



An Aetna Renewal
Presented to

County Of Hidalgo

Annual Renewal Rating: January 01, 2023 through December 31, 2023
Control Number: 285608



Brian Donohue
Director of Underwriting
151 Farmington Ave.
Hartford, CT 06105
Phone: 860-273-6820
donohueb@aetna.com

December 29, 2022

County Of Hidalgo
Merlen Munoz - Division Management, Employee Benefits
2818 Us Highway 281
Edinburg, TX 78539

Re: Sold Products and Programs for County Of Hidalgo

Dear Merlen Munoz - Division Management, Employee Benefits:

Thank you for choosing our health plan. We are excited about the opportunity to meet you and your employees on your journey to better health.

Your business is important to us and we look forward to working with you for a successful partnership.

Our company will administer the medical and pharmacy benefits for County Of Hidalgo, effective January 1, 2023.

The contract period begins on the effective date of January 1, 2023. Our contracts provide for automatic renewal upon the completion of each contract period unless either party invoked the termination provision, which required 31 days advance written notice of termination to the other party. This provision may be invoked at any time during the continuance of the contract and is not limited to termination occurring on the renewal date, subject to the terms of the contract(s).

If there's an addition or correction you would like to make, please contact Wayne Parker at 281-621-8887. Please sign and return by July 1, 2022.

Sincerely,

Brian Donohue
Director of Underwriting

cc: Gallagher
or Wayne Parker

Customer Signature: _____

Date: _____

This letter is not meant to supersede the final master services agreement.

County Of Hidalgo

Why Aetna?

Effective Date: January 01, 2023

We're more than products and programs. **We offer a health care experience that's more caring, more** connected and closer to home. With a holistic approach we join members on their personal health journey, removing barriers along the way. And we work proactively to help every member achieve their goals and stay on a path to better health.

Because you have unique needs we offer customized, tailored solutions. And we have a plan to take care of each of your employees, helping to increase engagement, improve outcomes and boost productivity.

We know health care can be overwhelming. So we work together with you to help make each member of your team a stronger individual. Stronger individuals lead to a stronger workforce. And when you have a stronger workforce, you can achieve stronger results.

You can learn more about Aetna here:

<https://www.aetna.com/about-us.html>

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

The Aetna companies include:

Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company; Aetna Life Insurance Company; Aetna Dental Inc.; and/or Aetna Dental of California Inc.; Aetna Health of Utah Inc. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Managed care plans may not cover all health care expenses. Contracts should be read carefully to determine which health care services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at:

www.aetna.com

The information contained in this proposal is confidential and should not be shared with anyone other than your broker or benefit plan consultant.

County Of Hidalgo

Contact Information/Assumptions

Account Manager: Wayne Parker
 Email: ParkerAW@aetna.com
 Telephone: 281-637-5024

SIC Code: 9199
 Mem/EE Ratio: 1.65

Administrative Service Fees **Effective Date: January 01, 2023** **End Date: December 31, 2023**

	Estimated Enrollment	Year 1	Year 2	Year 3
Guarantee Period Effective Date		January 01, 2023	January 01, 2024	January 01, 2025
Fee Basis		Mature	Mature	Mature

Medical Fees as Billed (PEPM)	Estimated Enrollment	Year 1	Year 2	Year 3
Aetna ChoicePOS II	4,006	\$27.05	\$27.05	\$27.05
Illustrative Composite Service Fees (PEPM)	4,006	\$27.05	\$27.05	\$27.05
Plan Year Service Fees	4,006	\$1,300,348	\$1,300,348	\$1,300,348

Service Fee Summary (Plan Year)	Year 1	Year 2	Year 3
Administrative Service Fees	\$1,300,348	\$1,300,348	\$1,300,348

Additional Service Fee Guarantee† (Excluding Other Charges)	Composite Fee	% Change
Year 4 of 5 (January 01, 2026) Mature	\$28.13	4.0%
Year 5 of 5 (January 01, 2027) Mature	\$29.26	4.0%

Clarifications

- PEPM is defined as Per Employee Per Month
- Please see Programs & Services for additional information. Some services may come at an additional cost to the fees shown above.
- Any Plan Year costs are based on the Estimated Enrollment and subject to change based on actual enrollment.

Prescription Drug Benefits

Prescription drug benefits are included and will be provided through Aetna Integrated Pharmacy Solutions. If you terminate your Aetna prescription drug benefits, Aetna will increase the ASC Service Fees and medical trend, and the customer may also be subject to additional charges to integrate data with external Pharmacy vendors (see Programs & Services)

Medical Only Composite Fee = \$27.05 (this is the current 2022 fee as well)

† Service Fee Guarantee

Our offer includes a service fee guarantee for the guarantee period January 01, 2023 to December 31, 2027. The guaranteed service fees excluding broker compensation are listed above. The service fee guarantee is subject to the terms and conditions as stated in the caveats and is contingent upon the customer maintaining all lines of business with Aetna.

County Of Hidalgo

Programs and Services – Self-Funded

Effective Date: January 01, 2023

Program Summary	Aetna ChoicePOS II
Programs & Services Included in the Service Fee	
Mature Base Service Fee	\$27.05
Implementation, Account Management & Plan Administration	
Designated Account Management Team	Included
Designated Implementation Manager	Included
Designated Service Center	Included
Onsite Open Enrollment Meeting Preparation	Included
Open Enrollment Marketing Material (Standard) Onsite Meeting Preparation	Included
Standard ID Cards	Included
Summary of Benefits and Coverage (SBC)	Included
Claim Fiduciary Option 1	Included
Non-ERISA	Included
Network Services	
Institutes of Excellence™	Included
Institutes of Quality® (IOQ) Program	Included
No Cost/Low Cost Designated Walk In Clinic (MinuteClinic®)	Included
National Medical Excellence Program® - Transplant Coordination	Included
Network access	Included
Teladoc® Custom Setup	Included
Care Management	
Aetna Compassionate Care Program	Included
Aetna One Flex - NEW	Included
Aetna Advice - NEW	Included
MedQuery®	Included
Utilization Management	Included
Member Resources	
Aetna Concierge (includes First Impression Treatment) - NEW	Included
Member Website and Mobile Experience	Included
MindCheck SM	Included
Wellness	
24-Hour Nurse Line: 1-800# Only	Included
Aetna Healthy Actions SM	Included
Aetna Healthy Commitments SM - Core	Included
Personal Health Record	Included
Transform Diabetes 2.0	Included
Simple Steps to Healthier Life® Health Assessment and Tracking	Included
Allowances	
General Allowance (see Allowance page for additional details)	Included
Reporting and Integration	
Analytic Consultation from Plan Sponsor Insights	10 Hours
Monthly (1) Universal File Feeds to Third Party Vendors	Included
Behavioral Health	
Managed Behavioral Health	Included
Behavioral Health Condition Management Program - Standard	Included
AbleTo Network - subject to member cost share	Included
Agent Compensation, \$80,000 annual	Included
Total Fees	\$27.05

‡ 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.

