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Welcome to Executive Forum, one of our largest and, I believe, one of the best conferences HCAA has ever offered!

We understand that your attendance at Executive Forum is costly, when measured in both money spent and time away from the office. We are also keenly aware that we must provide a significant ROI in order justify your time and expense. You have my promise that this Executive Forum will exceed your expectations, but only if you “communicate”.

Communication is a two-step process. Someone speaks, and someone listens. Problems only arise when those who are listening finish before the speaker has finished speaking. Therefore, please participate. Communicate with the speakers and your fellow attendees and be assured that with over 400 attendees, what you share, will be returned exponentially.

HCAA is a family, comprised of our member TPA’s and the vendors and business partners that support them. That is why we work hard to have the vendors and business partners in the same room in most of our sessions. Take advantage of the proximity with our vendors, “kick their tires” and communicate with them.

They say what happens in Vegas stays in Vegas. Perhaps that may apply to some of your activities, but it is my sincere hope that what happens at this conference will bring great value when it’s brought back home.

Have a great conference!

Steve Rasnick
HCAA President 2017-2018
**WiFi Access**

Please note that access is from 2/5 – 2/7 and works only in meeting space near the event.

**Login Instructions**

1. With your device turned ON, set your wireless adapter SSID to **HCAAEF**
2. Open a web browser
3. Enter the code **HCAA2018** when prompted
HCAA MISSION STATEMENT

HCAA MISSION STATEMENT
HCAA’s mission is to improve the quality, sustainability and value of self-funding and health care benefit administration.

HCAA CORE VALUES
Leadership: Relevant, timely and visionary action on behalf of TPAs and their industry partners.
Development: Providing opportunities for education, learning, growth, and resources for our members.
Integrity: Ethical behavior, fairness in judgments and transparency in decision-making.
Inclusiveness: Connection among passionate industry advocates and the respectful exchange of ideas and concerns in a safe and collaborative environment.
Quality: High standards and appreciation of the expertise and knowledge of our members.

HCAA VALUE PROPOSITION
HCAA’s cultural environment is collegial and inclusive, focused on the success of health benefit administrators.

HCAA VALUE STATEMENT
To be the global resource for health benefit administration.

CONTINUING EDUCATION (CE)

Attendees desiring CE credit must complete an Affidavit of Attendance, available at the Registration desk. This completed form must be returned to the Registration Desk at the end of the conference. Note: no partial credit is given. You must attend the full conference, each day, to be granted the credits offered.

We have been awarded the following credits in the states listed:

- **Arizona**
  - 9 General
- **California**
  - 6 Accident & Health
- **Colorado**
  - 9 Life/Accident & Health
- **Georgia**
  - 9 Life & Accident, Sickness
- **Illinois**
  - 9 General
- **Indiana**
  - 9 Life, Accident & Health
- **Kansas**
  - 9 Life/Health
- **Massachusetts**
  - 8 General
- **Michigan**
  - 9 Life/Health
- **Missouri**
  - 8 Life/Health
- **Montana**
  - 8 Life
- **Nevada**
  - 9 Life/Health
- **Ohio**
  - 9 General
- **Oregon**
  - 9 Life/Health
- **Texas**
  - 5 General
- **Washington**
  - 9 General
- **Wisconsin**
  - 9 General

Credit awards are pending at this time from Florida. HCAA has partnered with CEU Institute as the continuing education provider for the conference. Contact us if you have questions on CE. Updates on pending CE credit awards will be given at the conference registration desk on site.
HCAA ANTITRUST POLICY

Association Antitrust Compliance Policies and Procedures

It shall be the policy of the Association to be in strict compliance with all Federal and State Antitrust laws, rules and regulations. Therefore:

I. These policies and procedures apply to all membership, board, committee and other meetings sponsored by the Association, and to all meetings attended by representatives of the Association.

II. Discussion of prices or price levels is prohibited. In addition, no discussion is permitted of any elements of a company's operations which might influence price such as:
   a. Cost of operations, supplies, labor or services;
   b. Allowance or discounts;
   c. Terms of sale including credit arrangements; and,
   d. Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost or efficiency is merely incidental.

III. It is a violation of Antitrust laws to agree not to compete, therefore, discussions of division of territories or customers or limitations on the nature of business carried on or products sold are not permitted.

IV. Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or unfavorable reports about particular companies including their financial situation.

V. It is the Association's policy that all meetings attended by representatives of the Association where discussion can border on an area of antitrust sensitivity, that the Association's representative request that the discussion be stopped and ask that the request be made part of the minutes of the meeting being attended. If others continue such discussion, the Association's representative should excuse herself from the meeting and request that the minutes show that she left the meeting at that point and why she left. Any such instances should be reported immediately to the President and Executive Director.

VI. It is the Association's policy that a copy of these Antitrust Compliance Policies and Procedures be given to each officer, director, committee member, official representative of member companies and Association employees annually and that the same be read or understood at all meetings of the membership of the Association.

HCAA ETHICS POLICY

Purpose

The pursuit of the goals of HCAA requires a shared commitment to the core purpose of supporting health care benefit administration and to our core values of leadership, development, integrity, inclusiveness and quality, as well as a commitment to the ethical conduct of all our members. In that spirit, the HCAA Code of Ethics is a statement of our belief in ethical, legal and professional behavior in all of our dealings inside our organization and in each member's respective business.

Applicability

The HCAA Code of Ethics applies to all members of HCAA.

1. Fair Dealing
   Members of HCAA are expected to conduct themselves ethically, honestly and with integrity in all dealings. This means adhering to the principles of fairness, good faith, respect consistent with current laws and regulations. No unlawful practice or a practice at odds with these standards can be justified on the basis of customary practice, expediency, or achieving a “higher” purpose.

2. Individual Responsibility and Accountability
   Members of HCAA are expected to exercise responsibility appropriate to their position and involvement in its various task forces or committees. They are expected to accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct themselves with professional competence, fairness, impartiality, efficiency and effectiveness. They are to act with integrity, demonstrate fairness in judgments and have transparency in decision-making.

3. Respect for Others
   HCAA prohibits discrimination and harassment and provides equal opportunities for all members and applicants regardless of race, national origin, religion, gender identity, maternity, physical or mental disability, medical condition, ancestry, marital or family status, age, or sexual orientation.

4. Compliance with Applicable Laws and Regulations
   Members of HCAA must remain in compliance with all laws and regulations applicable to their business practices. HCAA maintains a no tolerance approach to any sort of fraud and abuse or illegal activity of any kind.

