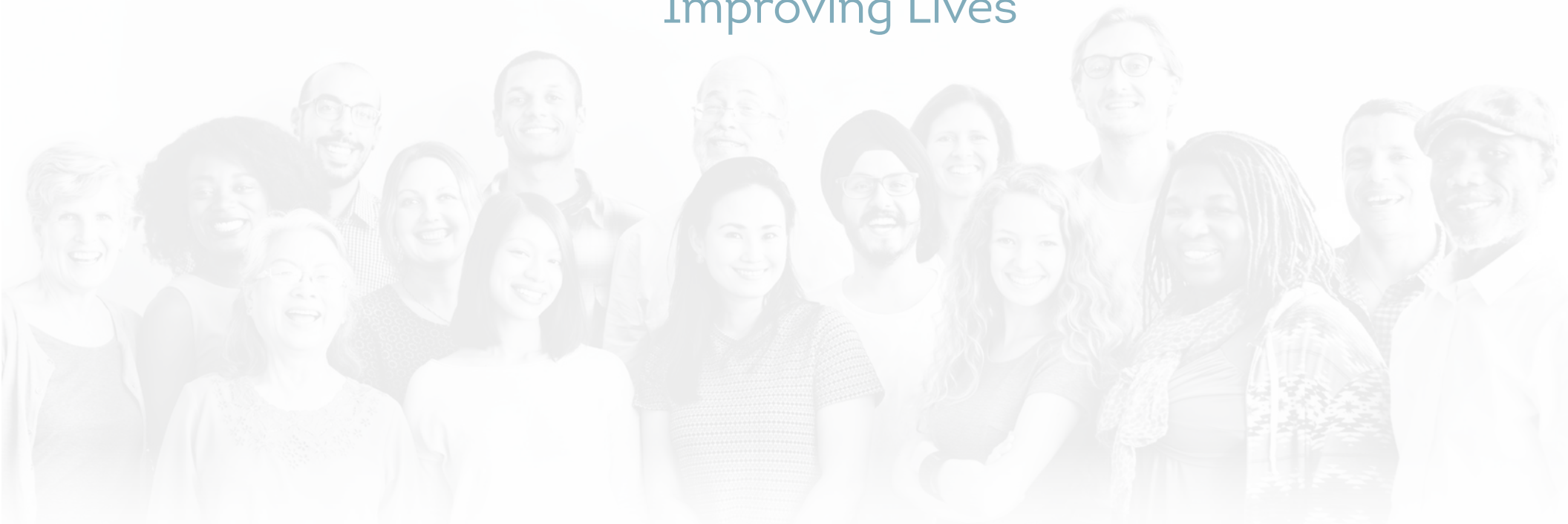


Next-generation
benefits



“**EBMS is passionate** about **driving change** in this evolving marketplace.

We're committed to **bringing value** to every stakeholder in a benefit plan.”

-Kevin Larson
EBMS President

A More Strategic Vision for Your Benefit Plan

A healthy, productive and engaged workforce is a company asset.

.....

This is an era of rapid change. With healthcare costs rising at double the rate of inflation, organizations are seeking measurable value for every dollar they spend on health benefits.

**A health plan must now be more than a benefit.
It must function as a business and operational strategy.**





(left)
Andrea,
Director of Claims

(right)
Patrice Elliott,
Chief Operating
Officer

We Are Frontrunners



EBMS is an industry leader in health risk management and third-party administration of self-funded health plans.

We consistently outperform our peers, because we continually explore innovative ways to mitigate rising costs. As a pioneer in our industry, we've developed many new solutions to respond to the needs of our clients. These include:

- on-site primary-care clinics
- specialized care-management programs
- concierge services
- specialized pharmacy services
- transparency tools
- referenced-based pricing and specialized reimbursement strategies
- state-of-the-art technology
- and more

Nationwide, our strategies are transforming the health and well-being of individuals and organizations.

Three Core Goals That Drive Everything We Do

Our mission is clear. By focusing on these three key elements, we're changing the way healthcare is purchased and delivered.



Reduce Costs

Contain costs for **organizational well-being**



Improve Care

Improve the care experience for **member well-being**



Make It Easy

Simplify the benefit journey for **everyone's well-being**

The Building Blocks of Value

Every benefit plan is different, and no one knows your members as well as you do.

Because we firmly believe in customization, we've created a simplified approach to building personalized benefit plans.

It all starts here, with these five distinctive solutions.



The basic elements of every benefit plan, made simple



Robust data to drive decision-making



Quality and cost-containment tools that ensure value-based care



Coordinated health services at every level of care



Next-generation prescription drug management

Within each of these groups, we offer multiple levels of service to aid in customization.

CORE

Every plan includes these base-level services in each of the five product categories.

ENHANCED

An optional, higher level of service that expands on core services to advance specific goals: expand access to care, gain more detailed insights, manage costs more tightly, etc.

PREMIUM

Our most intensive level of service, for those who want to provide on-site primary care, aggressively contain costs or mitigate risks through comprehensive patient management strategies.

+ A LA CARTE

Optional, specialized add-ons for targeted outreach.



James Vertino, CIO



Our Core Solutions Are Anything But Basic

EBMS is continuously driving change by providing solutions and strategies that bring results.

EBMS brings a set of superior solutions and strategies to the primary functions of third-party plan administration. We administer your plan in ways that expertly balance the competing interests of cost-containment and member advocacy – and we know our methods work because our clients consistently see the results.

As a result, the miBenefits core services bring a higher level of value to every stakeholder. Claims are processed quickly and accurately, members realize better health at a lower cost, all parties receive world-class customer service and the plans we administer consistently outperform others in the industry.



Melissa Lyon,
Executive Vice
President

Five Services Define Our Core Solutions

Your flexible, personalized benefit plan begins with miBenefits.

Five core-level services combine to form a strong foundation for the custom plan you define.

The miBenefits Core Solutions Include:

1

Plan Administration

We manage the daily details of your plan with precision and accuracy.

2

Claims Processing

We review, adjust and remit payment for all eligible claims submitted.

3

Account Management Services

Our dedicated team works together to handle all your needs.

4

Member Services

Our empowered customer service representatives help your members make the most of their benefits.

5

Benefit Portal

Our next-generation portal platform gives members one-click access to key benefit information, via browser and mobile app.



In addition, you also get the core level services in our four other benefit solutions:

miInsights

miChoice

miCare

miRx

In the following pages, you will learn that our core solutions cover members with a broad range of medical and prescription services, as well as quality and cost transparency tools.





Health benefits are one of the least-monitored corporate expenses.
Inaccurate claims processing can cost a plan tens of thousands of dollars a year.

EBMS provides a multi-step process of continuous monitoring to ensure accurate claims payment and compliance with plan design. While our automated claims adjudication system has a 99+ percent accuracy rate, we send all claims above a certain threshold to on-site reimbursement analysts for negotiation. The resulting savings exceed anything a traditional plan can achieve through provider discounts alone.

miBenefits ENHANCED services include:

- Custom PPO network
- Ancillary benefit administration
- Non-preferred PBM

miBenefits PREMIUM services include:

- Medicare-based reimbursement plans
- Cost-plus member advocacy
- Direct provider contracting

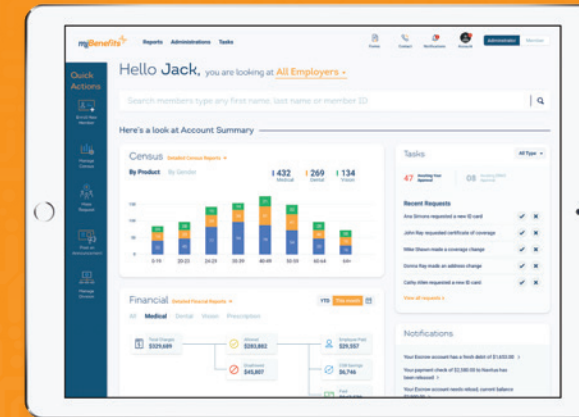
miBenefits A LA CARTE services include:

- Benefit communications plan
- HSA, FSA, HRA administration
- Stop-loss insurance

MEMBER



EMPLOYER AND
PLAN SPONSOR



BROKER



miBenefits Portal

EBMS has invested heavily in holistic solutions that run on one solid platform, miBenefits. The functionality of that platform is harnessed through a dynamic portal that serves the needs of every stakeholder: members, plan sponsors, brokers and healthcare providers. The portal puts plan information and real-time claims and eligibility status at the fingertips of everyone who needs it, with customized views that reflect user roles.

Member

- Personal dashboard to track all benefits for all family members
- Real-time tracking of benefits, claims and eligibility
- Quick links to common tasks

Employer and Plan Sponsor

- Statistical and financial overview of the group
- Quick access to detailed reports
- Real-time claims status

Broker

- Manage multiple clients
- View your entire book of business
- Generate reports



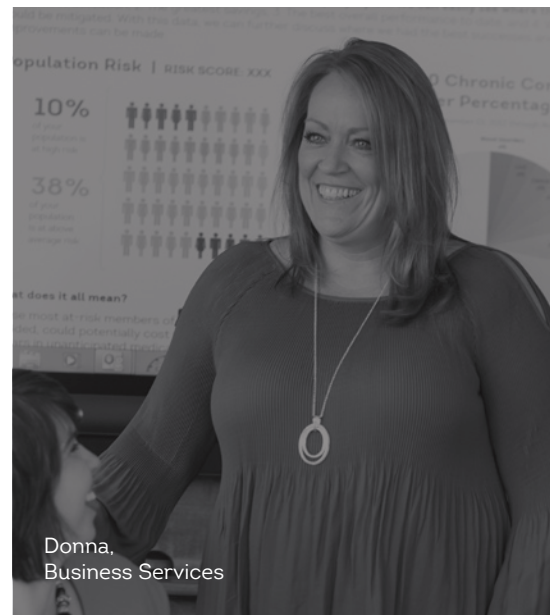
Robust Reporting Drives Plan Design

The level of customization you choose shouldn't come from guesswork.

EBMS offers the highest level of clinical and financial data available in the industry, along with on-staff analysts and analytics specialists. We are one of the few third-party administrators using big data to enhance plan performance. Our core reporting tools and data analytics provide you with a comprehensive financial view of your entire benefit plan, along with a prospective look for future high-dollar claims. This can help with decision-making and benefit design.

Through population health management tools, we can assess the impact of health interventions, identify under- or over-utilization, and monitor compliance with existing standards of care. These insights help to ensure your members are getting the right care at the right time.

Scott,
Information
Technology



Donna,
Business Services



Mykale,
Eligibility

miInsights CORE services include:

- **Executive analytics**
Generate custom reports using any parameters, on a self-serve basis
- **Robust operational and financial data and reporting**

miInsights ENHANCED services include:

- **Plan-specific analytics**
Integrate clinical and financial data to monitor plan performance
- **Account management strategists**
Gain personalized, expert guidance

miInsights PREMIUM services include:

- **Extensive analytics**
Forecast healthcare spending, determine quality metrics and identify avoidable spending
- **Customized quarterly reviews**
Track performance trends more closely
- **Healthcare information strategists**
Use big data at the highest possible level

miInsights Data

These are the key indicators of what's performing the best with your current EBMS services. We compile them based off of your claims and utilization over the review period. We address each in terms of your benefit plan strengths, plan cautionary items, and items that are a risk to the overall health of your plan.

Benefit Plan Strengths <i>No Action Needed</i>	Benefit Plan Cautions <i>Continue to Monitor</i>	Benefit Plan Risks <i>Action Needed</i>
Out-of-Network Claims \$0-\$20,000 • 88 claims • Avg. of \$1,200 Billed per claim • Avg. Discount = \$288 (24%) per claim \$20,000+ • 5 claims • Avg. of \$48,000 Billed per claim • Avg. Discount = \$13,440 (28%) per claim Trend \$0-\$20,000 • ~4.6% Average Annual Growth Rate (Mod + Rx: 4 years) • Major Mail Order • Brand: \$2.37 Saved Per Rx • Generic: \$8.83 Saved Per Rx	Surgery (IP/OP/Facility): Increase of \$190,000 over last year same timeframe • \$68,000 Knee Surgery • \$61,000 Shoulder Surgery Emergency Room expenses remain high; 30% of spend for non-emergent care Current Large Claimants (5 cases) • 1 ongoing oncology case (throat cancer): \$245,000 paid YTD • 1 ongoing neonatal case (skull fracture): Patient/claims stabilized • 1 ongoing meningitis case (lyme disease): \$80,000 paid YTD • 1 new oncology case (breast cancer): Anticipate \$60,000 - \$90,000 • 1 new psych case (Schizophrenia) Healthcare Bluebook (1/1/17 - 6/30/17) • Avg. 23 searches per month - decrease of 4 searches per month over same timeframe last year • Update - Legal	Total plan spend up 21% compared to prior YTD Mental Health Total Rx: 12.7% increase • Specialty Rx: 27.24% of total Rx cost, 1% of total script volume

ebms ebms.com | 10 ebms.com | 11



Improving **Access to Care**

The miCare family of services is based on the concept that *improving and coordinating access to care will keep members healthier.*

You can choose the level of service that is right for you and customize as needed in response to members' evolving needs.

■ miCare CORE services include:

- **Basic utilization management and case management**
Help members use health services effectively
- **Online wellness tools**
Increase consumer engagement

■ ■ miCare ENHANCED services include:

- **Intensified disease management and case management**
Guide the most frequent users of care toward high-value interventions. Systematically manage chronic conditions in populations of high-risk, high-cost patients
- **Telemedicine**
Improve after-hours access to care through a video link
- **Wellness coaching/wellness programs**
Encourage healthy lifestyles

■ ■ ■ miCare PREMIUM services include:

- **On-site/near-site primary-care clinic**
Bring primary care right to the workplace

+ miCare A LA CARTE services include:

- **Maternity management**
- **Annual health-risk assessments**
- **Tobacco cessation programs**
- **Nurse call line**



Jamie,
miCare Health
Center

The right
care at the
right time



CASE STUDY

The Challenge: Roughly 1 to 2 percent of plan members have conditions that put them at high risk. These conditions can lead to expensive ER visits and other costly situations that could be prevented, if monitored.

The Solution: EBMS' concierge case-management solution brings in an interdisciplinary in-house team of clinical specialists to manage at-risk members' medical condition and care.

Results: A reduction in the most expensive categories of patient care. For example, during a 6-month period, one group's participating members' costs decreased nearly \$10,000, and the non-participating members' costs doubled, amounting to \$17,000 more.



Reinventing Pharmacy Benefit Management

Rising drug costs are currently a top industry concern.

EBMS has addressed this issue aggressively with an innovative new model for pharmacy-benefit management (PBM).

We've implemented a fully transparent pricing model – billing pharmaceuticals at cost plus a small administrative fee and passing the savings back to you.

We've also restored the human element into the mail-order pharmacy model. Members receive superior customer service and personal attention – which often translates into increased compliance with treatment regimens and, ultimately, better outcomes.

■ miRx CORE services include:

- Pharmacy benefit management (PBM)
- Mail-order pharmacy

■ ■ miRx ENHANCED services include:

- **Sync program**
Support members managing multiple medications through one synchronized refill date
- **Telephonic pharmacy support**
Access to pharmacists and pharmacy techs for enhanced prescription support

■ ■ ■ miRx PREMIUM services include:

- **Specialty pharmacy services**
Manage those drugs with a high cost or level of complexity, as well as those that require special handling

Christina,
Pharmacy

Jamie,
Pharmacy

Transparency
and ethical
pricing in
action

CASE STUDY

The Challenge: A member needed monthly specialty injections that would cost \$9,100 each at the nearest in-network hospital – for a total of over \$100K per year. The hospital's pharmacy was not able to obtain this particular drug at a reasonable price.

The Solution: The drug is now obtained through miRx specialty/clinical pharmacy services for an average price of \$4,200. The hospital bills a facility charge ranging from \$1,200 to \$1,900 for administering the injection.

Results: Annual cost savings through miRx are between \$36K and \$44K – reducing both the member's out-of-pocket costs and the benefit plan payments.



Empowering Healthcare Consumers

Consumers struggle with healthcare choices.

Historically, it has been nearly impossible for members to compare prices across providers or to research a provider's track record for any given procedure.

EBMS is improving transparency regarding both quality and cost with our cutting-edge miChoice program. We show members all their provider options so they can make truly informed choices. EBMS is one of the few third-party administrators offering this proactive approach to quality assurance, utilization management and cost mitigation.

■ miChoice CORE services include:

- **Cost transparency tool**
Members can easily compare average quality and cost across providers to make the best choice for their health care

■ ■ miChoice ENHANCED services include:

- **High-impact surgical services**
Transparency through detailed provider profiles, quality measures, and cost comparisons
- **Concierge services**
White-glove service to help coordinate member care for non-emergent surgeries
- **Medical tourism**
We research all options and handle all travel and medical arrangements, both domestic and abroad

■ ■ ■ miChoice PREMIUM services include:

- **Inpatient and outpatient services**
We assist members with finding quality-driven outcomes at better costs, for any medical service
- **Pre-service single-case agreements**
In-house negotiation services allowing patient and plan flexibility while mitigating cost prior to surgical intervention



Pre-service
quality and
cost review



Sheri,
Information
Technology

CASE STUDY

The Challenge: Two plan members needed high-cost surgeries: a hip replacement and a spinal fusion. Both were scheduled at an inpatient facility with a D rating for quality and cost.

The Solution: Through the Surgical Quality and Cost service, a case manager presented both members with the option to have the procedure done on an outpatient basis at an A+ rated facility about 200 miles away. Both opted in. Their costs for travel and lodging were covered, and each received a \$1K bonus.

Results: Combined savings of \$70K for the plan when these two members chose a provider that offered better value and outcomes.

Bringing Unparalleled Customization

Nothing has to come right off the shelf or out of the box ... ever.

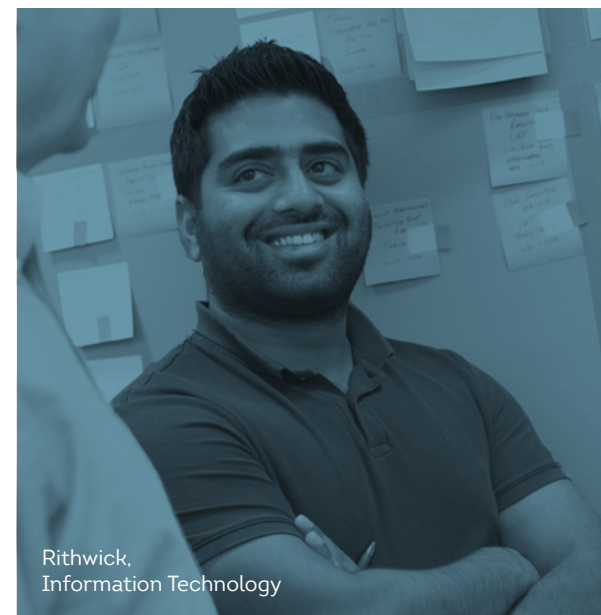
We can configure a customized benefit plan to meet the needs of your members. You are the architect of your benefit strategy, and we are the dream team that makes it a reality.

If you were to do business with a large insurance company, you would be squeezed into a mold that may or may not fit you. This is not the case at EBMS. We will work with you to meet your individual needs, so your benefit plan truly becomes an operational strategy. It becomes a retention and recruitment tool because it is custom-designed for your members.

When you partner with EBMS, you are never stuck with a standard package. We can pull in your preferred vendors, add wellness programs, contract with providers outside the normal PPO network and even customize a plan analytics package to meet your needs.



Martina,
Client Services



Rithwick,
Information Technology



Julie,
Human
Resources

Your Blueprint Strategy

CASE STUDY

The Challenge: Member needs change over time, as do business goals.

The Solution: With EBMS, core services include a personalized Blueprint Strategy. This is a periodic review, resulting in a report that your dedicated account manager or healthcare informatics specialist compiles for you with data from miInsights. It includes specific analyses of the areas of your plan that performed well and the areas of greatest risk, where cost-mitigation strategies could be helpful.

Results: You gain targeted cost-containment strategies and a more viable benefit plan for member well-being and for the organization to remain competitive.





Rod Kastelitz,
Executive Vice
President of Sales and
Account Management

Donna,
Information Technology

Stacey,
Director of Client
Services



The People Behind Our Solutions



At the forefront of the EBMS mission is a high-energy team of dedicated people.

EBMS co-founders Rick and Nicki Larson have often said the single most important factor in the company's success has been hiring the right people to carry out their vision. To this day, our executive team remains hands-on and highly approachable, ready to address your concerns.

Once you partner with us, you have a dedicated crew of EBMS specialists supporting you, including claims negotiators, informatics strategists, case managers and account management strategists – to name just a few. We employ people for key positions that other companies outsource. That means every person on our team shares our core values and our focus on excellence and innovation.

“One Call, That’s All”

-The EBMS Promise

At EBMS, we know that your members’ perception of their benefit plan becomes their perception of YOU.

That’s why we strive to make every member’s experience frustration-free with our world-class customer service.

Our “one call” initiative empowers customer service representatives to take ownership of a member’s inquiry – no matter how large or small – and to resolve it on first contact. Every individual on our customer service team is fully engaged in helping members and is trained in problem resolution.

This initiative has significantly reduced the number of return calls to our customer service center. ***In fact, we can proudly report a 95 percent one-call resolution rate.*** The advantage to you is more satisfied members who don’t end up seeking help from or complaining to your HR office about their benefit plan.

Christy,
Customer Service

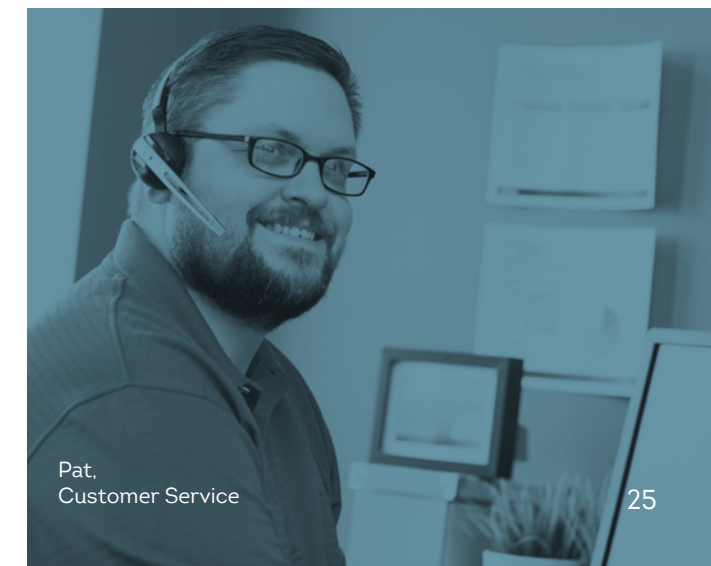
A Different Level of Service

**When your members need a little more attention,
we rise to the occasion.**

EBMS has a dedicated team of member advocates who step in when a member is experiencing a complex health problem. These advocates are trained to review and explain the benefit program, assist with billing issues and help the member resolve any outstanding claims issues. When members can more easily navigate the complex healthcare system, they can focus on healing and becoming well. We give them support and a single point of contact.



Trevor,
Director of Account
Management



Pat,
Customer Service



Karley,
Account Management



A Helping Hand in Navigating a Complex System



Superior customer service is where we shine. It's what we do best.

Your account manager will be your single point of contact, coordinating whatever you need with a high level of responsiveness.

When you partner with EBMS, you benefit from innovative programs that go far beyond what you imagined you could do to deliver affordable, high-quality healthcare to your members. Your key decision-makers will be free to focus on business because they are no longer distracted by benefit-management decisions.

We have thrived in this challenging industry because of our focus on stellar service. EBMS can quickly respond to your requests. Our unparalleled flexibility outpaces our competition.

Let us put our talents and strengths to work for you.

**Call us today for a consultation:
(866) 887-4112**



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