County Of El Paso

Programs and Services – Self-Funded

Effective Date: January 01, 2023

Program Summary	Choice POS II 3 Core Pland/3 HDHP Plans Aetna Commercial/Tenet ACO/UMC					

Programs & Services Included in the Service Fee

Mature Base Service Fee	$47.83					
Implementation, Account Management & Plan Administration						
Designated Account Management Team	Included					
Designated Service Center	Included					
Onsite Open Enrollment Meeting Preparation	Included					
Open Enrollment Marketing Material (Standard) Onsite Meeting Preparation	Included					
ID Cards	Included					
Summary of Benefits and Coverage (SBC)	Included					
Claim Fiduciary Option 6	Included					
External Review	Included					
Non-ERISA	Included					
Network Services						
Aetna Whole Health™	Included					
Institutes of Excellence™	Included					
Institutes of Quality® (IOQ) Program	Included					
National Medical Excellence Program® - Transplant Coordination	Included					
Network access	Included					
Teladoc® General Medical‡	Included					
Care Management						
Aetna Compassionate Care Program	Included					
Aetna Maternity Program	Included					
MedQuery®	Included					
MedQuery® Member Messaging	Included					
Utilization Management	Included					
Banking Information						
Wire transfer when checks issued	Included					
Customer-pushed ACH	Included					
Claim funding requests: Thursdays	$0.20					
Wellness						
Aetna Healthy Actions℠	Included					
Aetna Healthy Commitments℠ - Core	Included					
Personal Health Record	Included					
Allowances						
Communication Allowance	Included					
Wellness Allowance	Included					
Wellness Support Allowance	Included					
Reporting and Integration						
Analytic Consultation from Plan Sponsor Insights	150 hours					
Monthly (12) Universal File Feeds to Third Party Vendors	Included					
Behavioral Health						
AbleTo Network - subject to member cost share	Included					
Total Fees	**$47.83**					

‡ There is a per consultation charge which will be shared by the member and plan sponsor based on type of service provided and member's benefit plan. Specific charges are available from your Account Manager.

Programs & Services Included in the Claim Wire

No Surprises Act - Fees						
No Surprises Act (NSA) claim administration fee (per NSA eligible claim)*	$50					
No Surprises Act (NSA) Independent Dispute Resolution (IDR) initial fee** (per arbitration case)	$50					
No Surprises Act (NSA) Independent Dispute Resolution (IDR) arbitration expenses** (per arbitration case)	~ $200 to $600					
ACO Administrative Fee						
ACO Administrative Fee (PEPM)	$3.40					
Network Services						
Subrogation‡	37.5% of savings					
Contracted Services‡	37.5% of savings					

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Claim and Code Review Program‡, ‡‡	30% of savings					
National Advantage™ Program	We will retain 30% of savings					
Facility Charge Review (FCR) – Standard	Included					
Itemized Bill Review	Included					
Data iSight™	Included					
National Advantage™ Program Cap (includes Facility Charge Review, Itemized Bill Review, and Data iSight™ when applicable)	Cap of $3.50 PEPM					
Care Management						
Aetna Kidney Support (per engaged participant, per month)	$175					
Enhanced Clinical Review Program – High Tech Imaging (PMPM)◊	$0.35					
Enhanced Clinical Review Program – Diagnostic Cardiac (PMPM)◊	$0.10					
Enhanced Clinical Review Program – Sleep Management (PMPM)◊	$0.05					
Enhanced Clinical Review Program – Cardiac Implantable Devices (PMPM)◊	$0.05					
Enhanced Clinical Review Program – Interventional Pain (PMPM)◊	$0.10					
Enhanced Clinical Review Program – Hip and Knee Arthroplasties (PMPM)◊	$0.05					

* Refer to the NSA Payment Practices in our Caveats for information on our payment practices for NSA eligible claims.

** These fees are required by the NSA rules, are passed through at cost (with no mark up by Aetna) and are payable to the IDR entity. There is an initial fee ($50 for 2022 and subject to future adjustments) to begin an arbitration and an additional fee for the arbitration expenses. Both charges will apply to each arbitration case.

‡ Specific details on these programs and the associated fees can be found in the Self-Funded Underwriting Disclosure document, which is incorporated by reference into this package and considered part of your Agreement. The UW Disclosure is located at the following URL: https://www.aetna.com/document-library/large-group-public-labor-self-funded-medical-underwriting-disclosures-5-15-2022.pdf

‡‡ Certain editing capabilities were previously provided by Aetna as a service that was included as part of your base administrative fee. The Claim and Code Review Program has been enhanced to include expanded capabilities at the fee set forth above.

◊ The cost is stated on a per member, per month (PMPM) basis. The fee is only charged to those members who fall into service areas where the program is available.

Programs & Services Information

Plan Administration

Mature Base Service Fees

Your administrative service fees are mature. The expenses associated with processing runoff claims following termination are covered for one year.

Non-ERISA

For a Non-ERISA plan, the risks and responsibilities are different from those under ERISA plans, since the ERISA preemption and ERISA standard of performance do not apply. Our charge for Non-ERISA plans must take into account the additional liability risk as compared to known risks under an ERISA plan. An additional $0.35 per employee, per month is charged for Non-ERISA plans and has been included in our fees as shown on the financial exhibit(s).

Claim Fiduciary Option 6

We will be the ERISA claim fiduciary for the first level of mandatory plan appeal for all denied claims. The Plan Sponsor will be the Non-ERISA claim fiduciary for all second-level appeals. The claim fiduciary is responsible for final claims determination and the legal defense of the decisions it makes. Claims paid on appeal after denial by us will not count toward Stop Loss Limits.

National Advantage™ Program

Details can be found in our UW Disclosure document located at the following URL:
https://www.aetna.com/document-library/large-group-public-labor-self-funded-medical-underwriting-disclosures-5-15-2022.pdf