No Surprises Act (NSA) provisions and charges language is forth coming as the program goes into effect by Federal guidelines

Any Specific additional charges are available from your Account Manager.

Additional Available Programs & Services

Care Management	
Reporting and Integration	
If Pharmacy is administered by a PBM other than Aetna® or CVS Caremark®, These integration charges apply when a preferred third party PBM vendor is elected. In the even that the County carves out pharmacy to a non-preferred third party PBM vendor additional charges may apply.	
Integrating 3rd-party Pharmacy data to support benefit accumulators (Set Up)	\$5,000
Integrating 3rd-party Pharmacy data to support benefit accumulators (Ongoing)	\$.60
Integrating 3rd-Party Pharmacy data to support care management programs	\$13,000

County Of Hidalgo

Programs and Services – Self-Funded

Effective Date: January 01, 2023

Program Summary	Aetna ChoicePOS II
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Custom Medical Buy-Up Programs	
First Responder Peer Support Program	\$1.05
Aetna Attain (Earn Your Watch)	\$10 PPM
Transform Oncology PMPM (Paid in Claim Wire)	\$79.00

Programs & Services Included in the Claim Wire

Network Services	
Subrogation‡	30% of recovered amount will be retained.
Coordination of Benefits and other contracted services‡	Up to 30% of recovered amounts will be retained.
Enhanced Third Party Claim and Code Review Program Capabilities‡	Up to 37.5% of recovered amounts will be retained.
Aetna Cross-Border Network thru Sinergia Medica, in Mexico. This option does require individual member ID cards for members who elect this benefit.	\$5 per claim processing, thru Aetna International for CWB - Available as an additional option
National Advantage™ Program	We will retain 35% 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 \$100,000 per individual claim and \$4 PEPM

Care Management	
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

‡ 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 Programs (ACE) have been enhanced to include expanded capabilities at the fee set forth above. 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>

††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 two years.
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-12-01-2021.pdf

County Of Hidalgo

Allowances - Self-Funded

Effective Date: January 01, 2023

We are including allowance(s) for your Aetna plans applicable to each year of the Guarantee Period as outlined in the chart below. Allowance dollars are intended to be used for your Aetna medical plans and Aetna medical members.

Annual Allowance Type	Year 1	Year 2	Year 3	Year 4	Year5
Plan Year Effective Date	01/01/2023	01/01/2024	01/01/2025	01/01/2026	01/01/2027
GENERAL ALLOWANCE	\$825,000	\$75,000	\$75,000	\$75,000	\$75,000
Total	\$825,000	\$75,000	\$75,000	\$75,000	\$75,000

Annual allowance amounts may be adjusted if actual enrollment changes by 15 percent or more from our enrollment assumptions.

Allowance

- Can be used for reasonable expenses applicable to the plan year for which they are offered.
- You can use the allowance(s) to offset expenses you incur as a result of implementing your contract with us, promoting products, programs or services, communicating with our members, and our system front-end charges.
- Should you terminate your contract with us, the allowance(s) cannot be used to fund implementation/communication expenses related to the new carrier's contract.
- **For 2023, up to \$750,000 of the \$825,000 may be used as a Fee Holiday**

General Allowance Allowance

- Can be used to pay for reasonable general allowance-related programs or activities incurred during the Guarantee Period year for which the allowance was applicable.

The above referenced fund(s) will be available after your first administrative fee payment for the applicable plan year has been recorded or after the effective date of each plan year, whichever is later. Only those expenses performed and billed by a third party are payable; reimbursement for time and materials incurred directly by the plan sponsor (e.g. hours worked by the plan sponsor's own employees) are not eligible. Our preferred method of payment is directly to the vendor. We will pay allowance related expenses directly to the vendor only after you send us proper documentation outlining the expenses you have incurred. On an exception basis, we can reimburse you directly. In the event the exception is granted, we'll require you to submit detailed paid receipts from the vendor. Documentation must be submitted within 60 days following the close of the plan year for which expenses were incurred. Acceptable documentation includes, but is not limited to:

- Vendor invoice(s) summarizing level of work completed, hourly rate and hours spent; and
- Invoices or other documentation summarizing any other miscellaneous expenses incurred (such as travel, and other business expenses related to service rendered)

The allowance amounts indicated above for the following Allowance Type(s) are available for the years indicated in the chart. Each allowance is forfeited at the end of each plan year if not fully utilized (it does not get rolled over to the following plan year for a cumulative amount). If you have elected to offer wellness incentives through a product reward site, unredeemed vouchers are forfeited at the end of each plan year.

- General Allowance

We assume the funding of any allowance dollars is either at the request of your Plan Administrator acting in its fiduciary capacity or for the exclusive benefit of your Plan. You are responsible for determining that your use of allowance dollars is appropriate and legally compliant. With respect to allowance dollars that are used in connection with a wellness program, you are responsible for ensuring that the program and any incentives/rewards comply with applicable laws, including limitations on maximum allowable incentives/rewards. We will pay any allowances in accordance with applicable law. We suggest you seek appropriate accounting and legal counsel for all payments to ensure they comply with applicable accounting principles and laws.

If you terminate your medical plan with us in whole or in part (defined as a 50 percent or greater membership reduction from the membership we assumed in this renewal prior to the end of the multi-year Guarantee Period, you'll be responsible for remitting payment for any allowance amounts used. Payment is due to us within 31 days of the invoice.

