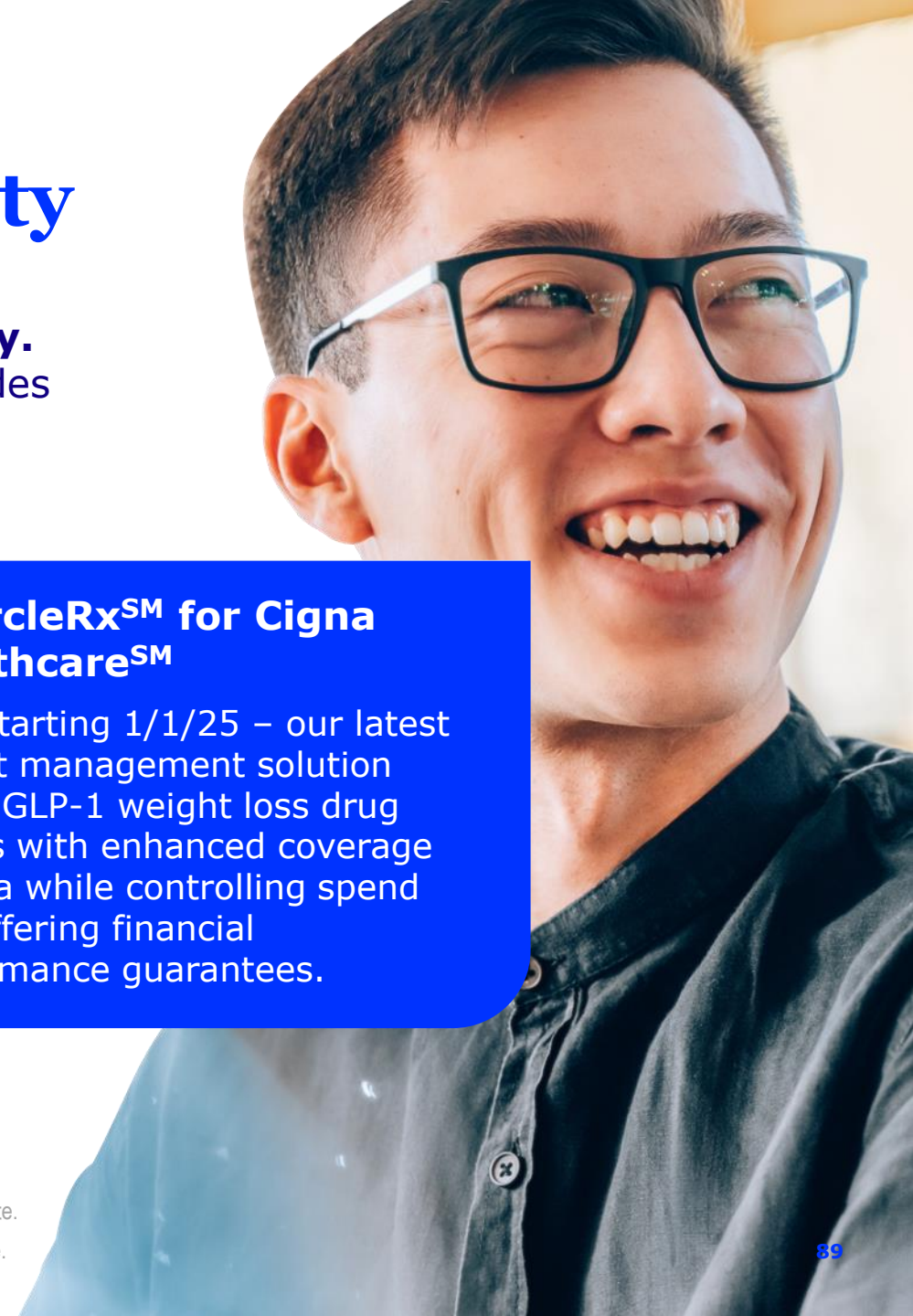
Opt not to cover weight management medications.

Clients can choose not to cover these medications for their employees.

Optional coverage that includes certain prescription weight management medications that require utilization management (UM) when a package is elected.*

EncircleRxSM for Cigna HealthcareSM

New starting 1/1/25 – our latest weight management solution offers GLP-1 weight loss drug access with enhanced coverage criteria while controlling spend and offering financial performance guarantees.



YOUR NEW GROWTH PLAN

Why Cigna?



Offered by Cigna Health and Life Insurance Company, or its affiliates.

A diverse spectrum of Funding Solutions.

Providing multiple choices across insured and self-funded options, **addressing your unique needs** for protection, a specific payment experience and cash flow preferences.

1. In most states, Cigna offers group insurance coverage to employers with more than 50 full-time employees, as well as administrative services for self-funded plans with as few as 25 full-time employees. Product availability may vary by plan type, group size and location, and is subject to change. For more information, contact your Cigna sales representative.

Medical & Dental Options for small to medium-sized companies

	Fully Insured	Fully Insured Plus	Level Funding SM	Graded Funding SM
Eligible employee Information¹	51+	51+	25 – 999	25 – 499
Participation in claim savings	0%	50% with renewal	50% or 67% with renewal	Real time
Level of protection	Full insurance protection	Full insurance protection	ISL and ASL (Self-funded with stop loss)	ISL and ASL (Self-funded with stop loss)
Monthly payment	Predictable monthly premium payment	Predictable monthly premium payment	Predictable monthly payment includes stop loss premium, administrative fees and claims funding	Predictable monthly stop loss premium and administrative fees; employer funds claims up to stop loss levels
Participation in claim savings	No	Surplus share (50%) with renewal	Surplus share with renewal	Real time surplus share
Who holds reserves	Cigna	Cigna	Cigna	Client holds reserves/pays run-out claims up to stop loss
Client-specific reporting	Varies by size	Detailed	Detailed	Detailed
Contract	Insured	Insured	Self-funded	Self-funded

LocalPlus – Colorado

Save more on quality care.

Potential **8%** total medical cost savings¹



Medical and disease management



Benefit design



Customer engagement

LOCAL SERVICE AREA: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Eagle, El Paso, Jefferson, La Plata, Larimer, Mesa, Montezuma, Routt, Summit, and Weld Counties

HOSPITALS AND SYSTEMS²

Front Range: Boulder Community Health, Centura Health*, Children’s Hospital Colorado, Craig Hospital, Denver Health Medical Center, HealthONE, National Jewish Health, SCL Health System, UCHealth

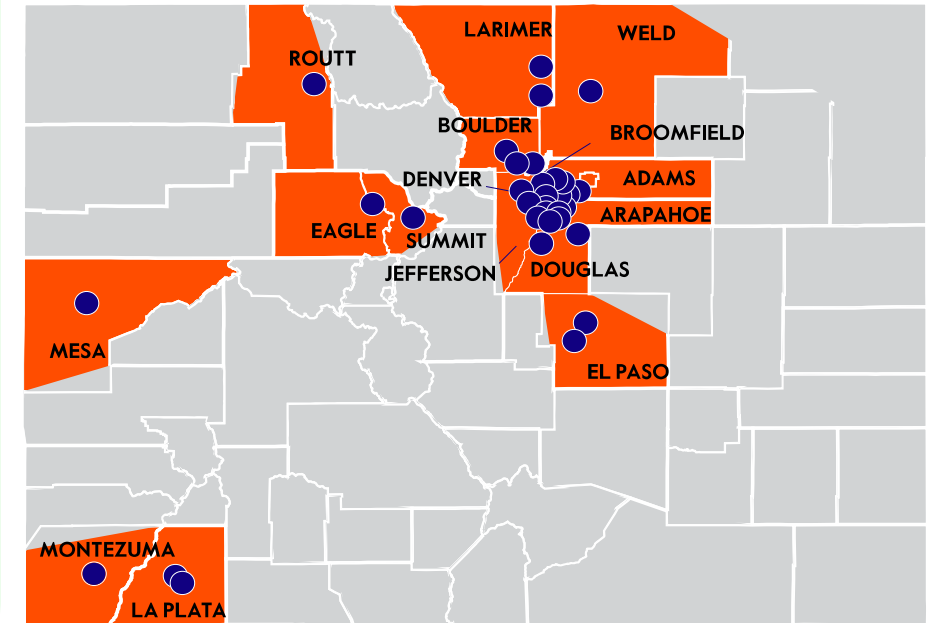
Mountain (Eagle, Routt and Summit Service Area): Centura St. Anthony Summit Medical Center, UCHealth Yampa Valley Medical Center, Vail Valley Medical Center

West (La Plata, Mesa and Montezuma Service Area): Animas Surgical Hospital, Centura Mercy Regional Medical Center, Southwest Memorial Hospital, St. Mary’s Medical Center

PARTICIPATING CIGNA COLLABORATIVE CARE[®] PROVIDER GROUPS²

Designed to improve the quality of care that our customers receive from their primary care physician while delivering savings to our clients.

