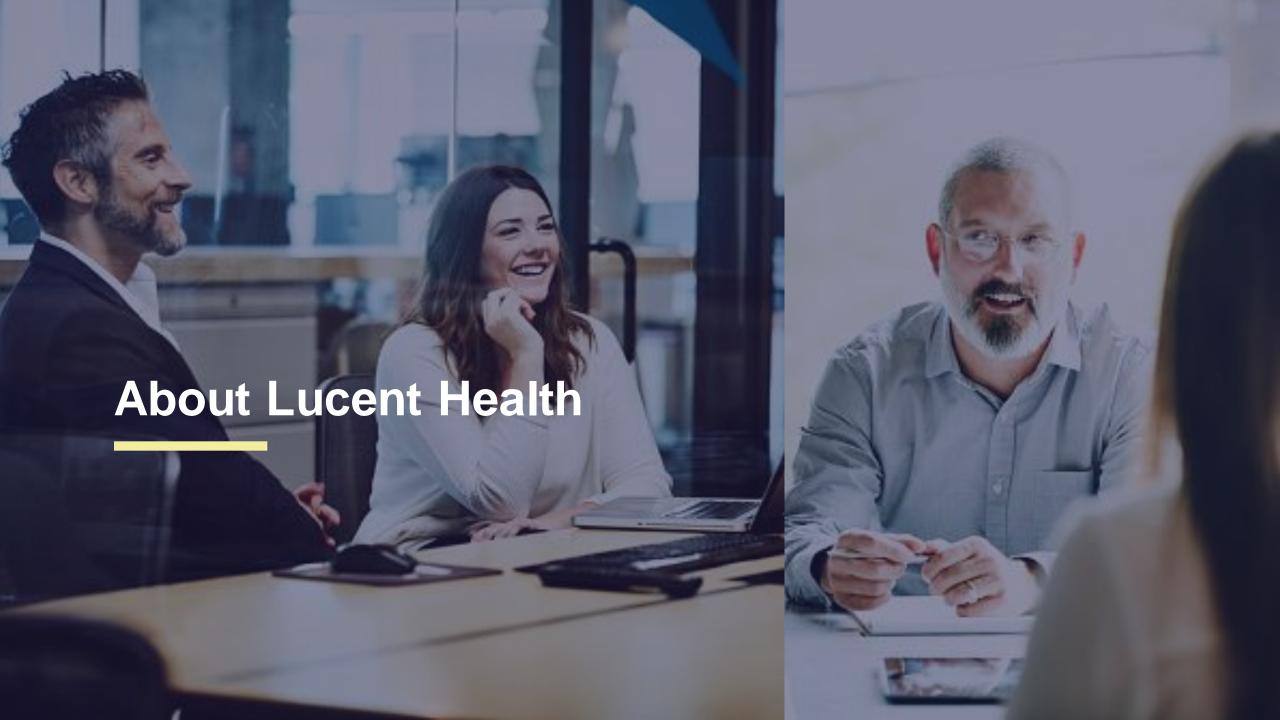


Delivering Superior Health Benefits & Care Management to Pareto's Self-Insured Customers

July 23, 2020

Agenda:

- About Lucent Health
 - Enhancements
 - Why Lucent Health
 - Products & Services
 - Transparency in Claims Data
 - Pareto-Specific Bundles



About Lucent Health: Who We Are









Offices Nationwide Appleton, WI
Dallas, TX
Denver, CO
Houston, TX
Grand Rapids, MI
Los Angeles, CA
Nashville, TN
Omaha, NE
Portland, OR
Sacramento, CA

1 Data Warehouse
1 Phone System
1 Financial System
1 Data Analytics Platform

Enhancements: Continuing to Evolve

Implementation

- Enhanced internal processes
- Designated Implementation Coordinator with experience setting up Pareto clients
- Fully integrated, turnkey bundles specific to Pareto

Narus Integration

- Fully integrated with claims system and reporting platform
- Transparency in health plan on a real time basis via nightly data feeds
- Utilizing advanced technology to provide a wholistic approach to caring for member
- Proactive engagement and better member experience

Investment in New, Innovative Reporting Platform

- Centralized information
- Meaningful and actionable analytics
- Broker access to reporting dashboard

Enhancements: **Continuing to Evolve**

- Client Services and Operations
 - Consolidation into Lucent Client Services without change in case load
 - Cross-training on multiple service and claims platforms
 - 90% WFH without any disruption
 - Implemented IVR for provider calls

	2019	2020
Turnaround Time	8.97 Business Days	8.64 Business Days
Claim Processing Accuracy	99.17%	99.14%
Financial Payment Accuracy	98.67%	99.88%
Average Speed of Answer (Member Calls)	27 seconds	14 seconds
Average Speed of Answer (Provider Calls)	140 seconds	111 seconds
Abandonment Rate (Member Calls)	2.04%	1.40%
Abandonment Rate (Provider Calls)	7.32%	4.49%



Why Lucent Health?