County Of Hidalgo

Caveats - Self-Funded

Effective Date: January 01, 2023

For the purposes of this document, Aetna may be referred to using "we", "our" or "us" and County Of Hidalgo may be referred to using "you" or "your".

Underwriting Caveats

Your pricing considers all the products, programs and services you have with us and will be in effect for the full 12 months of the plan year. Pricing for some programs and services are amortized over a 12-month period. Therefore, fees will not be reduced if termination occurs prior to the end of the plan year. We also assume the renewal assumptions below remain consistent throughout the plan year. We require notice to properly terminate before the plan year ends in accordance with the Termination provision in your Agreement. Otherwise, you may be charged for the cost until that notice is met.

If any of the changes outlined below occur, we may adjust your Guaranteed Fees. If this happens, you'll have to pay any difference between the fees collected and the new fees calculated back to the start of the Guarantee Period. If you are not notified of the change in advance, such difference will be reconciled in the annual accounting for the Guarantee Period. If fees are adjusted, the caveats below will be based on the new assumptions.

During the Guarantee Period we may adjust your Guaranteed Fees if:

Enrollment

There is a 15 percent change in the total number of enrolled employees for all commercial medical products combined. Our renewal assumes coverage will not be extended to additional employee groups without review of supplemental census information and other underwriting information for appropriate financial review.

Member-to-Employee Ratio

The member-to-employee ratio changes by more than 15 percent from the 1.7 ratio assumed in this quote.

Projected Processed Claim Transactions (PCT) Per Employee

The actual PCT ratio changes by more than 15 percent from the 1.65 ratio assumed in this quote.

Age 65 and Over Enrollment

The number of enrolled employees age 65 and over (excluding those enrolled on Medicare Direct plans) exceeds 4 percent of the total enrolled group or changes by more than 15 percent from the 148 enrollees assumed in this quote. Patient Management programs are excluded for Medicare primary members.

Quoted Benefits and Administration

A material change is initiated by you or by legislative or regulatory action which materially affects the cost of the plan. This includes, but is not limited to, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

National Advantage™ Program

You change or terminate the National Advantage™ Program (NAP), Facility Charge Review (FCR), Itemized Bill Review (IBR), or Data iSight™ (DiS) programs.

Multi-Year Provision

You place the products, programs and services included in this multi-year fee guarantee out to bid with an effective date prior to December 31, 2027, then this guarantee is no longer valid.

Total Replacement

We're the sole carrier for the quoted lines of coverage.

Performance Guarantees

If any of the conditions outlined above occur, then any performance guarantees may be changed or terminated based on the caveats outlined in those guarantee documents.

Assumptions

Underwriting

Agreement Provisions

Our quotation assumes our standard Agreement provisions and claim settlement practices apply unless otherwise stated.

12/29/2022

Proprietary

Caveats Self-Funded

Participation

A minimum of 150 enrolled employees is required to administer the proposed products on a self-funded basis.

Plan Design

This renewal is based on the current benefit plan designs, plus any noted deviations.

Claim Fiduciary

Our renewal assumes we've been delegated claim fiduciary responsibilities. As claim fiduciary, we'll be responsible for final claim determination and the legal defense of disputed benefit payments. Our appeal administrative services are automatically included when we've been delegated claim fiduciary responsibilities.

External Review

External review has not been included in our renewal. External review uses outside vendors who coordinate medical review through their network of outside physician reviewers.

Non-ERISA

For non-ERISA plan, the risk 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 account for the additional liability risk as compared to known risks under an ERISA plan. An additional \$0.35 PEPM is charged for non-ERISA plans and is included in our fees.

Member Communications

Pricing assumptions include direct communications access to Aetna membership through both ongoing Aetna Health communications and relevant ongoing including product/program specific communications. These communications can reduce member and plan costs by guiding in care navigation, managing chronic conditions, promoting preventive services, and more.

Wellness Incentives and Rewards

We offer several different wellness incentives and rewards programs that you may choose from to offer to your members. We, or our third-party vendors, will administer and distribute any wellness incentives or rewards earned to your members based on the program selected under the direction and control of your plan. The wellness incentives and rewards earned through these programs may be taxable for your members. We will provide you reporting which will identify members who have each earned such wellness incentives or rewards. These reports will provide you the data needed for any tax information reporting requirements that you determine are necessary. However, you, as the plan sponsor, are responsible for complying with all tax information reporting requirements regarding any wellness incentives or rewards earned through these programs (cash, cash equivalent, or other tangible property) and provided by us or our third-party vendor to your members. You shall assume any, and all, liability for your noncompliance with any tax withholding or information reporting requirements. You may wish to consult with your legal counsel or other advisors as to the proper tax treatment of such wellness incentives or rewards.

Mental Health/Substance Abuse Benefits

Our quotation assumes that mental health/substance abuse benefits are included.

Prescription Drug Benefits

Our quotation assumes that prescription drug benefits are included and will be provided through Aetna Integrated Pharmacy Solutions. If you terminate your Aetna prescription drug benefits, we will increase your Guaranteed Fees and medical trend assumption used for any applicable claim projections or claim target guarantee, and you may also be subject to additional charges to integrate data with external Pharmacy vendors.

Aetna Specialty PharmacySM Program

The Aetna Specialty PharmacySM program covers specialty prescription drugs when filled through a network retail or specialty pharmacy, including CVS Specialty[®] Pharmacy. CVS Specialty is an ideal specialty pharmacy for members needing injectables and specialty medications. Members receive the full support of CVS Specialty's clinical staff, including pharmacists, registered nurses, certified pharmacy technicians and regional clinical liaisons. In addition to providing convenient access to specialty medications, CVS Specialty provides educational support to help members, their family members and caregivers manage self-injectable medications. CVS Specialty also offers enhanced care coordination and access to health care providers, so care delivery is streamlined and effective.

Each prescription is limited to a maximum supply. Depending on plan design, members may be required to fill specialty drug prescriptions at a network specialty pharmacy, unless an emergency exists.