- Boulder Medical Center★
- Colorado Care Partners★
- New West Physicians★
- Optum Medical Group★
- PHPprime★
- UCHealth Integrated Network★



● Hospital Systems ■ LocalPlus[®] Service Area

Map is for illustrative purposes only.

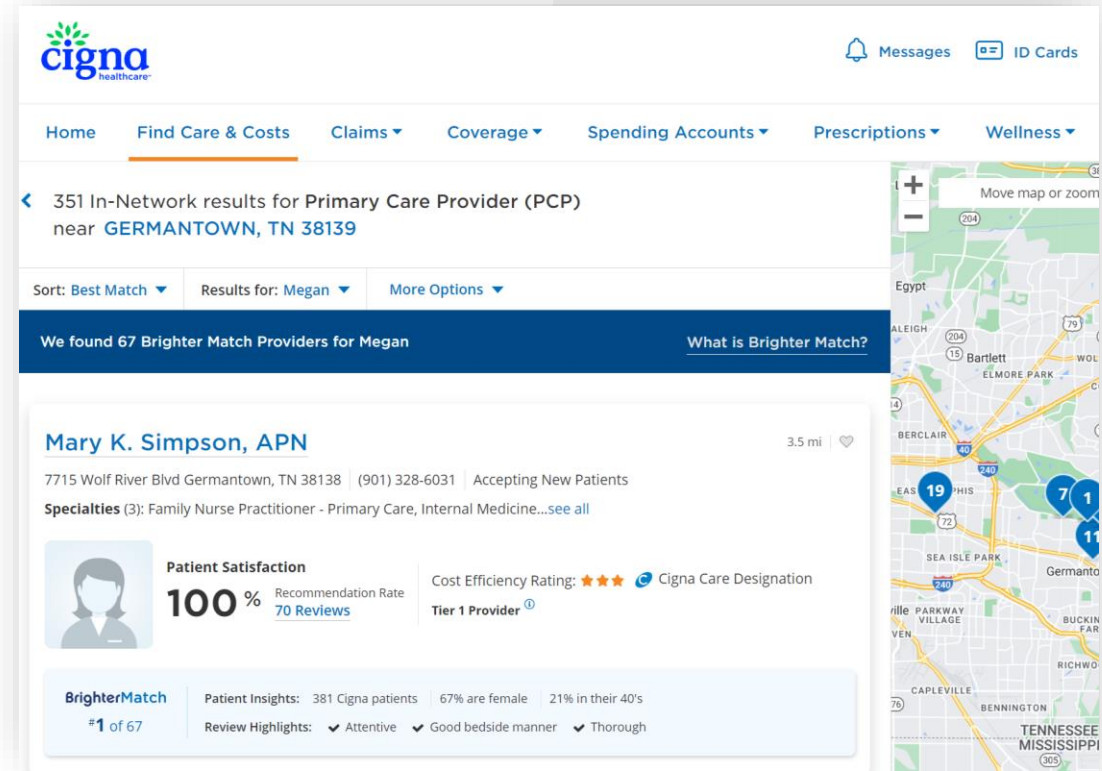
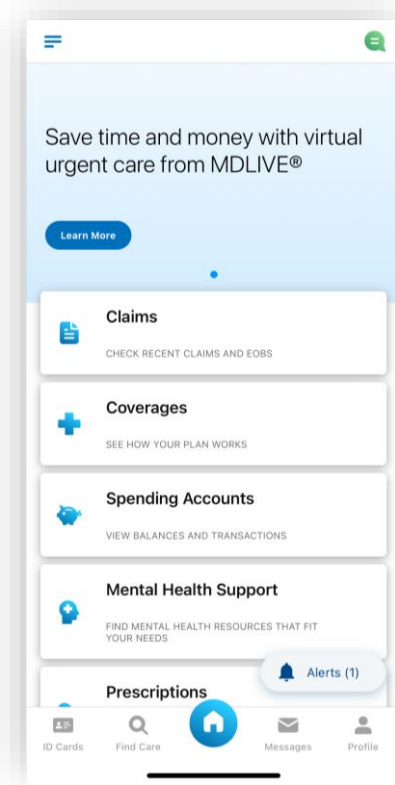
1. Potential savings estimated, based on an internal Cigna Healthcare study conducted in 2021 comparing LocalPlus plans to Open Access Plus (OAP) plans in Colorado with the same benefit plan provisions. Savings are not guaranteed and will vary depending on plan design, geographic distribution and utilization patterns. Medical cost savings do not directly translate to rate or premium rates. 2. Listing is not all-inclusive. For a complete listing, contact your Cigna Healthcare representative. *Excludes Penrose Hospital and St. Francis Medical Center. ★-Cigna Collaborative Care[®] (CCC) value-based providers.



Our strategy improves digital engagement among your employees and their families.

Support for onboarding, finding and accessing care, and managing health and wellness

- 24/7 pre-enrollment support hotline
- Guided onboarding
- Digital ID cards
- Personalized search with Brighter Match®
- Guided personalized search for virtual or in person care
- Personalized dashboard and messaging
- Integrated bill pay
- Cost-transparency tools



We make switching plans easy.

Here's how:

For employers

- Thorough, clearly outlined implementation process
- Implementation manager who also remains a permanent member of client service team
- EDI (Electronic Data Interchange) feeds included

For employees

- Virtual benefits education website with your specific benefits – simple way to share enrollment information with employees and new hires
- 24/7 pre-enrollment hotline
- Deductible and out-of-pocket maximum credits (for non-calendar-year transitions)

12-year
average tenure
with Cigna
Healthcare
implementation
team¹



1. Cigna October 2021 HR tenure report. Subject to change.
Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute.
Use and distribution limited solely to authorized personnel. © 2024 Cigna Healthcare.

Why Cigna Level FundingSM

- **30 years of Self-Funded experience**
 - 15+ years of Level Funding, first to market with product
- **Fixed to Claims**
 - More money goes into claims fund than competition
- **Reporting**
 - We provide the industry leading reporting package
- **Flexibility in plan design**
 - Not shelf rated, can totally customize
- **Dedicated local Team**
 - New Business, Client Manager, Customer Service
- **One Guide**
 - Pre & Post Enrollment
- **Bundling opportunity with Dental and Vision**
 - Same claims bucket as medical
 - Up to 2% integration credit to medical



Thank you

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Express Scripts, Inc., or their affiliates. 945628b © 2023 Cigna Healthcare.





My wife just shared that she is disappointed in me because I don't buy her flowers.

To be honest, I didn't know she sold them.

WARNER >>
Pacific

The background features a light gray sky with several palm trees. On the left, there is a light blue diamond-shaped grid pattern. On the right, there are overlapping geometric shapes in shades of teal and light blue, including a large arrow-like shape pointing right.

10 Minute Break



**My wife tells me I have 2
major faults.**

**I don't listen, and something
else.**

WARNER 
Pacific

Kaiser Permanente



Sheena Yoxsimer
Level Funded Sales Executive



KAISER PERMANENTE®

Why Kaiser Permanente?

Sheena Yoxsimer

Level Funded Sales Executive



Who we are

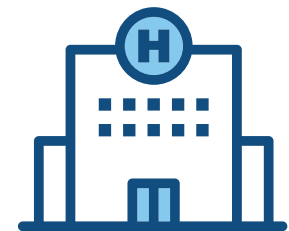
2025 Level Funded updates

Our approach

2025 Fully Insured updates



Kaiser Permanente



Who Are We?

