

Milwaukee County (H&B US)

Self-Funded Medical RFP Results

May 26th , 2025

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Background

Background

As part of due diligence efforts and to ensure that healthcare offerings remain competitive as the marketplace changes, WTW was asked to support Milwaukee County's evaluation of medical coverage

Requests for proposal were issued to the following carriers

Carrier	Self-funded medical
UHC (Incumbent)	Provided Renewal
Anthem	Provided Proposal
Cigna	Declined to Quote
Aetna	Declined to Quote

Bidders were asked to provide a three or five-year quote to administer medical benefits for Milwaukee County on a self-funded basis across their broad network.

Based on WTW NetRPM, which analyzes carrier discounts by zip code, UHC and Anthem provider discounts are comparable, and any differences are within the margin of error.

In addition, bidders were asked to provide:

- GeoAccess information
- Performance guarantees and credits
- Various qualitative information

Executive Summary

Medical qualitative summary

Strengths and concerns

UHC has provided the most competitive offer for the following reasons:

- UHC's overall rates are much lower than Anthem, the only other bidder
- UHC is offering a rate hold on the current base ASO fee for 2026, and there is a 2.5% yearly fee increase through 2030
- UHC has added an administrative credit for each contract year:
2026 - \$200,000
2027 – 2030 - \$50,000

Medical Financials

ASO fees, discounts, credits, variable fees, PGs

Medical financial summary - 2026

- UHC has provided the strongest administrative fee proposal with lower ASO fees and strong administrative credits
- All terms and carrier proposals are subject to Best and Final Offer (BAFO) negotiations

2026 Projected (\$ millions)	UHC (Incumbent)	Anthem
Total population 5168 enrollees (Milwaukee County and MCTS)		
Name of network quoted	Choice Plus	Blue Priority
ASO fees ¹ (composite fee Milwaukee County & MCTS)	\$35.08	\$49.14
Total estimated claims & ASO fees	\$2,175,521	\$3,047,466

UHC quoted a rate hold on the current base ASO fee for 2026, with a \$200,000 administrative fee credit and a 2.5% yearly fee increase through 2030

POS - Medical base ASO fees

UHC

- No increase for 2026 and 2.5% yearly increase through 2030 thereafter

Anthem

- Flat fee for two years then 2.8% increase third year (through 2028)

2026 Base ASO Fee	UHC (Incumbent)	Anthem
Components		
Medical Claims Administration	\$34.27	\$45.19
ASO Core Foundation Program	N/A	\$1.95
Rx Carve-out Fee	Included	\$2.00
Total Monthly ASO Fees (PEPM)	\$34.27	\$49.14

EPO - Medical base ASO fees

UHC

- No increase for 2026 and 2.5% yearly increase through 2030 thereafter

Anthem

- Flat fee for two years then 2.8% increase third year (through 2028)

2026 Base ASO Fee	UHC (Incumbent)	Anthem
Components		
Medical Claims Administration	\$37.42	\$45.19
ASO Core Foundation Program	N/A	\$1.95
Rx Carve-out Fee	Included	\$2.00
Total Monthly ASO Fees (PEPM)	\$37.42	\$49.14

Medical additional ASO fees (continued)

2026 Additional ASO Fees	UHC (Incumbent)	Anthem
Other Fees NOT Included in base ASO fee		
Subrogation (% of gross recovery amount)	33.3%	25%
Claim Fiduciary Liability (PEPM)	\$0.75	Included in base fee
COBRA Admin (PPPM)	\$0.55	\$0.75
Stop-Loss Carrier Interface Fee (PEPM)	\$5.00	Not disclosed
Ad-hoc Reporting (includes 4 hrs/req, cost/each additional hr)	\$150 (4hrs free)	\$150 (20hrs free)
Out of network savings fee (%)	25% of savings, not to exceed \$15,000 per claim	50% of savings
Payment Integrity (% of gross recovery)	30%	25%

Financial budgets / credits

Category / Description	UHC		Anthem	
	Total Amount Provided and the Frequency (annual or one-time)	Description/Terms of use	Total Amount Provided and the Frequency (annual or one-time)	Description/Terms of use
Plan Program Credit	N/A	N/A	\$100,000 (one time)	Also offering Anthem Health Guide at no additional cost.
Communications Credit	See details of UHC proposal, page 19 if client is interested	See details of UHC proposal, page 19 if client is interested		

Category / Description	UHC		Anthem	
	Total Amount Provided and the Frequency (annual or one-time)	Description/Terms of use	Total Amount Provided and the Frequency (annual or one-time)	Description/Terms of use
ASO Fee Credit	<ul style="list-style-type: none"> \$200,000: Year 1 \$50,000: Year 2 \$50,000: Year 3 \$50,000: Year 4 \$50,000: Year 5 	Administrative Credit (General Purpose)	We will offer a one-month administration fee holiday (one-time)	We will offer a one-month administration fee holiday for the first year
Performance Guarantee Amount at Risk	\$221,000	Please See Performance Guarantee exhibit	\$550,000 (one-time)	First year only
Discount Guarantee Amount at Risk	\$0	N/A	\$825,000 (one-time)	First year only

C. Network Access

Network access

GeoAccess background

- GeoAccess reports reflect the distance from each Milwaukee County employee's residence (based on zip codes) to a network provider
 - It does not reflect the actual providers used by Milwaukee County's employees
- All carriers were asked to submit GeoAccess reports for the following provider types and access standards:
 - Milwaukee County's current population distribution is 61% urban/ 23.3% suburban/ 15.7% rural

Provider	Urban	Suburban	Rural
PCPs	Two within five miles	Two within 10 miles	Two within 20 miles
OB/GYNs	Two within five miles	Two within 10 miles	Two within 20 miles
Pediatricians	Two within five miles	Two within 10 miles	Two within 20 miles
All other specialists	Two within five miles	Two within 10 miles	Two within 20 miles
Acute care hospitals	One within five miles	One within 10 miles	One within 25 miles

- Aggregate GeoAccess reports were requested based on the Core Based Statistical Area code (CBSA) for all locations included in this RFP analysis

Network access

GeoAccess summary — % of enrollees without access

Outlined cells have the best access for a given service

Provider type and geography description	Access standard	% of enrollees without access standard	
		UHC	Anthem
PCPs			
Urban	Two in five	0.0%	0.0%
Suburban	Two in 10	0.0%	0.0%
Rural	Two in 20	0.5%	0.3%
OB/GYNs			
Urban	Two in five	0.2%	0.0%
Suburban	Two in 10	0.0%	0.0%
Rural	Two in 20	3.6%	2.8%
Pediatricians			
Urban	Two in five	0.0%	0.0%
Suburban	Two in 10	0.0%	0.0%
Rural	Two in 20	3.1%	2.3%

Anthem has the best access for PCPs, OB/GYNs and Pediatricians

Network access (continued)

GeoAccess summary — % of enrollees without access

Outlined cells have the best access for a given service

Provider type and geography description	Access standard	% of enrollees without access standard	
		UHC	Anthem
All other specialists (excluding PCPs, OB/GYNs and PEDs)			
Urban	Two in five	0.0%	0.0%
Suburban	Two in 10	0.0%	0.0%
Rural	Two in 20	0.3%	0.3%
Acute care hospitals			
Urban	One in five	7.3%	2.3%
Suburban	One in 10	0.1%	0.0%
Rural	One in 25	1.0%	1.1%

Both UHC and Anthem have the best access for All other specialists
 Anthem has the best access for Acute care hospitals

Network access

GeoAccess summary — distance without access

Provider type and geography description	Access standard	Distance without access standard	
		UHC	Anthem
PCPs			
Urban	Two in five	-	-
Suburban	Two in 10	-	-
Rural	Two in 20	24.0	25.0
OB/GYNs			
Urban	Two in five	6.6	-
Suburban	Two in 10	-	-
Rural	Two in 20	30.7	30.8
Pediatricians			
Urban	Two in five	-	-
Suburban	Two in 10	-	-
Rural	Two in 20	31.2	29.5

Network access (continued)

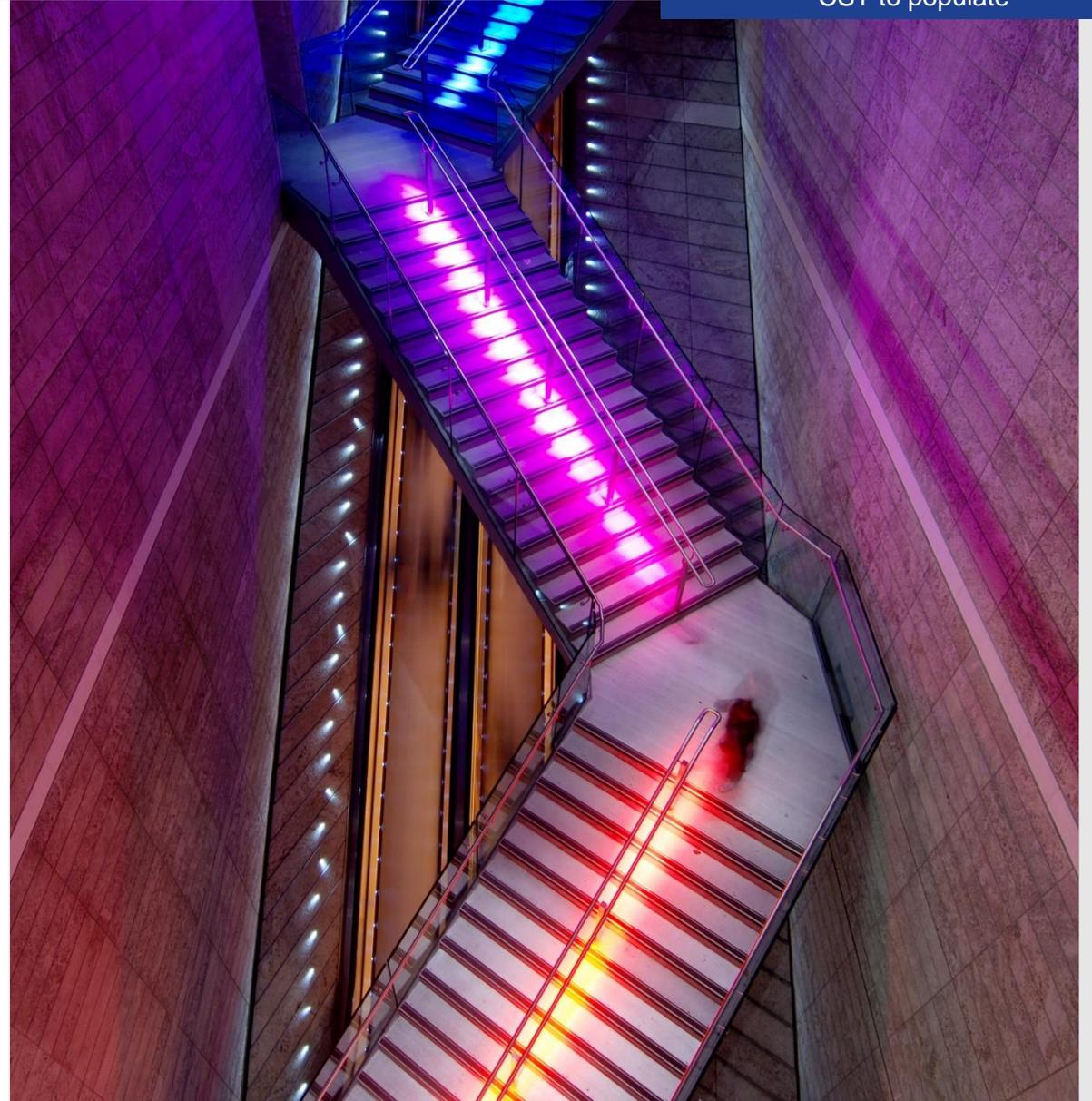
GeoAccess summary — distance without access

Provider type and geography description	Access standard	Distance without access standard	
		UHC	Anthem
All other specialists (excluding PCPs, OB/GYNs and PEDs)			
Urban	Two in five	-	-
Suburban	Two in 10	-	-
Rural	Two in 20	24.6	25.9
Acute care hospitals			
Urban	One in five	5.8	5.6
Suburban	One in 10	12.3	-
Rural	One in 25	29.5	29.2

Next Steps

Next steps

- Based on competitiveness of UHC offer, WTW recommends foregoing finalist meetings and renewing with UHC
- WTW to request Administrative Services Agreement from UHC with new terms



Compensation Disclosure

Compensation Disclosure – Marketed Products

Alongside this Compensation Disclosure, you have been provided with a detailed summary and analysis of the incumbent quote(s) (and any recommended or alternate quotes, if applicable) based on what most aligns with the strategic direction you gave us in our pre-renewal strategy discussion. Below is a high-level summary of the incumbent carriers'/vendors' compensation and recommended markets we approached on your behalf and any compensation included with these quotes. If you would like a copy of any proposal received, please let us know and we will provide it to you.