County Of Hidalgo

Caveats - Self-Funded

Effective Date: January 01, 2023

Stop Loss Reporting

Our quotation assumes stop loss coverage is provided by Aetna and therefore reporting to an external vendor is not required. If we are no longer the stop loss carrier, external reporting charges will apply.

Additional Products, Programs and Services

Costs for special services rendered that are not included or assumed in the pricing guarantee will be billed through the claim wire, on a single claim account, when applicable, to separately identify charges. Additional charges that are not collected through the claim wire during the year will either be direct-billed or reconciled in conjunction with the year-end accounting and may result in an adjustment to the final administration charge. For example, you will be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, booklet and SPD printing, etc. The costs for these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

Billing Information

Advanced Notification of Fee Change

We'll notify you of any fee change within 31 days of the fee change.

Late Payment

We'll assess a late payment charge at a 12 percent interest rate if you fail to pay plan benefit payments or administrative service fees on a timely basis as outlined in the Agreement. We'll notify you of any changes in late payment interest rates. The late payment charges described in this section are without limitation to any other rights or remedies available to us under the Agreement or at law or in equity for failure to pay.

Producer Compensation

The quoted fees don't include producer compensation.

Claim and Member Services

Runoff Claims Processing

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

Medical Service Center

We've assumed that claim administration and member services for the quoted plans will be managed centrally by the Arlington, TX Service Center. Members will be able to reach the Member Service representatives Monday through Friday, from 8 a.m. to 6 p.m., local time (based on where the member resides).

Reporting and Data Transfer

Aetna Intellectual Property

Under the Agreement, you may have access to certain of Aetna's Plan Sponsor reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Agreement ("Aetna IP"). Aetna will grant you, as the Plan Sponsor, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Agreement. You agree not to modify, create derivative product from, copy, duplicate, decompile, disassemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Agreement shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

Data Integration (Historical)

Our renewal assumes one historical medical and one historical pharmacy data integration feed. Additional fees will apply if feeds from more than one historical vendor are required.

Data Integration (Ongoing)

Options and pricing for integrating claims data from an external vendor into one or more of our systems will vary depending on the scale of your integration needs.

Data Transfer at Termination

Upon Agreement termination, we agree to cooperate with succeeding administrators in producing and transferring required claim and enrollment data. Data will be transferred within 30 days after determination of specific format and content requirements, subject to a charge that is based on direct labor cost and data processing time.

Banking

We've assumed that you provide funds through a Fed drawdown by Aetna wire transfer for drafts issued under the self-funded arrangement assumed in this renewal.

Our standard banking arrangement is to request funds when claims have accumulated to weekly on 5 days via ACH / Fedwire arrangement, a wire request is sent to you and/or your bank requesting funds for the total claims from the previous day(s) to calculate the actual cost and refund or collect the difference.

Our standard banking arrangement is to request funds weekly. In this arrangement, a wire request is sent to you and/or your bank requesting funds for the total claims from the previous week. In place of this arrangement, we'll request funds for claims when claims have accumulated to more than \$20,000.

In addition, there will be a month end close out request on the first banking day of each subsequent month. We've included an estimated cost for this service in your Guaranteed Fees. During the year-end reconciliation we will calculate the actual cost and refund or collect the difference.

The proposed banking arrangement is subject to change based on results of a credit risk evaluation. We will complete an evaluation upon notification of sale.

We've assumed you'll use no more than three primary banking lines which are shared across all self-funded products, excluding Flexible Spending Account (FSAs). Additional wire lines and customized banking arrangements will result in an adjustment to the proposed pricing.

Additional

Additional details for the following topics can be found in our Underwriting Disclosure document located at the following URL: <https://www.aetna.com/document-library/large-group-public-labor-self-funded-medical-underwriting-disclosures-12-01-2021.pdf>

- Billing of Fees
- Producer compensation
- Claim and Member Services
- Network Services
- Reporting
- Federal Mandates
- State Mandates

In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure document, the information in your Package shall prevail.

Legislative and Regulatory Requirements

Affordable Care Act (ACA) Taxes and Fees - Notice to Self-Funded Group Health Plan's Financial Liability

The Affordable Care Act (ACA) imposed Patient-Centered Outcome Research Trust Fund fee (PCORI) on the issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans. The fee was set to end in 2019, but it was extended for 10 years through 2029. The fee applies to policy or plan years ending on or after October 1, 2012, and before October 1, 2029.

Any taxes or fees (assessments) related to the Affordable Care Act that apply to the self-insured health plans are your obligation. The Administrative Service Fee does not include any such liability or the remittance of the fees on your behalf.

Recovery of Overpayments

Our process of recovering overpayments attempts to recoup money in the most accurate, effective, and cost-efficient manner.

County Of Hidalgo

Caveats - Self-Funded

Effective Date: January 01, 2023

When seeking recovery of overpayments from a provider, we have established the following process: If unable to recover the overpayment through other means, we may offset one or more future payments to that provider for services rendered to Plan Participants by an amount equal to the prior overpayment. We may reduce future payments to the provider (including payments made to that provider involving your or other health and welfare plans that are administered by us) by the amount of the overpayment, and we will credit the recovered amount to the plan that overpaid the provider. By entering into an agreement with us, you are agreeing that its right to recover overpayments shall be governed by this process and that it has no right to recover any specific overpayment unless otherwise provided for in the Agreement.

County Of Hidalgo

Guarantee Summary

Effective Date: January 01, 2023

Aetna Life Insurance Company, on behalf of itself and its affiliates ("Aetna", "our" or "we") provides health benefits administration and other services (set forth in this document) for the self-funded Aetna medical plans operated on behalf of County Of Hidalgo (also "you" or "your").

These performance guarantees are considered an amendment to your existing services agreement. Continuance of your benefit plan and payment of fees constitutes an acceptance of these performance guarantees.

The performance guarantees shown below will apply to the actual collected medical administrative service fees (through a "Services Agreement" or "Master Services Agreement", but each from this point on referred to as the "Agreement"). These guarantees do not apply to non-Aetna benefits or networks.

The performance guarantees described herein will not apply if the Agreement is terminated prior to the end of the Guarantee Period. In addition, all included performance guarantees are subject to enrollment requirements as outlined in the financial conditions of each included guarantee.