97%

Group retention

15 years

Average tenure

Mission driven

9

Research facilities

\$100M+

Community investment annually

#1 health plan

insurance.com

Most 5-star plans



People's Voice Winner

Most ethical companies

ETHISPHERE
GOOD. SMART. BUSINESS. PROFIT.™

Who Are We?

29

Medical
offices

1,200

Physicians

Mission
driven

21,000

Affiliated
providers



+ 5280

#1 PHYSICIAN PRACTICE COLORADO

MOST TOP DOCTORS IN COLORADO

2024

85%

Provider
satisfaction



79%

Would recommend
care practice



My Dr. has been my PCP for **many years**. She's excellent at **listening, explaining, showing empathy**. She provides care **efficiently and knowledgeably**.



My Dr. was **prepared** with my history; she **involved me** in my own decision-making. She is **extremely knowledgeable**. I'm quite **grateful** I am her patient.





Level Funded



POS/PPO

Out-of-area



**Kaiser
Permanente
Insurance
Company**

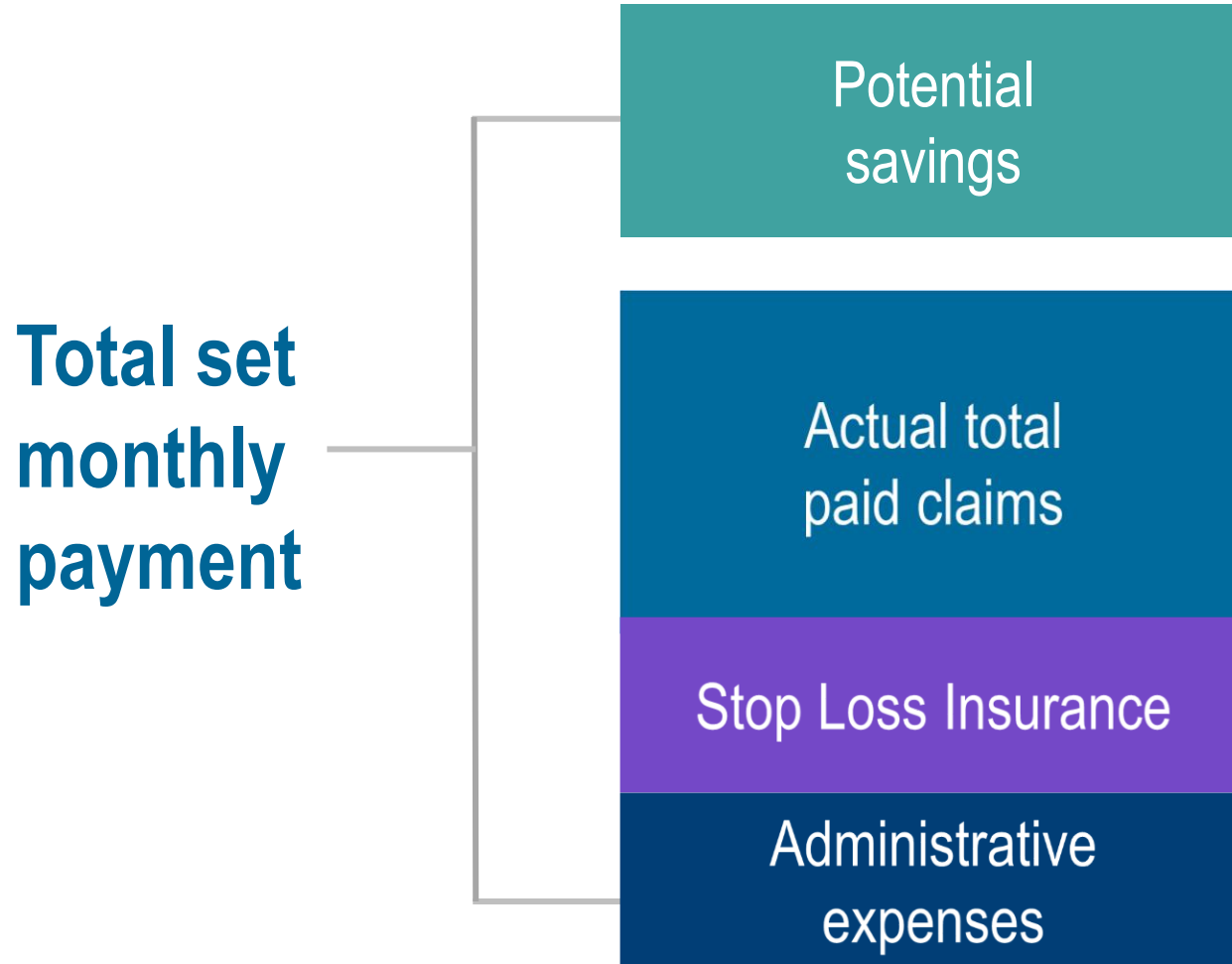
Level
Funded

Self-
Funded



National launch of enhanced Level Funded program offers more flexibility

- Decreased enrollment threshold from 20 to **5 enrolled employees**
- Lowered individual Stop Loss deductible from \$30,000 to **\$20,000**
- Reduced new group submission deadline from 30 to **15 days**
- Evaluating technology solutions to provide more detailed reporting
- Introducing exciting bonus opportunities and new broker commission tiers to provide more ways to get paid
- Redesigned marketing materials for National approach and branding to highlight the overall commitment for our Level Funded program
- Expanding to additional Kaiser Permanente states: 2025 Maryland, Virginia, Oregon, and Washington in 2026



Transition credits



Renewals year 1 and 2

Admin fee guarantees and transition credits are available



Our Approach





Surplus settlement is based on customer plan performance

Individual Stop Loss Coverage Period

\$20,000
per member

Incurred in 12 months

Paid in 30 months

Aggregate Stop Loss Coverage Period

120%
attachment point

Incurred in 12 months

Paid in 15 months

ASL Eligible Claims

When termed

Run-out extended
additional 15 months



Plans and Requirements





- **New:** 5 enrolled and up to 100 eligible employees
- Kaiser Permanente must be the sole carrier
- Integrated medical/pharmacy benefit - no pharmacy carve out
- Participation: 75% of eligible employees must enroll excluding valid waivers
- Employer pays minimum 50% of employee only cost
- Retiree coverage is not available

Small Business Level Funded - Plan Design Offerings



In-area		Out-of-area (OOA)	
3 EPO	Plus Benefit	4 OOA PPO	
32 deductible EPO	4 POS		
7 HDHP	2 POS HDHP	1 OOA PPO HDHP	
4 Everyday Care			
Customization	Deductibles	Out-of-pocket maximum	Pharmacy

Kaiser Permanente Insurance Company (KPIC) provides administrative services and underwrites stop loss insurance for the Kaiser Permanente Level Funded program.



