

Arizona

motivhealth[®]
INSURANCE COMPANY

ASO Proposal

City of Douglas

July 1, 2025



Lower Claims Cost.
Better Experience.
Sustainable Benefits.



10421 S Jordan Gateway Ste. 300
South Jordan, UT 84095



(844) 234-4472



MotivHealth.com

WELCOME

ENGAGE

EDUCATE

REWARD

MotivHealth is relentlessly focused on helping members get the right care at the right price while providing the support they need to navigate the complex healthcare system.

Navigating the healthcare system is confusing, frustrating, and expensive. MotivHealth specializes in making it simple, understandable, and affordable. We do this by engaging, educating, and rewarding our members. This results in less money out of members' pockets and lower claims costs for employers.



AVERAGE ANNUAL RENEWAL

<4%



CLAIM OPTIMIZATION SAVINGS

\$105/ member/year



PRESCRIPTION DRUG SAVINGS

\$840/ member/year



PAYMENT INTEGRITY SAVINGS

\$95/ member/year

Important Reminders

1. Can integrate with any stop-loss carrier.
2. Cost containment programs are billed at a percent of savings.
3. Dedicated account management team.
4. Employer Portal includes engagement reporting and claims reporting.
5. Performance guarantees, fees at risk

Additional Services

MotivHealth can offer a stand-alone PBM service alongside our Rx-savings programs (MotivRx).

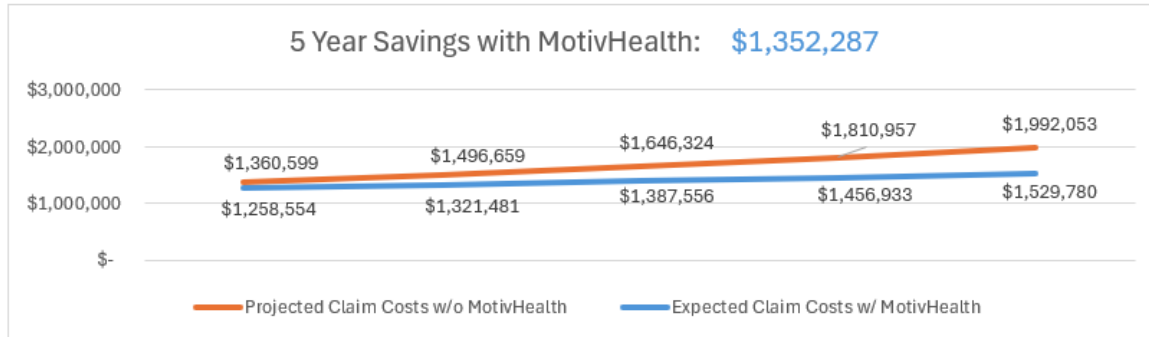
Integrated Point Solutions that include MSK, maternity, and prescription drug services.

Flexibility to integrate with other point solutions.

Integrated HSA administration services at no cost.



City of Douglas - Claims Projection



Number of Employees	187
Number of Members	307
Industry Average Trend	10%
Delivered Renewal Trend, w/ MotivHealth	5%

	2025	2026	2027	2028	2029	Average
Trended PMPM Spend, w/o MotivHealth	\$ 369.33	\$ 387.79	\$ 407.18	\$ 427.54	\$ 448.92	\$ 408.15
Projected Claim Costs w/o MotivHealth	\$ 1,360,599	\$ 1,496,659	\$ 1,646,324	\$ 1,810,957	\$ 1,992,053	\$ 8,306,591
Expected Claim Costs w/ MotivHealth	\$ 1,258,554	\$ 1,321,481	\$ 1,387,556	\$ 1,456,933	\$ 1,529,780	\$ 6,954,304
SAVINGS w/ MotivHealth	\$ 102,045 7.50%	\$ 175,177 11.70%	\$ 258,769 15.72%	\$ 354,024 19.55%	\$ 462,273 23.21%	\$ 1,352,287

MotivAdvantage - Claim Savings	Impact	Full Year	PMPM
Managed Rx Savings (24-25 Plan Year)			
Utilizing MotivHealth programs to assist members to access various programs that eliminate or reduce member costs and overall claim costs.	2.5%	\$ 34,015	\$9.23
SmartPay - Optimizing Care (24-25 Plan Year)			
Matching high performing providers with best facilities contracts to ensure members get the best care at the best price and rewarding them by helping offset out of pocket costs.	2%	\$ 27,212	\$7.39
Payment Integrity			
Using advance claim edits, bill review, subrogation to ensure accurate billing and payment to lower overall claim costs.	3%	\$ 40,818	\$11.08
Expected Total Savings, Full year		\$ 102,045	\$27.7

Performance Guarantee: MotivHealth will put fees at risk and guarantee savings.

