TIERED NETWORK INCENTIVE STRATEGIES

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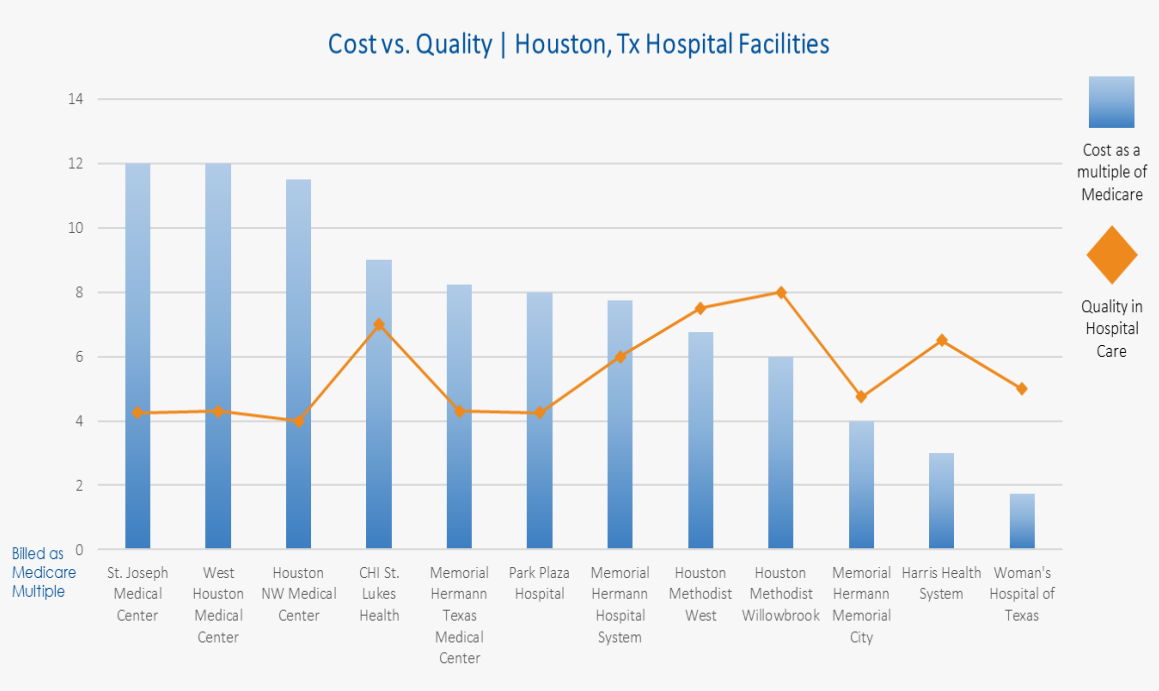
Cost & Quality Vary Greatly within a PPO Network

Traditional PPO networks fail to direct members to the highest quality, lowest total cost providers.



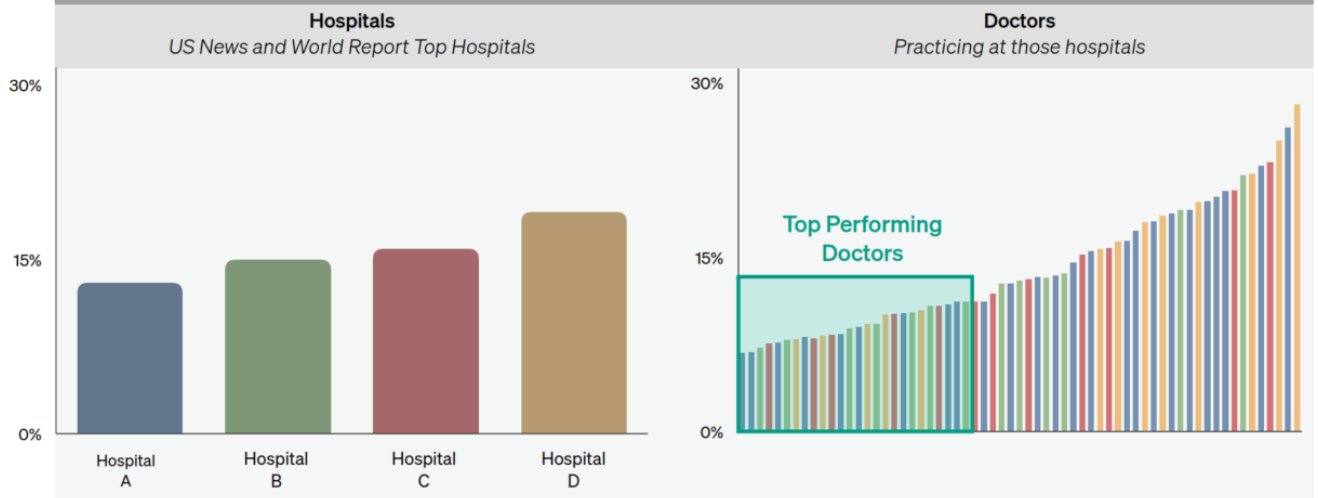
Source: MediVI software platform, an industry-leading source of transparent hospital financial and quality data.

- The top priority of PPO networks is typically providing access to care and negotiating discounts, as opposed to focusing on quality outcomes.
- Studies show there is no direct correlation between cost and quality in hospital care, yet hospitals bill vastly different amounts based on "brand."
- Despite attempts by lawmakers to improve transparency around hospital pricing, it continues to be difficult for an individual to determine the full cost of a hospital procedure.

Measuring Provider Effectiveness

Access to large claims datasets and analytical innovation allows third-party vendors to distinguish providers by cost and quality for members.

Surgical Site Infection After Colon Surgery



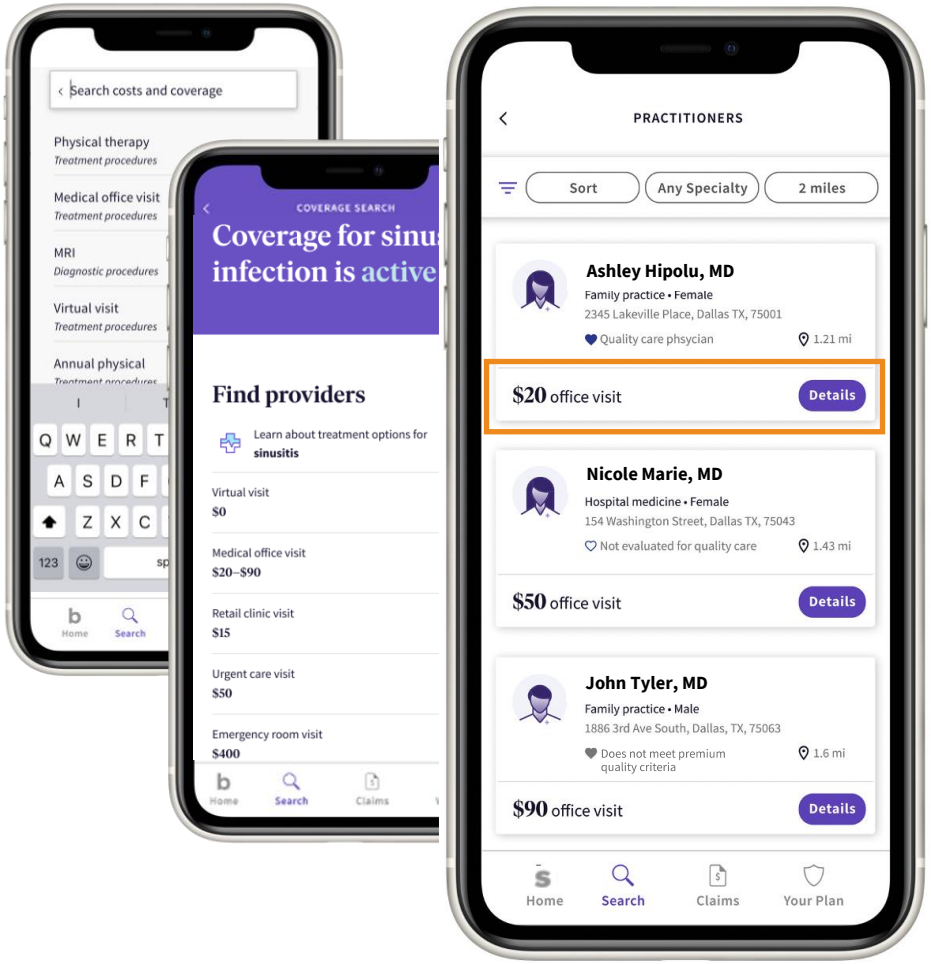
- This graph demonstrates that quality within a hospital varies by doctor and specialty practice. For example, Hospital A has doctors in both the top and bottom quartiles for colon surgery.
- Identifying top-performing doctors by procedure drives better outcomes and lower total costs.

Source: CMS hospital compare, Kaiser Family Foundation and Garner data

- Third-party vendors are not restricted by PPO confidentiality agreements or steerage restrictions.
- Utilizing robust data analytics, vendors identify high-quality, individual providers within the network and hospital systems based on outcomes and total cost of care.

Digital Tools Identify Appropriate Care

Creating awareness for provider selection through digital tools and financial incentives to reduce total cost of healthcare.



- Mobile engagement tools encourage members to think differently about where they access care.
- Members use an app or website to find options for treatment showing cost of care and quality of provider.
- Financial incentives such as waiver or reduction of deductible, co-insurance, or copay for identified providers, creates a win-win for employer and member by reducing total cost of care with the best outcomes.

Tiered Benefits To Incentivize Appropriate Care

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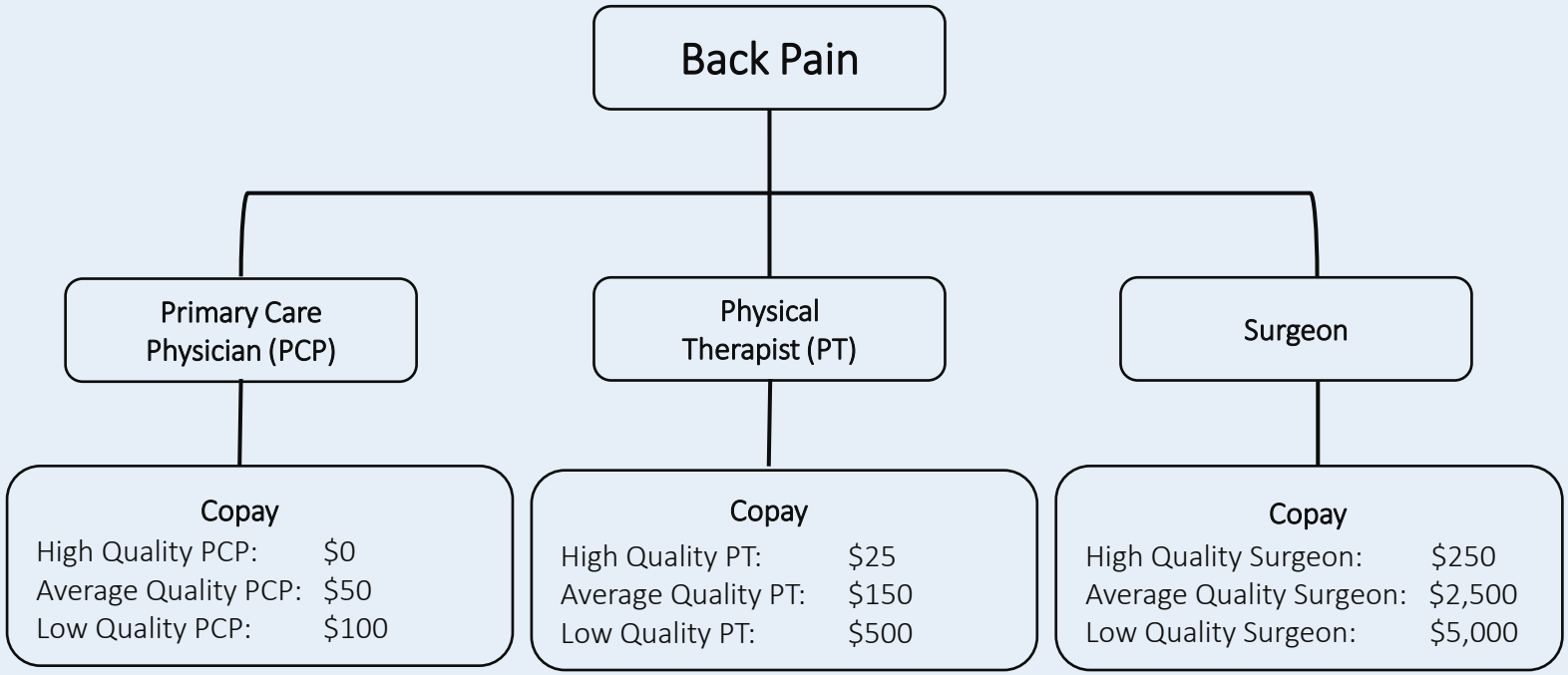

Tiered PPO: Managing Settings of Care to Lowest Net Cost

By directing members to the appropriate setting of care, employers can expect lower costs due to better outcomes and lower re-admission rates.

	Top Quartile Provider*	Bottom Quartile Provider*	Difference	Average Incidents/1000**	Net Savings/1000
Knee Arthroscopy	$8,228	$29,696	$21,468	1.95	$41,863
Knee Replacement	$27,058	$68,503	$41,445	0.89	$36,886
Coronary Artery Bypass Graft Surgery (CABG)	$84,919	$175,445	$90,526	0.8	$72,421
Coronary Catheterization	$23,404	$70,907	$47,503	0.86	$40,853
Lumbar Decompression	$14,569	$52,354	$37,785	0.61	$23,049
Lumbar Fusion	$47,900	$154,714	$106,814	0.31	$33,112
				Total Net Savings/1000	**$248,183**

Across six different procedures, **an employer saved $248,183 per 1,000 members or 400 employees.**

These savings represent ~5% of the employer's total health plan costs.

* Costs based on Surest episode costs run on UHC commercial claims data, averaged across providers that scored in the top quartile and bottom quartile of Surest's scoring for the applicable procedure

** Average Incidents/1000 determined from Surest 2022 BOB total incidents divided by average member months (normalizing across the year) x (1,000)

- Specific analysis information needed
  - Copy of detailed claims data (if available)
  - Large claims report