No hidden costs

Annual deductible

=

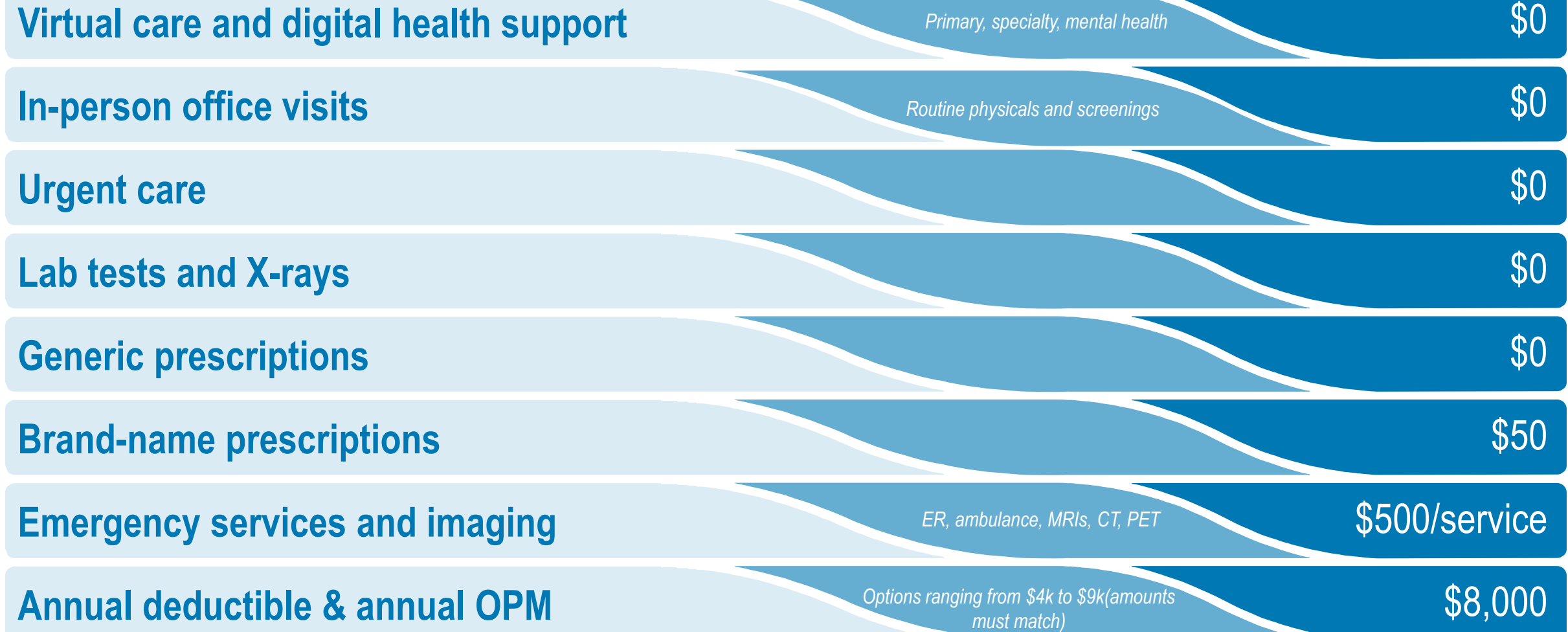
Out-of-pocket maximum

\$9K



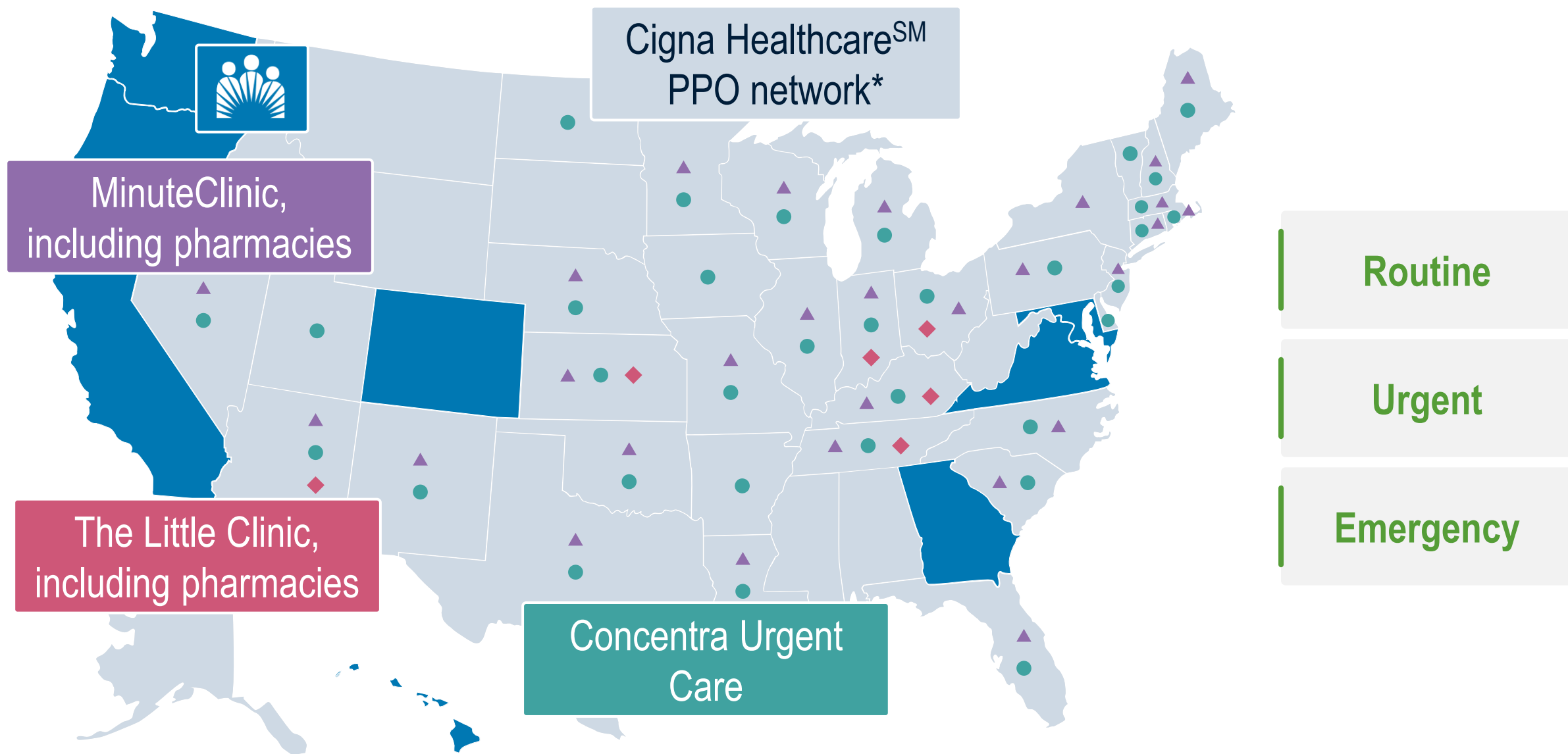
\$4K

Everyday Care Plan at a Glance



Virtual care and digital health support	<i>Primary, specialty, mental health</i>	\$0
In-person office visits	<i>Routine physicals and screenings</i>	\$0
Urgent care		\$0
Lab tests and X-rays		\$0
Generic prescriptions		\$0
Brand-name prescriptions		\$50
Emergency services and imaging	<i>ER, ambulance, MRIs, CT, PET</i>	\$500/service
Annual deductible & annual OPM	<i>Options ranging from \$4k to \$9k (amounts must match)</i>	\$8,000

Supporting Members



*Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.



2025 Fully Insured



3-Tier POS

- Redesigned to provide a more affordable option
- Lower cost shares
- Adjusted benefits in tier 3 nonparticipating provider

Plus Plans

- Increased up to 12 prescription fills per year
- Covered services remain at up to 15 per year

Out-of-Area Benefit For Dependents

- Increased covered services:
 - Up to 10 office visits
 - Up to 10 therapy visits
 - Up to 10 diagnostic X-rays
 - Up to 12 prescription fills and diabetic supplies



Up to 26 years



KAISER PERMANENTE®



Office visits

Prescription drug fills

Out-of-area
up to 10 services

Diagnostic X-rays

Therapy visits

Global urgent and emergency care



Multi-Market Solution

- Traditional coverage for employees living in another Kaiser Permanente service area
- More affordable than PPO