5. Conflicts of Interest or Commitment
   HCAA members are expected to devote professional allegiance to HCAA and to its mission. Some outside professional activities, personal financial interests, or acceptance of benefits from other members or third parties can create actual or perceived conflicts between HCAA’s mission and a member’s private interests. In all matters, members are expected to take appropriate steps, including consultation if issues are unclear, to avoid both conflicts of interest and the appearance of such conflicts.

6. Confidentiality/Privacy and Access
   Information that is proprietary to HCAA (such as meeting minutes, board activity, committee/task force activity, voting, and planned activities) is considered proprietary. Reproduction of documents or sharing of information must be approved by the board if its use is for those other than HCAA members.

7. Use of HCAA Resources
   Use of HCAA resources including dues and revenues, HCAA name/logo, and meeting records must be Board approved and the nature and desired outcomes of said use must be in agreement with the HCAA’s mission, goals and strategic initiatives.

8. Reporting Violations
   Members of the HCAA are strongly encouraged to report to the Board all known or suspected improper activities or violations of the Code of Ethics. Reporting parties can remain anonymous.

The Ethics form is then given to and signed by all HCAA Board Officers, Directors, PPC, Committee/Task Force participants and is kept on file in Association offices.
MONDAY, FEBRUARY 5, 2018
12:00 PM – 5:00 PM    Registration & Networking with Sponsors
5:30 PM – 7:00 PM    Welcome Reception

TUESDAY, FEBRUARY 6, 2018
8:00 AM – 8:30 PM    Breakfast & Networking
8:30 AM – 9:00 AM    Welcome and Opening Remarks
9:00 AM – 10:30 AM    The Future of Health & Medicine: Where Can Technology Take Us?  
                      Presented by: Daniel Kraft, MD
10:30 AM – 10:50 AM    Break
10:50 AM – 11:50 AM    The Art of Customer Engagement - Giving Heart and Structure to Your Organization  
                      Presented by: Diane Magers, CEO, Customer Experience Professionals Association
11:50 PM – 12:00 PM    Announcements/Notices
12:00 PM – 1:30 PM    Lunch
1:30 PM – 1:35 PM    Emcee Introduction of Afternoon Sessions
1:35 PM – 2:25 PM    Why Improved Doctor-Patient Communication on Prices Can Curb Costs  
                      Presented by: Elisabeth Rosenthal, MD
2:25 PM – 2:40 PM    Break
2:40 PM – 3:30 PM    AHP’s Opportunities & Challenges  
                      Presented by: Lawrence Thompson, Founder, Inventavis, LLC
3:30 PM – 5:00 PM    The ‘What…. If’ Experience  
                      Presented by: Mike Rayburn
5:00 PM – 5:05 PM    Emcee Wrap-up and Notices
5:05 PM – 5:30 PM    Attendee Free Time
5:30 PM – 7:00 PM    Second Night Reception

WEDNESDAY, FEBRUARY 7, 2018
8:00 AM – 8:30 AM    Breakfast & Networking
8:30 AM – 8:40 AM    Emcee Welcome, Notices & Introductions
8:40 AM – 9:40 AM    Healthcare Reform and the Failure of Washington. What Now?  
                      Presented by: Sal Nuzzo, The James Madison Institute
9:40 AM – 10:00 AM    Break
10:00 AM – 10:55 AM    How to Become a Local Media Health Insurance Expert  
                      Presented by: Kate Dailey, Trey Hinson and Zach Swenson; Ocozzio, Inc.
10:55 AM – 11:50 AM    Beyond Centers of Excellence: Employing Bundled Payments Across Your Provider Network  
                      Presented by: Bill Nordmark, Aver Inc.
11:50 AM – 12:00 PM    Closing Remarks and Wrap Up

EMERGING LEADERS POST CONFERENCE SEMINAR
12:30 PM – 1:15 PM    Lunch and Networking
1:15 PM – 1:30 PM    Introduction of Program, Notices and Intro
1:30 PM - 2:30 PM    Executive Presence: The Key to Earning Your Seat at the Table - Part 1  
                      Presented by: Dr. N. Elizabeth Fried
2:30 PM – 2:45 PM    Break
2:45 PM – 4:15 PM    Executive Presence: The Key to Earning Your Seat at the Table - Part 2  
                      Presented by: Dr. N. Elizabeth Fried
4:15 PM – 4:50 PM    Orientation to Your CSFS Designation  
                      Presented by: Carol Berry, CSFS
4:50 PM – 5:00 PM    Closing Remarks
Ernie Clevenger — President & CEO, CareHere

Since 1983, Mr. Clevenger has worked in the self-funded community in various capacities including: Chairman and President of the Self-Insurance Institute of America, Chairman of the Workforce for Electronic Data Interface (WEDI) advising United States Department of Health & Human Services, President of American Progressive Benefits and Executive Vice President of Alliance Underwriters and two of the nation’s leading providers of stop loss insurance for self-insured employers. Mr. Clevenger and Ben Baker co-founded CareHere in January 2004.

Mr. Clevenger is a graduate of David Lipscomb University and received his MBA from the Owen Graduate School of Management of Vanderbilt University. He received his FLMI from the Life Management Institute.

Daniel Kraft, M.D.

Daniel Kraft is a Stanford and Harvard trained physician-scientist, inventor, entrepreneur and innovator. With over 20 years of experience in clinical practice, biomedical research and healthcare innovation, Kraft has chaired the Medicine Track for Singularity University since SU’s inception. He is the founder and executive director of Exponential Medicine, a conference that explores convergent, rapidly developing technologies and their potential in biomedicine and healthcare.

Following undergraduate degrees from Brown University and medical school at Stanford, Kraft was board certified in both Internal Medicine and Pediatrics after completing a Harvard residency at the Massachusetts General Hospital & Boston Children’s Hospital, and fellowships in hematology, oncology and bone marrow transplantation at Stanford.

He has multiple patents on medical device, immunology and stem cell related patents through faculty positions with Stanford University School of Medicine and as clinical faculty for the pediatric bone marrow transplantation service at University of California, San Francisco.

Kraft’s academic research has focused on: stem cell biology and regenerative medicine, stem cell derived immunotherapies for cancer, bioengineering human T-cell differentiation and humanized animal models. Clinical work focuses on: bone marrow and hematopoietic stem cell transplantation for malignant and non-malignant diseases in adults and children, medical devices to enable stem cell based regenerative medicine, including marrow derived stem cell harvesting, processing and delivery. He also implemented the first text-paging system at Stanford Hospital.

Kraft recently founded Bioniq Health, focused on enabling connected, data driven, and integrated personalized medicine. He is also the inventor of the MarrowMiner, an FDA approved device for the minimally invasive harvest of bone marrow, and founded RegenMed Systems, a company developing technologies to enable adult stem cell based regenerative therapies.

Kraft is an avid pilot and has served in the Massachusetts and California Air National Guard as an officer and flight surgeon with an F-16 fighter Squadron. He has conducted research on aerospace medicine that was published with NASA, with whom he was a finalist for astronaut selection.

Kraft’s experience and vision in many ways epitomizes the kind of out-of-the-box thinking that is shaping, not only the future of healthcare, but also the future of wellness, prevention and biopharma.
Diane Magers — CEO, Customer Experience Professionals Association

Diane is a passionate, experienced Customer Experience executive, change agent and sherpa for new and developing customer obsessed leaders. She believes that brands who win choose to focus on human and emotional elements of business.

Diane has over 25 years of building and growing Customer and Employee focus. She is currently interim CEO for the Customer Experience Professionals Association. Most recently at AT&T, she led Customer Experience strategy by transforming customer and associate engagement. In 2011, she founded Customer Experience Catalysts as a consultancy and thought leader for organizations who were launching or progressing customer and employee experience to grow their brand value. She also developed and led Customer Engagement at Sysco Foods Corporation.

Diane holds an M.S. in Psychology and an M.B.A. She is a Certified Customer Experience Professional (CCXP) and also holds NPS, VoC and CEM certifications.

Elisabeth Rosenthal, M.D.

Dr. Elisabeth Rosenthal was for twenty-two years a reporter, correspondent, and senior writer at The New York Times before becoming the editor in chief of Kaiser Health News, an independent journalism newsroom focusing on health and health policy. She holds an MD from Harvard Medical School, trained in internal medicine, and has worked as an ER physician. She lives in New York City and Washington, DC.

Lawrence Thompson

Mr. Thompson is Co-Founder of Inventavis, LLC. Inventavis is a unique service and product company focused on innovation and success in the healthcare vertical domestically and internationally. Concurrently, he is CEO of BSI Strategic Consulting, a healthcare consulting firm he founded in 2002.

Prior to BSI, Mr. Thompson was the President of Health insurance Company of America and Regional President for Pomco, Inc. – a reinsurance carrier and one of the largest independent TPAs in the US.

Prior to joining Pomco he was COO of Healthnow Administrative Services (HNAS) and SVP of HealthNow New York, Inc. which owns two Blue companies as well as HNAS. His responsibilities included P&L for all large case Blue business, TPA and brokerage operations, totaling over $1.9 billion annually.

Mr. Thompson is a past Chairman of the Self Insurance Institute of America (SIIA), a past President of both his local NAHU and NAIFA chapters, a past Board Member of CAHU and has served on several non industry Boards. He has been very active in shaping both State and Federal healthcare regulation and currently serves as Chairman of the Government Relations Board for SIIIA. He is an accomplished speaker having delivered over 600 presentations nationally in the last 20 years.
Mike Rayburn
As a Hall of Fame international keynote speaker, author, comedian, and world-class guitarist, Mike Rayburn is an inspirational thought leader and one of the most in-demand and un-conventional keynote artists in the world. Drawing from his success as an entrepreneur as well as a Carnegie Hall headliner, Mike is a master at increasing profitability and impact by inspiring your team to become possibility thinkers and virtuoso performers... all by daring you to ask the question, “What if...?”

The “What If...?” Experience is Mike’s transformational, hilarious keynote presentation. In it Mike uses his amazing guitar work and hilarious comedy as a metaphor, to illustrate three tools designed to turn your team into an army of innovators with the peak performance skills to transcend the status quo to stop managing change, and lead by creating change. Oh... and they’ll laugh so hard it hurts!

The measure of any speaker is the results they produce. Mike is consistently cited as “the hit of the conference,” and “what we needed and didn’t even know it.” More importantly, businesses regularly attribute significant, sometimes exponential increases in sales, impact and morale to the application of Mike’s keynote tools and breakout session content.

Also, in the same way a great song gets stuck in your head, Mike’s “What if...?” message gets repeated over and over, imprinting his most powerful tool in their memories and affecting immediate results and permanent improvement.

Always on the cutting edge, international keynote speaker Mike Rayburn is a Certified Speaking Professional (CSP), Hall of Fame speaker (CPAE), two-time TEDx presenter, has performed more than 4,000 presentations and his comedy remains in heavy rotation on Sirius/XM radio. Mike has been featured in USA Today, Newsweek, Billboard, American Entertainment, Gig, and Successful Meetings magazines.

Sal Nuzzo — VP of Policy, The James Madison Institute
A native of high-tax/low-growth Connecticut, he left New England for Florida State University, a warmer climate and a healthier economy.

Sal has spent his 20-year career engaged in the policy arena – in the Florida legislature, as a policy consultant across the country, and with free enterprise organizations in the Sunshine State.

Prior to his tenure with The James Madison Institute, he served with the Florida Chamber of Commerce, where he directed the Chamber Foundation’s policy research efforts.

Sal earned his degree in economics with a concentration in Public Policy from FSU while serving with the Florida Legislature’s Office of Program Policy Analysis and Government Accountability (OPPAGA).

He is a frequent contributor to state and national publications that deal with the substantive issues of the day, and toils in the weeds as a member of several policy work groups that advise Congressional and White House leaders, both Republican and Democrat.
Kate Dailey — Director of Accounts, Ocozzio
Kate has one speed— fast. Often seen running full tilt through the office, Kate’s commitment to exceptional service has served her well as Director of Accounts at Ocozzio. Overseeing a team of talented project leaders, Kate brings dedication to getting the job done and creative problem solving skills to each task at hand. Kate’s need for speed keeps her active outside of office hours as well. She volunteers with a local environmental advocacy group, appears in area theater and film productions, and spends all her remaining time with her husband working on renovating their home.

Trey Hinson — Executive Vice President, Ocozzio
Before joining Ocozzio, Trey started his career in the (big, bad) world of the Carriers, serving in a variety of leadership roles between operations, marketing and sales. Raised in a political family from the age of 8, Trey is quite familiar with media relations and the subtle art of story-telling while under pressure. With an undergrad degree from the University of South Carolina’s School of Business and an MBA from Webster University, he combines strategic principles with real world knowledge for aligning marketing strategies to maximize budgets and enhance positive exposure.

Zach Swenson — Client Relations, Ocozzio
Zack is a natural born “front-man”. Put him in front of a band or in front of a camera and he’s going to win hearts and minds. Zach spends his days leading the Business Development efforts of Ocozzio. His nights and weekends are devoted to his wife and three young children.

Bill Nordmark — Chief Commercial Officer, Aver Inc.
Bill Nordmark is the Chief Commercial Officer at Aver Inc, the bundle benefits management company. Nordmark brings decades of experience to Aver in the innovation and development of health care reimbursement systems, as well as the growth of early stage companies.

Most recently, Bill held multiple management positions during his 11-year tenure at PaySpan, including leading its Payer Economics business unit, and most recently serving as Chief Growth Officer. Prior to Payspan, he was the Director of National Sales with Washington Publishing Company (WPC), a leader in developing, implementing, and supporting health care data standards. Before WPC, he was Vice President of Sales for Clearwave Corporation, a provider of self-service patient registration.
SPEAKERS

Julie Wohlstein — Centrix Benefit Administrators
Julie Wohlstein, CSFS, M.A.S., is President of Centrix Benefit Administrators and is responsible for its operations including business planning, enterprise accountability, marketing, client services, government and provider relations, claims and health care services. Julie brings over 35 years of experience overseeing all phases of operational management. Prior to joining Centrix Benefit Administrators, Julie held increasingly more responsible positions with several large Third Party Administrators. Also notable were her years at Mercer, in their Brokerage and Consulting Division. Her undergraduate studies were in Gerontology at Ohio University. At the University of California San Diego, Julie earned a Healthcare Executive Leadership Certificate and a M.A.S (Masters of Advanced Studies) in Leadership of Healthcare Organizations. Julie is a Licensed Life and Disability Producer, an active member of the San Diego Health Underwriters Association (SDAHU) and the Self Insurance Institute of America (SIIA). Julie is also a Rotarian. Julie and her husband of 39 years, Craig, have 7 children.

Dr. N. Elizabeth Fried
Dr. N. Elizabeth Fried, author, consultant, and executive coach, has been president of N. E. Fried and Associates, Inc. since 1983. In 2017, The California State Business Awards named her firm as the Best in Executive Coaching & Excellence for Leadership Training Programs, and the San Diego Business Journal named her firm in its 2016 and 2017 Book of Lists as among the top 16 Executive Training companies. In 2012 CoachingGurus.net ranked her for the third consecutive year as one of the top 15 most influential coaches in the world. She has contributed chapters to Coaching for Success (2009) and Extreme Excellence (2008) as well as authored two books focused on human resources. Fried received her Ph.D. from The Ohio State University and served two terms as the president of the San Diego Professional Coaches Alliance. Her “heart work” is volunteering for The Honor Foundation, where she coaches Navy SEALS, Marine Raiders and other special operators how to transition from the military to the civilian workforce. A vibrant and informative speaker, she regularly addresses audiences on executive development issues.

Carol Berry, CSFS
As HCAA's Chief Executive Officer, Ms. Berry is responsible for increasing industry presence of HCAA and for promoting membership activity and the value of connection. She is responsible for supporting the efforts of HCAA's Board to maintain and enhance current relationships with sister organizations and for creating new relationships, that bring value to HCAA. She also provides strategic direction and operational oversight for HCAA's association management company. Ms. Berry reports to HCAA's Executive Board.
Ms. Berry has extensive experience in health care, self-funding and software industries providing them with corporate leadership, operations consulting, product positioning and strategic planning services. She has held successful executive positions in self funding, managed care, behavioral health, and group medical insurance companies. She served as HCAA's President 2001-2002 and was awarded the HCAA designation of a Certified Self Funding Specialist® (CSFS®) in July, 2009. She has been HCAA's first CEO since 2014.
MONDAY, FEBRUARY 5

12:00 PM – 5:00 PM  Registration & Networking with Sponsors

5:30 PM – 7:00 PM  Welcome Reception

TUESDAY, FEBRUARY 6

8:00 AM – 8:30 PM  Breakfast & Networking

8:30 AM – 9:00 AM  Welcome and Opening Remarks

9:00 AM – 10:30 AM  The Future of Health & Medicine: Where Can Technology Take Us?  
*Presented by: Daniel Kraft, MD*

From the perspective of a leading physician-scientist, inventor and innovator, Dr. Daniel Kraft will examine rapidly emerging, game-changing and convergent technology trends and how they are and will be leveraged to change the face of healthcare and the practice of medicine in the next decade, crossing the healthcare continuum from health and prevention to diagnostics and therapy. A dive into where emergent fields such as low cost personal genomics, digital health, crowdsourced data, molecular imaging, wearable devices & mobile health, synthetic biology, robotics, artificial intelligence, 3D printing to gene therapy and regenerative medicine are transforming healthcare, and have the potential to enable clinicians, empower patients and payers and deliver better, more proactive care while improving outcomes at lower cost.

10:30 AM – 10:50 AM  Break

10:50 AM – 11:50 AM  The Art of Customer Engagement - Giving Heart and Structure to Your Organization  
*Presented by: Diane Magers, CEO, Customer Experience Professionals Association*

“Customer Experience is the only differentiator that's left.” We live in an always-on world, and customers expect brands to anticipate and meet their needs in real time. The customer experience is about so much more than service — it's about feeling heard, getting answers to questions, having problems fixed, and feeling a human connection to the brand. Customer engagement is about encouraging your customers to interact and share in the experiences you create for them as a business and a brand. When executed well, a strong customer engagement strategy will foster brand growth and loyalty.

11:50 PM – 12:00 PM  Announcements/Notices

12:00 PM – 1:30 PM  Lunch

1:30 PM – 1:35 PM  Emcee Introduction of Afternoon Sessions

1:35 PM – 2:25 PM  Why Improved Doctor-Patient Communication on Prices Can Curb Costs  
*Presented by: Elisabeth Rosenthal, MD*

Now that patients are spending more of their own money out-of-pocket, financial discussions and transparent disclosure need to be a part of the doctor-patient interaction. Fortunately, patients and doctors are natural allies in improving our healthcare system. In this lecture, Dr. Rosenthal addresses how both parties can work together to keep costs down, advises patients on how to fight back against big bills and unfair financial treatment, maintain mutual respect, and assist each other on the path to reform.

2:25 PM – 2:40 PM  Break
2:40 PM – 3:30 PM  
**AHP’s Opportunities & Challenges**  
*Presented by: Lawrence Thompson*

The Presidential Executive Order authorizing the development of Association Health Plans is now translated into a proposed set of regulations published January 5, 2018. Based on these regulations this session will share opportunities and challenges for the self-funded industry – TPA’s, Reinsurance companies, PBM, brokers and vendors. Estimates show 11 million lives will migrate to these plans representing a significant opportunity for the self-funded industry.

Aside from an Overview of the DOL proposed AHP regulations, we will identify many opportunities for TPA’s and other self-Insurance vendors. While the challenges are few, we will outline each and why they are critical to understand. Learn about this significant change in ERISA guidelines that will expand the self-funded market significantly.

3:30 PM – 5:00 PM  
**The ‘What…. If’ Experience**  
*Presented by: Mike Rayburn*

The most common words associated with healthcare today are “change” and “uncertainty.” From hospitals to health insurance to long term care providers the mantra is, “We’re trying to manage change.” Rayburn’s “What IF Keynote Experience” offers simple tools and real-life solutions for changing the healthcare provider’s mindset from one of “managing change” to “creating change.” Finding possibilities where others are missing them. The legal and economic reinventions in healthcare can be leveraged as opportunities. Rayburn provides not just solutions but the inspiration to do just that. It is easy to get caught up in the numbers, the law changes and HIPAA requirements and forget there is a purpose behind it all. That person on the other side is a person who needs your healthcare solution and is the reason you started this in the first place. Let’s draw from that purpose as a source of strength, the reason behind using your uniqueness and always improving.

5:00 PM – 5:05 PM  
**Emcee Wrap-up and Notices**

5:05 PM – 5:30 PM  
**Attendee Free Time**

5:30 PM – 7:00 PM  
**Second Night Reception**

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**WEDNESDAY, FEBRUARY 7**

8:00 AM – 8:30 AM  
**Breakfast & Networking**

8:30 AM – 8:40 AM  
**Emcee Welcome, Notices & Introductions**

8:40 AM – 9:40 AM  
**Healthcare Reform and the Failure of Washington. What Now?**  
*Presented by: Sal Nuzzo, The James Madison Institute*

At our 2017 Annual Meeting, lunch attendees were treated to an inside perspective on the path ahead for repealing the disaster known as Obamacare. A prophetic takeaway came when our presenter, Sal Nuzzo (Vice President of Policy for The James Madison Institute), implored us all to “never underestimate the power of the United States Congress to completely mess something up.” And here we are. No closer to reform, seemingly no path ahead at the federal level. And Republicans control the House, the Senate, and the White House. What’s ahead? What can we look for in positive paths for our health care system? We asked Sal to come back this year, refrain from using the words “I told you so” and plot out what’s happening and what we can support in our home states.

9:40 AM – 10:00 AM  
**Break**
10:00 AM – 10:55 AM  
**How to Become a Local Media Health Insurance Expert**  
*Presented by: Kate Dailey, Trey Hinson and Zach Swenson; Ocozzio, Inc.*

Healthcare and health insurance continue to be hot topics in the news. Whenever local news outlets search for a “local expert” on health insurance they seem to always turn to fully-insured brokers or companies. Most media folks don’t realize that self-funded programs are how most people receive health insurance benefits. Let’s change that! Let’s provide local media with a place to turn for viable, engaging information from a real health insurance expert.

10:55 AM – 11:50 AM  
**Beyond Centers of Excellence: Employing Bundled Payments Across Your Provider Network**  
*Presented by: Bill Nordmark, Aver Inc.*

Over the past 10 years, bundled payments have grown in popularity with purchasers of health care due to their ability to improve clinical outcomes while controlling costs. Among the earliest implementations of bundles were “Center of Excellence” (or COE) programs, where self-insured employers directly contract with brand name providers for certain high acuity services. While generally effective, relatively few members take advantage of these arrangements due to their limited clinical scope and stringent requirements. This session will provide attendees with an overview of best practices to consider when launching these programs along with recent success stories where purchasers have deployed bundles across a wider set of services, thus generating a greater impact on quality and cost.

11:50 AM – 12:00 PM  
**Closing Remarks and Wrap Up**

12:30 PM – 1:15 PM  
**Emerging Leaders Program Luncheon and Networking**

1:15 PM – 1:30 PM  
**Welcome, Notices, Introductions – Julie Wohlstein, MAS CSFS**

1:30 PM – 2:30 PM  
**Executive Presence: The Key to Earning Your Seat at the Table - Part 1**  
*Presented by: Dr. N. Elizabeth Fried*

Executive presence: What is it? Do you have it? If not, how do you get it? This workshop outlines the components of executive presence and provides practical activities and resources to help emerging leaders develop the gravitas to effectively influence and lead others.

Elizabeth Fried is an executive coach. As such, she rarely finds that emerging leaders lack external technical/business skills. If there is an issue, more often than not, they lack the internal confidence and accompanying skillset for the subtleties required to project the gravitas of an influential leader. Her experience suggests you may suffer similarly.

While you typically have all the technical/business skills to help your management team identify critical initiatives, you may often struggle with effectively influencing them to invest in recommended actions. You may have difficulty fully articulating the organizational impact of the project to gain the requisite support, approval, or funding. Why? Perhaps you lack executive presence. If you want to elevate your role to one who contributes to the shape of organizational strategy, products or services, executive presence is a critical competency.

2:30 PM – 2:45 PM  
**Break**

2:45 PM – 4:15 PM  
**Executive Presence: The Key to Earning Your Seat at the Table - Part 2**

4:15 PM – 4:50 PM  
**Orientation to Your CSFS® Designation**  
*Presented by: Carol Berry, CSFS®*

Health Care Administrators Association (HCAA) has developed an exciting training and certification program. The courses and certification is focused on the self-funded benefit model and its associated ERISA framework. Consisting of seven training courses, each qualifying for Continuing Education credits, the certification program culminates in the award of the Certified Self Funding Specialist® designation.

The required coursework to obtain the CSFS® certification is delivered online through WebCE, a nationwide leader in continuing education. All courses are viewable online and the course material can be printed from your browser. Best of all you can study at your own pace and then you can complete your final exam online. Designee candidates will be offered a discussion seminar in the month following study of each course. In that discussion seminar, industry professionals in the area of expertise covered in the course will be there to take your questions and to discuss your experiences with the material.

4:50 PM – 5:00 PM  
**Closing Remarks and Adjourn – Julie Wohlstein, MAS, CSFS®**
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Don’t get caught in the Web

It’s easy to make a bad decision and get stuck in a contract that benefits the PBM more than you. Let the experts at Araya explain how to avoid this trap and positively impact your spend and quality of care.

We strive to align our incentives with the client. Our success is gated by the health of our client’s members and their continued financial success.

✓ Aligned Incentives
✓ Pass-Through Pricing
✓ No Hidden Fees
✓ Custom Solutions

Email us at info@arayarx.com or visit arayarx.com
Crum & Forster is a national commercial property casualty company wholly owned by Fairfax Financial Holdings Limited. The Accident & Health division of Crum & Forster offers a unique variety of insurance and reinsurance products nationwide. Our office is located in Eatontown, New Jersey, and is home to a team of highly skilled and diverse individuals. Our in-house expertise includes underwriting, compliance, actuarial, premium and claims administration, loss control, case management and marketing. We place a strong focus on product development and creative distribution methods, along with excellent client service and support.

For more information, please visit www.cfins.com.

STOP LOSS CAPABILITIES

- "A" rated direct stop loss carrier
- Minimum group size 15 lives
- Minimum specific deductible $10,000
- Flexible underwriting
- Appetite for unique risks including prison groups, Indian tribes and casinos
- Captive arrangements are welcome
- No new laser at renewal option with a 50% rate cap
- 90 day lock available
- Nationwide product availability
- Ask about our override program

Please send RFP's to RFP@cfins.com

SPECIAL RISK
- K-12 Accident/K-12 Cat
- Intercollegiate Sports
- Blanket Special Risk
- Occupational Accident & Contingent Liability

TRAVEL
- Retail Travel
- Group/Wholesale Travel
- International Travel Medical

VOLUNTARY & AFFINITY
- Group Accident
- Fixed Indemnity
- Short Term Medical
- Dental/Vision/Critical Illness*

MEDICAL
- Employer Stop Loss
- Provider & HMO Excess
- Medical Excess Reinsurance

PET & EQUINE
- Pet Accident & Sickness
- Bloodstock

*Availability based upon opportunity

FOR ADDITIONAL PROGRAM INFORMATION, CONTACT:

Vicki Burgess, Director of Sales
Phone: 214-537-3835
Vicki.Burgess@cfins.com

PLANS ARE UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY
Helping people on their path to better health

Millions of times a day, we’re helping people on their path to better health—from advising on prescriptions to helping manage chronic and specialty conditions. Because we’re present in so many moments, big and small, we have an active, supportive role in shaping the future of health care.

To learn more visit www.cvshealth.com.
Deerwalk Population Health Analytics and Reporting Platform

Comprehensive Platform for the TPA Market

Executive View for Employers & Brokers
Interactive Dashboards
Customized Branding
Custom Report Building
Bundled Report Scheduling

Medicare Pricing Analytics
Built-in Clinical Insights
Predictive Risk Scoring
Dynamic Benchmarking
Specialty Rx & Emerging High Cost Reporting

DEERWALK SOLUTIONS
- Executive Analytics
- Plan Analytics
- Care Manager
- Incentive Manager
- Template Manager
- Health Portal
- Data Factory
- Data Warehouse
- Stop Loss Reporting

COMPANY INFORMATION
- 7% of US large employees on the platform
- Integration of all data types
- Member Centric Data Model
- 75+ clients, of which 1/3 are TPA’s
- Over 4 million lives on the platform
- Process 100,000 files / month from 800 data sources

CONTACTS
- **Tim Huke**, Chief Growth Officer
  thuke@deerwalk.com, (949) 216-5181
- **Steve Schmidt**, Director, Sales & Marketing
  sschmidt@deerwalk.com, (503) 929-7240

www.deerwalk.com
Think your payment processing needs are too unique to outsource? Think again.

ECHO is the solution that delivers:

**Connection**
Connection with over 900,000+ vendors

**Compliance**
Compliance across HIPAA, OFAC, ERISA and IRS 1099 reporting

**Efficiency**
Efficiency that streamlines internal and external operations

**Ease of Use**
Ease of use by working with your existing file formats

ECHO was built to meet unique needs—just like yours.

echohealthinc.com
Medication Therapy
Pharmacists review medications to ensure cost effective therapy

Health Coaching
Help managing lifestyle conditions to help reduce medical costs

Medication Costs
Sharing volume discounts with no co-pays

Diabetes Testing
Source direct and SAVE on diabetes testing supplies

Your Total Healthcare Cost Savings Solution

- Diabetes Testing
- Medication Costs
- Health Coaching
- Medication Therapy

Expected Savings

- Generic Medications: 40%
- Emergency Room Visits: 30%
- Hospitalization: 20%
- Medical Supply Costs: 40%
- Medical Claims: 25%

Think your payment processing needs are too unique to outsource? Think again.

ECHO was built to meet unique needs—just like yours.

Efficiency that streamlines internal and external operations
Ease of use by working with your existing file formats

Connection with over 900,000+ vendors
Compliance across HIPAA, OFAC, ERISA and IRS 1099 reporting

ECHO healthinc.com
We are not just another cost containment company...

We’re on a mission from God.

Claim Editing
Out of Network Services
Reference-Based Pricing

Medical Bill Review
Case Management/ UR
Paid Claim Refunds

Every service we offer is available a la carte or bundled for a complete claims and cost management effort. We will adapt our processes and products to best meet the needs of the health plan or administrator.
Experience results that can only come from experience

Proactive Care Management without sacrificing the quality you deserve.

• URAC accredited UM, CM, DM, as well as Maternity and Oncology Management, complete Wellness and Behavioral Health Programs
• Real-time red flag triggers alert payers, stop-loss carriers and employers of potential catastrophic events
• Care and claims integrate to ensure case level negotiations prior to treatment
• Integrated Rx and medical claims enable reality based member outreach and communication
• Incentive and results based Employee Wellness Programs

INETICO ADVANTAGE
Complete integration of care and claims data through our proprietary systems

For more information call (877) 601-2200 or visit our website at www.INETICO.com
The OptumRx Value Story
Pharmacy care services: The next generation

It’s time. The pharmacy benefit space is changing fast. Expectations are changing as plan sponsors face a multitude of challenges — fragmented care, runaway costs, lack of transparency. Pharmacy, as the most frequent touch point, represents an incredible opportunity to connect the dots, engage individuals and coordinate care. OptumRx is clearing the path to a new model, one that leverages the power of Optum to impact cost and care. One that partners with all stakeholders to emphasize value beyond just pushing down the price of drugs. One that drives accessibility and affordability. And most importantly, one that provides transparency for all stakeholders, accountability to deliver affordable care and the very best therapy for each individual.

We are shifting the scorecard from drug pricing to net promoter score, total health care costs and care outcomes — actual measures of value. That’s a new agenda, one that will serve the interests of all stakeholders.

Aligning with stakeholder interests to drive value

We’re taking a synchronized and transparent approach that adds value to the health system and aligns with client goals. We call it Pharmacy Care Services:

• Enabling member affordability and access (vs. driving to a specific channel)
• Identifying the best therapy for each member (vs. creating hoops that result in barriers)
• Providing patient-specific benefit and cost information and the ability to clear the PA through the EMR (vs. the guessing that can leave members without the prescription)
• Using every touch point to engage members for health and savings opportunities (vs. leaving opportunities on the table)
• Impacting the total cost of care through everything we do (vs. just pushing down the cost of prescription)

Our model is working

30% improved adherence through synchronized specialty

33% lower 60-day readmissions for oncology and transplant

12% reduction in total opioid prescription volume

2.7% pharmacy trend 2017 YTD

7% reduction in in-patient and emergency room admits

$11-16 PMPM medical costs savings

1. Pilot results based on 2017 3-month pilot period on 85K client membership. Optum Consumer Analytics; 2. 2017 specialty retrospective claims analysis; 3. 2017 outcomes analysis of opioid risk management program; 4. 2017 YTD (through Q3) OptumRx trend analysis; 5. 2016 analysis of 80 synchronization clients, validated by Milliman
RBP VENDORS GOT YOU SWIping LEFT MORE THAN RIGHT?

Find your match with Payer Compass.

✔ THE REAL DEAL:
  Uses actual Medicare for accurate claim pricing

✔ HARD WORKING:
  Balance billing, less than 1% of claims generate a balance bill

✔ WELL CONNECTED:
  Aligned with industry renowned, The Phia Group, for legal support and plan harmonization

✔ SAVINGS SAVVY:
  Less $$ and simpler budgeting - PEPM subscription AND 70% average annual plan savings

✔ SELF-SUFFICIENT:
  Dedicated, proprietary, in-house software platform and compliance team

✔ WELL-ROUNDED:
  Diligent, compassionate patient advocacy and care management

✔ OUTGOING:
  Diversified plan market capabilities – Medicare, Medicaid, commercial, indigent care, government agencies, Native American tribes

✔ HELPS OTHERS:
  Serving self-insured, TPAs, health plans, stop loss carriers, brokers, captives and facilities

✔ RELIABLE:
  99.99% Claim processing accuracy

✔ ACCOMMODATING:
  Unlimited customization

✔ RATIONAL:
  Proactive, educational balance billing approach

✔ AMBITIOUS:
  URAC accredited case management and utilization management (CareValent, a Payer Compass company)

✔ PROTECTIVE:
  PACE Program and fiduciary responsibility

✔ THOUGHTFUL:
  Safe harbor provider list

payercompass.com | (972) 964-6655
Proven process
Being in business 30+ years, we’ve mastered the process of managing pharmacy benefits. Our process includes:

- Establishing goals and objectives
- Plan design consultation
- Collaboration and data integration with all business partners (TPAs, disease management companies, case managers, etc.)
- Consistent, pro-active communication and education
- Ongoing plan performance monitoring and reporting

Leading service
We provide responsive support, direct access to decision makers and an effortless experience for business partners, clients and members alike. For example:

- Your strategic account team that starts with you, stays with you. There are no hand-offs from an implementation team, so goals set at the start of the relationship stay in focus
- We own and operate our mail service pharmacies and call center allowing for better quality control and seamless service integration
- Certified pharmacy technicians in our call center contribute to 99% of calls resolved at first contact
- Average turnaround time on clean mail service prescriptions is only 0.47 business days

Unambiguous pricing
Regardless of the pricing model, we support transparency. Our contract language is clear without confusing qualifiers that can create discrepancies between what clients believe they will achieve in discounts versus how plans actually perform.

Stability
The PBM landscape has changed dramatically in recent years. Despite mergers and acquisitions, Serve You Rx remains a steadfast, alternative, full-service PBM option.

- 30+ years under the same ownership structure
- Privately held, independently owned
- Nationwide service

For more details on our Valueplus promise, contact one of our sales executives at:
sales@serve-you-rx.com
888-243-6890

SERVE-YOU-RX.com
We’ve got your back. Four words that anyone seeking to self-fund healthcare benefits needs to believe, particularly when contemplating the financial risks associated with catastrophic medical events. That’s why we’re firm believers at Swiss Re Corporate Solutions in building strong relationships, understanding exactly what our partners expect of us, and creating innovative ways of fulfilling those expectations. And that’s also why we’ve integrated IHC Risk Solutions into our business. The result is a powerful combination of expertise and capabilities that offers brokers, advisors, payers and their employer clients enhanced value – not to mention extra peace of mind. Now, more than ever, we’ve got your back.
We’re smarter together.
swissre.com/esl

LEARN. PLAN. SAVE. PROTECT.

RECOVERY DOLLARS MULTIPLIED
Subrogation & Overpayment Recovery

FIDUCIARY DUTY SHIFTED
Plan Appointed Claim Evaluator - PACE

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EMPOWERING PLANS

PLAN DOCUMENTS PERFECTED
Phia Document Management - PDM

LEGAL EXPERTISE SECURED
Independent Consultation & Evaluation - ICE

The Phia Group, LLC | 163 Bay State Drive, Braintree, MA 02184
Phone: 781-535-5600 | www.phiagroup.com
United Claim Solutions is the industry-leading payment integrity solutions company providing customizable solutions for TPAs, self-funded groups, labor and trust organizations, stop-loss carriers and health plans.

UCS places emphasis on quality and efficient service, optimal savings and timely solutions for its clients. Without end-to-end solution, our clients can generate additional savings, support their client retention and facilitate their business growth.

The ONLY Partner You’ll Need in 2018

- Claims Flow Management
- Care Management
- Primary PPO Administration
- Custom-Built Narrow Networks
- Bill Edit, Audit & Review
- Out-of-Network Solutions
- Enhanced Savings Program
- High Dollar Claim Solutions
- Data Analysis & Plan Modeling
- Clearinghouse / Scanning PLUS

51% Average Savings Rate
90% Average Success Rate

(866) 762-4455
www.UnitedClaimSolutions.com
WellDyneRx is an innovative, full-service pharmacy benefit manager that has kept costs low, and quality of care high for our employers, health plans, and members for more than 25 years. Our unique blend of clinical and cost containment programs, combined with outstanding service, allows us to bridge the gap between mid-market and large PBMs.

**Benefits of selecting WellDyneRx as your PBM partner include:**

- Full-service pharmacy benefit management
- Innovative clinical programs that drive adherence, lower drug costs, and improve outcomes
- Fully integrated retail pharmacy network
- High capacity mail order prescription services
- Award winning specialty pharmacy
- Comprehensive reporting and analytics capabilities
- Plan design customization and flexibility
- Personalized service for clients and members

**Every little thing brings BIG OUTCOMES.**

We’re committed to improving outcomes for our clients and members by optimizing and enhancing every health care plan, every prescription fill, and every interaction we have—no matter how small. We focus on the small things, because we’ve found they can make the biggest difference.

888.479.2000  www.WellDyneRx.com
Health plan selection has never been this simple.

Plan Selector® is a scalable and customizable employee healthcare decision support tool and SaaS solution. Plan Selector® allows employees to:

- Easily perform real-time “what-if” estimates of their personal premium and other out-of-pocket costs using actual and/or actuarial data for virtually any health benefit plan and network option,
- Easily assess their tax savings, and
- Easily review their benefits and measure how their behaviors (utilization, screening elective health procedures and prescriptions, drugs, and personal health risk) impact their plan choices and personal budget.

As a health plan administrator, advisor, or carrier, employers look to you for direction and guidance on how to best manage the health benefits packages they offer to their employees. Cost, service, and value are the key selling points when winning new business or keeping existing customers satisfied.

With Plan Selector®, implementation is efficient and cost-effective and can help drive existing customer retention and new customer acquisition.

GHE also provides the following SaaS decision support solutions:
- Plan Modeler® (Benefit Plan Design Modeling), and
- Health Analyzer® (Robust healthcare analysis, predictive modeling, and plan/provider profiling platform).

When everything is transparent, the choice is clear.
Healthcare Bluebook empowers employees with Fair Price Transparency — so they’ll never overpay for quality healthcare again.

Bluebook Transparency

**Transparent Costs**

Right now employees are choosing care without knowing the real cost—or overpaying in the process. Bluebook cost transparency makes it easy for employees to find the best prices within their existing provider network — ensuring they get the most value for every dollar spent.

**Transparent Quality**

Conventional quality metrics can be misleading. A facility may rank high overall, but low in the very procedure employees might need. We provide quality transparency based on clinical categories to tell a more accurate story — allowing employees to get the highest quality care at the lowest price.

Transform employees into savvy healthcare consumers

- Connect with a Fair Price provider in a couple of clicks.
- Smarter data, smarter decisions.
- Get everyone on board.

When your employees save, you save.

With Bluebook Transparency, employees have the potential to save from 5% to 12% of their total medical expenses by helping their employees become good healthcare consumers.

They save. You save. Everybody wins.

Join the Fair Price revolution today.
Connect with us to see what Healthcare Bluebook can do for you.

615.266.0053 | TPAsales@healthcarebluebook.com

Healthcare Bluebook.
SmithRx is the next-generation pharmacy benefit partner built on a modern technology platform that creates new levels of flexibility, efficiency, and customer satisfaction. It’s a new path forward that aligns incentives and harnesses data analytics to deliver an exceptional pharmacy benefit product.

**Integrity**
A proven pass-through model
- Real-time claims data access with 360° control
- All manufacturer-generated revenue returned
- Only source of revenue is an administrative fee; no spread or clawbacks

**Adaptive**
Technology solves complex & inefficient systems
- Flexible pharmacy benefit products
- Single platform merges multiple data streams
- Data analytics drives decision making

**Concierge**
Operations that look & feel different
- Proactive account monitoring generates efficiencies
- Concierge-level customer service that answers the phone day and night
- Empathetic problem solving

**Guaranteed**
We take responsibility for our actions
- Cost and service level guarantees create accountability
- Drug cost and rebate guarantees ensure minimum floors
- 15-point service-level performance guarantees puts SmithRx admin fees at risk

**Team**
100% in-house & U.S. based
- Technologists, designers, and career industry experts
- Front-line clinicians guide plan execution and member support
- In-house operations are empowered to support you

The pharmacy benefit conversation has changed. Contact us at sales@smithrx.com to learn more.

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**Solutions for Medical Stop Loss**

Underwriting Management Experts (UME) is a full service MGU located in Lansdale, PA. What sets us apart from other MGUs is the professional expertise we offer, and the “can do” attitude our employees exemplify. Using creative and innovative stop-loss venues, captives and offering life products that meet the unique needs of our business partners are other ways that set us apart. “Where the Client Always Comes First” is more than just a business mantra, it symbolize the core value of our company.

UME approaches stop loss and claims projection through expert risk assessment. Using a quantified assessment of the posed risk, UME utilizes the same services that a direct carrier would have at its disposal to better serve the client. We do not use a “cookie cutter” approach, but rather a defined measurement of risk for each individual client. Using only “A” rated stop-loss carriers, and through an individual assessment of risk, we are better positioned to provide self-insured groups with the financial protection they need in the changing and challenging health benefits market.

<table>
<thead>
<tr>
<th>Services offered</th>
<th>Product features/options</th>
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<tbody>
<tr>
<td>Underwriting</td>
<td>No New Laser at Renewal option</td>
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<tr>
<td>Contract Issuance</td>
<td>Specific Advance</td>
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<td>Policy Binding</td>
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<td>Premium Collection</td>
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<tr>
<td>Claims Reimbursement</td>
<td>Specific and Aggregate Terminal Liability Options</td>
</tr>
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**Coverage parameters**
- Specific retentions from $25,000 to $1,000,000
- Contract types including incurred and paid as well as various run-in and run-out options
- Medical & Rx (Specific) and Medical, Rx, Dental, Vision (Aggregate)
- Annual and Lifetime options specific coverage from $1,000,000 to unlimited
Dedicated to keeping our clients and members moving in the right direction.

Visit our booth to learn more about how our PBM solutions and specialty drug expertise can help you navigate the road ahead.

Follow the conference and participate in our live twitter stream using #HCAAEexecForum
TPA SUMMIT 2018

Many Voices.

One Vision.

Endless Possibilities.

SAVE THE DATE!
JULY 16-18, 2018

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