Service Performance Guarantee

We are committed to delivering high quality service as we administer your healthcare benefits. We demonstrate our commitment to quality performance with the Performance Guarantee outlined below:

Performance Category	Minimum Standard	Maximum Fees at Risk
Implementation		
ID Card Production & Distribution	97% of ID cards mailed within 15 business days of receiving eligibility file	3.0%
Account Management		
Overall Account Management	Average evaluation score of 3.0 or higher	3.0%
Claim Administration		
Turnaround Time (TAT)	14 calendar days for 90.0% of processed claims	3.0%
Financial Accuracy	99.0%	2.0%
Total Claim Accuracy	95%	3.0%
Member Services		
Telephone Service Factor (TSF)	75% in 30 seconds	2.0%
Abandonment Rate	2.5%	2.0%
First Call Resolution (FCR)	90%	2.0%
Member Satisfaction		
Member Satisfaction	Positive response rate of 80%	3.0%
Total		23.0%

Claim Target Guarantee*

We are offering a claim target guarantee in order to demonstrate our confidence in our claim projection. This guarantee is illustrated below:

Net Effective Trend	5.7%
Risk Free Corridor	1.0%
Payout Slope	2 to 1
Percent of Fees at Risk	30.0%

Aggregate Maximum

In no event will the total collected medical administrative service fees be adjusted by more than 40 percent due to the result of all guarantees combined. "Collected Fees" means those fees collected for the Guarantee Period as of the time of the final reconciliation of the guarantee.

Termination Provisions

Termination of the guarantee obligations shall become effective upon written notice by us in the event of one of the following occurrences:

- (i) A material change in the plan initiated by you or by legislative action that impacts the claims adjudication process, member services functions, medical management or network management
- (ii) Failure to meet your obligations to pay administrative services fees or fund claim payment wires under the Agreement
- (iii) Failure to meet your administrative responsibilities (for example, a submission of incorrect or incomplete eligibility information)

These guarantees will not apply if you terminate your Aetna medical or pharmacy plan in whole or in part (defined as a 50 percent or greater membership reduction from the membership we assumed in this proposal), prior to the end of the multi-year Guarantee Period (December 31, 2027).

Refund Process

We will provide you with final results for the guarantees when reporting is available after the end of the respective Guarantee Period.

County Of Hidalgo

Performance Guarantee

Effective Date: January 01, 2023

General Performance Guarantee Provisions

Guarantee Period

The Guarantee Period shall be represented as a one-year guarantee for the period January, 01, 2023 through December, 31, 2023 and shall be on an annual basis thereafter, upon the mutual agreement of the parties (hereinafter the "Guarantee Period").

The performance guarantees below will apply to the following self-funded medical plans serviced under the Administrative Services Only arrangement (through a "Services Agreement" or "Master Services Agreement", as the case may be, but each from this point on referred to as the "Agreement").

- Aetna Choice POS II (CPII)
- Behavioral Health

These guarantees do not apply to third party benefit administrators contracted by Aetna.

This offer does not contemplate significant changes in volume and calls that may occur with novel conditions or circumstances affecting broad populations that place a significant strain on the health care system and/or your plan(s). These conditions include but are not limited to COVID-19. We reserve the right to adjust the terms and factors of this guarantee in response to these conditions and/or circumstances if necessary.

If we process runoff claims from a prior carrier or administrator, the performance guarantees described in this document (other than Account Management Guarantees) will begin 3 months after the Guarantee Period effective date.

If we process runoff claims upon termination of the Agreement, the Turnaround Time, Financial Accuracy, and/or Total Claim Accuracy performance guarantees will not apply to runoff claims.

Performance Objectives

We believe that measuring the activities described below is an important indicator of how well we service your account. We are confident that the Claim Administration and Member Services provided to you will meet your high standards of performance. To reinforce your confidence in our ability to administer your program, we are offering guarantees in the following areas:

Performance Category	Minimum Standard	Maximum Fees at Risk
Implementation		
ID Card Production & Distribution	97% of ID cards mailed within 15 business days of receiving eligibility file	3.0%
Account Management		
Overall Account Management	Average evaluation score of 3.0 or higher	3.0%
Claim Administration		
Turnaround Time	14 calendar days for 90% of the processed claims	3.0%
Financial Accuracy	99.0%	2.0%
Total Claim Accuracy	95%	3.0%
Member Services		
Telephone Service Factor (TSF)	75% within 30 seconds	2.0%
Abandonment Rate	2.5%	2.0%
First Call Resolution (FCR)	90%	2.0%
Member Satisfaction		
Member Satisfaction	Positive response rate of 80%	3.0%
Total		23.0%

Medical Service Guarantee Maximum

The maximum Medical Service Performance Guarantee penalty adjustment will be equal to 23.0 percent of the actual medical collected administrative service fees for the applicable Guarantee Period. The administrative service fees exclude:

- Program fees at risk in the Aetna Clinical Guarantees
- Teladoc per employee per month fees
- Allowance(s)
- Any charges for services performed, which are not included on the monthly administrative service fee bill

Implementation

Open Enrollment ID Card Production and Distribution

This guarantee requires a minimum lead time of 90 days from the effective date.

Guarantee:

We guarantee that 97 percent of Open Enrollment printed ID cards will be produced and mailed to your members within 15 business days following the receipt of complete, accurate and viable electronic enrollment files.

ID Cards are available via the member website or the Aetna Mobile Application (iPhone and Android) for members with non-critical changes. ID Cards are not included in this guarantee.

Penalty and Measurement Criteria:

We will reduce our compensation by 0.6 percent for each full business day that we fail to produce and mail ID cards within 15 business days. The maximum reduction will be 3.0 percent of the Guarantee Period administrative service fees. Our records are used to determine whether ID cards were produced and mailed within the specified time frame.