Employee Wellness Rewards

- Employees earn \$150 reward card
- Sign-up and complete 2 simple activities

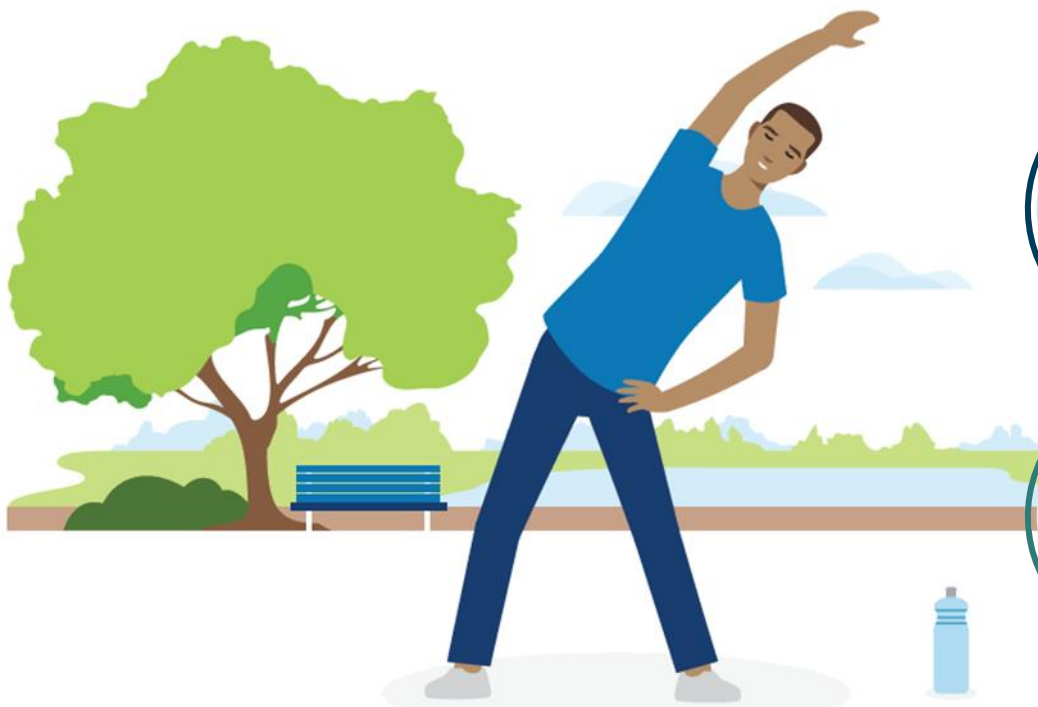
Employee Assistance Program

- Option to include support for employee well-being
- Flexible pricing
- Working with TELUS Health

Fitness

- New: Optum OnePass Select
- \$100 annual fee for members
- Access to 12,000+ fitness locations and online fitness classes

Employee Wellness Reward



Sign up



Stay current on screenings



Total Health Assessment



\$150

What's new

No new plans

What's being discontinued

No discontinued plans

What's changing

2024 plan name

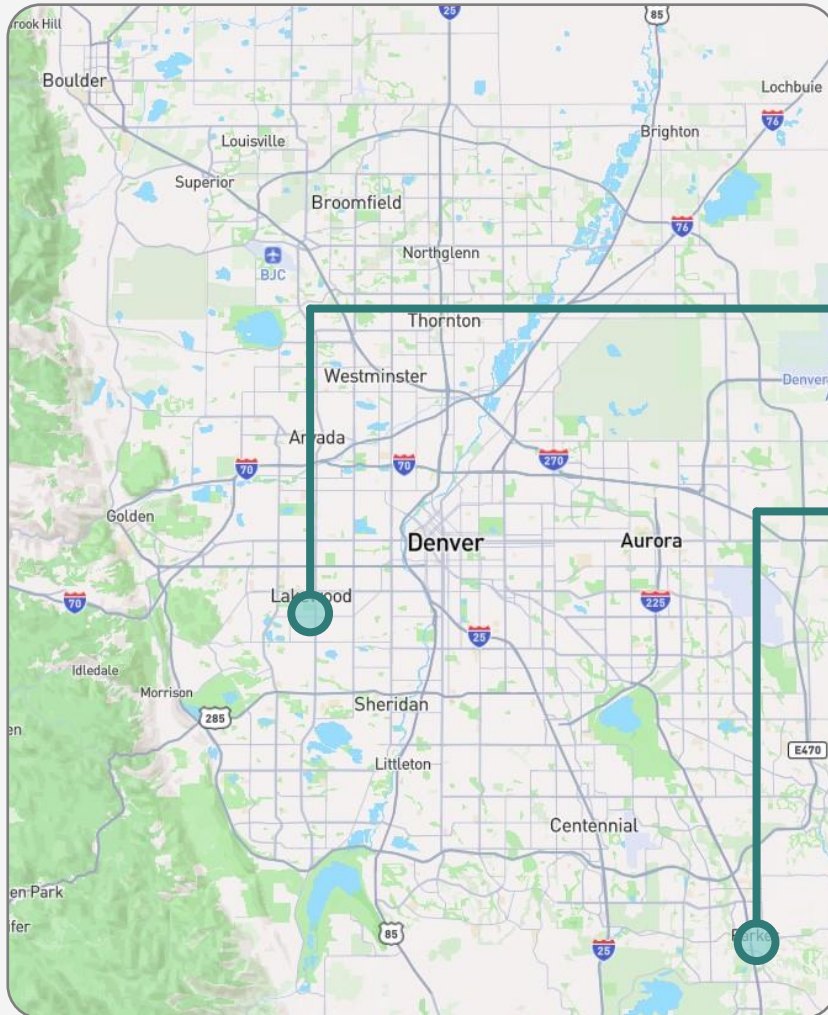
KP CO Virtual Complete Silver 6300/50 RX Copay
 KP Select CO Virtual Complete Silver 6300/50 RX Copay
 KP CO Silver 3200/30/HSA
 KP Select CO Silver 3200/30/HSA
 KP CO Silver 4400/30/HSA
 KP Select CO Silver 4400/30/HSA
 KP CO Virtual Complete Bronze 9450/40
 KP Select CO Virtual Complete Bronze 9450/40
 KP CO Gold PPO 2000/35 RX Copay
 KP CO Silver 3T POS 3000/45 RX Copay

2025 plan name

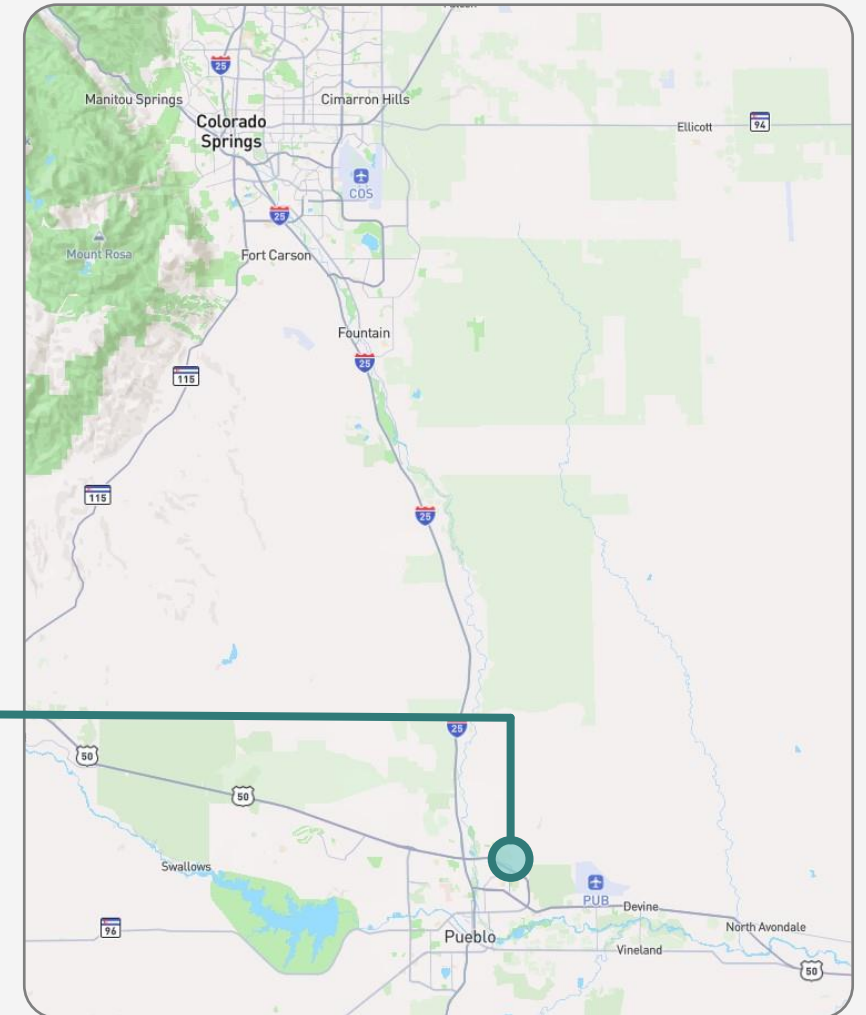
KP CO Virtual Complete Silver **6000/50** RX Copay
 KP Select CO Virtual Complete Silver **6000/50** RX Copay
 KP CO Silver **3300/30/HSA**
 KP Select CO Silver **3300/30/HSA**
 KP CO Silver **4000/30/HSA**
 KP Select CO Silver **4000/30/HSA**
 KP CO Virtual Complete Bronze **9200/40**
 KP Select CO Virtual Complete Bronze **9200/40**
 KP CO Gold PPO **1500/35** RX Copay
 KP CO Silver 3T POS **2800/45** RX Copay

New builds

Denver Boulder



Colorado Springs



Lakewood

Parker

Pueblo North

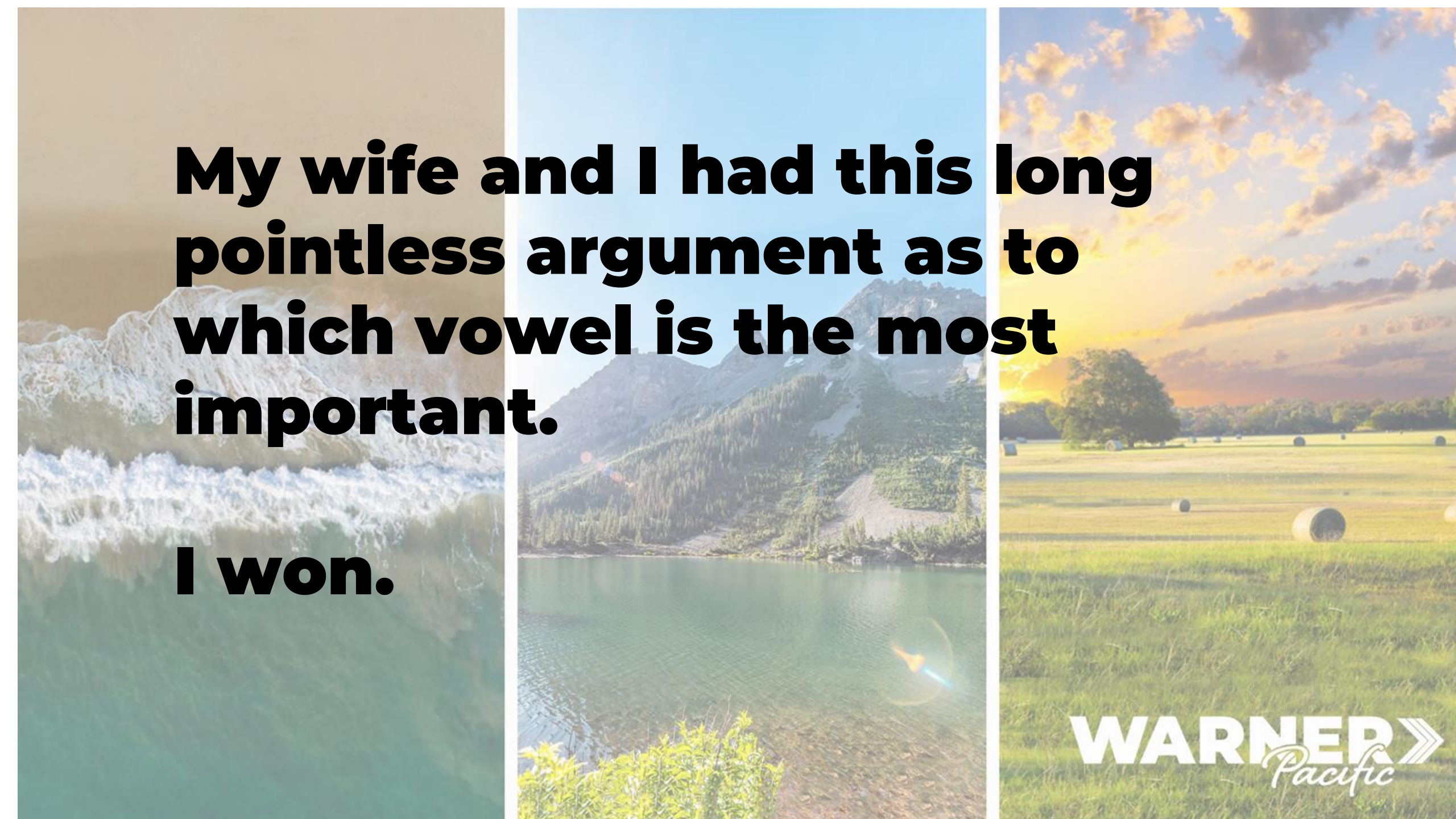




**I know it's shallow, but I
married my wife for her
looks.**

**Just not the ones she has
been giving me lately...**

WARNER 
Pacific



**My wife and I had this long
pointless argument as to
which vowel is the most
important.**

I won.

WARNER 
Pacific

39 North Health Plans



Kevin Murphy
Vice President of Sales



The Health Plan that Colorado Can Afford to Use

Low deductibles, low out of pockets,
No cost sharing for most services

Our Mission

“To create the future
of health benefits

by delivering plans that allow employers to better attract and retain talent by providing better cost, quality, and access to their members.”



Our Team

A Collaboration of 150 years of Healthcare
Experience and Organizations with over
750,000 members



Jake Kerr
CEO & Co-Founder

Former Chief Science
Officer & VC Fund
Manager

Main Contact
Jake@39N.co



Dr. Lewis Bui, DO
Chief Medical
Officer & Co-
Founder

Practicing emergency
room physician &
aerospace engineer

**Medical & Network
Contact**
Hello@39N.co



Kevin Murphy
VP of Sales

25 years in benefits
operations

Quoting Contact
Kevin@39N.co



Ken Sloan
Director of Growth

25 years as Wellness
& Health
tech veteran

**Broker & Sales
Contact**
ksloan@agilityinnovat
ionpartners.com



Drew Kallestad
Director of Strategy

30 years as Benefits
practice leader and
CAA consultant

**CAA Compliance
Contact**
dkallestad@agilityin
novationpartners.co
m

39North – PPO Plus

Our Bread & Butter Plans

See providers in our national PPO network OR...

Aetna PPO Network
> 90% of Providers
Nationally

+

...call us first to find free services

High Performance
70% of Healthcare
Services are \$0 to
Members

How It Works

How we offer free services to members



1. Analyze Hospital Price Transparency Data

Hospital Transparency Bill of 2021



2. Direct Contract with The Best Hospitals

Based on Quality First, then Fair Market Cost



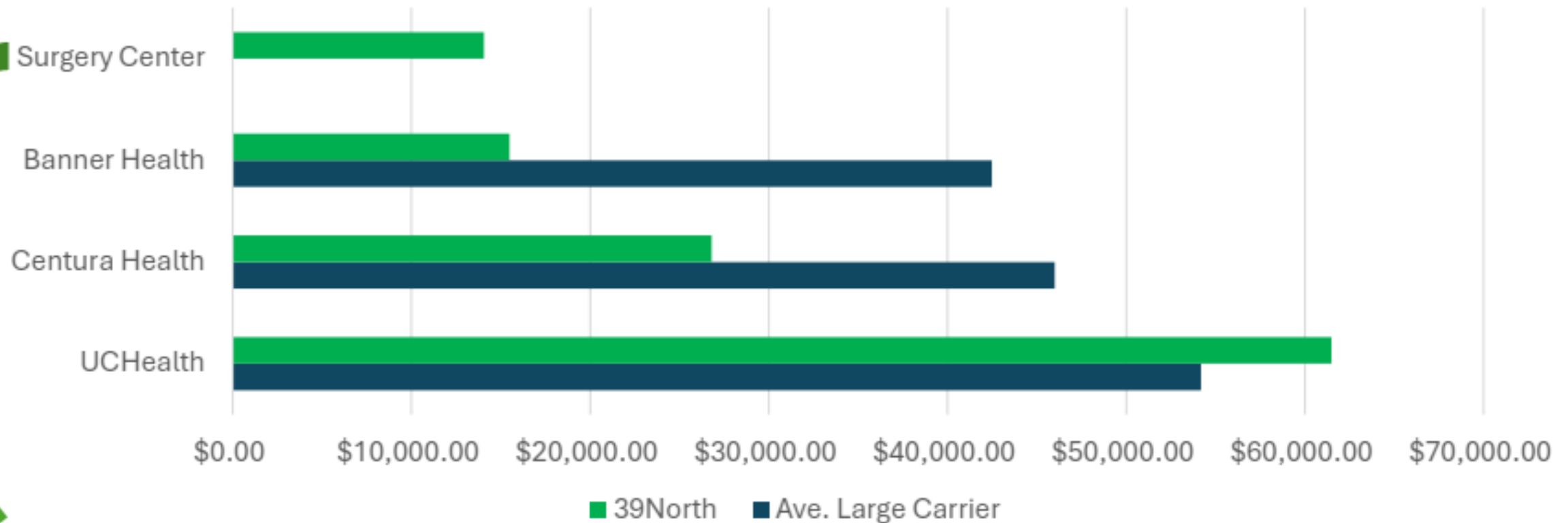
3. Pass the Savings to our Members

Incentivize the member to save their plan money with
\$0 Deductibles

How It Works - Example

Example: Total Knee Arthroplasty

Total Knee Arthroplasty (TKA) Prices by System CPT: 27447



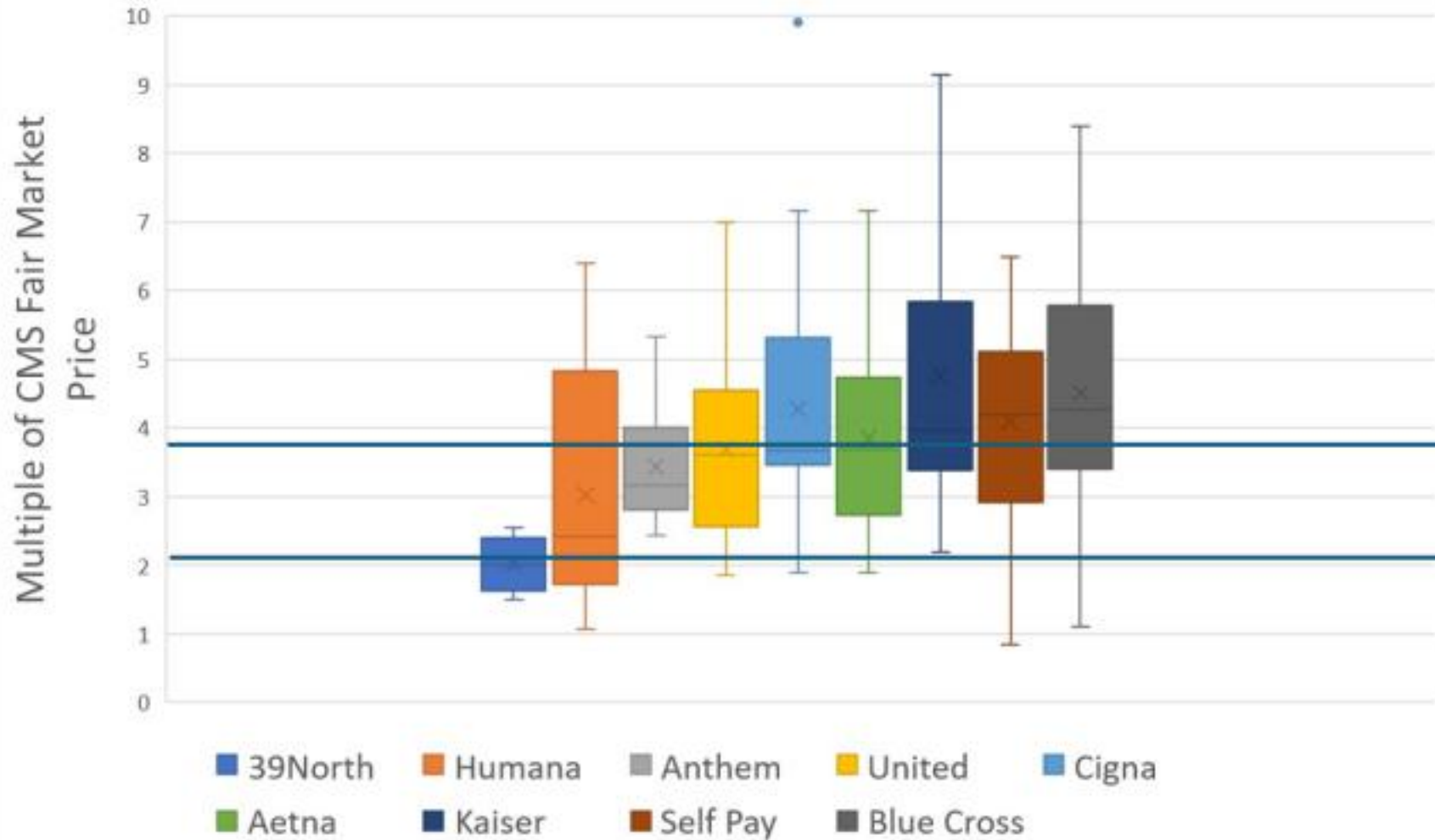
Member Pays \$0 at the Surgery Center

**Data publicly sourced from hospital transparency files*

Carrier Cost Comparison

Same great care for lower prices

Hospital Price Breakdown by Health Plan



Large Carrier Average Price (360% of CMS)

Our Average Price (215% of CMS)

*Ref: Health Cost Labs public hospital price data

Concierge and Network Solutions

Access to the DirectCare Health Alliance, with
Programs in 8 States



One Call Concierge

- A Single Number for All Member Advocacy & Care Navigation



Network Solutions

- Network Repricing & OON Programs
- Network Expansion & Negotiations



The Health Alliance

- Real-Time Provider Payments & Support
- Access to National Direct Contracts

Advanced Primary Care on Every Plan

Unlimited Primary Care with No Out-of-Pocket Costs



Unlimited Primary Care
Wellness, Acute, & Chronic



Virtual Physical Therapy
Diagnosis & Treatment



Virtual Mental Health
Preventive Therapy



Formulary
550+ Meds & Delivery



Specialist Referrals
In-Network Referrals to
HPN Providers



No-Cost Labs
35+ Labs



Imaging
X-Rays &
Ultrasound



Care Coordination
Medical Record
Exchange

Pharmacy Solutions



DIRECT^{rx}

COMPLETE PBM SOLUTION

- Prior Authorization (PA) Oversight
- Clinical Formulary Management
- Acquisition Cost+ Pricing
- Maximized Savings Impact



INSIGHTS^{rx}

PROVIDE TRANSPARENCY & INSIGHTS

- Better Access & Control of Your Data
- Ongoing Clinical & Savings Insights
- Real-time Claims Access



INTERCEPT^{rx}

ALTERNATIVE SOURCING

- Direct Contract Pharmacies
- Incentivized Mail Order
- Patient Assistance Programs
- Prior Authorization Oversight

Our Partners

Our Selection of Over 8,000 High-Performance Options in CO



Hospital Partners



Making Cancer History®



Bundled Payments



SimonMed Imaging
See Tomorrow Today®



Direct Primary Care



coral

...And Many More!