Carrier/Vendor name	Marketed carriers/vendors					
	Line(s) of business	Response	Sub-broker/ Intermediary	Standard compensation	Referral/ Management Fee	Additional compensation
UHC	ASO Medical	ASO Fee: +0%	NA	0%	NA	NA
Anthem	ASO Medical	ASO Fee: +43%	NA	0%	NA	NA

Compensation Disclosure – Marketed Products

Below is a high-level summary of the additional carriers/vendors we approached on your behalf. If you would like a copy of any proposal received, please let us know and we will provide it to you.

Carrier/Vendor name	Marketed carriers/vendors	
	Line(s) of business	Response
Cigna	ASO Medical	DTQ (Uncompetitive)
Aetna	ASO Medical	DTQ (Uncompetitive)

Compensation Disclosure (continued)

The proposals are presented in conjunction with the Brokerage Terms, Conditions and Disclosures document which was previously provided to you.

As further described in your Brokerage Terms, Conditions and Disclosures document, we may receive other compensation such as contingent compensation related to the lines of insurance we place for you. Based on historical data, we estimate that our contingent compensation may range from 0% to 5% of the total premium we placed for all lines of insurance.

Please review the details of the proposals included to ensure that these meet your expectations. The proposals may differ from your current policy, so we recommend that you read the specifications from the carrier/vendor in their entirety and compare them to your current policy.

Should you have any questions about the proposals or concerns about what is included in this summary, please let us know at once. Please provide us with your selection of coverage. We will confirm the details of this selection in writing with you and the carrier/vendor.

Appendix: Detailed Qualitative Summaries

Account Management and Claims Administration

Account management and implementation team

UHC	Anthem

Account management	UHC	Anthem
Account Executive	Luke Allenson	The Account Management team will be assigned upon selection as a finalist
Account Manager	Elizabeth McGrane	The Account Management team will be assigned upon selection as a finalist
Clinical Resource	Brad Gendron	The Account Management team will be assigned upon selection as a finalist
Implementation Manager	N/A	The Account Management team will be assigned upon selection as a finalist

Implementation	UHC	Anthem
Notification date requested to achieve a successful implementation	July 15, 2025	<p>July 01, 2025</p> <p>We guarantee a smooth, effective implementation process for Milwaukee County, where we do all the heavy lifting. Once we receive all the necessary information, to implement your account with optimal efficiency and effectiveness, we will need a minimum lead time of 90 days to implement a new group or 120 days for groups offering consumer-driven health products.</p> <p>When a newly developed product is ready for implementation, we determine whether we can accommodate it within the current implementation timeline of 90 to 120 days and the existing work plan. Depending on the complexity and additional requirements, more time may be required over the standard timeline. Implementation timelines will be developed and customized to meet your request</p>

Claims administration

Platform, location and statistics

Claims administration	UHC	Anthem
Claims processing platform	We will continue to use our UNET platform for Milwaukee County. We have been processing claims on our UNET claims system since 1982. Originally, our UNET system was based on the Claim Administration and Payment system purchased from Advanced Systems Application, Inc. in 1982	Milwaukee County's claims will be processed using our advanced proprietary WGS operating system, tailored to integrate with your current HR system and vendors, and accommodate your self-funded arrangement and reporting needs
Location	<p>We will continue to process member claims internally in one of our four transaction service regions. Workload is balanced among regions in:</p> <ul style="list-style-type: none"> • Buffalo, NY • Chico, CA • Greensboro, NC • Richardson, TX <p>Regardless of the transaction center, the same centralized system adjudicates all claims, and all transaction specialists are trained to uphold the same high standards. Our National Operations Command Center, where we monitor claim volume and key service metrics, links to each location so we can support high-quality timely claim processing for you and our members</p>	We use a flexible, virtual model for claims processing. Our system software automatically balances the workload across all available processors in all locations. This allows us to provide continuous, quality service to our clients and members

Claims administration (continued)

Platform, location and statistics

Claims administration	UHC	Anthem
Percentage of claims paid accurately:		
<ul style="list-style-type: none"> Standard Most recent CY Prior full CY 	<ul style="list-style-type: none"> 99.9% 99.9% 99.92% 	<ul style="list-style-type: none"> 99% 99.61% 99.59%
Percentage of clean claims processed in 14 business days:		
<ul style="list-style-type: none"> Standard Most recent CY Prior full CY 	<ul style="list-style-type: none"> 94% 98.6% 98.6% 	<ul style="list-style-type: none"> 90% 94.55% 95.01%
Percentage of clean claims processed in 30 calendar days:		
<ul style="list-style-type: none"> Standard Most recent CY Prior full CY 	<ul style="list-style-type: none"> 98% 99.7% 99.6% 	<ul style="list-style-type: none"> 99% 99.06% 99.06%
Percentage of claims processed correctly (non-financial):		
<ul style="list-style-type: none"> Standard Most recent CY Prior full CY 	<ul style="list-style-type: none"> 97% 99.69% 99.9% 	<ul style="list-style-type: none"> 98% 96.95% 96.77%
Number of members serviced	2,518,936	6,800,000
Current ratio of claims examiners to members	20,000	8,000

Provider turnover

Provider turnover	UHC	Anthem
Please provide your provider turnover rate in 2022 for the following provider types:		
Network name	UnitedHealthcare Choice Plus	Blue Preferred POS
Primary care physicians	4.86%	0.4%
Specialists	5.02%	3.4%
Behavioral health clinicians excluding MDs	5.6%	0%
Psychiatrists (MDs)	8.3%	5.1%
Outpatient facilities	N/A	N/A
Hospitals	0.66%	0%
Labs	N/A	0%
Urgent care centers	N/A	N/A
DME providers	N/A	N/A
Radiology providers	N/A	0%

Eligibility

Eligibility management	UHC	Anthem
Method to add/modify enrollees:		
Web	✓	✓
Telephone	✓	✓
Paper	✓	✓
Turnaround time to load electronic eligibility files	48-96 hours	24-48 hours
Turnaround time to fix eligibility records that error out of the general load process	<p>24 hours or less</p> <p>Error reports are available to you online immediately after the application of an eligibility file. You receive an automated email with the specific website address where you can locate the reports.</p> <p>Errors can be corrected during the next file application, or they may be corrected immediately online via Employer eServices. These corrections should be reflected in your next electronic file to prevent the correction from being overlaid with the wrong data</p>	<p>5 days or more</p> <p>We process and track all additions, deletions, and other changes to eligibility files through the production and distribution of reports. We will audit the eligibility file for participant errors, and we will submit a corresponding discrepancy report to you within five business days of the receipt of the file</p>

Reporting

Reporting	UHC	Anthem
Ad hoc reporting allowance	Up to four programming hours, per request	We have included 20 hours for ad hoc management reporting in our offer
Ad hoc reporting fees in excess of allowance	\$150 per hour in excess of four hours	We will charge \$150 per hour for ad hoc reporting, beyond the 20 hours we have allowed in our offer

Reporting	UHC	Anthem
Customer service (phone and claim statistics)	Online - Monthly	Online - Monthly
Performance guarantee tracking	Online - Monthly	Email - Annually
Financial management	Online - Monthly	Online - Monthly
Banking summary	Online - Monthly	Online - Monthly
Claims lag	Online - Monthly	Online - Monthly
Paid claim summary	Not provided	Online - Monthly
Patient status by age/gender/relationship	Not provided	Online - Monthly
Claim utilization	Online - Monthly	Online - Monthly
High claimant reports	Online - Monthly	Online - Monthly
Top provider report	Not provided	Online - Monthly
Cost savings report	Online - Monthly	Online - Monthly
Hospital utilization by DRG	Online - Monthly	Online - Monthly
Hospital utilization by service	Online - Monthly	Online - Monthly
Hospital utilization by provider	Online - Monthly	Online - Monthly
Annual utilization	Online - 3 months from close of year	Online - 3 months from close of year
Case management activity	Email - Quarterly	Online - Monthly
Disease management activity	Email - Quarterly	Online - Monthly

Member Experience

Member services

UHC	Anthem

Member services	UHC	Anthem
Member service location	<p>To ensure each member inquiry is handled promptly and effectively, Milwaukee County's calls will continue to be coordinated across our Advocate4Me service regions. Calls are serviced from:</p> <ul style="list-style-type: none"> • Buffalo, NY • Chico, CA • Frederick, MD • Green Bay, WI • Duluth, MN • Greensboro, NC • Kingston, NY • San Antonio, TX • Manila, PH 	<p>Our health guides work remotely utilizing a Hybrid work environment but have the ability to collaborate as needed</p>
Member service center hours of operation <ul style="list-style-type: none"> • Monday – Friday • Saturday – Sunday 	<ul style="list-style-type: none"> • 8:00 AM to 11:00 PM ET • Not available on the weekends. Our IVR system and websites are available 24/7 	<ul style="list-style-type: none"> • See Details • After-hours and 24/7 support are described in the Details section

Member services (continued)

Member services	UHC	Anthem
After hours calls	<p>Access to IVR</p> <p>After hours, callers can access our telephonic interactive voice response (IVR) system, which is available 24 hours a day, seven days a week, and provides access to a variety of self-service tools, and they will receive the following automated message, “Our office is closed. The office hours are from 8 a.m. to 11 p.m. ET Monday through Friday. Please call back during these business hours or visit myuhc.com. Thank you.”</p> <p>Our member portals (myuhc.com and the UnitedHealthcare app) are a one-stop, self-service member resource. Using these tools, members can review their coverage and benefits information which includes copayments and out of pocket information, a plan- and geographic-specific provider search tool to find networks and quality and cost-efficient providers, access to the 24/7 Virtual Visit network for non-emergent care, treatment costs estimate, claims information, a robust desktop with personalized recommendations and much more</p> <p>ONLINE CHAT</p> <p>Chats received after hours will be responded to in 24 business hours, and to simplify the process, members can choose to have a one-time (one way) text message sent to notify them once the advocate responds</p>	<p>After hours, and 24/7, County members will have access to a full complement of live and self-service resources as described in the Details section</p> <p>After-hours and 24/7 support include:</p> <ul style="list-style-type: none"> • Sydney Health Access benefit information, transparency tools, wellness tools, incentives, and gaps-in-care messaging; conduct a virtual text or video visit with a provider; and access digital health coaching • 24/7 NurseLine <ul style="list-style-type: none"> • Clinical support through one-on-one counseling with our experienced nurses • Behavioral Health Resource Center <ul style="list-style-type: none"> • 24/7 clinical support for behavioral health concerns • IVR <ul style="list-style-type: none"> • Locate information on eligibility, benefits, deductible status, claim status, and the claim submission address • Anthem.com <ul style="list-style-type: none"> • Locate eligibility, benefits, and claims information, search for providers, print temporary ID cards, and access health and wellness services
Number of representatives	1,768	N/A

Member services (continued)

Member services	UHC	Anthem
Dedicated or designated	<p>Not a dedicated or designated unit, all members</p> <p>Although neither dedicated or designated, Advocate4Me's structure includes three levels of advocates with specialization in benefits, health system navigation and clinical support.</p> <p>Each level of advocate can research, own and resolve member questions and anticipate questions/needs from members and their families. Your team of advocates will perform all administrative member support functions and will guide and lead members in navigating all of the features of their health plan. All advocates have access to a view of each employee and their family members that considers needs across benefits and claims administration, clinical decision support, lifestyle and health coaching and provider information</p>	Designated unit, members from a specific a group of employers

Member services (continued)

Member services	UHC	Anthem
Average member service rep (MSR) turnover	16.4%	N/A
Average years of experience (member service)	3.67	3.4
Staff to member ratio	Our ratio for Core Advocacy is 1:16,200	1:6,500
Member satisfaction NPS	94.6%	94.2%
Abandonment rate	0.9%	1.54%
First call resolution rate	91.7%	78.3%
Average speed to answer	20.74	21.02
% of member calls recorded	99% Our target is to record 100% of calls verbatim; however, the following situations will limit the recording percentage: <ul style="list-style-type: none"> • If inbound call volume exceeds our network capacity, inbound calls are routed through outbound trunks and are not recorded • If a toll-free number has a certain population of people routed through an undisclosed IVR system, the system will not record those calls. Once identified, this can be easily fixed • If there is a recording card or hardware failure 	100%

Member services (continued)

Member services	UHC	Anthem
Single sign-on capabilities from intranet	✓ Additional costs are determined on a case-by-case basis	✓ Single sign-on or courtesy links are available upon review and approval of specific business and technical requirements, at no additional fee
Reps respond to question submitted via portal	✓ 24 hours	✓ 72 hours Health guides respond to click-to-chat and return call requests immediately during regular business hours. For after-hours inquiries, members request a specific date and time for a return call. At the specified time, the request enters the call queue, and a health guide contacts the requestor. Our objective is to respond to email inquiries within three business days
Member chat function	✓ Members simply click the Chat icon on myuhc.com to initiate a chat with an advocate about these topics: claims, appeals, benefits, pharmacy, technical or other. This feature is available Monday to Friday, 8:00 AM to 8:00 PM ET. Both administrative and clinical areas are applicable. Quality assurance testing is done for about four random chats a month per advocate. All chats are monitored daily against metrics. Post-chat member surveys are also reviewed; follow-up training occurs as necessary	✓ With a “click-to-chat” button prominently displayed on our secure consumer website and Sydney Health app, County members can take advantage of the immediate chat option during regular business hours. Chats are available with both health guides and clinicians. Anthem's Service Call Quality program assesses associate performance, trends, and overall error risk. Call quality analysts evaluate calls and chats using an analytics-driven approach

Member self-service: Technology and tools

Member services	UHC	Anthem
Access eligibility info	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Change contact info	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Access/change enrollment info	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via 800# only
Pre-certify services	<ul style="list-style-type: none"> • Via 800# only 	<ul style="list-style-type: none"> • Via 800# only
Access provider network info	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Access plan design/benefit info	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Access claim status	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Ask questions and receive answers	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone

✓ All web, 800 #, smartphone and other mobile application functions are supported.