Plan Designs

		MotivHealth Self Funded Options			Alternate
		BCBS Network Trad 500	BCBS Network Trad 2000	BCBS Network HSA 2000	BCBS Network Trad 500
	Deductible (Single/Family)	\$500 /\$1500	\$2000 /\$6000	\$2000 /\$6000	\$500 /\$1500
	Deductible Embedded/Non-Embedded	Embedded	Embedded	Non-Embedded	Embedded
	Coinsurance (Paid by Member)	20% AD	0% AD	20% AD	0% AD
	OOP Max (Single/Family)	\$6000 /\$12000	\$6000 /\$12000	\$6000 /\$12000	\$6000 /\$12000
	OOPM Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded
Facility	Inpatient	20% AD	0% AD	20% AD	0% AD
	Outpatient	20% AD	0% AD	20% AD	0% AD
	ER	\$100	\$100	20% AD	\$100
Professional	PCP	\$15	\$15	20% AD	\$15
	Specialist	\$30	\$30	20% AD	\$30
	Behavioral Health Visits	\$15	\$15	20% AD	\$15
	Rehab/PT/OT	\$30	\$30	20% AD	\$30
Imaging/Diagnostics/ Other Outpatient	Radiology- CT/PET Scan/MRI	20% AD	0% AD	20% AD	0% AD
	Minor Lab & X-Ray Services	Included in office copay	Included in office copay	20% AD	Included in office copay
Rx	Generic - Retail	\$15	\$15	20% AD	\$15
	Preferred Brand - Retail	\$30	\$30	20% AD	\$30
	Non-Preferred Brand - Retail	\$50	\$50	20% AD	\$50
	Specialty Drugs	20% AD	20% AD	20% AD	20% AD
Other Services	Urgent Care	\$50	\$50	20% AD	\$50
	Ambulance	20% AD	0% AD	20% AD	0% AD
Out of Network	Deductible	\$10000 /\$20000	\$10000 /\$20000	\$10000 /\$20000	\$10000 /\$20000
	Coinsurance	50% AD	50% AD	50% AD	50% AD
	OOP Max	\$22000 /\$44000	\$22000 /\$44000	\$22000 /\$44000	\$22000 /\$44000

Contingent Proposal

1.6417 members/subscribers		MotivHealth Self Funded Options			Alternate 500 0% plan
		BCBS Network Trad 500	BCBS Network Trad 2000	BCBS Network HSA 2000	BCBS Network Trad 500
Self Funded Rates	General Administration	\$10.95	\$10.95	\$10.95	\$10.95
	Network Access Fee	\$22.00	\$22.00	\$22.00	\$22.00
	Case Managemnet	\$8.00	\$8.00	\$8.00	\$8.00
	Telehealth	\$3.00	\$3.00	\$3.00	\$3.00
75k Spec 24/12 contract	Total Expected Claims PEPM	\$529.72	\$450.20	\$378.36	\$572.91
	Specific Charge PEPM**	\$156.48	\$119.87	\$85.09	\$195.92
	Aggregate Charge PEPM**	\$17.48	\$14.85	\$12.48	\$18.56
	Aggregate Attachment Point PEPM (120%)	\$635.66	\$540.24	\$454.03	\$687.49
Programs	SmartPay*	MotivHealth will keep 30% of any savings generated.	MotivHealth will keep 30% of any savings generated.	MotivHealth will keep 30% of any savings generated.	MotivHealth will keep 30% of any savings generated.
	Rx Savings Programs*	MotivHealth will keep 30% of any savings generated.	MotivHealth will keep 30% of any savings generated.	MotivHealth will keep 30% of any savings generated.	MotivHealth will keep 30% of any savings generated.
	Devices for Walking Program	Costs will be passed through to the group	Costs will be passed through to the group	Costs will be passed through to the group	Costs will be passed through to the group
	Other Incentives	Costs will be passed through to the group	Costs will be passed through to the group	Costs will be passed through to the group	Costs will be passed through to the group

*Costs associated with this program will be passed on to the group

**Specific and Agg fees include 2% commissions

	Monthly Totals				Alternate 500 0% plan
	Total				
General Administration	\$1,872.45	\$109.50	\$65.70	\$2,047.65	\$1,872.45
Network Access Fee	\$3,762.00	\$220.00	\$132.00	\$4,114.00	\$3,762.00
Case Managemnet	\$1,368.00	\$80.00	\$48.00	\$1,496.00	\$1,368.00
Telehealth	\$513.00	\$30.00	\$18.00	\$561.00	\$513.00
Total Expected Claims	\$90,582.12	\$4,502.00	\$2,270.16	\$97,354.28	\$97,967.37
Specific Charge	\$26,758.86	\$1,198.66	\$510.56	\$28,468.07	\$33,503.04
Aggregate Charge	\$2,988.28	\$148.52	\$74.89	\$3,211.69	\$3,173.74
Aggregate Attachment Point (125%)	\$108,697.86	\$5,402.40	\$2,724.18	\$116,824.44	\$117,560.79
Subscribers	171	10	6	187	171