What Our Clients & Partners are Saying

“Not only does [39North’s] approach align the interests of patients and care providers, but it also sets a new economic dynamic that leads to natural gains in efficiency and gradually squeezes waste out of the system.” - *Business Owner*


“39N is a true disruptor in the health industry. For business owners, 39N offers hope. It’s exciting to see CEO’s understand that they can offer something entirely different and significantly better for their company and employees.” - *Senior Benefits Advisor*

“I had a great experience with getting my husband’s specialty medication under our new plan. \$0 out of pocket for the medication! The Concierge team helped us navigate the situation easily.” - *HR Manager*

“This company is at the heart of innovation. As a benefits advisor, that’s how I live, I am constantly looking for innovation. We need 39North, it’s overdue and it’s brilliant. I’m personally a huge supporter and fan of the team at 39North.” - *Bryan, Vice President Employee Benefits*

39N Core: PPO Plus

PPO-level access, with options for free or discounted services

Core PPO Network with Aetna/First Health National Network Network for seeing doctors	<i>39North High Performance</i> <i>(In-Network Carve Out)</i>	<i>National PPO</i> 	<i>Out-of-Network</i>
PCP Copay	\$0.00	\$35	\$50
Specialty Copay	\$0.00	\$75	\$125
Deductible (Ind/Fam)	Up to \$500*	\$1,000/\$2,000	\$2,000/\$4,000
Out of Pocket Max (Bronze/Gold)	Up to \$1,000*	\$2,000/\$4,000	Unlimited
Disappearing Copays/Deductibles	✓	x	x
Centers of Excellence	✓	x	x
Unlimited Direct Primary Care	✓	x	x
Patient Steerage	✓	x	x
Quality Vetted Providers	✓	x	x

*Over 70% of daily health services offered with no out-of-pocket expenses

Real World Examples - Outpatient Surgery Waiver

Suzie has Uterine Fibroids which cause her to miss work and end up in the ER four times a year. Suzie sees her Nice Healthcare Provider and together they decide that surgery is the best course. Her Nice provider calls to coordinate a time for Suzie's surgery that maximizes quality and value.

Suzie is given a choice between a Tier 2 hospital that charges \$20,000 and a Tier 1 surgery center that charges \$4,000.

Suzie chooses the Tier 1 facility with a 39North surgery waiver program where she pays nothing and saves the plan over \$8,000 on the procedure. She is happy, paid nothing for the surgery out-of-pocket, and, most importantly, is pain free.

	SCENARIO 1: If Patient Sees 39North High Performance Provider	SCENARIO 2: If Patient Sees Tier 2 Provider:
Bronze Deductible	\$1,000	\$4,000
Bronze OOP Max	\$2,000	\$8,000
Coinsurance	20%	20%
Deductible Waiver?	Yes	No
Total Cost to Plan	\$4,105	\$19,248
Deductible Cost	\$0.00	\$4,000
Coinsurance Cost	\$0.00	\$3,049.60 (\$15,248 x 20%)
TOTAL MEMBER COST	\$0.00	\$7,049.60
PLAN PAYS	\$4,105.00	\$12,198.40
TOTAL PLAN SAVINGS	\$8,093.40	42% savings for the plan

Real World Example – Infusion Medication

Jane has been taking an infusion every other month to help with her severe Crohn’s Disease. The infusion costs \$8,500 per infusion.

39North member identified a pharmacy that could source the exact same medication for \$3,500 per infusion. They contracted with a nurse who came to Jane’s house and administered the infusion from her living room.

As a result of Jane using 39North Tier 1 services, she saved \$6,000 out of her own pocket and saved her employer-sponsored plan \$24,000 in the plan year.

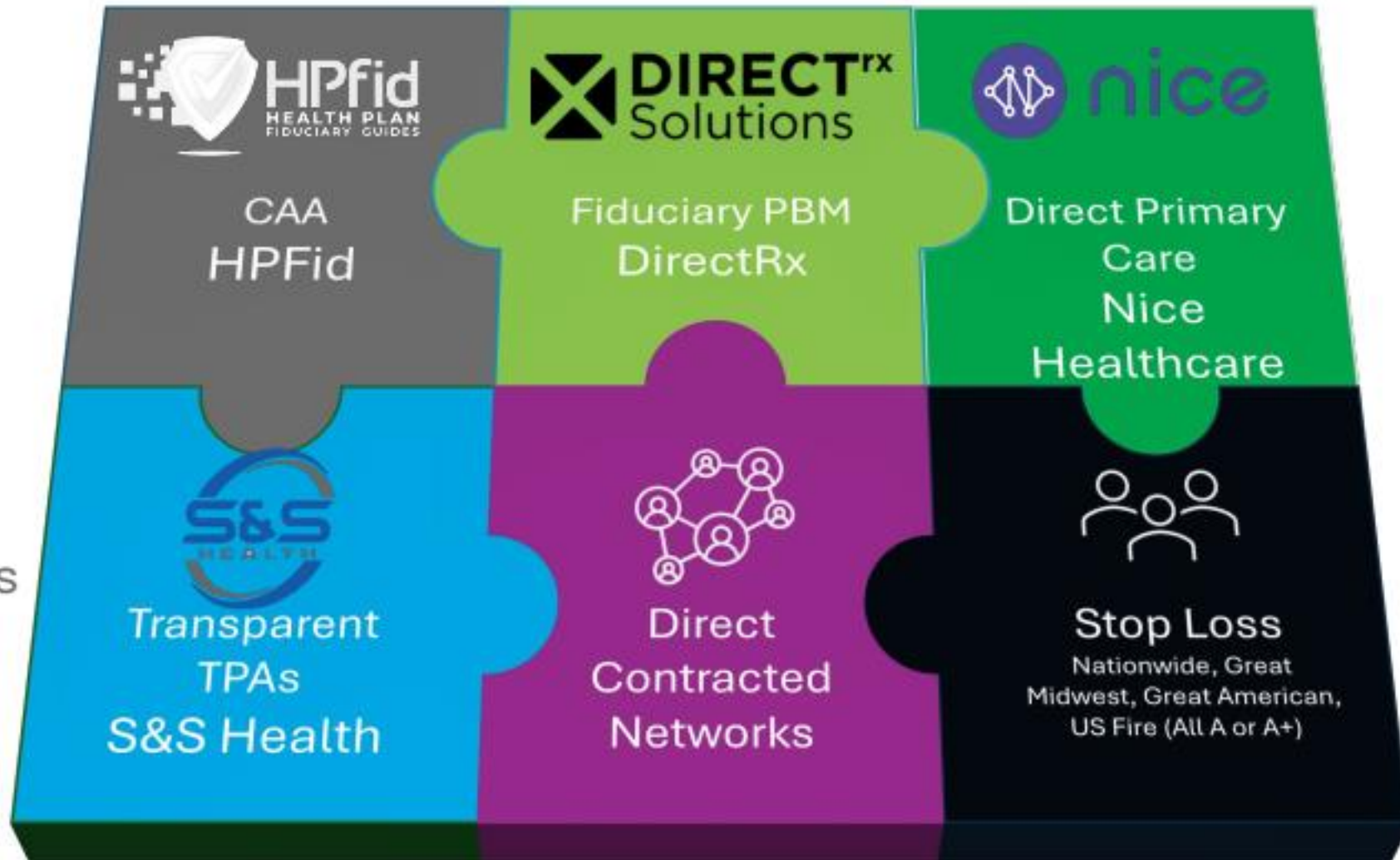
	SCENARIO 1: Patient Sees 39North High Performance Provider	SCENARIO 2: Patient Sees Tier 2 Provider
Bronze Deductible	\$1,000 (Tier 1)	\$4,000 (Tier 2)
Bronze OOP Max	\$2,000	\$8,000
Coinsurance	20%	20%
Pharmacy Waiver?	No	No
Medication Cost	\$3,500	\$8,500
Doses per Year	6	6
Total Service Cost	\$21,000	\$51,000
TOTAL MEMBER COST	\$2,000	\$8,000
PLAN PAYS	\$19,000	\$43,000
Total Plan Savings	\$24,000	56% SAVINGS

39North Health Plans

Our Curated, Unbundled Health Plans

Bundled Self-Funded Health Plans

- S&S Health (>500k lives)
- DirectRx (>40k lives)
- Nice (>100k lives)
- Only A and A+ rated carriers





**My wife asked me to put
ketchup on the shopping list.**

**Now I can't read anything on
the list.**

WARNER >>>
Pacific

Thank
you