Member self-service: Technology and tools (continued)

Member services	UHC	Anthem
Access deductible/OOPM accumulation	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
View/print ID cards	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Request replacement ID cards	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
File grievance/Claim appeal	<ul style="list-style-type: none"> • Via Web & 800# 	<ul style="list-style-type: none"> • Via Web & 800#
Schedule provider appointment	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Obtain actual cost for services/treatment estimates	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone
Print Explanation of Benefits	<ul style="list-style-type: none"> • Via Web only • Via Smartphone 	<ul style="list-style-type: none"> • Via Web only • Via Smartphone
Access personal health record	<ul style="list-style-type: none"> • Via Web only • Via Smartphone 	<ul style="list-style-type: none"> • Via Web only • Via Smartphone
Access online health/wellness programs	<ul style="list-style-type: none"> • Via Web & 800# • Via Smartphone • Other mobile applications 	<ul style="list-style-type: none"> • Via Web only • Via Smartphone

✓ All web, 800 #, smartphone and other mobile application functions are supported.

Technology

Technology	UHC	Anthem
Provider quality data <ul style="list-style-type: none"> • Ability • Access • Cost 	<ul style="list-style-type: none"> • Yes, both provider cost and quality • Access: <ul style="list-style-type: none"> • Via member website • Via your plan's website • Via mobile app • No additional cost 	<ul style="list-style-type: none"> • Yes, both provider cost and quality • Access: <ul style="list-style-type: none"> • Via member website • Via your plan's website • Via mobile app • No additional cost
Gaps in care technology	Proprietary	Proprietary
Data used in analysis	<ul style="list-style-type: none"> • Medical and drug claims • Behavioral health claims • Demographic data • Health risk data • Health Improvement program participation • Lab claims • Biometric data 	<ul style="list-style-type: none"> • Medical and drug claims • Behavioral health claims • Demographic data • Health risk data • Dental claims • Health Improvement program participation • Lab claims • We can also use vision claims, if available • Self-reported data in the member's personal health record • Provider information • Member enrollment and benefit information <p>Each month, the program's care-gap system analyzes 100% of a population for gaps in care, safety issues, and cost-saving opportunities. Members we identify with issues receive alerts in the secure message center of the member website and mobile app. To address more urgent preventive care issues, we contact physicians</p>

Member advocacy

Product details

Member advocacy	UHC	Anthem
Member advocacy/enhanced customer service product name	The advocacy model is called Advocate4Me Core	We propose our Anthem Health Guide enhanced member service solution
Is member advocacy/enhanced customer service included in your fees?	✓ Our customer service advocacy is included in our fees	X
Hours of operation <ul style="list-style-type: none"> Monday – Friday: Across all time zones Saturday – Sunday: Across all time zones 	<ul style="list-style-type: none"> Monday – Friday <ul style="list-style-type: none"> 5:00 AM to 8:00 PM, PT 6:00 AM to 9:00 PM, MT 7:00 AM to 10:00 PM, CT 8:00 AM to 11:00 PM, ET Members can reach an advocate Monday to Friday as shown above. Our IVR system is available to answer calls and route callers 24/7. Members can also use myuhc.com or our mobile apps to access an array of information anytime day or night, including weekends 	<ul style="list-style-type: none"> Health guides are available: <ul style="list-style-type: none"> 8:00 AM to 6:00 PM, CT 8:00 AM to 6:00 PM, CT Chat hours are 8:00 AM to 8:00 PM, CT Extended hours for chat: <ul style="list-style-type: none"> Saturday 7:00 AM to 4:00 PM, ET

Member advocacy (continued)

Product details

Member advocacy	UHC	Anthem
<p>After-hours access/coverage</p>	<p>After hours, the telephone self-service system clearly states that if the situation is a medical emergency, the caller should seek care immediately.</p> <p>Members calling with non-emergency medical concerns or questions are directed to contact our care management staff for clinical assistance. Callers who reach the care management unit after normal business hours may use the telephone self-service function to fulfill notification requirements. The caller may be connected to a voicemail system and instructed to leave a message if the situation is not an emergency. Calls are generally returned on the next business day</p>	<p>After-hours and 24/7 support include:</p> <ul style="list-style-type: none"> • Sydney Health <ul style="list-style-type: none"> • Access benefit information, transparency tools, wellness tools, incentives, and gaps-in-care messaging; conduct a virtual text or video visit with a provider; and access digital health coaching • 24/7 Nurse <ul style="list-style-type: none"> • LineClinical support through one-on-one counseling with our experienced nurses • Behavioral Health Resource Center <ul style="list-style-type: none"> • 24/7 clinical support for behavioral health concerns • IVR <ul style="list-style-type: none"> • Locate information on eligibility, benefits, deductible status, claim status, and the claim submission address • Anthem.com <ul style="list-style-type: none"> • Locate eligibility, benefits, and claims information, search for providers, print temporary ID cards, and access health and wellness services

Member advocacy (continued)

Product details

Member advocacy	UHC	Anthem
Are any of the customer advocacy representative's clinicians (registered nurses)?	<p>✓</p> <p>UnitedHealthcare nurse advocates are required to have an active RN license, with two to three years of recent, relevant, broad-based clinical nursing experience and possess the training, knowledge and experience to help support many of the challenges these members face</p>	<p>X</p> <p>Health guides are not clinicians; however, they warm connect your employees to clinicians for clinical support</p>
Dedicated or designated advocates	<p>Designated</p> <p>Each primary team handles up to seven customers and is staffed by approximately 25 to 30 advocates.</p> <p>A highly designated advocacy team serves a smaller number of customers, enabling them to deliver improved performance and member satisfaction levels by addressing the needs of fewer members.</p> <p>Highly designated teams use a primary/secondary team model where one highly designated team supports another highly designated team providing a knowledgeable secondary team assuring that we consistently deliver a concierge-level service experience to our members</p>	<p>Designated</p> <p>Varies by the client size(s) of the employers managed by the specified Anthem Health Guide team</p>

Member advocacy

Product services and capabilities

Member advocacy	UHC	Anthem
Carrier's advocacy/enhanced customer service team's ability to perform the following:		
Open enrollment support	✓	✓
Member education and questions regarding benefit plan coverages	✓	✓
Assistance with finding an in-network PCP	✓	✓
Assistance with finding an in-network specialist physician	✓	✓
Assistance with finding an in-network facility (hospital, urgent care, imaging, laboratory)	✓	✓
Assistance with scheduling provider appointments	✓	✓
Assistance with finding in-network specialty providers (home healthcare, DME, physical therapy, etc.)	✓	✓
Assistance with provider access issues	✓	✓
Assistance with member complaints/concerns regarding provider services and quality of care	✓	✓

Member advocacy (continued)

Product services and capabilities

Member advocacy	UHC	Anthem
Carrier's advocacy/enhanced customer service team's ability to perform the following (continued):		
Assistance with transportation to provider appointments	✓	✓
Coordination of member medical record collection	✓	✓
Questions regarding HDHP/HSA process and balances	✓	✓
Cost of care/service estimates	✓	✓
Steerage/referral to internal and external partner programs, including internal client specific resources	✓	✓
Benefit coverage information and questions for benefits administered by external carriers	✓	✓
Claim payment questions and resolutions related to your organization	✓	✓
Claim payment questions and resolutions related to services administered by external carriers	X	X
Bill and claims accuracy review	✓	✓

Member advocacy (continued)

Product services and capabilities

Member advocacy	UHC	Anthem
Carrier's advocacy/enhanced customer service team's ability to perform the following (continued):		
Claim appeals	✓	✓
Gaps in care outreach	✓	✓
Outbound calls to members for client-specific initiatives	✓	✓
Assistance with prescription drug benefits	✓	✓
Cost transparency tools	✓	✓
Provider search tools	✓	✓
Mobile app	✓	✓
Video chat	✓	X
SMS text	✓	X
Behavioral Health Navigator (e.g., LSW)	✓	✓
Onsite support	✓	X
EAP	✓	✓
Support HMO plans (e.g., Kaiser)	✓	✓
Support non-enrolled employees	X	X

Member advocacy (continued)

Product services and capabilities

Member advocacy	UHC	Anthem
<p>Percentage engagement rate of total member population when advocacy/enhanced customer service team is utilized</p>	<p>72.3%</p> <p>In 2024, Core Advocacy had an engagement rate of 72.3%. Engagement rates for GNC Corporation will vary based on your employee population, the communication strategies we deploy, the clinical model being offered and utilized as well as other. We look forward to working with GNC Corporation to develop the engagement strategies suited for your employees and their covered family members to reach your goals</p>	<p>85%</p> <p>Anthem Health Guide increases utilization through one-on-one support; health guides educate and steer members to available clinical programs, which results in a 7.8 times higher engagement rate (compared to our traditional member service model).</p> <p>Seamless connectivity within the member's circle of care makes it easy to connect instantly with health coaches and clinical teams, driving better engagement and outcomes.</p> <p>The target rate of engagement is 85%. Engagement is an interaction between a health guide and a member that leads to care gap closures, educational opportunities, referrals to our clinical team, or redirection to other resources. Health guides consistently go beyond the initial call reason, sharing relevant and additional resources, leading our engagement rates to exceed the target year-over-year.</p> <p>Anthem Health Guide's proactive approach to care is evident in the 8% greater care-gap closure rate that we see for those members who are engaged with clinical teams</p>

Member advocacy (continued)

Product services and capabilities

Member advocacy	UHC	Anthem
<p>Do you have criteria in place to escalate time-sensitive cases?</p>	<p>✓</p> <p>Advocates use broad criteria to identify and escalate these cases. We work to resolve urgent cases within 48 hours; most are closed within 3 days to 5 days. A representative percentage of overall cases is not available.</p> <p>Advocates use active listening and empathy with each caller. Speaking as one human being to another, the advocate steps into caring and asks how they can help, entering the data into the member's file. If the issue requires expanded authority or has time-sensitive health risks, the advocate escalates the case to a supervisor, who may involve the service account manager (SAM) on the account management team (AMT). The SAM's role includes resolving escalated call or claim issues and providing a single contact for your benefit team. The SAM uses cross-functional resources to assess the matter and determine corrective actions. Working with dedicated support areas (clinical, benefits, claims), the SAM coordinates activity with the benefit team to resolve the issue for the member. When closed, we call the member to confirm satisfaction.</p> <p>We operate on a single platform that tracks turnaround time performance by customer across all departments, and review issue resolution data weekly with AMTs to ensure service level agreements are met</p>	<p>✓</p> <p>All inquiries that cannot be addressed on the initial call and require research are entered on a daily report. Leadership monitors this report to ensure timely, accurate follow-up. The health guide will provide a realistic timeframe for resolution and schedule call-back reminders to provide updates. If the health guide team is unable to resolve the issue, we escalate the concern to the Anthem Account Management team, who may contact Milwaukee County for input or direction. The percentage of escalated cases and the resolution timeframe are not available and vary by client</p>

SBCs

SBCs	UHC	Anthem
<p>Generate SBCs (including integrating carve-out carriers): self-insured plans</p>	<p>✓</p> <p>There is a fee for carve-out pharmacy benefits to be included in the financial documents</p>	<p>✓</p> <p>Both the HHS regulations and the FAQ place responsibility for creating and distributing SBCs on the ASO group; however, we will assist Milwaukee County in creating an SBC only for the benefits we administer. Milwaukee County will be responsible for availability and distribution.</p> <p>We provide an updatable version of the SBC for the benefits we administer, in Word, so that our ASO clients may add their carve-out benefit information in the plan design section. We provide this document at no additional charge</p>

ID cards

ID cards	UHC	Anthem
No charge to put logos and customer service number on member ID cards	✓	<p>✓</p> <p>Confirmed with clarification. The Blue Cross Blue Shield Association (the Association) controls the design of our ID card, which must remain compliant with all state and federal mandates. We can accommodate most ID card customization requests, provided the request meets the Association, state, and federal mandates.</p> <p>We can add Milwaukee County's name and logo on the card in color and include basic vendor contact information, such as pharmacy and behavioral health partners. Except for an approved external PBM, we cannot include the logo of another vendor on the ID card</p>
Willingness to accept alternative employee ID numbers	<p>✓</p> <p>We are currently providing this for Milwaukee County, there is no additional fee</p>	<p>✓</p> <p>There is no additional charge for this service</p> <p>While we capture the member's Social Security number (SSN) at enrollment, when the eligibility file is received and loaded into our system, each member is assigned an alternative ID number called the healthcare identification (HCID) number. SSNs are required upon enrollment for compliance with many aspects of the Affordable Care Act (ACA) and mandates associated with Medicare</p>