Included Services and Applicable Fees

Administrative Services

<p>Customer Support: English and Spanish assistance from 8 AM to 8 PM (MST) 7 days per week</p> <p>Benefit Assistance</p> <p>Provider Search & Guidance: MotivHealth member portal allows members to search for in-network providers based on quality and cost.</p> <p>Claims Processing</p> <p>Referral & Eligibility Verification</p> <p>Pricing Transparency: Valuable tools to ensure members can compare costs among providers and prescriptions.</p> <p>Member Outreach: Member onboarding and customized email campaigns meant to drive awareness and engagement.</p> <p>Summary Plan Documents/Policy/SPD</p> <p>MotivHSA: No fixed costs and integrated with the MotivHealth member portal.</p> <p>Member ID Cards: Physical and virtual ID cards at no cost</p> <p>TPA Reporting</p> <p>1094/1095 Reporting</p> <p>5500 Reporting</p>	<p>\$10.95 PEPM</p>
--	---------------------

Network Access Fee

<p>BCBS of AZ Network</p>	<p>\$22.00 PEPM</p>
----------------------------------	---------------------

Case Management Services

Case Management

Utilization Review

Pre/Post Discharge Planning

Medical Appeals Coordination

Diabetic Management

Dialysis Management

Transplant Management

Oncology Management

\$8.00 PEPM

Risk Management & Payment Integrity

Comprehensive proactive claims review process including claims editing, negotiations with providers and fraud, waste and abuse reviews to identify and achieve additional savings by reducing costs and removing unnecessary, ineligible claims and lowered pricing.

30% of Savings
Generated

Cost Containment Services

SmartPay:

Incentivizes members to optimize on the cost and quality of planned medical procedures

30% of Savings
Generated

Rx Assistance:

Lowers or eliminates out-of-pocket costs associated with high-cost name brand or specialty medications, including diabetic insulin

30% of Savings
Generated

Subrogation

Identify and submit claims to other third-party insurance.

30% of Savings
Generated

High-Cost Claim Review

Extensive bill, code audits, and clinical reviews on claims and services over \$25k, including engaging outside experts if beneficial, to ensure correct billing and clinical practices.

30% of Savings
Generated

Out-of-Network Negotiation

Negotiate all out-of-network claims at acceptable pricing

30% of Savings
Generated

Member Engagement Services

Steps Incentive Program:

Members and covered spouses earn \$1 for every day they walk 8,000 or more steps, up to 20 days per month. Incentives earned are deposited into the members' MotivHealth HAS.

MotivU:

Online education platform that incentivizes members to become more informed healthcare consumers. Graduates receive \$50 into their MotivHealth HAS.

Engagement Costs are Passed on
to Employer

Telemedicine Services

Telemedicine

\$3.00 PEPM

Integrated Point Solutions

Doula Program

Doulas have demonstrated a 33% reduction in C-sections and a 5-day reduction in NICU.

\$2,200 per Doula

RecoveryOne

Virtual Physical Therapy (PT) and provider assistance related to MSK issues resulting in a reduction in primary care visits, in-person PT visits, and surgeries.

\$800 per Engaged Member

Amendment to Third Party Administration Contract

1. Term

This Agreement shall commence on [date] and shall remain effective for a period of twelve (12) months, and shall remain in effect for subsequent twelve (12) month renewal periods unless notice is provided by either party at least ninety (90) days prior to the next twelve (12) month renewal period, or unless otherwise terminated as provided herein. If Plan Sponsor fails to provide at least ninety days' notice, it will be obligated to pay fees for the equivalent of ninety days and all run-out fees for a period of twelve months from the Notice of termination. All written notices required by this Agreement shall be sent to MotivHealth:

MotivHealth Insurance Company
P.O. Box 7009718
Sandy, UT 84070

2. Pricing

Administration Services	\$10.95 PEPM	_____ Initials
-------------------------	--------------	----------------

Network Access Fee

BCBS Network	\$22.00 PEPM	_____ Initials
--------------	--------------	----------------

Case Management Services	\$8.00 PEPM	_____ Initials
--------------------------	-------------	----------------

Payment Integrity	30% Savings	_____ Initials
-------------------	-------------	----------------

Cost Containment Services

- | | | |
|------------------|-------------|----------------|
| • Rx Assistance | 30% Savings | _____ Initials |
| • Other services | 30% Savings | _____ Initials |

Member Engagement Services	Pass Through	_____ Initials
----------------------------	--------------	----------------

MotivU	Pass Through	_____ Initials
--------	--------------	----------------

Telemedicine	\$3.00 PEPM	_____ Initials
--------------	-------------	----------------

Integrated Point Solutions

Doula Program	\$2,200 per Enrolled	_____ Initials <input checked="" type="checkbox"/>
RecoveryOne	\$800 per Enrolled	_____ Initials



3. Except as expressly provided herein, the terms and conditions of the Agreement shall remain in full force and effect. In the event of a conflict between this AMENDMENT and the Agreement, the terms of this AMENDMENT shall prevail.

Fee Acceptance

In witness whereof the undersigned accept the administrative services renewal and Amendment to Third-Party Administration Contact stated above. I also elect to have MotivHealth perform the services initialed above as of the effective date.

City of Douglas

Name:

Title:

Signature:

Date:
