IT'S TIME TO THINK DIFFERENTLY ABOUT HEALTH COVERAGE

We're not just a passive health card you keep in your wallet; we're a passionate action plan for health!

HealtheChoices offers innovative employer health plans emphasizing Affordability, Access to Quality Health Care with the Doctors You Want, The Medicines You Need, Telemedicine, Wellness, & Cost Transparency.

Plan administration provided by Regional Care, Inc. (RCI), a subsidiary of Regional West Health Services, with over twenty-five years of caring service.



HealtheChoices is pleased to bring our members health guidance and support by Best Doctors, with access to the top 5% of practicing physicians in over 450 medical specialties.







Regional Care, Inc.

### **RCI FAST FACTS**

- •Number of members: Over 40,000
- Largest client: 2,000 employees
- Smallest client: 10 employees
- Access to two different national networks and multiple regional networks
- •2016 total number of incoming claims: 656,329
- •2016 total number of claims processed on a monthly basis: Over 54,000
- •Total number of employees: 55 (at locations in Nebraska, Michigan, Colorado, and Idaho)

## Quality, Cost-Effective Health Care Solutions...

### Personalized, flexible service

At Regional Care, Inc. (RCI), we offer more than just cookie-cutter solutions — we offer professional and personalized claims service for every employee, ensuring that the claims process doesn't become a bigger issue than the original health care concern.

RCI serves over 200 clients with members in all 48 states - from right here in western Nebraska. We have teamed up with best-in-class business partners, from leading PPO networks in each geographic area, to care management companies, telemedicine providers, and transparency tools — all the components needed to manage costs and provide a great member experience.

"We value the fact that we can go directly to our account manager, eligibility manager, or Flex/HSA manager, and they are always responsive and willing to help."

A county government



#### **PHCS Network**

#### Network Access for Physician Plus Ancillary Providers Only

The PHCS Network has the flexibility to be used in most markets with plans that offer comprehensive benefits, but that use a network for certain types of claims:

#### Practitioners Plus Ancillary Only

These options deliver access to over 747,000 practitioners and 86,000 ancillary facilities.

The only national independent PPO to be accredited in Credentialing by NCQA.

**Availability.** National access for plans with specific services. Hawaii excludes plans that omit hospital network coverage, and these plans are available only to members traveling to but not living in Indiana and in the Dallas/Fort Worth markets.







**Quality.** The PHCS Network is accredited by NCQA for Credentialing. More than 99% of providers are directly contracted.

Interpret. Innovate. Inspire.

## Leveraging Technology to Enhance Reference Based Pricing Solutions



### Reducing Your Overall Healthcare Spend & Managing Your Provider Costs

- Local Market Based Approach
- Direct Provider Contracting
- Access to Advanced Analytics
- Patient Advocacy

- Smart Technology, New solutions.
- Sustainable Costs & Affordability
- Dispute Resolution
- Network Replacement

We understand that no one size fits all when it comes to provider pricing. **SMART**Pricing uses innovative new technology to provide real-time solutions to mitigate and reduce healthcare costs. Our **SMART**Pricing proprietary technology provides an in-depth view of local markets which allows us to present objective and transparent pricing to our clients. And, our customer service team provides responsive people-friendly personalized assistance.

Precertification is required at least 48 hours in advance of all inpatient hospital admissions (including inpatient admissions for mental health disorders), and outpatient surgeries, MRI, PET, CT Scans. Emergency admissions must be reported within 48 hours of the first business day after the admission.





In Association with Best Doctors

## The Best Doctors. The Best Diagnosis. The Best Treatment Plan.

Medical Uncertainty is a Problem. Best Doctors is Your Solution.





## Hope Isn't a Strategy.

- 20 Million Referrals Go To the Wrong Specialist Each Year
- 50% of Elective Surgeries are Unnecessary
- 51% of Hospital Discharges Have Medication Errors

Source: Mayo Clinic Study

• 40% of Men and Women Will Be Diagnosed with Cancer During Their Life

Source: National Cancer Institute

• 50% of All Deaths are Attributed to Three Chronic Diseases – Heart Disease, Cancer, and Chronic Lower Respiratory Disease

# Misdiagnosis is an Increasing Problem at a Massive Cost.

26%

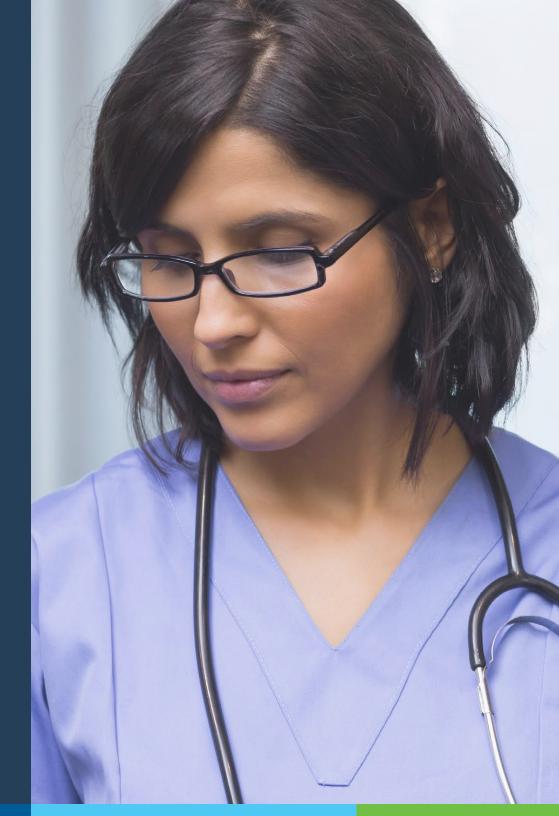
diagnoses found to be incorrect.

Source: Mayo Clinic Proceedings

1/3

of all health care costs in the U.S. are considered to be wasted, the bulk tied to misdiagnoses.

Source: National Academy of Medicine



## How Confident Are You In Your Diagnosis or Treatment?

Whether you have received a serious diagnosis, been given multiple treatment options, need help deciding if surgery is right for you, or have medical questions:

Best Doctors provides you access to the top 5% of practicing physicians nationwide in more than 450 medical specialties.

## Getting Access to the Best Starts with Finding the Best.

Since 1989, Best Doctors has conducted one of the largest on-going peer physician polls in healthcare to identify the *physicians* other *physicians* trust most.

We start by asking doctors:

"If you or a loved one needed a physician in your specialty, to whom would you refer?

## **How Expert Physicians Are Selected.**

- All Best Doctors are nominated by their physician peers. Physicians who receive peer consensus are verified for clinical activity, licensure and disciplinary actions.
- A selected Best Doctor doesn't remain in the database forever. The peer-review
  process requires every listed Best Doctor physician be re-evaluated by their peers in
  each poll. A physician cannot apply to become a Best Doctor physician. The only way
  for a physician to be selected to the database is to be nominated by and then receive
  voting consensus from current Best Doctors in the U.S.
- As a result, Best Doctors has a proprietary, global database of physicians free from commercial and financial bias – numbering nearly 50,000 in over 450 specialties and sub-specialties worldwide. There are close to 40,000 Best Doctors in the U.S.

Best Doctors is not a list company and does not publish a directory of the database.

## **How Best Doctors Works.**

- Contact Best Doctors to begin the no-cost and in-depth, confidential medical review.
- There is no need to travel or track down records. Best Doctors will call and collect all relevant medical records and will have them reviewed by an expert. A confidential report will be provided outlining the expert's findings and recommendations.
- An electronic medical records release of information will need to be signed, and Best Doctors will collect medical records and select the most appropriate expert for your condition. Once the selected expert has reviewed the full medical case, a report is provided that either confirms your diagnosis and treatment, or recommends a change.
- Best Doctors will walk through the report in detail, and can share the report and the expert's findings with your treating physician(s).

In 2016, Best
Doctors Made an
Incredible Impact
on Member Cases.

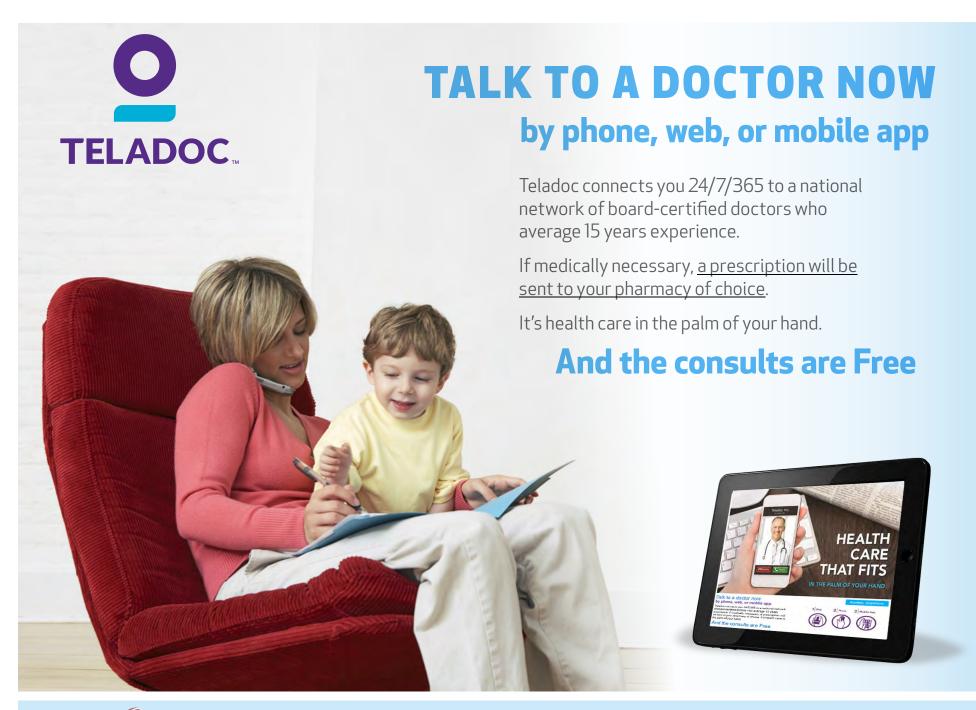
45%

corrected or refined diagnoses.

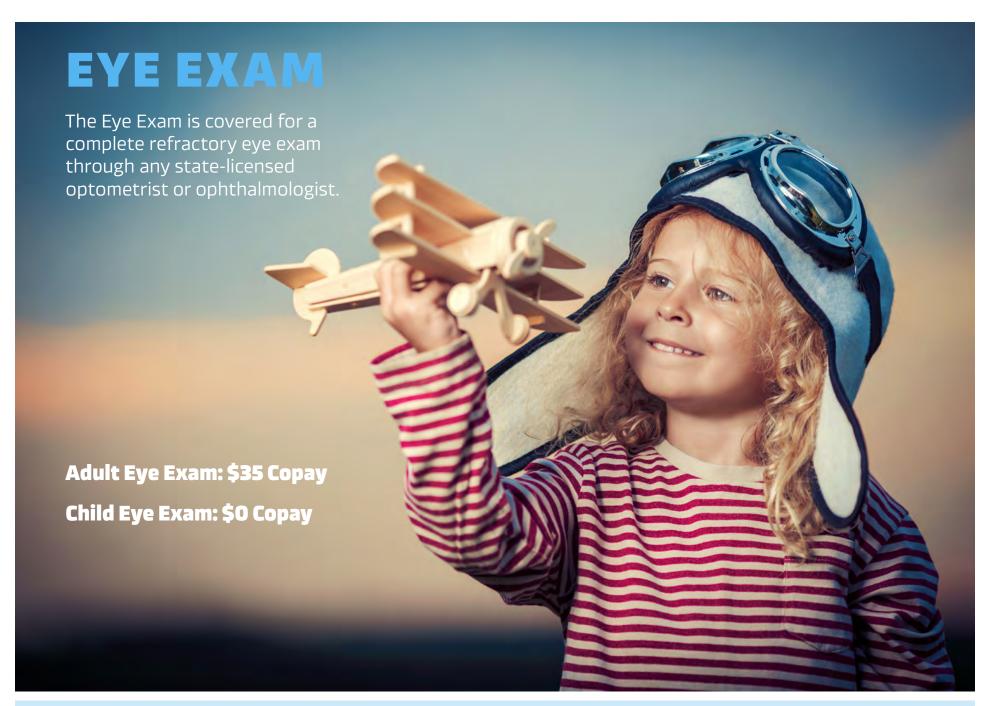
**75%** 

corrected or refined treatments.











## **SMART**Funding

#### An Innovative Approach to Financing Healthcare

#### What is **SMART**Funding?

SmartFunding is an innovative approach for businesses to self-fund their health care benefits. Large corporations have long used self-funding as a means to save on health care costs by directly funding their expected claims and buying insurance coverage (Stop Loss Protection) for excess claims. HealtheChoices enables small business owners to budget health care costs, control expenses, and capture savings.

HealtheChoices provides a single source solution for small employers to self-fund their group health benefits by including administrative services, Stop Loss insurance coverage (financial protection), monthly claim reports, and banking arrangements in one easy turn-key program.

The employer (Plan Sponsor) funds the group health plan's claim expenses up to pre-established amounts shown on their proposal. If the plan's claim expenses are less, the plan sponsor (client) may keep 100% of the savings – it's their money. If the plan's expenses exceed these amounts, Stop Loss Protection is provided. The employer receives monthly snapshot reports provided by HealtheChoices explaining where their money is going and how their health care dollars are being spent.

And, did we mention that the client keeps 100% of the savings?



- NO SETUP FEES OR RUNOFF COSTS
- 12/18 CONTRACT
- COBRA ADMINISTRATION INCLUDED



you have a choice, CHOOSE WELL.





Empowering Health.
Ensuring Access.