Account Management

Overall Account Management Guarantee

Guarantee:

We guarantee that the services we provide you (i.e., on-going account management, financial, eligibility, drafting and benefit administration) during the Guarantee Period will be satisfactory to you.

https://aetna.co1.qualtrics.com/jfe/form/SV_6DPuqukxjAwTfP

Penalty and Measurement Criteria:

Via semi-annual responses to the Account Management Evaluation Tool at the link above, you agree to make us aware of possible sources of dissatisfaction throughout the Guarantee Period. Your responses will evaluate account management services in the following categories:

- technical knowledge
- professionalism
- proactive management
- accessibility
- responsiveness of personnel

Each category will be given a rating of 1 - 5 with 1 = lowest, 5 = highest. We will tally the results from the report card(s) when received. The results of the survey(s) are used to facilitate a discussion between you and your Account Team regarding the results achieved and opportunities for improvement.

If all report cards based on the frequency of the guarantee are not completed and returned within 15 days after the six month period, it is assumed that the service provided to you is satisfactory and the guarantee is deemed met.

If the score on the first report card and the report card(s) for the subsequent survey(s) average a 3.0 or higher,

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Proprietary

Performance Guarantee ASC

County Of Hidalgo

Performance Guarantee

Effective Date: January 01, 2023

no credit is due. Satisfactory service would equal a score of 3.0 and would be based on the total average of 24 questions with a rating scale of 1 to 5. Should the score from the first report card and the average of the remaining report card(s) fall below a 3.0 (meaning that service levels have not improved), we will make a mutually agreed upon reduction in compensation. The maximum reduction will be 3.0 percent of the Guarantee Period administrative service fees.

Claim Administration

Turnaround Time (TAT)

Guarantee:

We guarantee that the claim TAT during the Guarantee Period will not exceed 14 calendar days for 90 percent of the processed claims on a cumulative basis each year.

Definition:

We measure TAT from the claimant's viewpoint; that is, from the date the claim is received in the service center to the date that it is processed (paid, denied or pended). TAT excludes those claims identified as rework. **Weekends and holidays are included in turnaround time.** This guarantee may not apply and a penalty may not be paid, if results are not achieved due to severe weather events which directly or indirectly impact performance during the Guarantee Period.

Penalty and Measurement Criteria:

If the cumulative year TAT exceeds the day guarantee as stated above, we will reduce our compensation by an amount equal to 0.60 percent of the Guarantee Period administrative service fees for each full day that TAT exceeds 14 calendar days for 90 percent. The maximum reduction will be 3.0 percent of the Guarantee Period administrative service fees.

If you have more than 3,000 enrolled members, a computer generated TAT report for your specific claims will be provided on a quarterly basis. If you have less than 3,000 enrolled members, results will be reported at the site level.

County Of Hidalgo

Performance Guarantee

Effective Date: January 01, 2023

Financial Accuracy

Guarantee:

We guarantee that the financial accuracy will be 99.0 percent or higher.

Definition:

Financial accuracy is measured using industry accepted stratified audit methodology. Each overpayment and underpayment is considered an error; they do not offset each other. Financial accuracy includes both manual and auto adjudicated claims. Accuracy in each stratum (a subset of the claim population) is calculated by:

$$\frac{\text{Dollars Paid Correctly}}{\text{Total Dollars Paid}}$$

We then extrapolate the results based on the size of the population and combine them with the extrapolated results of the other strata.

Penalty and Measurement Criteria:

We will reduce our compensation by an amount equal to 0.40 percent of the Guarantee Period administrative service fees for each full 1.0 percent that financial accuracy drops below 99.0 percent. The maximum reduction will be 2.0 percent of the Guarantee Period administrative service fees.

Our audit results for the unit(s) processing your claims are used. Those results include our performance in processing ALL customers' claims handled by the unit(s) in question during the Guarantee Period, not just your plan's claims.

Total (Overall) Claim Accuracy

Guarantee:

We guarantee that the total (overall) claim accuracy will be 95 percent or higher.

Definition:

Overall accuracy is measured using industry accepted stratified audit methodology. Accuracy in each stratum (a subset of the claim population) is calculated by:

$$\frac{\text{Number of claims processed correctly}}{\text{Total number of claims audited}}$$

We then extrapolate the results based on the size of the population and combine them with the extrapolated results of the other strata.

Penalty and Measurement Criteria:

We will reduce our compensation by 0.60 percent of the Guarantee Period administrative service fees for each full 1.0 percent that total claim accuracy drops below 95 percent. The maximum reduction will be 3.0 percent of the Guarantee Period administrative service fees.

Our audit results for the unit(s) processing your claims are used. Those results include our performance in processing ALL customers' claims handled by the unit(s) in question during the Guarantee Period, not just your plan's claims.

Member Services

Telephone Service Factor (TSF)

Guarantee:

We guarantee that the TSF for the phone skill(s) providing your customer service will not fall below 75 percent of all calls responded to within 30 seconds.

Definition:

TSF measures the speed in which calls are answered by a Customer Service Professional (CSP) after being placed in queue by the auto attendant. This does not include the time the caller spent navigating through any auto attendant menus. TSF includes total calls (answered and abandoned) that are offered to CSPs. Interactive Voice Response (IVR) system calls are not included in the measurement of TSF. The TSF measure is a percentage of calls answered within 30 seconds. In the event there is an outage or when experiencing peak volumes, calls may be transferred to other Aetna call centers. This guarantee may not apply and a penalty may not be paid, if results are not achieved due to severe weather events which directly or indirectly impact performance during the Guarantee Period.

Penalty and Measurement Criteria:

We will reduce our compensation by 0.40 percent of the Guarantee Period administrative service fees for each full 1.0 percent that the cumulative TSF falls below 75 percent for calls to be answered within 30 seconds. The maximum reduction will be 2.0 percent of the Guarantee Period administrative service fees. The phone skill(s) providing your customer service are used.

Abandonment Rate

Guarantee:

We guarantee that the average rate of telephone abandonment for the phone skill(s) providing your customer services will not exceed 2.5 percent.

Definition:

The result is calculated as follows:

$$\frac{\text{Total number of calls abandoned}}{\text{Total number of calls answered}}$$

County Of Hidalgo

Performance Guarantee

Effective Date: January 01, 2023

Number of calls accepted into the skill

In the event there is an outage or when experiencing peak volumes, calls may be transferred to other Aetna call centers. This guarantee may not apply and a penalty may not be paid, if results are not achieved due to severe weather events which directly or indirectly impact performance during the Guarantee Period.

Penalty and Measurement Criteria:

We will reduce our compensation by 0.40 percent of the Guarantee Period administrative service fees for each full 1.0 percent that the average abandonment rate exceeds 2.5 percent. The maximum reduction will be 2.0 percent of the Guarantee Period administrative service fees. The phone skill(s) providing your customer service are used.

First Call Resolution Rate (FCR)

Guarantee:

We guarantee that the first call resolution rate will be 90 percent or higher.

Definition:

We will share with you the first call resolution results with you annually from the accountable unit or business segment level that services you. We define the first call resolution rate as the percentage of member calls resolved on the first call as reported by the member utilizing the Aetna member survey process in effect at the time of the member's call.

Penalty and Measurement Criteria:

We will reduce our compensation by 0.40 percent of the Guarantee Period administrative service fees for each full 1.0 percent that the first call resolution rate falls below 90 percent. The maximum reduction will be 2.0 percent of the Guarantee Period administrative service fees. Results will be based on the Aetna member survey process that is in effect at the time of the member's call.

Member Satisfaction

Guarantee:

We guarantee a positive response rate of 80 percent or better on the following question: "please rate your overall satisfaction with Aetna".

Definition:

The survey assumes a 5 point scale with the top 3 responses viewed as positive. The survey is based on a statistically valid, randomly selected sample of actively enrolled members aged 18-64. Interviews are conducted on a continuous basis throughout the year. The survey will be administered on a book of business basis.

Penalty and Measurement Criteria:

We will reduce our compensation by an amount equal to 0.6 percent of the Guarantee Period administrative service fees for each full 1.0 percent that the member satisfaction response rate falls below 80.0 percent. The maximum reduction will be 3.0 percent of the Guarantee Period administrative service fees. Results of the Aetna Performance Tracking Process are used as the measurement criteria.

County Of Hidalgo

Claim Target Guarantee

Effective Date: January 01, 2023

We guarantee that your allowed guarantee period claims will not exceed your prior (base) year claims by the trend percentages shown below.

Allowed claims are the portion of the providers' billed amount considered eligible for benefits determination after discount.

This amount is prior to application of any benefits provisions such as copays, deductibles, etc.

Choice POS II		
Year One (January 01, 2023 - December 31, 2023)		
Proposed Aetna enrollment of 3965 subscribers / 6592 members in Choice POS II Projection for the Guarantee Period (2023)		Factors
Base Year Medical Incurred Claims (per member per year)		\$4,724
Unit Cost Relativities	X	1.0000
Medical Management and Integration Savings Factor	X	0.9950
Trend Factor	X	1.0622
Year 1 Projected Claim Target (per member per year)	=	\$4,993
Net Effective Trend		5.7%

Outlined below are the definitions of the items in the table(s) above.

We guarantee your net effective trend for the 12 month guarantee period from January 01, 2023 through December 31, 2023 and processed through July 01, 2024. Your active subscribers are included in this guarantee. Dollar amounts shown are for clarifying purposes only.

Base Year medical incurred claims: The base year medical incurred claims for year 1 are for the period January 01, 2022 through December 31, 2022 and paid through July 01, 2023.

We will finalize your base year medical incurred claims using the data provided to us by your prior carrier(s). Please refer to the Addendum for the data needed.

To ensure that we are comparing the base and projection years on the same basis, we adjust base year claims for:

- Differences in member to employee ratios from the baseline period to the projection period
- Changes in demographics and geography
- We reserve the right to adjust base period claims used to develop the target claims PMPM to account for the anticipated impact of novel conditions as noted in the conditions for the guarantee. These adjustments would be applied to normalize the base period for the projected impact of these conditions. If Aetna medical trends for group plans increase by more than two percentage points, we adjust the base period claims in each guarantee period by this difference.

We reserve the right to adjust the reconciliation period claims to account for the impact of novel conditions as noted in the conditions for this guarantee.

Unit cost relativities: The unit cost relativities refer to the differential between Aetna's and the incumbent carrier's discount (1-Aetna Discount %) / (1- Incumbent Carrier Discount %). We guarantee the unit cost relativities at the time of quotation.

Medical management and integration savings factor: The medical management and integration savings factor accounts for the decrease in medical cost due to:

- Integration of our medical, radiology, behavioral health and pharmacy programs for you; as well as the savings opportunity for pharmacy integration with your Pharmacy Benefits Manager (PBM), if applicable.
- Our clinical and cost management programs (relative to your current vendors and programs)

Trend factor: Your trend factor is guaranteed at the time of quotation.

	Actual Claims PMPY vs. Projected Claims PMPY	Fee Adjustment	Maximum Period Adjustment
Our Payout	> 101%	2.0% fee reduction to the per-employee, per month fee for each full 1.0% of difference of actual claims above the target claims plus the corridor	30%

Claim Target Guarantee Maximum

The maximum adjustment for either this Medical Claim Target Guarantee or the Medical Discount Guarantee will be equal to 30 percent of actual collected administrative service fees for the applicable guarantee period. Administrative service fees exclude:

- Program fees at risk in the Aetna Clinical Guarantees
- Teladoc per employee per month fees
- Allowance(s)
- Any charges for services performed, which are not included on the monthly administrative service fee bill

Financial Assumptions

We reserve the right to revise or remove the guarantee if any of the following benefit plan conditions are not met. Your plan design includes:

- Steerage from emergency room to urgent care facilities and/or walk in clinics
- Steerage from hospital based services to free standing facilities
- Steerage to more cost effective radiology providers through our Enhanced Clinical Review program

You include the following Medical Management Program(s):

- MedQuery[®]
- Transform Diabetes 2.0 - it's assumed that this program is purchased in the savings factor
- Aetna One[®] Flex
- Personal Health Record

You provide financial incentives to encourage subscribers and eligible family members to take part in yearly health risk assessments and have biometric screenings that are right for them. We'll provide you with the tools. Our online health assessment model is part of your offering. We'll even help you organize onsite biometric screenings and manage the incentives that you choose to offer your subscribers. You can choose to use an outside vendor for health risk assessment or biometric screenings. However, that vendor must share the results with us through data feeds and support programs such as disease management and MedQuery. Additional charges may apply.