Data Driven + Human Focused

- Help employers, by partnering with them to design customized health benefits solutions that mitigate risk and reduce costs.
- Help members by equipping our Lucent Health Care Management Team (powered by Narus Health) to navigate complex conditions.





Why Lucent Health?

We believe in giving members the tools, resources and assistance, plus the **compassionate service** and care to the individual — to navigate the complex healthcare system.

Why Lucent Health?

It comes down to our ability to access and use **nightly data feeds**, which flag members that require immediate attention, and our experienced teams and technology are able to harness the power of that data.



Products & Services

- Lucent Health VBP Plans
 - Lucent Health Traditional Plans
 - Lucent Health Hybrid Plans
 - Lucent Health Care Management
 - Other Cost Containment

Products & Services: Lucent Health VBP Plans

The fourth generation of Reference Based Pricing (RBP) Plans have worked out the negatives of RBP while continuing to provide employers pricing that is 75-80% below network plan pricing.



VBP Plans have worked out the negatives of RBP by:



Patient Education



Cutting Edge Care Management



Direct Contracting with Providers



Balance Billing
Assistance



Legal Representation

Lucent Health VBP plans are the fourth generation of RBP plans, maintaining the savings achieved by RBP, without the negatives to employers and employees.

76.6%

Average facility discount vs. 51.4% for PPO

98%

No balance billing

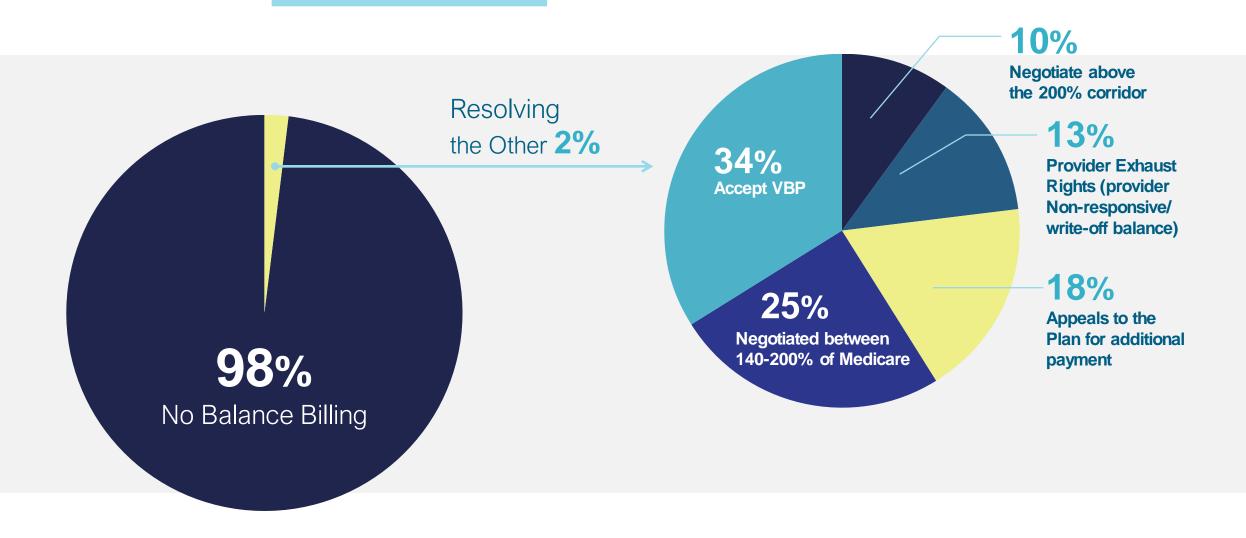
\$3,000

Average savings per employee per year

95%

Client retention rate

Products & Services: Lucent Health VBP Plans



Lucent helps employers work with national PPO plans and have access to virtually every regional and local network. We customize a network to meet the specific needs of your employee base











Questions?

Lucent Health Care Management

Lucent Health's wholly owned Care Management Solution—powered by Narus Health—serves your most vulnerable members and those with complex care needs.



Formed to serve patients and families at time of greatest need



An experienced care team



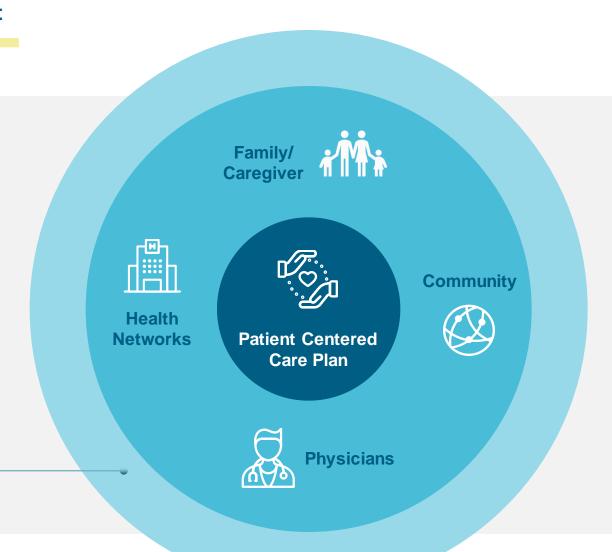
Uses daily data feeds to best allocate care resources



A team, platform and process to help serve members in the medium they prefer: telephone or secure texting via app

Our patient centered approach brings care back to healthcare, connecting care givers, gathering important information, in one location and navigating patients through complex episodes.





Care management—Powered by Narus Health—offers clients 4 primary services, each providing a unique solution and engaging certain groups in a client's population.

1. Precertification / UR / UM

- Serves as a check / balance for proper treatment protocol
- Helps to identify high-risk individuals prior to formal diagnosis
- Can give an indication of upcoming expense

2. Concierge Care Support

- Allows a single point of contact for all member healthcare issues
- Engages high-risk members and triage to more appropriate care
- Improves the overall member experience when changing plan coverage

3. Traditional Large Case Management

- Similar in scope to more familiar LCM solutions
- Works closely with stop-loss providers
- Improves member compliance and education
- Assures good clinical practice standards

4. Narus Complex Care Support

- Proprietary risk stratification analysis
- Engagement based on medical complexity
- 24 / 7 Narus access to improve utilization

Tools for Member

- Secure, Patient-Family-Caregiver Platform
- Patient Communication via Chat & Video
- Symptom Reporting
- Pharmaceutical Data



Tools for Employers

- Proactive Cost-Containment
- Proprietary pre-ID algorithm
- Engaging At-Risk Members



Transparency in Claims Data: Investment in New, Innovative Reporting Platform

Centralized Information = Increased Efficiencies

- Best overall view of the plan via in-depth analytics that are actionable and meaningful
- Customizable data feeds
- Flexible date ranges (incurred and paid)
- Breakdown by network, plan and client-specific requirements
- Broker access to reporting dashboard



Other Cost Containment Programs

Other Best-of-Breed Cost Containment Options



Provider Transparency Programs



On-Site/Near-Site Medical



Telemedicine



Surgical Center Direct Contracting



International Rx



Direct Primary Care

Pareto-Specific Bundles

Administration Fee PEPM

Network Fee PEPM

Total PEPM

\$31.75

Varies

\$31.75

Foundation Plan (Cigha PPO option) Bridge Plan (Cigna PPO option) Value Based Payment Plan Foundation Plan Metropolis Plan Plan Administration 25.00 \$ 25.00 25.00 25.00 \$ 25.00 \$ 40.00 Medical \$ 1.50 \$ 1.50 \$ 1.50 \$ 1.50 \$ 1.50 \$ COBRA \$ 1.50 Included Included Included Included Stop Loss Included Included Included Included Included Included Included Included PBM Integration (MagellanRx) Custom Cigna PHCS Physician Only Custom Cigna Custom Netw ork Included Banking Included Included Included Included Included Utilization Management / Disease Management Utilization Management \$ 3.50 Included 3.50 Included 3.50 Included 4.50 \$ 4.50 4.50 \$ 4.50 \$ Population Support/Core Services \$ 4.50 Included \$150/hour \$150/hour \$150/hour \$150/hour \$150/hour \$150/hour Case Management 4.50 Included Member Concierge Services Not Available 33% of savings 33% of savings 33% of savings Chronic Kidney Disease Management Not Available Χ Χ Cancer Care Management Cost Containment Tools TeleMedicine \$ 1.75 \$ 1.75 \$ 1.75 \$ 1.75 \$ 1.75 \$ 1.75 Not Available X Not Available X Х Diagnostic Imagining Program Х Not Available Х Not Available X Medical Tourism 1.75 \$ 1.75 \$ 1.75 \$ \$ 1.75 HealthCare Blue Book

\$28.25

\$15.26

\$43.51

\$33.50

Varies

\$33.50

\$30.00

\$15.26

\$45.26

\$38.00

Varies

\$38.00

\$45.00

\$3.60

\$48.60

Summary

- Saving money and helping people
 - Enhanced services, implementation and reporting
 - Solutions directly aligned with Pareto
 - The results speak for themselves...



Questions?