Virtual care

Virtual care	UHC	Anthem
Virtual behavioral health services offered	<p>✓</p> <p>Own network</p>	<p>✓</p> <p>Own network</p> <p>All providers using our platform contract with and are in-network for Anthem. These providers are primarily part of an independent medical group — Amwell Care Group — that employs, trains, and manages clinicians and nonclinician staff. The group also handles licensure and applicable credentialing. Other groups providing care via our platform are independent groups with their own medical directors and quality improvement programs</p>
Virtual care preferred provider	<p>We have developed and implemented a virtual care provider network. This network is currently operating in all 50 states and Washington D.C. We are contracted with several national virtual care provider groups that can be found on myuhc.com and the UnitedHealthcare mobile app</p>	<ul style="list-style-type: none"> • Teladoc • MDLIVE • American Well • Doctor on Demand <p>Anthem Virtual Care is currently supported by our partnership with Amwell. Should you choose to carve out virtual visits to a third party, we can accept claims from Teladoc, MDLive, and Doctor on Demand. These are the only third-party vendors offering real-time eligibility and recognized by the Blue Cross Blue Shield Association as compliant with the BlueCard network claims processing protocols. We cannot accept claims from any other vendor</p>

Virtual care (continued)

Virtual care	UHC	Anthem
Integration with other virtual care provider	<p>✓</p> <p>We currently integrate with a number of virtual providers for some of our customers. We have the ability to support the configuration of real-time API, 270/271 transactions with these carve-out telehealth vendors, enabling real-time member eligibility verification. In addition, we can set up the selected telehealth vendor as a network provider in our system with a CSP network. We work with our customer and their telehealth vendor to determine the services provided, the applicable fee schedule, claim submission and payment arrangements, vendor coordination and interface.</p> <p>Many of the costs associated with a carve-out telehealth provider are included in our fees; however, there is an additional fee-per-month charge for the real-time exchange. This fee is subject to re-evaluation</p>	<p>✓</p> <p>Anthem Virtual Care can accept claims from Teladoc, MDLive, and Doctor on Demand for no additional administrative costs. These are the only third-party vendors offering real-time eligibility and recognized by the Blue Cross Blue Shield Association as compliant with the BlueCard® program's network claims processing protocols</p>
Is there an additional administrative charge for virtual care services?	<p>X</p> <p>We do not charge a fee for virtual services and we will not reduce our fees for a direct contract partner</p>	<p>X</p> <p>Typically, there is no separate administrative fee or service fee charged to Milwaukee County for the administration of our telehealth solution. Monthly pricing is embedded in the benefit plan. We look forward to further discussion with Milwaukee County about this inquiry during the financial quote stage of the RFP process</p>

Virtual care (continued)

Virtual care	UHC	Anthem
Services offered via virtual care	<p>Our telehealth solution has three components:</p> <ul style="list-style-type: none"> • Urgent care via 24/7 Virtual Visit network • Virtual Primary Care for ongoing routine and chronic conditions • Virtual Specialists where members can access an ecosystem of curated virtual specialist providers to treat their specific needs including: <ul style="list-style-type: none"> • Dermatology • Musculoskeletal • Women's health • Behavioral health and more 	<p>K Health</p> <ul style="list-style-type: none"> • Symptom Checker: Free • Symptom Checker, Text Chat Physician: \$55/visit • Virtual PCP: <ul style="list-style-type: none"> • \$68/visit • \$99/annual visit • LiveHealth Online - Virtual Video Visits <ul style="list-style-type: none"> • Acute/urgent care: \$55/visit • PCP: \$80/visit • Wellness care: \$125/visit • Behavioral health: <ul style="list-style-type: none"> • Psychologist: \$100/session • Therapist: \$85/session • Psychiatrist: <ul style="list-style-type: none"> • \$185/initial evaluation • \$80/follow-up
Member access	<p>The 24/7 Virtual Visit network, Virtual Primary Care providers and Virtual Specialists can be accessed via myuhc.com and mobile app.</p> <p>Members selecting 24/7 Virtual Visit provider group on myuhc.com may click directly through to the 24/7 Virtual Visits provider group of their choice.</p> <p>Once on the provider group's website, members are required to complete patient registration information. Members can schedule a 24/7 Virtual Visit appointment in lieu of the virtual waiting room</p>	<p>Members can access our virtual care platform through our Sydney Health mobile app or via our member portal at anthem.com</p>

Virtual care (continued)

Virtual care	UHC	Anthem
Member interactions with offering	<ul style="list-style-type: none"> • Video • E-mail • Telephone 	<ul style="list-style-type: none"> • Video • Text-chat • In-app messaging • Notifications <p>Anthem Virtual Care gives members access to in-network medical and specialty health providers on mobile devices via the Sydney Health app or online at anthem.com.</p> <p>Members can access K Health's free Symptom Checker for an assessment with tailored information and guidance. They can also choose to visit a provider virtually and receive a diagnosis and, if appropriate, a prescription or a specialist referral.</p> <p>Our mobile app, Sydney Health, includes single sign-on with other programs so members do not have to remember multiple passwords (dependent on the partner program). Sydney uses a holistic, coordinated, and automated direct communications strategy to help users get started and proactively engage and support them. We optimize communications for delivery through multiple channels (employer collateral, email, text, in-app messaging, push notifications) and test for sensitivity and effectiveness. Communications delivered through Sydney are constantly evolving, as we regularly evaluate communications to ensure they are both effective and empathetic to those using the app. Sydney messaging is woven throughout the member journey, starting with open enrollment materials, welcome materials, and communications throughout the year</p>

Virtual care (continued)

Virtual care	UHC	Anthem
Average wait times to speak to a physician or therapist for the listed virtual care services		
Acute/episodic	Less than 30 minutes for appointments	Average wait time for medical providers is approximately five minutes
Virtual primary care	Wait times are less than 10 minutes	Average wait time for medical providers is approximately five minutes
Behavioral health	<ul style="list-style-type: none"> • 5 days: Express Access • 10 days: Routine 	Please see details

Virtual care (continued)

Virtual care	UHC	Anthem
<p>Book of business utilization for acute/episodic visits, primary care visits and behavioral health visits</p>	<p>VIRTUAL PRIMARY CARE</p> <ul style="list-style-type: none"> • 2023: 2.1% • 2024: 1.1% <p>VIRTUAL URGENT CARE</p> <ul style="list-style-type: none"> • 2023: 4.4% • 2024: 3.4% <p>BEHAVIORAL HEALTH</p> <p>We calculate this metric as claimants/1,000 as it can provide a clearer perspective on usage. In 2023, we saw the following* for members who used at least one visit:</p> <ul style="list-style-type: none"> • Virtual: 83.5/1,000 claimants • In-person: 73.1/1,000 claimants <p>This calculation was generated as: total unique claimants x 1000 for each month in the reporting period / member months within the reporting period. "Unique claimants" is the count of distinct members who received treatment within the reporting period</p>	<p>Virtual care utilization can vary by group. Utilization, when defined as visits over members with virtual care benefits, ranges from 0.5% to 3%. Utilization, when defined as visits over members enrolled on the virtual care platform, ranges from 15% to more than 45%</p>

Virtual care (continued)

Virtual care	UHC	Anthem
Types of providers available in your virtual care network	<ul style="list-style-type: none"> • RN • Nurse practitioner • PA • MD • Therapist/LCSW • Psychologist • Psychiatrist 	<p>Members have access to a choice of credentialed providers across a range of specialties including:</p> <ul style="list-style-type: none"> • Internal Medicine • Family Practice • Pediatrics • Emergency Room • Psychology (Ph.D.) • Therapy (master's level social worker) • Psychiatry • Allergies (medical doctors with allergy training)

Virtual care (continued)

Virtual care	UHC	Anthem
Providers licensed in all 50 states and Puerto Rico	✓	✓ We proudly have over 4,000 providers licensed across all 50 states and Washington D.C., ensuring comprehensive access to our virtual care platform. This extensive provider network ensures that members can access high-quality health services regardless of their location, eliminating barriers to timely healthcare. Supported by Anthem's national reach and local expertise, our network offers significant cost savings and enhanced care quality. This ensures members experience continuity in their care, which is strategically aligned with Anthem's commitment to providing widespread, reliable healthcare solutions as part of our value-based care initiatives
Video and telephonic capabilities by state	Both Video and Telephonic With our contracted 24/7 Virtual Visit provider groups, availability covers all 50 states and Washington D.C. One provider, Teladoc, provides 24/7 Virtual Visit services in PR and the U.S. VI. Members can choose a voice-only, telephonic visit when they use the Virtual Visit providers, Teladoc or Amwell. Virtual health providers are web-based, so members can see the provider they are interacting with in real time. In alignment with American Medical Association and Federation of State Medical Boards guidelines, live audio and video connection is required for new patient visits	Both Video and Telephonic Anthem Virtual Care offers telehealth availability for your employees to all 50 states. Virtual interactions with providers are available via both HIPAA-secure, two-way, high-definition video chat and telephone

Virtual care (continued)

Virtual care	UHC	Anthem
<p>Navigation support specific to your virtual care offerings</p>	<p>✓</p> <p>Virtual providers use the same criteria any other doctor would use to determine if a member might need emergency treatment or other care. 24/7 Virtual Visits is appropriate for acute, non-emergency conditions only that might include a cold, sore throat, etc. Virtual Primary Care delivers many of the same services as traditional, in-person care. In addition to helping provide continuity of care, Virtual Primary Care providers may deliver many of the same services as traditional in-person PCP's including:</p> <ul style="list-style-type: none"> • Implementing care for common and chronic health conditions • Administering ongoing and follow-up care • Addressing health opportunities like missed screenings or immunizations • Utilizes employee information and insights at the point of care for in network referrals, specific prescription formulary, gaps in care and more • Prescribing and refilling medications <ul style="list-style-type: none"> • Certain prescriptions may not be available, and other restrictions may apply <p>If Virtual Primary Care is not the best type of care the member needs, the provider will work with the member to determine the best in-network location for their in-person care need (i.e., specialist)</p>	<p>✓</p> <p>We will provide Milwaukee County educational materials, programs, and services every step of the way. Members may access our integrated educational materials through the Sydney app and anthem.com. We can provide member-facing materials for Milwaukee County to communicate and share within your own organization. Our virtual providers also work with Anthem's marketing team to increase members' awareness of our Virtual Care offerings through educational series and planned marketing campaigns (if Milwaukee County authorizes Anthem and our virtual provider to contact the members)</p>

Virtual care (continued)

Virtual care	UHC	Anthem
<p>Advocacy support (e.g., medical record collection, scheduling of in-person appointments, lab appointments, etc.) specific to your virtual care offerings</p>	<p>✓</p> <p>Virtual Primary Care offers members:</p> <ul style="list-style-type: none"> • Simple member digital access to a provider with easy scheduling and chat capabilities with a Care Team • Ability to schedule near term appointments • Opportunity to build an ongoing virtual relationship with the same doctor or team of doctors • Referrals to high performing, lower cost specialist, labs, or prescription drugs when needed • The ability to see their doctor wherever and whenever they need ongoing care 	<p>✓</p> <p>Anthem Virtual Care providers will coordinate in-network specialist referrals through our provider finder tool to ensure members get the right care at the right cost. Secure messaging enables asynchronous communication between the member, provider, and care team between visits. The Anthem Virtual Care Coordination team is available to support members and providers 24/7, following up on member messages, referrals, lab results, and prescriptions</p>

Virtual care (continued)

Virtual care	UHC	Anthem
Availability of services to children under 18	<p>X</p> <p>Virtual Primary Care is available for members 18 years and over</p>	<p>✓</p> <p>Our medical text chat services through K Health are available to members 18 to 64 years of age. Our virtual care services through LiveHealth Online are available to members 12 and up, except for annual wellness visits, where the member must be at least 18 to schedule such visits, and urgent/acute care, where there are no age limits to get care.</p> <p>For our virtual video visits via LiveHealth Online, dependents over 18 may establish their own account. Dependents under the age of 18 have access via the parent's or guardian's account, and the parent or guardian must be part of any online visits</p>
Provider selection based on patient preferences (i.e., gender, race, specialty, etc.)?	<p>✓</p> <p>We offer network provider search capabilities that include multiple search parameters (such as specialty, location, licensure, language, virtual visits and more) through our website. The provider results card displays applicable information and capabilities for each provider (such as name, address, phone number, hours of operation, licensure and more). New features allow members to text the provider contact information directly to a smartphone, and virtual visits request now show provider results for the entire state, giving members more specialty options</p>	<p>X</p> <p>Members accessing medical care with Anthem Virtual Care will see the first available provider</p>

Care Management

Care management (CM)

Proposed model 1

Model description	UHC	Anthem
Model name	Personal Health Support (PHS)	Wellbeing Solutions Core
Staffing model	Primary nurse	Primary nurse
Team integration	Designated team	Designated team
Hours of operation	<ul style="list-style-type: none"> Monday to Friday, 8:00 AM to 8:00 PM, CT After hours: <ul style="list-style-type: none"> Participants can leave a voicemail and the nurse will return their call by the next business day Members can also access virtual visits through our proposed network 	<ul style="list-style-type: none"> Clinical staff is available Monday to Friday, 8:00 AM to 7:00 PM, ET Non-clinical staff is available: <ul style="list-style-type: none"> Monday to Friday, 8:00 AM to 12:00 AM, ET Saturdays from 9:00 AM to 7:30 PM, ET After-hours access is available: <ul style="list-style-type: none"> Via the 24/7 NurseLine 24/7 Behavioral Health Resource Center
Member facing clinical staff ratio: Staff to Members	1:30,000+	1:30,000+
Active case ratio: Case manager to active cases	Nurses manage from 75 to 100 member cases at any given time	We manage by cases per 1,000, which is currently 4.45/1,000
PBM data utilized for predictive model and integrated real or near-real time	✓	✓
Preadmission counseling	Yes, with exceptions	Yes, all elective
Inpatient counseling	Yes, all elective	Yes, all elective
Post-discharge counseling	Yes, all admissions	Yes, all admissions

▲ Above expectations ● Meets expectations ▼ Below expectations

CM model description

Proposed model 1

Model description	UHC	Anthem
UM staffing model	Primary Nurse	Call center
UM integrated into a single-team	Other	Designated team
Medical specialty and site of care steerage	Yes, included, all specialty medications with steerage	Yes included with specific medication list, limited steerage
% of population identified for case management	12.7%	20%
% of population reached for case management	98.5%	23%
% of population engaged with coach or case manager	70.7%	23%
Specialty clinicians for case management (e.g., oncology, transplant, NICU)	✓ <ul style="list-style-type: none"> • Core: <ul style="list-style-type: none"> • Oncology • Transplant • Kidney • Congenital heart disease (CHD) • Buy up: <ul style="list-style-type: none"> • Bariatric • Fertility • NICU • Orthopedic 	✓ <ul style="list-style-type: none"> • Specialty clinicians for case management include: <ul style="list-style-type: none"> • Transplant • NICU • Autism • Oncology

▲ Above expectations ● Meets expectations ▼ Below expectations

CM model description (continued)

Proposed model 1

Model description	UHC	Anthem
% of high-cost claimants reviewed by the medical director	<p>Do not have these data metrics</p> <p>Medical directors review cases and intervene as clinically appropriate, such as:</p> <ul style="list-style-type: none"> • Complex care management situations • Risks of high utilization • Unclear treatment plans • Quality-of-care concerns • Where applicable, medical necessity decisions 	<p>5-25%</p> <p>Medical directors/physician reviewers evaluate approximately 20% of all cases, including members with high claims</p>
Definition of engagement	<ul style="list-style-type: none"> • Bi-directional communication between member and care team • Person-centered goals developed collaboratively with the case manager • Letter, reminder or email to member • Outreach on member behalf to provider or facility 	<ul style="list-style-type: none"> • Bi-directional communication between member and care team • Person-centered goals developed collaboratively with the case manager • Letter, reminder or email to member • Outreach on member behalf to provider or facility

▲ Above expectations ● Meets expectations ▼ Below expectations

CM staffing

Proposed model 1

Staffing	UHC	Anthem
Part of the Care Management team and if so, the client size thresholds to be designated versus dedicated:		
Clinical account manager	<p>X</p> <p>Designated, client size threshold: Milwaukee County's PHS care management team includes a designated team of nurse case managers. Each case manager is dedicated to the member throughout the course of care and for future case management needs</p>	<p>✓</p> <p>Designated, client size threshold: Under 100,000 members</p> <p>Dedicated, client size threshold: Over 100,000 members</p>
Medical director	<p>✓</p> <p>Designated, client size threshold: Milwaukee County's PHS care management team includes a designated medical director</p>	<p>✓</p> <p>Designated, client size threshold: Under 100,000 members</p> <p>Dedicated, client size threshold: Over 100,000 members</p>
Case managers/Primary nurse	<p>✓</p> <p>Designated, client size threshold: Milwaukee County's PHS care management team includes designated nurse case managers. Each nurse is dedicated to the member throughout the course of care and for future case management needs</p>	<p>✓</p> <p>Designated, client size threshold: Under 100,000 members</p> <p>Dedicated, client size threshold: Over 100,000 members</p>

CM staffing (continued)

Proposed model 1

Staffing	UHC	Anthem
Part of the Care Management team and if so, the client size thresholds to be designated versus dedicated (continued):		
Specialty medical director	✓ Designated, client size threshold: Milwaukee County's PHS care management team includes a designated medical director	✓ Designated, client size threshold: Under 100,000 members Dedicated, client size threshold: Over 100,000 members
Pharmacist	✓ Designated, client size threshold: Milwaukee County's PHS care management team includes a designated pharmacist	✓ Designated, client size threshold: Under 100,000 members Dedicated, client size threshold: Over 100,000 members

CM staffing (continued)

Proposed model 1

Staffing	UHC	Anthem
Part of the Care Management team and if so, the client size thresholds to be designated versus dedicated (continued):		
Social worker	✓ Designated, client size threshold: Milwaukee County's PHS care management team includes a designated social worker	✓ Designated, client size threshold: Under 100,000 members Dedicated, client size threshold: Over 100,000 members
Dietitian/Nutritionist	X	✓ Designated, client size threshold: Under 100,000 members Dedicated, client size threshold: Over 100,000 members
Behavioral specialist	✓ Designated, client size threshold: Milwaukee County's PHS care management team includes designated behavioral health specialists. Specialists are dedicated to the member throughout the course of care and for future case management needs	✓ Designated, client size threshold: Under 100,000 members Dedicated, client size threshold: Over 100,000 members

CM staffing (continued)

Proposed model 1

Staffing	UHC	Anthem
Part of the Care Management team and if so, the client size thresholds to be designated versus dedicated (continued):		
Specialty case manager for oncology, NICU, etc.	✓ Designated, client size threshold: Milwaukee County's PHS care management team includes designated nurse case managers. Each nurse is dedicated to the member throughout the course of care and for future case management needs	✓ Designated, client size threshold: Under 100,000 members Dedicated, client size threshold: Over 100,000 members

CM outreach and intervention

Proposed model 1

Outreach and Intervention	UHC	Anthem
Preadmission contact	<ul style="list-style-type: none"> • Non-clinician • Text, app or email 	<ul style="list-style-type: none"> • Auto-dialer
Inpatient contact	<ul style="list-style-type: none"> • Clinician 	<ul style="list-style-type: none"> • Clinician
Discharge planning contact (describe outreach process to Member)	<ul style="list-style-type: none"> • Clinician 	<ul style="list-style-type: none"> • Clinician
Discharge planning contact (describe outreach process to Facility Discharge Planner)	<ul style="list-style-type: none"> • Clinician 	<ul style="list-style-type: none"> • Clinician
Treatment decision support contact	<ul style="list-style-type: none"> • Clinician • Text, app or email 	<ul style="list-style-type: none"> • Clinician
CM/DM management contact	<ul style="list-style-type: none"> • Clinician • Auto-dialer • Text, app or email 	<ul style="list-style-type: none"> • Clinician
Oncology contact	<ul style="list-style-type: none"> • Clinician • Text, app or email 	<ul style="list-style-type: none"> • Clinician
Pharmacist	<ul style="list-style-type: none"> • Clinician 	<ul style="list-style-type: none"> • Clinician
Dietitian	<ul style="list-style-type: none"> • Clinician 	<ul style="list-style-type: none"> • Clinician
Other specialty case management contact	<ul style="list-style-type: none"> • Clinician • Text, app or email 	<ul style="list-style-type: none"> • Clinician

CM outreach triggers

Proposed model 1

Outreach triggers	UHC	Anthem
Predictive modeling	<ul style="list-style-type: none"> • Pre-certification/notification of inpatient admissions • Medical claims • Pharmacy claims (via direct data feed) • Pharmacy first fill reports • Behavioral health claims (via direct data feed) • Lab values (via direct data feed from contracted in-network labs) • Health Risk Assessment • Biometric screening data 	<ul style="list-style-type: none"> • Pre-certification/notification of inpatient admissions • Medical claims • Pharmacy claims (via direct data feed) • Behavioral health claims (via direct data feed) • Lab values (via direct data feed from contracted in-network labs) • Health Risk Assessment • Biometric screening data
High-cost claimant trigger level	\$50,001-\$75,000	\$75,001-\$100,000
Inpatient admissions	All inpatient admissions	All inpatient admissions
Readmission risk	All inpatient discharges	All inpatient discharges
Nurse line use or other 24/7 medical care service	Other	All nurse line use
Emergency department utilization	Other	Other
Specialist ambulatory/out-patient utilization	All specialist care utilization	All specialist care utilization
First fill	All first fills	No first fills
Other	N/A	Additional triggers include: <ul style="list-style-type: none"> • Potential transplant candidates • Real-time referrals and self-referrals • Gaps-in-care alerts • Provider referrals • Referrals from health guides

CM innovation and technology

Innovation and technology	UHC	Anthem
<p>Description of the information sharing capabilities between the Care Managers' medical and behavioral health electronic medical record</p>	<p>Medical nurses and our behavioral case managers work in a shared integrated technology platform that provides a 360-degree view of each member and facilitates medical and behavioral clinical collaboration. Together, they develop action plans, share notes and discuss how best to support individual members, resulting in an enhanced member experience. They can also collaborate in real time with physicians and psychiatrists to discuss optimal interventions, levels of care, medication adherence and care gaps on complex cases with comorbidities. Our team members update the system with every participant interaction enabling the full team to see the latest information</p>	<p>We manage all behavioral health and medical care management services within the same authorization and benefit systems. This allows us to effectively comanage members with both medical and behavioral issues across medical care, behavioral health, and substance use services. The medical utilization review and case management teams can view authorizations and work with behavioral health utilization and case management associates using coordinated processes and workflows</p>

Fertility

Fertility/Maternity management	UHC	Anthem
<p>Fertility program provided internally or externally</p>	<p>Yes, provide internally</p> <p>Milwaukee County can elect to receive specialized nurse support and steerage to our national fertility Centers of Excellence through our optional Fertility Solutions programs</p> <p>Fertility Solutions helps manage fertility care and drive financial savings through:</p> <ul style="list-style-type: none"> • Ongoing guidance and hands-on support from a specialized clinical care team of experienced fertility nurses and social workers, overseen by a medical director who is a certified endocrinologist • Guidance to high-quality care through our national COE network • Proactive utilization management to verify benefit adherence and care delivered is appropriate and effective <p>Fertility Solutions Plus combines our clinical fertility support services and Maven's digital family health platform to assist employees as they build their families. It is an inclusive, comprehensive fertility and family-building support solution designed to help employees navigate various paths to parenthood. Support services include:</p> <ul style="list-style-type: none"> • Preconception • In vitro fertilization (IVF) and artificial insemination (AI) • Adoption and surrogacy, including access to inclusive legal and agency support systems <p><i>Please refer to the next slide</i></p>	<p>Yes, provide externally</p> <p>Anthem's Core clinical program includes our Building Healthy Families program</p> <p>Additionally, the WIN Benefit Management program is available to Milwaukee County for an additional fee. We also offer a WIN direct-to-consumer offering through our SpecialOffers discount program for no additional fee</p>

▲ Above expectations ● Meets expectations ▼ Below expectations

Fertility (continued)

Fertility/Maternity management	UHC	Anthem
<p>Fertility program provided internally or externally</p>	<ul style="list-style-type: none"> • Fertility preservation • Benefit maximization • Financial management through Maven Wallet <p>Members receive personalized engagement through 24/7 digital content, access to dedicated fertility nurse and care advocates, and support finding quality providers.</p> <p>Fertility Solutions Plus integrates plan coverage navigation, and evidence-based recommendations and referrals made to in-person and virtual specialists, including reproductive endocrinologists, specialized fertility nurses, social workers, and virtual coaches across more than 30 specialties.</p> <p>Pricing is available upon request</p>	<p><i>Please refer to the prior slide</i></p>

Fertility (continued)

Fertility/Maternity management	UHC	Anthem
Demonstration of infertility required	X	✓ With the WIN Benefit Management buy-up program, WIN can manage an infertility benefit or a fertility benefit. Milwaukee County can determine if its benefit design requires a member to be diagnosed as infertile
Ability to administer cycle-based fertility benefit	✓ While we can administer a cycle-based benefit, we do not recommend it. A cycle may be defined differently for each member and relative situation. Instead, a \$35,000 lifetime maximum allows for about 2 cycles of IVF (cost averaging \$10,000-\$12,000). Not every person undergoing infertility treatments has the same treatment protocol. Therefore, the lifetime maximum gives providers more flexibility to work with patients and determine the best options given individual health and budget	✓ Under the Anthem Medical benefit plan, we can provide a dollar-based limit on infertility treatments. Additionally, with the WIN Benefit Management buy-up program, Milwaukee County can elect to administer a cycle-based benefit or a lifetime maximum benefit, based on your preference

Fertility (continued)

Fertility/Maternity management	UHC	Anthem
Support for women and families considering conception	Yes, offered as a buy-up	Yes, included in core services
Support for women and families with fertility issues	Yes, offered as a buy-up	Yes, included in core services
Steerage to adoption and surrogacy benefits and resources	Yes, offered as a buy-up	Yes, offered as a buy-up
Network/COE of vetted and approved adoption, surrogacy and legal services to steer individuals	No	Yes, offered as a buy-up
Managed, quality vetted COE/Network of Reproductive Endocrinologists and clinics who specialize in ART	Yes, offered as a buy-up	Yes, offered as a buy-up
Steerage to selected fertility centers based on use of eSET and rate of multiple births as well as pricing/network discounts	Yes, offered as a buy-up	Yes, offered as a buy-up
Steerage to selected fertility centers based on pricing/network discounts	No	Yes, offered as a buy-up
Programs with a specialized resource that provides grief services for failed IVF cycles or early pregnancy loss	Yes, offered as a buy-up	Yes, included in core services

Maternity management

Maternity management	UHC	Anthem
Rate:		
Pre-term and/or low birth weight births	8.70%	8.14%
C-section	34.9%	33.49% (Primary C-Section Rate: 15.60%)
C-section for low-risk births	This is not tracked for proposal purposes	Not tracked
Elective inductions prior to 39 weeks of gestation	This is not tracked for proposal purposes	0.62%
Multiple births	This is not tracked for proposal purposes	Not tracked

Maternity management (continued)

Fertility/Maternity management	UHC	Anthem
Support for women and families once they are pregnant	Yes, included in core services	Yes, included in core services
Delivery of member-specific benefit coverage and network information	Yes, included in core services	Yes, included in core services
Identification of high-risk pregnancies and delivery of intensive clinical support	Yes, included in core services	Yes, included in core services
Steerage to hospitals/birthing centers based on clinical outcomes and pricing/network discount	No	Yes, included in core services
Steerage to hospitals/birthing centers based on pricing/network discounts	Yes, included in core services	Yes, included in core services
Steerage to client-specific short-term disability and parental leave resources	Yes, included in core services	Yes, included in core services
Support for women and families after delivery	Yes, included in core services	Yes, included in core services
Intensive support for NICU admissions	Yes, included in core services	Yes, included in core services
Screen for post-partum depression and steerage to client-specific behavioral health resources	Yes, included in core services	Yes, included in core services
Promotion of relevant client-specific programs and resources	Yes, included in core services	Yes, included in core services
Return to work support	Yes, included in core services	Yes, included in core services

Diabetes — description

Diabetes	UHC	Anthem
Diabetes program provided internally or externally	Yes, provide internally	Yes, provide internally
Diabetes program description	<p>Milwaukee County members aged 18 years or older are eligible to receive support managing the fundamentals of diabetes, including hemoglobin A1c (blood glucose), blood pressure and cholesterol. Managing these factors is critical to helping members reduce unnecessary emergency room and inpatient visits, prevent disease progression and avoid or delay the onset of other illnesses. Members also receive help with:</p> <ul style="list-style-type: none"> • Identifying specialty and primary care network physicians • Accessing clinically appropriate, cost-effective and timely diagnostics and procedures • Adopting a healthy lifestyle • Managing comorbid risk factors • Education about their condition, its implications and how to reduce or eliminate risk factors, such as excess weight or obesity, smoking and lack of physical activity <p>All members receive tailored outreach and personalized recommendations based on risk. Clinically stable members who are successfully managing their diabetes receive emailed newsletters with disease-specific content. Members with higher risk and one or more gaps in care receive email-based outreach plus telephonic outreach from a nurse</p> <p>Higher risk members receive additional support through our mobile-responsive digital experience that provides self-service options and curated content</p>	<p>Our care managers and supporting health professionals, including registered dietitians (many of whom are certified diabetic educators), collaborate to help members avoid health complications through effective lifestyle changes. Members receive the support and education they need to:</p> <ul style="list-style-type: none"> • Follow their treating physician's plan of care • Undergo regular blood sugar testing • Complete health screenings • Observe a healthier diet <p>Monitoring compliance with the diabetes program includes evaluating the following member data:</p> <ul style="list-style-type: none"> • Medication adherence • Self-monitoring of blood glucose • Screen for retinopathy, A1c, blood lipids, blood pressure control, and kidney function

Diabetes — coaching credentials

Diabetes	UHC	Anthem
Diabetes program coaching credentials	Registered nurses have an active, unrestricted license and 3+ years of direct clinical experience	Qualifications for our disease management nurse care managers include: <ul style="list-style-type: none"> • BA/BS in a health-related field • Current unrestricted RN license in the applicable state(s) • Three years of clinical experience or any combination of education and experience that provides an equivalent background • Certification as a case manager preferred • Critical thinking skills
Diabetes program dietician credentials	Registered nurses support members with nutrition needs. Members receiving additional support through the Real Appeal program have access to highly qualified and motivated coaches possessing a bachelor's degree and background in health and wellness. This includes education, training and/or at least one year of experience in health, wellness or coaching. Many coaches have certifications, such as: <ul style="list-style-type: none"> • Registered dietitians • Health/fitness certification from the American College of Sports Medicine or American Council on Exercise • National Board Certified Health and Wellness Coach (NBC-HWC) 	The minimum requirements for registered dietitians include: <ul style="list-style-type: none"> • Registered with the American Dietetic Association • A minimum of three years' experience counseling individuals regarding nutritional/dietary management issues related to chronic disease (primarily diabetes, heart disease, and pregnancy) or any combination of education and experience that provides an equivalent background • Previous patient management/member service experience

Diabetes — cost savings and engagement

Diabetes	UHC	Anthem
Diabetes program cost savings	\$5.20 - \$11.20 PMPM	Please see detail section below
Diabetes program engagement	Of diabetics who enroll in the program, 97.1% set goals. Across our book of business, we enrolled 69% of members identified and contacted in 2023. Of these, we actively engaged 89%. We use a narrow definition of engagement, only counting member interactions that support closing gaps in care, such as completing an initial assessment or working with a nurse toward closing at least one care gap	We consider all members identified with one or more of the chronic conditions our program addresses as enrolled unless they decline participation. At the point of identification, we automatically register these members into our care management system for ongoing management and tracking. The current engagement rate for our book of business is 74.1%

Diabetes — available support

Diabetes support available	UHC	Anthem
Individuals interested in weight management <ul style="list-style-type: none"> • Telephonic coaching • Digital coaching via website • Digital coaching via mobile application • Self-guided via website • Self-guided via mobile application 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • ✓ • ✓ 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • ✓ • ✓
Individuals with pre-diabetes <ul style="list-style-type: none"> • Telephonic coaching • Digital coaching via website • Digital coaching via mobile application • Self-guided via website • Self-guided via mobile application 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • ✓ • ✓ 	<ul style="list-style-type: none"> • X • ✓ • ✓ • ✓ • ✓
Individuals with metabolic syndrome <ul style="list-style-type: none"> • Telephonic coaching • Digital coaching via website • Digital coaching via mobile application • Self-guided via website • Self-guided via mobile application 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • ✓ • ✓ 	<ul style="list-style-type: none"> • ✓ • X • X • ✓ • ✓

Diabetes — available support (continued)

Diabetes support available	UHC	Anthem
Individuals with type 1 diabetes <ul style="list-style-type: none"> • Telephonic coaching • Digital coaching via website • Digital coaching via mobile application • Self-guided via website • Self-guided via mobile application 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • X • X 	<ul style="list-style-type: none"> • ✓ • X • X • ✓ • ✓
Individuals with type 2 diabetes, non-insulin <ul style="list-style-type: none"> • Telephonic coaching • Digital coaching via website • Digital coaching via mobile application • Self-guided via website • Self-guided via mobile application 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • ✓ • ✓ 	<ul style="list-style-type: none"> • ✓ • X • X • ✓ • ✓
Individuals with type 2 diabetes, insulin <ul style="list-style-type: none"> • Telephonic coaching • Digital coaching via website • Digital coaching via mobile application • Self-guided via website • Self-guided via mobile application 	<ul style="list-style-type: none"> • ✓ • ✓ • ✓ • ✓ • ✓ 	<ul style="list-style-type: none"> • ✓ • X • X • ✓ • ✓

Musculoskeletal — description

Musculoskeletal	UHC	Anthem
<p>Program provided internally or externally</p>	<p>Yes, provide externally</p> <p>Milwaukee County members receive support for musculoskeletal (MSK) concerns such as fibromyalgia, muscular dystrophy, osteoarthritis, scoliosis, and more through our PHS clinical care management program.</p> <p>Your members can also engage with Kaia Health for virtual physical therapy options through the UHC Hub. Kaia is an at-home digital therapy and pain management program that helps your members save money by reducing the need for costly in-person therapy visits and potentially eliminating the need for more invasive procedures</p>	<p>Yes, provide externally</p> <p>We partner with LiveHealth Online to deliver the SWORD musculoskeletal (MSK) program</p>

Musculoskeletal — description (continued)

Musculoskeletal	UHC	Anthem
<p>Description of programs available</p>	<p>Milwaukee County's clinical team includes nurses who support your members across more than 100 conditions, including MSK. Aided by social workers, pharmacists, a medical director and other specialists as needed, nurses provide members with personalized and targeted help and manage all their clinical needs, eliminating redundancy, minimizing transfers and offering an integrated and seamless experience</p> <p>For at-home support, Kaia Health guides members through personalized workouts and offers several options for managing their pain, including physical therapy exercises, educational content, relaxation techniques, breathing exercises and access to a licensed physical therapy health coach. With a 3:1 average ROI, Kaia offers:</p> <ul style="list-style-type: none"> • 100 physical exercises supported by Motion Coach, innovative computer vision technology that analyzes 57 key points on the body as accurately as a human PT • 300+ more exercises with audiovisual instructions • Real-time visual and audio exercise feedback • 24/7 access via smartphone or tablet with no equipment, wearables or sensors required • Seamless workflows between care managers and other clinical resources <p>To help Milwaukee County understand the value of this program, Kaia offers reports that include metrics on Member engagement and outcomes as well as strategic insights including recommendations based on results</p>	<p>We have partnered with SWORD Health to create an MSK program that helps employers manage these challenges and provide the latest, innovative care</p> <p>Our convenient solution offers the broadest joint coverage in the market, addressing all major MSK conditions and all points in the care journey. The program includes:</p> <ul style="list-style-type: none"> • Set up a SWORD practice for your enterprise, including employee support and reporting • Virtual visits with a dedicated SWORD physical therapist, including initial evaluation and follow-up coaching visits. Asynchronous in-app messaging is also available for employees • SWORD Health Kit, including a tablet and smart sensors to conduct exercise sessions, is sent directly to employees at no additional cost. • Virtual exercise sessions for an enrolled participant, using smart sensors and real-time feedback via SWORD's Digital Therapist • Materials to engage employees in the program and provide education on their condition, motivational tactics, and cognitive behavioral therapy tools

Musculoskeletal

Musculoskeletal	UHC	Anthem
Program resulted in a change of diagnosis	28%	0%
Program resulted in a change of treatment plan	81%	0%
Program resulted in a physician-to-physician discussion	0%	0%
Program resulted in a change of treatment location	0%	0%

Musculoskeletal (continued)

Musculoskeletal	UHC	Anthem
<p>Actions to reduce opioid prescriptions</p>	<p>High-risk members receive clinical coaching for pain and screening for opioid use when engaging with a nurse care manager. Nurses focus on a personalized care plan to optimize health and reduce discomfort. Member education includes:</p> <ul style="list-style-type: none"> • Understanding pain medications, accessing prescription benefits, getting medications filled and the advantages of home delivery • Referrals to network specialists • Referrals to behavioral health and decision support <p>Milwaukee County members are empowered to actively participate in their health care. By providing access to nurses and evidence-based information along with shared decision-making support, we help members receive the right care at the right time. Nurses help members work toward their personal goals around their MSK pain, understand their treatment options, determine questions to ask their provider and more</p>	<p>We consider opioid misuse, substance use disorders, and substance-use-related conditions to be chronic diseases, best managed through an integrative approach to care and services. Maintaining stability and recovery requires evidence-based treatment and a multifaceted strategy addressing prevention, prescription management, early identification, and treatment. To meet these objectives, Anthem:</p> <ul style="list-style-type: none"> • Collaborates with providers to increase early identification of members who are misusing or at risk of misusing substances • Supports prescribing practices that balance treating chronic pain with minimized risks for opioid misuse and diversion • Educates members and providers on risk factors and treatment best practices • Provides increased access to medications for opioid use disorder (MOUD) • Supports patient engagement to increase favorable outcomes • Offers a full spectrum of appropriately designated levels of care for evidence-based treatment, which includes peer and community-based recovery groups, telemedicine services, and when appropriate, more intensive levels of care

Musculoskeletal — provider credentials

Musculoskeletal	UHC	Anthem
Provider credentials	<p>Registered nurses delivering support through the PHS program have an active, unrestricted license and 3+ years of direct clinical experience.</p> <p>All Kaia Health coaches are licensed clinicians, primarily physical therapists, with extensive experience working with MSK patients</p>	<p>The SWORD program is delivered by a dedicated physical therapist with appropriate licensing credentials</p>
Description of the care team	<p>The care team varies, depending on how a member accesses support based on their needs. For example, members receiving support through PHS will have access to a primary nurse throughout their care journey. Upon enrolling in the Kaia Health, each member is assigned a licensed coach who offers behavioral coaching, clinical and goal-setting support and supervision</p>	<p>The care team includes a dedicated SWORD physical therapist who conducts the initial evaluation and follow-up coaching visits. Smart digital sensors and cognitive behavioral therapy tools are also used to deliver the program</p>

Musculoskeletal — adaptability

Musculoskeletal	UHC	Anthem
Program adaptability to member needs/progress	<p>We adapt to a member's changing needs by offering multiple ways to connect with us and benefit from our programs. Members receive real-time feedback, whether they participate in virtual physical therapy or interact with a dedicated advocate or nurse. We use a proprietary coaching model that includes the Transtheoretical Model of Change, motivational interviewing and inductive logic, to adapt to changes in member needs and support progress</p>	<p>The SWORD program works at any point in the care journey — including:</p> <ul style="list-style-type: none"> • Prevention • New conditions • Chronic pain • Mobility management after surgery <p>Dedicated physical therapists configure a personalized virtual therapy experience. The smart sensors included in the program automatically store information in the database, allowing coaches to track a participant's progress and provide personalized recommendations and motivational tips to help them stay on track with their goals in between visits</p>
Anticipated cost savings	<p>Milwaukee County can anticipate a savings range of \$5.20 to \$11.20 PMPM, an average across all conditions for the PHS clinical model. This is a reduction of medical and prescription costs based on paid claims PMPM, measured using a range of available data.</p> <p>Based on recent claims data analysis, Kaia Health offers an ROI of 3:1 with an average of \$1,819 saved per employee. This results from a reduction in MSK-related medical claims from downstream procedures, such as:</p> <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Chiropractic visits • Imaging and surgery • Reduced MSK-related pharmacy claims for pain (including opioids) 	<p>The SWORD program drives cost savings by improving outcome for your employees. Results show a:</p> <ul style="list-style-type: none"> • 64% reduction in surgery intent • 18% reduction in return-to-work time

Behavioral health

Behavioral health	UHC	Anthem
Behavioral health programs provided internally or externally	<p>Yes, provide internally</p> <p>Milwaukee County members and their families receive whole-person behavioral health support that considers all their preferences and behaviors, not just their diagnoses. Our behavioral health solution supports members as they move across the care continuum. We do this through:</p> <ul style="list-style-type: none"> • 24/7 guided access by phone or website • Digital resources, including self-paced tools like Calm Health • Virtual coaching programs including our Child and Family Behavioral Coaching • Therapy (virtual and in-person) and clinical support delivered by high-performing specialty providers • Utilization management to help make sure members receive evidence-informed treatment in the most appropriate setting while managing costs • Case management for members at risk for escalating care needs and worsening conditions • Facility-based care for members needing intensive treatment in settings where they can easily transition back to their lives • Crisis support to provide compassionate, specialized services when members have urgent or emergent needs <p>While your members will enjoy seamless continuity of care from one behavioral health solution, you will benefit from the simplicity and administrative efficiency we can provide</p>	<p>Yes, provide internally</p>

Behavioral health (continued)

Behavioral health	UHC	Anthem
Case management capabilities (carve-in versus carve-out)	A carve-in behavioral health solution packages overall contract administration, reporting, billing and account management to simplify administration. It can also provide behavioral health services customized to fit your medical carrier while delivering medical-behavioral coordination	Carve-in solutions allow for enhanced coordination with behavioral, medical, and health professionals due to sharing a common member management platform and having shared work processes intended to enhance the member experience by providing a streamlined care experience. Anthem's offer assumes our carved-in behavioral health program
Increasing member engagement in care management	<p>We encourage engagement in behavioral health case management through:</p> <ul style="list-style-type: none"> • Guided navigation: <ul style="list-style-type: none"> • Personalized recommendations matching members' reported needs • Network availability: <ul style="list-style-type: none"> • Specialty networks for eating disorders, SUDs, virtual visits and more • Communications: <ul style="list-style-type: none"> • Materials describe services and decrease the perceived stigma around getting help for behavioral health • Digital tools: <ul style="list-style-type: none"> • Virtual visits, member website, mobile apps, SUD resources and self-paced digital resources • SUD Helpline: <ul style="list-style-type: none"> • Phone-based anonymous support, education and coaching from SUD recovery advocates • Inbound and outbound case management engagement: <ul style="list-style-type: none"> • Through our member-centric approach, members receive help meeting their goals and enhancing their quality of life 	<p>Behavioral health clinicians provide interventions such as coaching, referrals, and provider coordination/case management to guide members to evidence-based care. Treatment delivery and appropriate use of guidelines and practices are monitored.</p> <p>Clinicians use a needs-based assessment to help quickly identify how case management can assist members. This strategy includes how calls are monitored, strongly emphasizing the value calls provide to members</p>

Behavioral health (continued)

Behavioral health	UHC	Anthem
<p>List and description all the digital health solutions or providers that would be available to members and included in your pricing as part of your behavioral health services and list any inclusion/exclusion criteria associated with each solution or provider</p>	<p>Members can access many digital support resources as they work on their mental health. We prioritize technologies that improve access to care and measure outcomes to demonstrate value. Some of the resources available include:</p> <ul style="list-style-type: none"> • Member website: <ul style="list-style-type: none"> • Members can find care, view benefits, manage claims and learn about behavioral health topics • Virtual therapy: <ul style="list-style-type: none"> • Virtual visits are a convenient alternative to in-person therapy • Calm Health: <ul style="list-style-type: none"> • This self-paced digital tool can help with resiliency and skills to manage emotions, sleep and mindfulness • Virtual treatment for eating disorders: <ul style="list-style-type: none"> • Members can work with a provider group offering up to one year of virtual therapy and CBT interventions to help with eating disorders • Coaching: <ul style="list-style-type: none"> • Less intensive than therapy, coaching can help adults, youth and families with low to moderate behavioral health needs <p>Additional digital tools and resources may be available based on the components of your program</p>	<p>Anthem Virtual Care gives members convenient access to behavioral health services from the privacy and comfort of their own homes. Effective behavioral health treatment offers real benefits to both members and employers; it can reduce depressive symptoms experienced by members and improve employee retention and productivity.</p> <p>Psychology</p> <p>Therapists available through our Virtual Video Visits are psychologists (Ph.D.) and MSW and LCSW-licensed counselors who can help members address common behavioral health issues such as:</p> <ul style="list-style-type: none"> • Stress • Anxiety • Depression • Relationship or family issues • Grief • Panic attacks • Coping with an illness <p>Appointments are available seven days a week, including evening hours, for members and their dependents age 10 years and older</p> <p><i>Refer to the following slide for additional information</i></p>

Behavioral health (continued)

Behavioral health	UHC	Anthem
<p>List and description all the digital health solutions or providers that would be available to members and included in your pricing as part of your behavioral health services and list any inclusion/exclusion criteria associated with each solution or provider</p>	<p><i>Refer to prior slide</i></p>	<p>Psychiatry</p> <p>Psychiatrists available through our Virtual Video Visits are licensed, board-certified doctors who specialize in psychiatry. They are trained in prevention and treatment techniques via telehealth and provide medication management support for conditions such as:</p> <ul style="list-style-type: none"> • Anxiety • Bipolar disorder • Major depressive disorder • Obsessive-compulsive disorder • Post-traumatic stress disorder <p>Appointments are available seven days a week, including evening hours, for members and their dependents aged 18 years and older.</p> <p>Psychiatrists are not able to prescribe controlled substances via online visits. Psychiatrists do not provide talk therapy; therapy sessions are available via the psychology practice</p>

Innovation

Innovation

Alternative health

Available alternative health services	UHC	Anthem
Acupuncture	✓	✓
Art and/or visualization therapy	X	X
Botanicals	X	X
Biofeedback	X	X
Chiropractic	✓	✓
Herbs/Supplements	X	X
Homeopathy	X	✓
Massage therapy	✓	✓
Meditation	X	X
Naturopathy	✓	✓
Nutrition counseling	✓	✓
Reflexology	X	X
Reiki	X	X
Relaxation/Stress reduction	✓	X
Tai chi	X	X
Yoga	X	✓
Functional medicine	X	X
Other	X	X
Cannot administer	X	X

Innovation

Discount services

Available discount services	UHC	Anthem
Acupuncture	✓	✓
Aromatherapy	X	X
Body care	X	✓
Chiropractic	X	✓
Herbs/Supplements	X	✓
DME/Hearing aids	X	✓
Foot care	X	✓
Health club/Fitness center membership	✓	✓
Laser eye surgery (e.g., LASIK)	X	✓
Massage therapy	✓	✓
Meditation	X	✓
Smoking cessation classes	X	✓
Stress relief	X	✓
Yoga tools	X	✓
Other	✓	X
Vision discounts	X	✓
Weight loss program	X	✓
Vitamins	X	✓
Labs — bloodwork	X	X
Labs — genetic testing	X	X

Innovation (continued)

Discount services

Available discount services	UHC	Anthem
Labs — stool sample	X	X
Labs — other	X	X
Pet Insurance	X	X
Hearing aids	X	✓
Functional medicine	X	X
Other	✓	X
Discounts not provided	X	X

Innovation

Alternative health

Alternative health	UHC	Anthem
<p>Availability of resources or services related to childcare and adult care</p>	<p>Available resources include:</p> <ul style="list-style-type: none"> Child Caregiver Support: Supports family and caregivers of children with developmental disabilities using digital and live support, including digital learning tools, resources and trainings, and personalized BCBA teleconsultations Family Support Program: Families and caregivers of children with complex behavioral health conditions are referred to licensed pediatric family support care advocates for case management services WorkLife Services: Helps members deal with the wide range of issues facing adults today, from changing lifestyles, work challenges and health changes to balancing their own needs with those of children and older family members <p>Additional costs may apply</p>	<p>With our Enhanced Employee Assistance Program (EAP), available to Milwaukee County for an additional fee, caregivers have access to live assistance from our specialized work-life consultants. Consultants work with caregivers to determine needs and identify appropriate resources, providing information on all available care options with sensitivity to quality, distance, and cost. We offer consultation, referrals, and educational materials related to special needs for individuals of all ages. This includes childcare and eldercare</p>

Innovation (continued)

Alternative health

Alternative health	UHC	Anthem
Availability of resources or services related to neurodiversity	<p>Neurodiversity covers the wide natural range of differences in brain function, how individuals process information and environment behavioral traits. Our extensive network of providers provides treatment and support for those with ASD, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, depression, anxiety and more.</p> <p>Medical necessity determinations for the behavioral health component of a treatment plan are based on evidence-informed best practice criteria published by the American Academy of Child and Adolescent Psychiatry. Both our clinical staff and network clinicians use clinical criteria for treating select disorders in children and adolescents, including neurodiversity and developmental disorder diagnoses</p>	<p>We consider Applied Behavioral Analysis (ABA) to be an evidence-based treatment for the symptoms of autism based on the available research.</p> <p>Our Autism Spectrum Disorder (ASD) program includes notification requirements and provides clinical review (precertification) for ABA therapy. The program also offers autism-focused case management services provided by a dedicated ASD team that specializes in working with families affected by ASD. The ASD program is included in the Wellbeing Solutions program fee</p>
Availability of resources or services related to Dementia and/or Alzheimer's	<p>We offer adult/elder support through WorkLife Services, helping members access various services associated with caregiving, such as:</p> <ul style="list-style-type: none"> • Dementia and/or Alzheimer's • Aging • Sudden and chronic illnesses • Disabilities <p>Referral topics include:</p> <ul style="list-style-type: none"> • Nursing homes • Respite care • Home care services • Case management services and others 	<p>Members can access tools and informational resources through the Sydney Community digital platform to connect them with people, services, and information, such as:</p> <ul style="list-style-type: none"> • Alzheimer's Association • Access educational information via anthem.com • The Healthwise library • Health guides <p>In addition, members can contact our 24/7 NurseLine for any concerns or additional information</p>

Innovation (continued)

Alternative health

Alternative health	UHC	Anthem
<p>Hearing aid coverage</p> <ul style="list-style-type: none"> Standard policy or book of business average Discount program? 	<ul style="list-style-type: none"> ✓ Benefits are provided for the hearing aid and for charges for associated fitting and testing. Benefits under this section do not include bone anchored hearing aids. Bone anchored hearing aids are a covered Health Service for which Benefits are available under the applicable medical/surgical Covered Health Services categories in this Certificate ✓ We have a national ancillary contract with EPIC Hearing Health Care 	<ul style="list-style-type: none"> ✓ Policy varies per client. It can be included as an Essential Health Benefit (EHB). If the benefit is an EHB, no annual or lifetime dollar limits are permitted. Annual or lifetime dollar limits must be removed, but may be replaced with permitted benefit limits which include occurrence limits, such as \$1,500 per hearing aid ✓ Anthem's Discount program includes special offers for health and wellness-related products and services, including hearing aids
<p>Wig coverage</p> <ul style="list-style-type: none"> Standard policy Medical necessity or certain diagnosis required? 	<ul style="list-style-type: none"> ✓ This is determined by the benefits coverage set-up by the employer. We are committed to working with you in developing an appropriate benefit level ✓ This is determined by the benefits coverage set-up by the employer. We are committed to working with you in developing an appropriate benefit level 	<ul style="list-style-type: none"> ✓ Policy varies per client. It can be included as an EHB. If the benefit is an EHB, no annual or lifetime dollar limits are permitted. Annual or lifetime dollar limits must be removed, but may be replaced with permitted benefit limits which include occurrence limits, such as one wig per calendar year ✓ Coverage for wigs is dependent on EHBs

Innovation

Gender affirming coverage

Gender affirming coverage	UHC	Anthem
Confirmation of non-binary gender identifiers accepted	<p>✓</p> <p>UnitedHealthcare can accept male (M), female (F) and unknown/undefined or undisclosed (U) as gender codes on the eligibility file. For members who choose to identify as non-binary, the customer should submit the gender code of U</p>	<p>✓</p> <p>Anthem offers a nonbinary gender selection to our membership process, allowing employers to enter “U” in the gender field on electronic enrollment transmission files (EET). This choice does not denote the member's gender identity preference, only that the gender is unknown/unspecified to Anthem. For paper applications, we will enter a “U” upon employer confirmation that the employee chose not to provide a gender value</p>
Behavioral health resources available to members (adult or pediatric) with gender dysphoria who are transitioning as well as parents/guardians of minors (age < 18 years) who have gender dysphoria	<p>Our resources include a committee of LGBTQ+ team members that meet regularly to create and support behavioral health initiatives. Examples include:</p> <ul style="list-style-type: none"> • Digital content design • Online peer communities and podcasts • Resources to help employers educate employees • Provider training to increase understanding and promote a more equitable, affirming and supportive behavioral health environment 	<p>County members who meet the requirements for gender dysphoria transitioning will have access to behavioral health services and resources for gender-affirming care. We encourage members to work with our medical and behavioral health case management, who can help guide them to a clinical care manager. This licensed professional will provide guidance and resources on behavioral health needs</p>

Innovation (continued)

Gender affirming coverage

Gender affirming coverage	UHC	Anthem
<p>Describe how you address preventive care for members who have been fully treated for their gender dysphoria, up to and including surgery</p>	<p>During enrollment members select their gender. The member's selected gender determines what gender-specific preventive reminders (when applicable) they may receive, such as mammograms or cervical cancer screenings.</p> <p>All individuals are eligible for our remaining preventive care reminders, such as adolescent or pediatric immunizations, LDL screenings and others.</p> <p>Coverage for health services is provided to an individual regardless of their sex assigned at birth, gender identity or recorded gender. Gender alone does not impact claim processing. For example, if a claim for a pap smear is received and the eligibility system indicates an M, the claim will still process and pay</p>	<p>The Centers for Medicare and Medicaid (CMS) released an FAQ about the implementation of the Affordable Care Act (ACA or Health Care Reform law). This FAQ includes new information about the coverage of sex-specific recommended preventive care services. The Departments of Labor, Health, and Human Services and Treasury (collectively, the Departments), clarify that health plans and issuers cannot limit sex-specific recommended services based on a person's sex assigned at birth, gender identity, or gender on record.</p> <p>The provider determines whether a recommended service is medically appropriate for the person (such as a mammogram for a transgender man who has residual breast tissue). If the provider deems the service as necessary and the person satisfies all other coverage requirements, the plan or issuer must cover the service at 100% with no cost share, regardless of sex assigned at birth, gender identity, or gender of the person as it is recorded by the plan or issuer. This is effective as of August 1, 2015.</p> <p>Claims that meet the preventive care criteria will be paid as preventive care for covered members, regardless of gender</p>

Innovation

Social determinants of health

Social determinants of health	UHC	Anthem
Able to accept race or ethnicity data on an eligibility or data feed?	<p>✓</p> <p>We can report on claims or utilization based on the race and ethnicity provided to us in the EDI file</p>	<p>✓</p> <p>Anthem can produce ad hoc reports with medical membership and claims data by age or gender upon request, and can identify outcomes, utilization, and diagnoses by race and ethnicity</p>
Customer service and/or advocates have knowledge of resources available based on member's needs / location?	<p>✓</p> <p>Our partnership with findhelp.org modifies the way in which advocates can assist members with resources that may be outside of traditional health care needs. SDOH factors are identified by dashboard alerts. Advocates can view these opportunities and provide guidance to help the member connect to resources within their community</p>	<p>✓</p> <p>County members will have access to health guides who can assist in finding resources based on their specific needs and locations. Members can also access information about local community resources on the Sydney Health app</p>

Innovation (continued)

Social determinants of health

Social determinants of health	UHC	Anthem
Partnership with outside organizations?	<p>✓</p> <p>Partnerships include:</p> <ul style="list-style-type: none"> • Any Baby Can • McNabb Center • Children's Wisconsin • Texas Association of Community Health Centers • University of Kentucky • Michigan Primary Care Association • HOPE Family Health • Health Care Center for the Homeless • Florida State University • University of Nevada, Las Vegas Foundation 	<p>✓</p> <p>A strong sense of community makes Milwaukee County a great place to live, work, and raise a family. Anthem places a strong emphasis on serving the communities where we are located. Our Foundation partners with national and local nonprofit organizations that are addressing physical, behavioral, and social needs of America's most vulnerable populations. While we have thousands of community partners, a few national examples include:</p> <ul style="list-style-type: none"> • Feeding America • American Red Cross, Direct Relief, and Fletcher Group • Creating Healthier Communities, March of Dimes, and Shatterproof <p>Our strategy underscores this commitment by focusing on strategic partnerships and programs that aid the health of the socially vulnerable in four areas:</p> <ul style="list-style-type: none"> • Maternal Health • Food as Medicine • Substance Use Disorder • Community Resiliency & Disaster Relief <p><i>Please see next slide</i></p>

Innovation (continued)

Social determinants of health

Social determinants of health	UHC	Anthem
Partnership with outside organizations?	<i>Please see prior slide</i>	<p>This work also addresses multiple domains of social drivers of health, including:</p> <ul style="list-style-type: none">• Healthy food access and food insecurity through grants that provide consistent access to nutritious food as an essential part of maintaining health. We are focused on programs that help prevent the onset of diet-related health conditions and demonstrate improved health outcomes <p>Partnership example: Feeding America</p> <ul style="list-style-type: none">• Neighborhoods and physical environment through grants and community initiatives that provide access to programs and services to individuals, including transportation and recovery housing to help improve health outcomes <p>Partnership examples: American Red Cross, Direct Relief, and Fletcher Group</p> <ul style="list-style-type: none">• Healthcare through grants supporting programs that improve access and quality of care, while supporting cultural competency for providers <p>Partnership examples: Creating Healthier Communities, March of Dimes, and Shatterproof</p>

Payment Integrity

Payment integrity

Fraud, waste and abuse

Payment integrity	UHC	Anthem
<p>Availability of a fraud, waste and abuse hotline and if applicable, a description of how the reporting process works, including hours of operation, ways to access the hotline and estimated turnaround on follow-up investigations</p>	<p>We make a hotline available 24/7/365. We also provide your AMT with access on your behalf for tip submissions. We designed the FWA hotline to enable plan members to easily and confidentially report any issue or instance of fraud waste and abuse.</p> <p>Investigative timelines are dependent upon the investigation. Tip referral triage may take up to 30 days (perhaps 60 should medical records be needed). Should the investigation move forward to pre-pay and or post-pay investigative teams, the investigation timelines would be determined by the actions required to complete the investigation. Generally, the pre-pay timeline is up to 90 days, and the post-pay timeline is up to 200 days. Should law enforcement become engaged, the timeline would be dependent upon the external agency</p>	<p>Yes. We maintain fraud hotlines for members, providers, and employees to use when calling to report potential fraud to the SIU. Members and providers can report allegations of fraud by:</p> <ul style="list-style-type: none"> • Calling our clinical and concierge member representatives • Submitting a referral through an external web form • Calling our hotline <p>Employees can use the same resources in addition to an internal Intranet fraud referral form. The SIU can receive referrals 24/7. FWA referrals are held in strict confidence. No information is shared with other parties internally or externally that are not involved with the referral and/or case. The SIU does not routinely update consumers or associates who make fraud referrals, as doing so may potentially compromise an investigation</p>

Performance Guarantee Details

Performance guarantee details

Performance guarantees	Measurement	UHC	Anthem
% and \$ of admin fees willing to put at risk for Performance guarantees		10.2% \$221,000	20% We are offering \$550,000 in operations guarantees
Guarantees:			
Plan sponsor satisfaction with plan implementation <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	One-time survey	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Financial accuracy <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	≥ 99.2%	<ul style="list-style-type: none"> X 14.3% 	<ul style="list-style-type: none"> X 0%
Payment accuracy <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	≥ 97.0%	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%

Performance guarantee details (continued)

Performance guarantees	Measurement	UHC	Anthem
Procedural accuracy • Confirmation of performance definition • Proposed % of fees at risk	≥ 98.0%	<ul style="list-style-type: none"> • X • 14.3% 	<ul style="list-style-type: none"> • X • 0%
Overall accuracy • Confirmation of performance definition • Proposed % of fees at risk	≥ 95.0%	<ul style="list-style-type: none"> • X • 0% 	<ul style="list-style-type: none"> • X • 0%
Time to pay • Confirmation of performance definition • Proposed % of fees at risk	94.00% of claims will be processed within 10 business days of receipt	<ul style="list-style-type: none"> • ✓ • 14.3% 	<ul style="list-style-type: none"> • X • 0%
Time to pay • Confirmation of performance definition • Proposed % of fees at risk	99.00% of claims will be processed within 20 business days of receipt	<ul style="list-style-type: none"> • X • 0% 	<ul style="list-style-type: none"> • X • 0%
Average speed to answer • Confirmation of performance definition • Proposed % of fees at risk	30 seconds or less	<ul style="list-style-type: none"> • ✓ • 14.3% 	<ul style="list-style-type: none"> • X • 0%
Abandonment rate • Confirmation of performance definition • Proposed % of fees at risk	< 2.0%	<ul style="list-style-type: none"> • X • 14.3% 	<ul style="list-style-type: none"> • X • 0%
First call resolution • Confirmation of performance definition • Proposed % of fees at risk	≥ 90.0%	<ul style="list-style-type: none"> • X • 0% 	<ul style="list-style-type: none"> • X • 0%

Performance guarantee details (continued)

Performance guarantees	Measurement	UHC	Anthem
Claim adjustment turnaround time <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	95.00% within two business days; 98.00% within five business days	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Open issue resolution time <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	95.00% within two business days; 98.00% within five business days	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Overpayment recovery <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	85.00% recovered within 120 calendar days	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Monthly reports <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	Available within 10 days of month's end	<ul style="list-style-type: none"> ✓ 0% 	<ul style="list-style-type: none"> X 0%
Reimbursement for any claim payments that were incurred as a result of incorrect benefit plan programming <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	This will be verified by reviewing Milwaukee County's SPD and/or carrier's plan documentation	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Reimbursement for any claim payments that were incurred as a result of incorrect information provided by a customer service representative <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	This will be verified by reviewing inquiry documentation or call recording	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Provider turnover/network disruption <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	< 5% per year	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%

Performance guarantee details (continued)

Performance guarantees	Measurement	UHC	Anthem
Reimbursement for any claim payments that were incurred as a result of incorrect benefit plan programming <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	This will be verified by reviewing Milwaukee County's SPD and/or carrier's plan documentation	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Reimbursement for any claim payments that were incurred as a result of incorrect information provided by a customer service representative <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	This will be verified by reviewing inquiry documentation or call recording	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Provider turnover/network disruption <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	< 5% per year	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%

Performance guarantee details (continued)

Performance guarantees	Measurement	UHC	Anthem
Plan data feeds to data warehouse partner <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	Medical data delivered completely and accurately by the twentieth of the month after the close of the month	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Clinical and/or wellness program participant engagement <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	Health management and wellness program data delivered completely and accurately by the twentieth of the month after the close of the quarter	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%

Performance guarantee details (continued)

Performance guarantees	Measurement	UHC	Anthem
Clinical and/or wellness program participant or population-based outcomes for clinical and financial metrics <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	Health management and wellness program data delivered completely and accurately by the twentieth of the month after the close of the quarter	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Health management and wellness program data feeds to data warehouse partner <ul style="list-style-type: none"> Confirmation of performance definition Proposed % of fees at risk 	Health management and wellness program data delivered completely and accurately by the twentieth of the month after the close of the quarter	<ul style="list-style-type: none"> X 0% 	<ul style="list-style-type: none"> X 0%
Other <ul style="list-style-type: none"> Definition Proposed % of fees at risk 	<ul style="list-style-type: none"> Please see our proposed performance guarantee exhibit for additional guaranteed offered 0% 		<ul style="list-style-type: none"> Account Management Satisfaction and Website Availability 0%
Willing to offer a claim trend guarantee	✓		X We are not offering a trend guarantee, at this time