Conditions for the guarantee

We reserve the right to revise or remove the guarantee if any of the following conditions are not met:

- **Novel Conditions and Circumstances:** This offer does not contemplate the changes in costs, utilization, risk or any form or type of testing associated with novel conditions or circumstances affecting broad populations that place a significant strain on the health care system and/or your plan(s). These conditions include but are not limited to COVID-19. We reserve the right to adjust the terms and factors of this guarantee in response to these conditions and/or circumstances if necessary.
- **Accurate Information:** We rely on information from you and your representatives in creating and reconciling the terms of this guarantee. If any of this information is inaccurate, it may have an impact on the net effective trend.
- **Full Replacement:** We are the full replacement vendor for medical and pharmacy coverage,
- **Minimum Enrollment:** A minimum of 3,000 active employees are enrolled in the quoted Aetna self-funded medical products.
- **Group Size Variation:** A total of 3,965 active employees are expected to be enrolled in the quoted medical products. Aetna may revisit the structure or conditions of this guarantee if the enrollment varies by more than 10 percent from the assumed enrollment during the contract year; or if the assumed enrollment by plan varies by more than 10 percent during the contract year.
In addition, we assume that the combined enrolled COBRA, pre-65 retirees, and disabled employees will not comprise more than five percent of the total Aetna covered group.
- **Cost Factor Variation:** The change in the projected cost factors related to the combination of geography, age, and gender in any site with at least 100 employees enrolled is less than 5 percent.
- **Minimum Contribution Percentage:** You contribute at least 50 percent of the total cost at each tier rate and your contribution percentage does not decline by more than 5 percentage points from the base plan year, 2022, by product.
- **Employee Contribution Rates:** You set employee contribution rates for each plan according to its benefit value relative to all other plans offered.
- **Minimum Plan Participation:** At least 75 percent of eligible employees must participate in your plan or at least 50 percent when excluding those providing proof of enrollment in a spouse's plan.
- **Large Claims:** Claims per member per year paid in excess of \$100,000 are excluded from the total incurred claims of both the base year and the guarantee period.

- **Benefit Plan Changes:** There are no changes to the products, programs, current or proposed benefit plans, and there is no change in government laws or regulations that have a material impact on claim cost. Plan design options should provide a suitable number of plan designs that are equal to or less rich than the plan designs offered in the base year.
- **Network Changes:** There are no substantial changes in the network that services the (Rio Grande Valley) area, which could potentially affect the net effective trend. This includes, but is not limited to, the addition of a new participating hospital and/or termination of a participating hospital.
- **Group Composition:** You do not have any acquisitions or divestitures.
- **Involuntary Terminations:** We do not include subscribers whose continuation in Aetna's benefit options stems from an involuntary termination occurring after the effective date in this guarantee.
- **In-Network Utilization:** Your Aetna medical plans maintain a minimum in-network claim dollar utilization of 90 percent during the guarantee period.
- **Out of network reimbursement:** You continue to offer the same out of network reimbursement strategy for the base year and the guarantee year.
- **Pharmacy Claims:** Pharmacy and Specialty Pharmacy claims are excluded.
- **Subrogation:** Our subrogation services through a third party vendor are included.
- **Other Included Guarantees:** We cannot offer this guarantee with Aggregate Stop Loss coverage.
- **Data Requirements:** The Medical Claim Target Guarantee is considered met if we do not receive all the necessary information by December 15, 2023.
- **Coverage Termination:** The Medical Claim Target Guarantee is considered met if our medical coverage is terminated by you prior to December 31, 2023.

County Of Hidalgo

Account Management Evaluation Survey Tool

Effective Date: January 01, 2023

Evaluation Period:

We would like to better understand how you view your relationship with us. In responding to this survey, we ask you to look at the services received from your Account Management Team for the time period listed above. Your feedback will enable us to better meet your needs. Thank you for your participation.

Knowledge: Indicate the extent to which you agree that your Account Management Team:

<ul style="list-style-type: none"> · understands your plan of benefits · understands the business needs of your company · understands the service expectations of your company · displays knowledge regarding our products and services · clearly explains report results 	<p style="text-align: center;"><u>Rating</u></p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p style="text-align: center;">Total Rating 0.0</p>
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For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below

Professionalism: Indicate the extent to which you agree that your Account Management Team:

<ul style="list-style-type: none"> · actively listens to and acknowledges your issues and concerns · provides appropriate verbal communication · provides appropriate written communication · works with you to develop a positive working relationship 	<p style="text-align: center;"><u>Rating</u></p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p style="text-align: center;">Total Rating 0.0</p>
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For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below

Proactive Management: Indicate the extent to which you agree that your Account Management Team:

<ul style="list-style-type: none"> · monitors your account on an on-going basis · communicates potential problematic issues · provides viable alternatives to meet your business needs · manages system conversions and changes in plan design in an organized · sets realistic expectations regarding turn-around time · sets realistic expectations regarding cost 	<p style="text-align: center;"><u>Rating</u></p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p style="text-align: center;">Total Rating 0.0</p>
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For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below

Accessibility: Indicate the extent to which you agree that your Account Management Team:

<ul style="list-style-type: none"> · is available to you · allocates appropriate time when meeting with you · demonstrates flexibility with regard to schedule changes · provides/communicates alternate contacts in the event of their absence · advises you of schedule limitations 	<p style="text-align: center;"><u>Rating</u></p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p style="text-align: center;">Total Rating 0.0</p>
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For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below

Responsiveness: Indicate the extent to which you agree that your Account Management Team:

<ul style="list-style-type: none"> · responds to your inquiries in a timely manner · provides thorough responses to your inquiries · follows-through regarding outstanding issues/items · solicits the assistance of our product experts when needed 	<p style="text-align: center;"><u>Rating</u></p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p>Please Select _____</p> <p style="text-align: center;">Total Rating 0.0</p>
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For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below

Overall Account Management Team Evaluation:

	Total Overall Rating	0.0
	Average Overall Rating	0.00

Any other comments or suggested action steps: