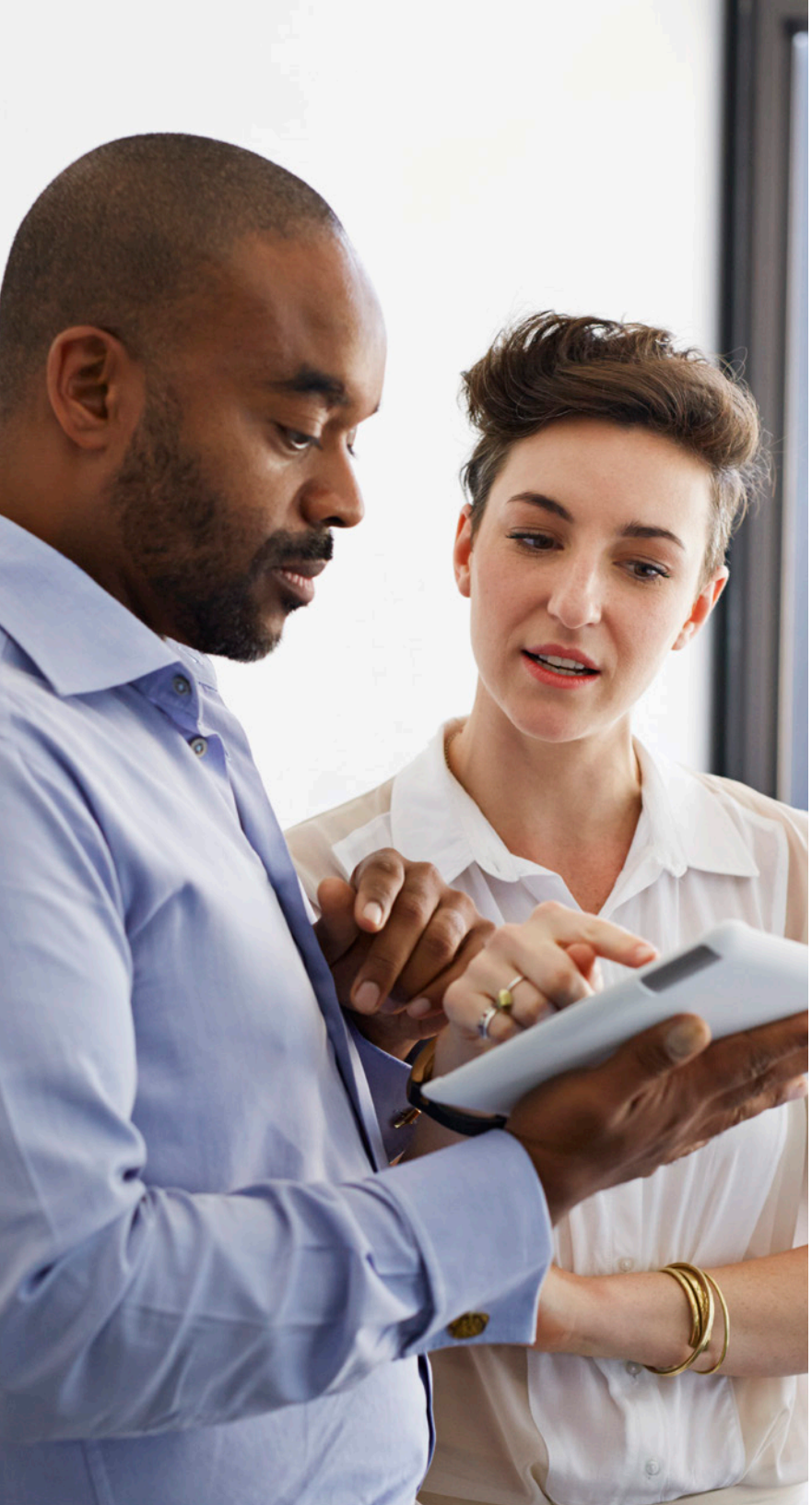
BlueCross BlueShield
Illinois • Montana • New Mexico • Oklahoma • Texas

PRODUCT PORTFOLIO OVERVIEW

Solutions that Support Your Employees and Provide Value for Your Business

Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma, and Texas,
Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

2028



Products that Drive Cost Savings and Improved Outcomes

BLUE CROSS AND BLUE SHIELD OF ILLINOIS, MONTANA, NEW MEXICO, OKLAHOMA, AND TEXAS UNDERSTAND THE MANY HEALTH CARE CONCERNS AND ISSUES EMPLOYERS FACE.

That's why we offer a comprehensive portfolio of products and services that help control health care costs. We provide employees and their eligible dependents with access to high quality care that improves health outcomes and puts your peoples' needs at the center of the experience.

We use a data-driven approach to validate the efficacy of these solutions, so you and your employees can feel confident in the services provided.

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CARE MANAGEMENT PACKAGES

PROVIDES EXPERT SERVICES TO PROACTIVELY GUIDE HEALTH CARE CHOICES

Our holistic support solutions are designed to walk your employees and eligible dependents through the complexities of health care with the goal of helping them make more informed health care decisions. This leads to reduced costs, an improved health care journey and a faster path to better health.

Health Advocacy Solutions

Enable

Empower+

Note: Additional Advocacy program options are available with specific consulting partners. Mercer Health Advantage is available to Mercer clients and Custom Care Management Unit is available to clients of Willis Towers Watson. Speak with your account representative for more details.

Health Advocacy Solutions

IN A FRAGMENTED HEALTH CARE LANDSCAPE, NAVIGATING HEALTH JOURNEYS CAN BE OVERWHELMING.

We are all faced with obstacles that affect our ability to make the best health care decisions, including:

- **Complex and Confusing Health Care System –** Research suggests that around 49% of employees experience some level of confusion about their benefits.[1] This confusion can lead to employees making less-than-optimal choices, potentially impacting their financial wellbeing and health care utilization.
- **Lack of Transparency and Coordination –** Ensuring that providers, payers and patients are all on the same page is complicated. Understanding care options and costs requires homework, especially from the patient, something they don't always have the time, tools or resources to address. s
- **Rising Health Care Costs –** Costs are soaring and the medical trend rate continues to rise. This is a concern that continues to impact our lives and businesses.

To help employers and employees manage these issues, we developed Health Advocacy Solutions.

Health Advocacy Solutions Experience and Features

Health Advocacy Solutions offers a personalized experience for your employees and guaranteed cost savings for you.[2] This high-touch holistic, concierge and care management solution utilizes human-led advocacy and proven outcomes to drive greater cost savings, unrivaled health care expertise and an unmatched member experience.

One contact with a Health Advocate unlocks a broad set of resources for employees and their families to receive hands-on guidance and support for everything from getting a ride to a doctor appointment to planning for heart transplant surgery.

Through our multidisciplinary team (which consists of a Health Advocate, nurse, social worker, dietitian, behavioral health clinician, pharmacist and medical director) we are able to address members' health holistically.

Health Advocacy Solutions incorporates solutions like Pharmacy Care Management which proactively monitors prescriptions across clinical care journeys and is a resource for members needing navigational support for medications. We also see the interconnection between physical wellness and mental health, and have included a robust mental health program to support members' overall wellbeing. Ancillary solutions like dental and vision are also integrated to help address any member need, all in one place.

Health Advocacy Solutions provides resources for your business, your employees and their families including:

- **Integrated Advocacy** with a multidisciplinary clinical and customer service team with advanced training, innovative recruiting and deep benefit knowledge.
- **Whole Population Engagement** focused on purposeful support for all members, especially those with complex health concerns, including clinical program support and assistance with holistic interventions and social services.
- **Flexible Cost Controls** to maximize greater cost savings with flexible engagement levers.
- **Predictive Outreach and Specialized Navigation** with curated expertise that helps deliver enhanced navigation for complex journeys such as Oncology, Diabetes, Gender Affirmation, Legacy Planning, Caregiver Support and Veterans Support.
- **Care Management Programs** focus on driving better health outcomes through targeted clinical triggers, strategic utilization management levers and world class care management programs to ensure the best course of care is provided to our members.
- **Integrated Vendor Partners** centered on providing easy access to proven, digital chronic disease management programs designed to support members at home and on the go.

These solutions help us move the needle on what it means to be our members' and clients' advocates — simplifying the experience, alleviating the burden, improving the cost of care, and ultimately delivering better pathways to health.

While we are hyper-focused on member advocacy, our Health Advocacy Solutions product also serves to alleviate the burden of our employers as well. We do that by offering flexible features and coverage that can be configured to the employers' population health and financial goals.

1. Engaging the Digitally Inclined Healthcare Consumer. Huron Consulting. 2025
2. Results based on ASO 1000+ employer groups. Savings and interaction results vary by group based on the Health Advocacy Solutions configuration components selected. Services and procedures included in the package subject to change. Health Advocacy Solutions pricing and performance guarantee quotes to be provided by Underwriting.
3. Results based on ASO 1000+ groups. Savings and engagement results vary by employer group based on the Health Advocacy Solutions package and configuration components selected. Health Advocacy Solutions results are based on Health Advocacy Solutions membership and activity/claims data incurred from 1/1/2025–10/1/2025 and paid through 12/31/2025. Savings are illustrative and subject to change. Inpatient facility claims are highly volatile and subject to change. Services and procedures included in the package subject to change. Health Advocacy Solutions package pricing to be provided by Underwriting. Member Engagement Rate is defined as the bi-directional contact between a high-cost claimant household and the insurer/vendor. Secondary Engagement Rate is defined as a bi-directional contact on behalf of a high-cost claimant household between insurer/vendor and provider.
4. Based on 2025 survey results of ASO 1000+ employer groups
5. Satmetrix NICE 2025 average NPS by industry report

HEALTH ADVOCACY SOLUTIONS PERFORMANCE GUARANTEES (5K SUBS+)

2.5:1 ROI

40%+ Care Management Engagement

85%+ Member Satisfaction Rate

RESULTS ACHIEVED BY 1000+ ASO EMPLOYER GROUPS

Average **savings of $45–$60 PEPM**[3]

Health Advocacy Solutions saved our employers **>$241** million[4] in 2025.

Excellent member NPS of **75**[4] (nearly 3X the health insurance industry average score of 26[5])

94% CSAT

Enable and Empower+

RESEARCH SHOWS THAT WHEN IT COMES TO COVERAGE, 49% OF EMPLOYEES DON'T UNDERSTAND THEIR HEALTH BENEFITS.[1]

Health care is increasingly complex and employees are confused and frustrated.

New care models have proven that holistic management significantly increases member engagement and increased engagement leads to cost savings. A growing number of employees are looking for easy-to-use online self-service options to help them get the care they need and answers to their questions in a timely and efficient manner.[1]

With the right resources and educational opportunities, employers can help their employees understand their health benefits and how to use them to their advantage — leading to their own savings by lowering health care spending.[2]

Enable

Enable is an essential care management solution that lays the foundation for quality health coverage delivering cost savings and equipping members with digital self-management resources. This product provides the support needed to the highest risk/highest cost members through our holistic health management approach, while enabling everyone to take control of their wellbeing journey.

Enable includes:

Wellness and Prevention allows members to engage with digital self-service wellness tools to help them manage their health in a way that works best for them. They also have access to a fitness program to promote a healthy lifestyle.

Advanced Analytics allows more precise member engagement to identify where we can have the greatest impact on health and costs.

Multidisciplinary Care Management includes a health advisor and team that address complex health challenges; partners with specialists including behavioral health experts, pharmacists and high-risk maternity specialists via their preferred communication channel.

Clinical Digital Support cultivates relationships with premier vendors who specialize in chronic disease management, so members can get support when they need it the most.

Utilization Management guides members to evidence-based care; to prevent misuse and unnecessary costs, while improving member and provider experiences.

ENABLE BY THE NUMBERS*

Clinically Managed: **~5%–10%**

Enable Savings: **~ $20-$35 PEPM**

NPS: **68**

CSAT: **92%**

* Source: Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas

1. Engaging the Digitally Inclined Healthcare Consumer. Huron Consulting. 2025
2. HAPi Guide, Harvard Pilgrim Health Care, February 2022

Empower+

Empower+ offers a comprehensive solution with enhanced navigation features to guide members through more complex needs, delivering increased cost savings and additional member engagement channels. This product empowers all members to leverage wellness resources as needed and provides stronger support to help members reach their wellbeing goals.

Empower+ offers the right blend of comprehensive and high-touch care management, from high-tech tools with personalized outreach to address complex and chronic conditions to helping members make informed decisions through simplified care planning.

Empower+ includes all the features of Enable (see the previous page), plus:

Expanded Care Management to a larger population with more interventions than Enable for faster cost savings.

Cancer Services and Support providing proactive outreach during a member's cancer journey.[1]

Expanded Utilization Management including advanced imaging, cardiology and sleep services.

Performance Guarantees including an outreach rate of > 95% and a 2:1 return on investment.

1. In states where program is available.
2. Source: Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas

EMPOWER+ BY THE NUMBERS[2]

Clinically Managed: **~10%-15%**

Empower+ Savings: **~ $30-$45 PEPM**

ROI Performance Guarantees: **2:1**

NPS: **69**

CSAT: **92%**

CONSUMER EDUCATION AND REWARDS

ASSISTS IN MAKING HEALTHY CHOICES THROUGH DECISION SUPPORT AND REWARDS

The decision support tools we offer allow employees and eligible dependents to access quality care at lower costs, bolster engagement with their care plan and empower them to take control of their health and wellness.

Benefits Value Advisor

Provider Finder and Medical Liability Estimator

Member Rewards

Medication Savings

Digital Member Hub from Evive

Benefits Value Advisor

A RECENT SURVEY OF CONSUMERS REVEALED THAT HEALTH CARE AFFORDABILITY IS A TOP CONCERN, WITH 89% EXPRESSING INTEREST IN SHOPPING FOR AT LEAST ONE CATEGORY OF CARE IF GIVEN THE OPTION. AT LEAST 33% TO 50% OF CONSUMERS WERE WILLING TO SWITCH TO LOWER COST PROVIDERS.[1]

U.S. health care prices vary widely; on average, prices for the same health care services differ by 40% to 50% within a given metropolitan area.[2] The table below shows how much prices can change for the same procedure in the same area, and the potential for savings by choosing a lower-cost, quality provider.[3]

Procedure	Provider A	Provider B	Savings
Brain MRI	$5,468	$845	$4,623
Hysterectomy	$37,846	$13,755	$24,091
Knee Replacement	$54,502	$12,172	$42,330

Benefits Value Advisors can help employees make better health care decisions that save both them and their employers money while still receiving quality care.

Benefits Value Advisors Experience and Features

Benefits Value Advisors go beyond traditional customer service by helping members make better-informed health care decisions, which results in increased savings and satisfaction for everyone. BVAs educate and empower your employees to be smart health care shoppers and become active participants in their care.

BVAs offer member support by phone and live chat, secure messaging and SMS text.[4,5,6] Employers can also enable outbound outreach for several conditions/services, as well as a new member welcome message.

BVAs are trained to help members with their medical and behavioral health needs. BVAs can:

- Explain health plan coverage and benefits
- Research providers
- Provide cost estimates for tests, procedures and more
- Educate on more than 1,700 common procedures
- Coordinate prior authorizations
- Research claims information
- Schedule appointments

This solution can be elected by itself or paired with other products such as **Member Rewards** to drive a stronger and more cohesive consumerism model.

EXPERIENCE MEANINGFUL SAVINGS*

$696 average savings of members who acted on a BVA's guidance

$2.76 PEPM average savings for employers

* Data from 2025

Benefits Value Advisors offer cost estimates for procedures and services from various providers and facilities. Lower pricing and cost savings are dependent on the provider or facility you choose. Benefits Value Advisors do not give medical advice. Talk to your doctor or health care professional about any health questions or concerns.

1. McKinsey consumer survey, May 2023
2. Truven Health Analytics commercial claims data, 2021
3. Allowable in-network cost data from providers within a 50-mile radius of a large city. Costs are examples and may not apply to every member's situation.
4. Excludes major U.S. holidays
5. BVAs cannot initiate a live chat but can respond to an incoming member chat
6. Member needs to grant permission to BVA to use email

Provider Finder and Medical Liability Estimator

EMPLOYERS BENEFIT WHEN MEMBERS ARE GUIDED TO IN-NETWORK, HIGH-QUALITY AND COST-EFFICIENT PHYSICIANS AND CARE.

Physicians who provide evidence-based, clinically appropriate care and avoid unnecessary tests and treatments, can reduce overspending and better manage the total cost of care.

Shopping for health care services, procedures and prescription refills can also reduce the total cost of care. It's estimated that roughly 73% of commercial claims spend occurs for care that is shoppable to some degree.[1] Yet 64% of U.S. patients have never shopped around for health care services by comparing prices.[2]

Provider Finder Platform Capabilities

Provider Finder is the member-facing platform for comprehensive care guidance and price transparency, enabling members to find the care they need when it matters most.

Provider Finder is much more than a provider search directory; it integrates with numerous engagement products and leverages user-centric data to help inform members' decisions to seek care, understand their costs and engage with their benefits.

PROVIDER FINDER BY THE NUMBERS[4]

$15.8 million in total savings from organic cost procedure searches in 2025

$0.46 estimated PEPM value of savings

In addition to providing a comprehensive list of in-network providers and critical information necessary in selecting one, Provider Finder also seamlessly integrates with:

- **Member Liability Estimator –** Members can get episodic treatment cost estimates for over 1,800 services and procedures, each personalized to account for the member's current cost spend and deductible status. (not available for HMO network or Government markets).[3]
- **Member Rewards –** Full-service member engagement and reward program that empowers members to become active participants in deciding how and where to get the care they need. (This is a buy up for some plans.)
- **Point Solutions Vendors –** Different health care partners are available within Provider Finder, designed to intervene at the right point in time based on the user's search journey. (Available as buy-ups.)

1. McKinsey & Company analysis of 2021. Truven Health Analytics commercial claims data
2. AKASA, October 4, 2022
3. The cost estimates displayed on Provider Finder® for various providers, facilities, and procedures are just estimates.
4. 2025 savings data is based on organic Provider Finder searches from subset of Book of Business. Excludes IFM, Government, HMO, and all members with BVA, Health Advocacy Solutions, Member Rewards, Call Requirements, or any other engagement/ redirection program.

Member Rewards

MEMBER REWARDS IS A FULL-SERVICE CARE NAVIGATION PROGRAM DESIGNED TO HELP LOWER EMPLOYER HEALTH CARE SPEND BY REWARDING EMPLOYEES FOR CHOOSING HIGH-VALUE CARE.

Through personalized outreach, care-shopping tools, and meaningful cash incentives, Member Rewards motivates employees to choose high-quality, lower-cost providers and procedures. Every smart care decision helps reduce employer claims costs while rewarding employees for making informed health care decisions.

Employees can:

- Compare provider cost and quality
- Estimate out-of-pocket costs
- Earn cash rewards

MEMBER REWARDS DRIVES CLAIMS SAVINGS* THROUGH SMART CONSUMERISM

$28M in claims savings generated in 2025, averaging **$718** in savings per claim

$138 average reward amount per eligible claim in 2025

* Based on Zelis data Jan. 2025 - Dec. 2025 for medical services. The cost estimates shown on Provider Finder for various providers, facilities and procedures are just estimates. Savings and reward amounts depend on the options members choose. Claims savings represents gross calculated savings less incentive amounts.

Digital Member Hub from Evive

IN TODAY'S HEALTH ECOSYSTEM, WE INCORPORATE A VARIETY OF PARTNERS INTO OUR EMPLOYEE HEALTH MANAGEMENT ACTIVITIES.

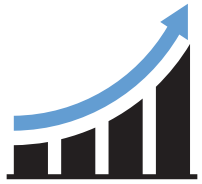
This can make it difficult for employees to keep track of all their benefits and the programs and activities they participate in. Evive creates a one-stop shop integrated gateway to all vendors under one app. From 401K management to chronic disease care, the Digital Member Hub aggregates all these partners and programs under one digital roof for easy access.

Digital Member Hub

The Digital Member Hub is a powerful data-driven tool that serves as the front door to your benefits. The Hub bundles all your participating benefits providers into one easy-to-use platform via the MyEvive app or website with 24/7 access that increases employee engagement with their plan benefits.

The Digital Member Hub allows for members to learn about resources relevant to their health in real time. The Hub features:

- Real-time personalized, targeted communications to help members access their benefits when they need them
- Data-driven personalized messaging based on behavioral analytics and claims, and prioritized daily by Evive's algorithm
- Easy 24/7 employee access to health benefit information with the ability to register for relevant programs
- Single sign-on to Provider Finder, Blue Access for Members℠ and other third-party vendors
- Monthly, quarterly and yearly reporting for employers



EMPLOYER GROUPS USING THE DMH CAN EXPECT*

23% higher cancer screening adherence

10% higher metabolic screening adherence

13% gap in care conversion rate

* Evive, https://goevive.com/impact/

WELLBEING AND PREVENTION

SUPPORT TO STAY HEALTHY AND DETECT PROBLEMS EARLY, FOR A BETTER QUALITY OF LIFE

Whole-person health starts with preventive care. Our wellbeing and prevention solutions guide employees and eligible dependents to make healthy decisions to keep them on track for optimal health outcomes.

GO Wellbeing

Worksite Wellness

Onsite Screenings and At-Home Screening Kits

GO Wellbeing

OUR WELLBEING PROGRAM CAN HELP EMPLOYERS ADDRESS SOME OF THEIR TOP CONCERNS, INCLUDING REDUCING ABSENTEEISM, INCREASING PRODUCTIVITY AND AIDING IN RECRUITMENT AND RETENTION.

It's top of mind for employees as well, with 75% of employees and 89% of C-suite executives surveyed reporting that improving their wellbeing is a top priority for them.[1] We developed new wellbeing solutions to help employers encourage healthy behaviors and support their employees in their wellness journey.

GO Wellbeing - Core Option

GO Wellbeing℠, powered by Sharecare, helps employees assess their health and wellbeing goals, provides personalized content and offers rewards to motivate positive behavior change.

Features include:

- The RealAge Test guides the member through a series of questions to determine their current health status. Then, they'll be directed to content and programs that will help improve their health.
- Personalized health content that offers up-to-date information on a variety of topics.
- Engaging communications – member emails and messaging to prompt action
- Enhanced reporting
  - Insights on population health and participation to help you better understand what matters most to your workforce
  - See what your members are doing in the app so you can lean on the data to keep your workforce engaged
- Device Integration – adding a wearable health device to the platform can earn rewards on activities members are already doing and help track habits
- Access to standard employer-funded incentives

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas to deliver a select collection of lifestyle programs, tools, and apps.

Features include: (continued)

- Rewards for engaging in healthy activities can be redeemed on the platform
- A variety of challenges to build healthy habits
- Social, physical, mental, and financial health resources
- Community Wellbeing Index that measures health across people and places

1. Business Group on Health. 2025 Employer Health Care Strategy Survey. August 2024.

GO Wellbeing – Configurable Option

For employers seeking more flexibility in designing their wellbeing program, we offer a configurable solution to foster employee engagement and improve wellness.

The expanded version of our new wellbeing solution includes all the benefits of the core option, and employers can select the following additional features:

- Cobranding opportunities on select app and portal features to customize the experience
- Employer designated rewardable activities and actions
- Company-level challenges to motivate employees to start or maintain healthy habits
- Employer-specific benefits pages to help employees navigate offerings
- Worksite Wellness team support for configuration of customizable features
- Access to configurable employer-funded incentives

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas to deliver a select collection of lifestyle programs, tools, and apps.

CURRENT TRENDS CALL FOR ENHANCED WELLNESS PROGRAMS

- Health care costs continue to rise. Projected health care cost trend jumped to **8%** for 2025, the highest amount in over a decade.[1]
- Companies with a highly engaged workforce have **21%** higher profitability.[2]
- Wellness programs with incentives are the standard. **80%** of large firms with health benefits in 2023 offered one or more wellness programs. A substantial number provide incentives for program participation or completion.[3]

1. Business Group on Health, 2025
2. Gallup, 2023
3. Kaiser Family Foundation, 2023.

Worksite Wellness

Our Worksite Wellness services create a culture of health and wellbeing at the workplace. We can help you build a foundation that is sustainable and designed to improve the quality of life for your employees by providing education and resources tailored to their individual needs. Worksite Wellness services can provide employers with dedicated Wellness Coordinators or designated Wellness Consultants to implement strategic wellness programs and deliver real results.

Recognizing that each employer is different, our Worksite Wellness services offer custom solutions that help fit your goals, needs and culture. We partner with you to improve employee health and increase engagement by identifying opportunities and challenges coupled with strategic recommendations and ongoing support.

Worksite Wellness services can include:

- Onsite workplace analysis
- Employee focus groups and interviews
- Employee wellness surveys
- Incentive strategy development
- Wellness campaigns
- Tailored communication strategies
- Webinars, health fairs, lunch-and-learns and other educational efforts
- And more

CASE STUDY - HEALTHY WORKSITE CONSULTATION SERVICES FOR A LARGE EMPLOYER GROUP*

Health Assessment Completion - **141.4%** increase over 2 years

Blue Access for Members Registration - **55%** increase over 2 years

Wondr - **6,378** overall lbs. lost

Medical Management Programs Engagement - **262%** increase in one year

Virtual Visits - **3,525** registered users

* All data in this case study is based on internal research and analytics related to the specific group discussed in this case study

Onsite Screenings and At-Home Screening Kits

WORK SCHEDULES, FAMILY COMMITMENTS AND LIMITED TRANSPORTATION OPTIONS CAN MAKE IT DIFFICULT FOR EMPLOYEES TO STAY ON TOP OF THEIR PREVENTIVE CARE NEEDS.

Help your employees overcome barriers to care with flexible options that increase access to preventive screenings and vaccinations.

Onsite Screenings and At-Home Screenings

These offerings provide convenient, professional preventive biometric screenings onsite or virtually, focusing on the most common and costly chronic diseases — diabetes, heart disease and hypertension. Tests are available to provide personal guidance for metabolic syndrome, an accurate predictor of future type 2 diabetes.

Each preventive checkup includes:

- Lab-accurate diagnostic blood work with only a small blood sample
- Fully tailored Personal Health Report delivered and reviewed during the checkup
- Private one-on-one video consultation with a licensed Nurse Practitioner
- Individual preventive care claims are submitted for services rendered to members, and related fees simply flow through the claims process.

ONSITE SCREENINGS AND AT-HOME SCREENING KITS WORK*

During a multi-year partnership with a large employer (4,000+ lives), these screenings produced meaningful changes in individuals' and the employer group's overall health. Highlights include:

14% decrease in metabolic syndrome

37% decrease in hypertension

49% decrease in prediabetes

23% increase in controlled diabetes

*Vendor case study. Results may vary depending on the group.

GUIDED HEALTH PLANS

MOTIVATES EMPLOYEES TO MAXIMIZE THEIR BENEFITS

Using our proprietary methodologies, we've created a set of plan designs that guide employees and eligible dependents to select high quality physicians with better clinical outcomes and lower overall costs. We also provide you with options that help manage costs for certain procedures and prescriptions.

Easify Essential

Easify Edge

Coupe Health

myVirtual Care Access Plan

Reference Based Pricing

Easify is a proprietary health plan design by Health Care Service Corporation, a Mutual Legal Reserve Company.

Easify Essential

EXPANDING ACCESS TO COST EFFECTIVE CARE

The Essential plan, powered by Easify, expands access and steerage to high-quality, cost-effective health care by equipping members with information and a tiered benefit approach to make the best health care decisions for themselves and their families.

Easify Essential is a tiering system that applies providers' PEAQ℠* scores to help members choose high quality physicians who drive better clinical outcomes and lower overall costs.

Key benefits of Easify Essential include:

- Guidance towards the best quality care and more efficient providers
- Consistency in value of care
- Reduced health care costs
- Increased transparency
- Enhanced reporting

The Easify Essential product has a robust reporting dashboard that can show multiple data points including eligible member access and approximate PEPM savings based on migration rates.

* PEAQ (Physician Efficiency, Appropriateness, and Quality℠) is an evidence-based data and analytics program that measures a physician's entire performance around three core areas: efficiency/cost, appropriateness and quality. PEAQ ratings may be used as a guide when choosing a provider. Members are encouraged to consider all relevant information and to consult with their primary care provider when selecting a specialist.

  Not all plans/members have access to PEAQ ratings. PEAQ-related information is not presently available in Provider Finder for any HMO networks.

Easify is available on our full service platform.

Easify Edge

BUSINESSES ARE FACING RISING HEALTH CARE COSTS — AN ANTICIPATED YEAR-OVER-YEAR INCREASE OF 10% — WITH PROVIDER COSTS BEING A TOP CONTRIBUTOR TO MEDICAL SPEND.[1]

To combat this, employers are looking for innovative ways to realize new savings through health plans that aim to drive members to cost-efficient care. For plan sponsors who are rethinking ways to offer quality benefits, the Edge plan, powered by Easify, can help manage health care costs and make pricing more predictable while expanding access to high-quality care.

Easify Edge elevates member care through cost simplification and digital innovation. It gives members the tools and support they need to inform their choice of high-value care providers.

Easify Edge is a guided health plan available through our premier, full-service delivery model. It's positioned to enable care from high-value providers while giving members transparency and price confidence.

It takes the complexity out of care through:

- Member-centered, simple copay-only plan structure with price transparency
- Increased access through greater affordability, plus easy to understand monthly statements
- Expanded line-of-sight and reduced variability in employer claim costs
- Enhanced digital experience that includes virtual care options, and promotes member engagement in health management and wellness programs included in their benefit plans
- Card-based 0% financing option offers a flexible way for members to finance care, expanding their access and strengthening their engagement.

By combining the power of data-driven transparency with a simplified benefit design, Easify Edge is structured to guide members through their health care journey with confidence. Built on easy-to-use digital tools, Easify Edge will help members make better care decisions. This leads to improved outcomes and lower costs.

1. Becker's Payer Issues, August 14, 2025

Easify Edge is available on our full service platform.

Coupe Health

EMPLOYERS AND EMPLOYEES ALIKE ARE SEEKING A MORE SIMPLIFIED HEALTH CARE EXPERIENCE, INCLUDING COST TRANSPARENCY, STREAMLINED PROVIDER PAYMENTS AND FINDING QUALITY IN-NETWORK CARE.

Coupe Health drives savings and simplifies your employees' experience through member care steerage, while providing price certainty and transparency within their digital portal.

Coupe Health Features

Coupe Health is an alternative health plan model that provides a simplified benefit tiering experience. It enables members to receive care from high-value providers and delivers cost-of-care transparency. This streamlined and straightforward experience can improve member outcomes by helping employees find the best providers for themselves and their families.

Coupe Health offers:

- **Price Certainty –** Members can find providers and services in the Coupe app or member portal and view copays before selecting a service.
- **Provider Quality –** Providers are ranked by efficiency, appropriateness of services and quality. They are categorized as either green, yellow or red. Providers in the green category offer the highest level of services at the lowest member cost share.
- **Seamless User Experience –** The Coupe app and member portal offer easy access to the provider search tool, benefit information, statements and payments.

Coupe Health is available on the Luminare platform.

COUPE WORKS*

Access to **98%** of doctors nationally

92% employer renewal rate

* Coupe Health, 2026

myVirtualCare Access Plan

OUR UNIQUE NETWORK STRATEGY POSITIVELY IMPACTS BOTH THE TOTAL COST OF CARE AND THE MEMBER EXPERIENCE

myVirtualCare Access Plan, available exclusively through Luminare Health®, addresses the problem of primary care physician and behavioral health provider shortages and long physician wait times. It accomplishes this by combining the virtual care expertise of Teladoc Health with our industry-leading provider network relationships in a virtual-first plan design for the whole-person.

Members have a dedicated Teladoc primary care provider as their main point of care. It is a simple, high-touch alternative to traditional plans.

myVCAP gives members access to:

- Board-certified, licensed primary and specialty care providers, including licensed behavioral health professionals
- Behavioral health coaching and support programs
- PPO plan design supported by national PPO networks for in-person care
- 24/7 on-demand urgent, non-emergency care
- Integrated case management
- Personal chronic condition support for diabetes and hypertension
- Back and joint care
- Dermatology care
- Expert medical opinions
- Nutrition and wellness
- Easy-to-access member portal

Employees also have a dedicated care team that coordinates and supports all aspects of care, including:

- Assisting with in-person care navigation and scheduling, as needed
- Developing and coordinating care plans to improve member health

myVCAP makes care easier to access and more affordable

- Wait less than 7 days for new patient visits[1]
- Provides more care options in remote or underserved areas
- Average virtual visits last 30-45 minutes which is up to three times longer than national in-person physician averages[1,2]
- Estimated 5%-10% in savings[3] over traditional health plans by:
  - Reducing unnecessary use of high-cost services, like imaging and the ER
  - Guiding members to lower-cost and high-quality in-person care in the PPO network
  - Early identification of new diagnoses and better management of chronic conditions
  - Leveraging technology solutions, like remote monitoring for chronic conditions

1. Teladoc Health program data, 2020
2. Statista, 2018
3. Aon actuarial analysis

myVirtualCare Access Plan is available on the Luminare platform.

Reference Based Pricing

MOST PEOPLE KNOW THAT MEDICAL TREATMENT CAN VARY WIDELY IN COST, BUT SOME DON'T REALIZE JUST HOW MUCH VARIATION THERE CAN BE IN A RELATIVELY SMALL AREA.

This leads to unnecessarily higher costs for both employers and employees. Reference Based Pricing is an innovative strategy that helps employees be better consumers of health care. By setting a maximum covered price for specific procedures, members are motivated to understand cost variance, stay within the covered reference price and maximize their benefits.

RBP sets a maximum coverage amount or 'reference price' for specific procedures that have little variability in quality, yet high variability in cost. Expenses over the reference price are the member's responsibility.

RBP uses pricing data based on the member's location to set a maximum coverage amount for 70 different procedures, including common imaging tests such as MRIs and CT scans. It is supported by online transparency tools and Customer Advocates who can assist members with finding lower cost providers.

With RBP, members are motivated to become educated health care consumers, understanding cost variance, so they can maximize their benefits and reduce their out-of-pocket costs.

Reference Based Pricing is available on our full service platform.

BOTH MEMBERS AND EMPLOYERS SAVE WITH RBP

For example, if the reference price for a brain MRI is **$800**, and the member goes to a facility that charges **$700**, **the member is responsible for $0.**

If the member goes to a facility that charges **$1,000, the member is responsible for $200** (the difference between the allowed amount and the reference-based price). Both employers and employees save when members chose lower-cost options.

Accounts realized $1.74 PEPM allowed savings.*

* Results not seasonality adjusted, trend adjusted or utilization adjusted to account for the difference in PPO and HSA risk. Savings may vary depending on the employer group

ACUTE AND CHRONIC CONDITIONS

IMPROVE HEALTH OUTCOMES AND CONTAIN COSTS

We understand that everyone has unique needs and preferences, which is why we offer targeted and personalized programs across behavioral health, metabolic health, weight management and musculoskeletal conditions.

By providing access through multimodal options — including telehealth and brick-and-mortar — care is available for your employees and their eligible dependents when and where they need it.

Behavioral Health

- Core Behavioral Health
- Expanded Behavioral Health
- Employee Assistance Program

Cancer Services and Support

Metabolic Health Management

- Twin Health
- Teladoc Health (Chronic Care)
- Omada
- Wondr

Musculoskeletal Health Management

- Flex, Powered by Airrosti
- Hinge Health

Unity Health Hub

Virtual Care

- Virtual Primary Care
- Virtual Visits

Women's and Family Health

Utilization Management

Behavioral Health

TODAY, 1 IN 5 AMERICANS LIVE WITH A MENTAL HEALTH DISORDER. NEARLY HALF OF THOSE HAD A CO-OCCURRING SUBSTANCE USE DISORDER.

Between 50%-70% of those dealing with these challenges were not getting treatment. Those without treatment used three times as much non-psychiatric medical care than those receiving mental health care.

A 2025 survey of full-time U.S. employees was conducted to understand the state of mental health across America's workforce. Nearly 75% of respondents report experiencing some form of low mood, and one in four employees say they have considered quitting their jobs due to mental health concerns. Alarmingly, almost half of respondents say life was easier during the COVID-19 pandemic than it is now.[2]

Employees say they would find relief through workplace support. In fact, a large majority of respondents (80%) report mental health benefits are, or would be, important to creating a positive workplace culture.[2]

Core Behavioral Health

Our Core Behavioral Health product provides a clinically driven, holistic approach to fully support your employees — whether they are exploring troubling feelings for the first time, experiencing a relapse of a serious condition or anything in between.

Behavioral Health offers a suite of resources and services to meet every member where they are in their mental health journey.

Behavioral Health includes:

- **Mental Health Hub**
  - Virtual one-stop-shop for all member-facing, mental health resources available through the plan
  - Navigation to recommended behavioral health resources and treatments via assessment tool
  - Access to behavioral health specialists treating a variety of conditions and populations, including substance use disorders, eating disorders, pediatric mental illness and obsessive-compulsive disorders
- **Digital Mental Health**
- **Specialty Management** (Substance Use, Autism and Eating Disorders)
- **Inpatient and Outpatient Management**
- **Case Management**

Expanded Behavioral Health includes:

- **Expanded Mental Health Hub** introduces a proactive resilience and burnout-prevention layer, designed to support workforce mental health and help employers address stress, burnout, absenteeism and productivity loss. The solution includes burnout risk assessments, guided action plans and self-serve digital content, as well as manager enablement resources.
- **Mental Health First Aid** (National Council for Mental Wellbeing)
- **Workplace Crisis Intervention** (ComPsych Guidance Resources)

1. National Alliance on Mental Illness, Mental Health By The Numbers, April 2023
2. National Alliance on Mental Illness (NAMI)-Ipsos Poll, January 2025, which focused on full-time workers employed at companies across industries with at least 100 employees

Employee Assistance Program

Our Employee Assistance Program provides your employees and their families access to essential work and life counseling services. The EAP, delivered in collaboration with ComPsych, offers enterprise-wide household coverage for employees and their families whether they are enrolled in our health plan or not. The EAP is integrated with our Behavioral Health services, which means members can easily transition between the two resources without hassle or confusion.

The EAP features the following services:

- **Counseling:** A set number of sessions allotted on a per-issue basis
- **FinancialConnect:** Unlimited consultations with financial experts
- **FamilySource:** Assists with childcare, eldercare, education, adoption and more
- **LegalConnect:** Provides unlimited attorney consultations and local referrals
- **Digital Tools:** 24/7 access to website and mobile app

Employers also benefit through the following services:

- **Critical Incident Stress Management:** On-site counseling to help employees process a workplace tragedy
- **Management Consulting:** Support for performance issues, organizational changes or any other employee-related situation
- **Training and Development:** Includes work-life training sessions and employer group-specific training

Note: For Large Groups, the EAP is a buy-up offered with the Behavioral Health product and provides a fixed number of sessions (3-8) per issue that accounts select with no claims cost.

81% of workers said employer support for mental health is an important consideration when they look for work[1]

Employers see a **$4** return on every dollar they invest in the mental health of their workforce[2]

1. American Psychological Association, 2022
2. NORC at the University of Chicago, National Safety Council and NORC at the University of Chicago Announce New Mental Health Cost Calculator to demonstrate Why Investing in Mental Health is Good for Business

Cancer Services and Support

ONE IN TWO EMPLOYERS SAID CANCER WAS THE NUMBER ONE DRIVER OF HEALTH CARE COSTS, AND 86% SAID IT RANKED AMONG THE TOP THREE.[1]

Everyone knows someone who has battled cancer, whether a close friend, family member or co-worker. In fact, about 40% of men and women will have cancer at some point during their lifetime,[2] and cancer rates are rising in people under the age of 50.[3] As cancer treatment options are quickly advancing, so is the importance of seeking second opinions after an initial diagnosis. In a clinical review of second opinions in oncology, between 23% and 57% of patients had expected improvements in morbidity and prognosis due to a change in treatment from the second opinion.[4]

To support employees and their family members who are facing cancer, it's important for employers to offer coverage that includes care management, second opinions and advances in treatment, all while considering evolving care guidelines. For these reasons, we offer comprehensive Cancer Services and Support options to help employees, and their families, navigate what can be an overwhelming and disjointed treatment journey.

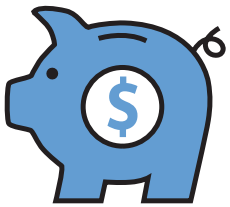
1. 2024 Large Employer Health Care Strategy Survey, Business Group on Health, August 22, 2023
2. SEER, "Cancer Stat Facts," National Cancer Institute, 2023.
3. Benjamin Koh, et al., "Patterns in Cancer Incidence Among People Younger Than 50 Years in the US, 2010 to 2019," JAMA Network Open, Aug. 16, 2023
4. Lipitz-Snyderman, Allison, et al., "Clinical value of second opinions in oncology: A retrospective review of changes in diagnosis and treatment recommendations," Cancer Med., Feb 3, 2023

Cancer Services and Support Features

Cancer Services and Support helps lead to better outcomes and quality care while achieving cost containment. It also offers meaningful assistance to those living with cancer, as well as their families and caregivers.

Our comprehensive program includes:

- Cancer care management
  - Early identification triggers and proactive outreach
  - Holistic cancer support for members and their families with an oncology clinician
  - Oncology medical expert reviews through AccessHope, provided to treating oncologist
  - Automated peer-to-peer reviews for rare and complex cancer through AccessHope
  - Comprehensive digital hub for seamless cancer navigation
- Co-management of health needs
  - Behavioral health and chronic health condition support
  - Assistance to overcome socio-economic obstacles
  - Pharmacy and gene therapy solutions



$92M Annual Cancer Savings[1]

Cancer care typically accounts for **12% to 15%** of a company's overall health care costs.[2] It is the leading driver of health care costs for employers.[3]

1. Book of business data, CY 2023
2. Shockney L. Paying attention to cancer pays off for your employees. Johns Hopkins Medicine Website. https://www.johnshopkinssolutions.com/paying-attention-cancer-pays-off-employees. Accessed October 30, 2020.
3. Cancer now top driver of employer health care costs, says Business Group's 2023 Health Care Strategy and Plan Design Survey [news release]. Washington, DC: Business Group on Health; August 23, 2022.

Metabolic Health Management

CURRENTLY LESS THAN 7% OF THE US ADULT POPULATION HAS GOOD METABOLIC HEALTH. IN FACT, 1 IN 3 US ADULTS HAVE PREDIABETES.[1]

Without intervention, many people with prediabetes could develop type 2 diabetes. Type 2 diabetes puts your employees at risk of serious health problems, including:

- Heart attack
- Stroke
- Blindness
- Kidney failure
- Loss of toes, feet or legs

Helping your employees prevent type 2 diabetes and manage their diabetes can help them be healthier and more productive. It can also lower health care costs for them and for your business.

Diabetes is costly. Direct medical costs for the U.S. adult population come in at more than **$300 billion**[2], including hospitalization, medical care, treatment, supplies, and other costs. Indirect costs for employed individuals total $41.2 billion[2], including:

- Increased absenteeism: **$5.4 billion**[2]
- Reduced productivity while at work for the employed population: **$35.8 billion**[2]

1. Friedman School of Nutrition Science and Policy at Tufts University, 2022
2. Economic Costs of Diabetes in the U.S. in 2022, https://www.cdc.gov/diabetes/hcp/employers/index.html
3. Included for employer groups with Blue Distinction® Centers for Bariatric Care

Metabolic Health Management Features

Metabolic Health Management incorporates solutions to holistically address metabolic health syndromes. This supports our members and employers who needs comprehensive care management and guidance when navigating a complex metabolic health marketplace.

MHM supports solutions for:

- **Prevention** (Vendor Choices: **Teladoc Health** or **Omada Health**, **Wondr Health**)
  Addresses prediabetes and weight conditions to help members prevent condition progression and avoid health events
- **Type 2 Diabetes Reversal** (Vendor Choice: **Twin Health**)
  Addresses type 2 diabetes by treating the underlying causes of metabolic health with the goal of helping members achieve a state of reversal
- **Type 1 and 2 Diabetes Management** (Vendor Choices: **Twin Health (for Type 2 Diabetes)** or **Omada Health (for Type 1 and 2 Diabetes)**)
  Addresses diabetes and weight conditions with lifestyle interventions to maintain conditions
- **Bariatric Awareness**[3] Supports members who explore surgical intervention by creating awareness via marketing materials for **Blue Distinction® Center** facilities and networks specializing in bariatric care

Each solution also includes reporting and analytics for enrollment, engagement and utilization data; clinical outcome support and employer-level post-sale reporting.

Twin Health for Diabetes Reversal and Healthy Weight

Twin Health offers a type 2 diabetes reversal and weight management program that includes a personal coach, a dedicated care team and a care plan that's unique to a member's metabolism. Twin helps your employees get to and then maintain a healthy weight by guiding them to an intervention that best fits their needs.

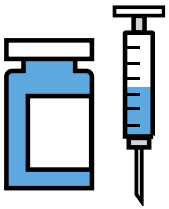
Employees will have access to this comprehensive lifestyle program that can help them reduce weight while aiming to eliminate the need for medications. When they join, they'll get a Welcome Kit that includes:

- A smart scale
- Continuous glucose monitor
- Blood pressure monitor
- Activity tracker

How Does it Work?

Instead of one-size-fits-all diets and exercise programs, Twin uses their advanced Whole Body Digital Twin™ to heal a member's unique metabolism. The Whole Body Digital Twin™ is a digital representation of a member's unique metabolism, built from thousands of data points gathered daily from wearable sensors. Members are empowered to:

- Lose weight
- Improve blood sugar
- Safely reduce or even stop their medications
- Achieve a state of type 2 diabetes reversal



TWIN HEALTH TYPE 2 DIABETES REVERSAL PROGRAM RESULTS*

76% of people have reduced their A1C (average point reduction is 1.0-1.7 points)

3.2% average BMI and weight reduction

22% of GLP-1 eliminated

69% of SGLT-2 eliminated

28% of insulin eliminated

* Fully insured results as of June 2024, based on 1,101 members in the program for 60+ days. Data is reported by Twin Health based on diabetes program results. +/- 20% variance since data is not directly connected to the weight management program.

Teladoc Health (Chronic Care)

Teladoc Health delivers effective support for those who are at risk for, or have diabetes and hypertension. Teladoc provides end-to-end chronic condition management with solutions designed around the needs of each individual.

Members get:

- Coaching to drive awareness and understanding of their conditions
- Certified diabetes educators available 24/7
- Health care devices and supplies that can include: a connected blood glucose meter, test strips and lancets delivered right to the member's door, a bodyweight scale, a blood pressure monitor
- Real-time personalized messaging on the Teladoc Health connected blood glucose meter

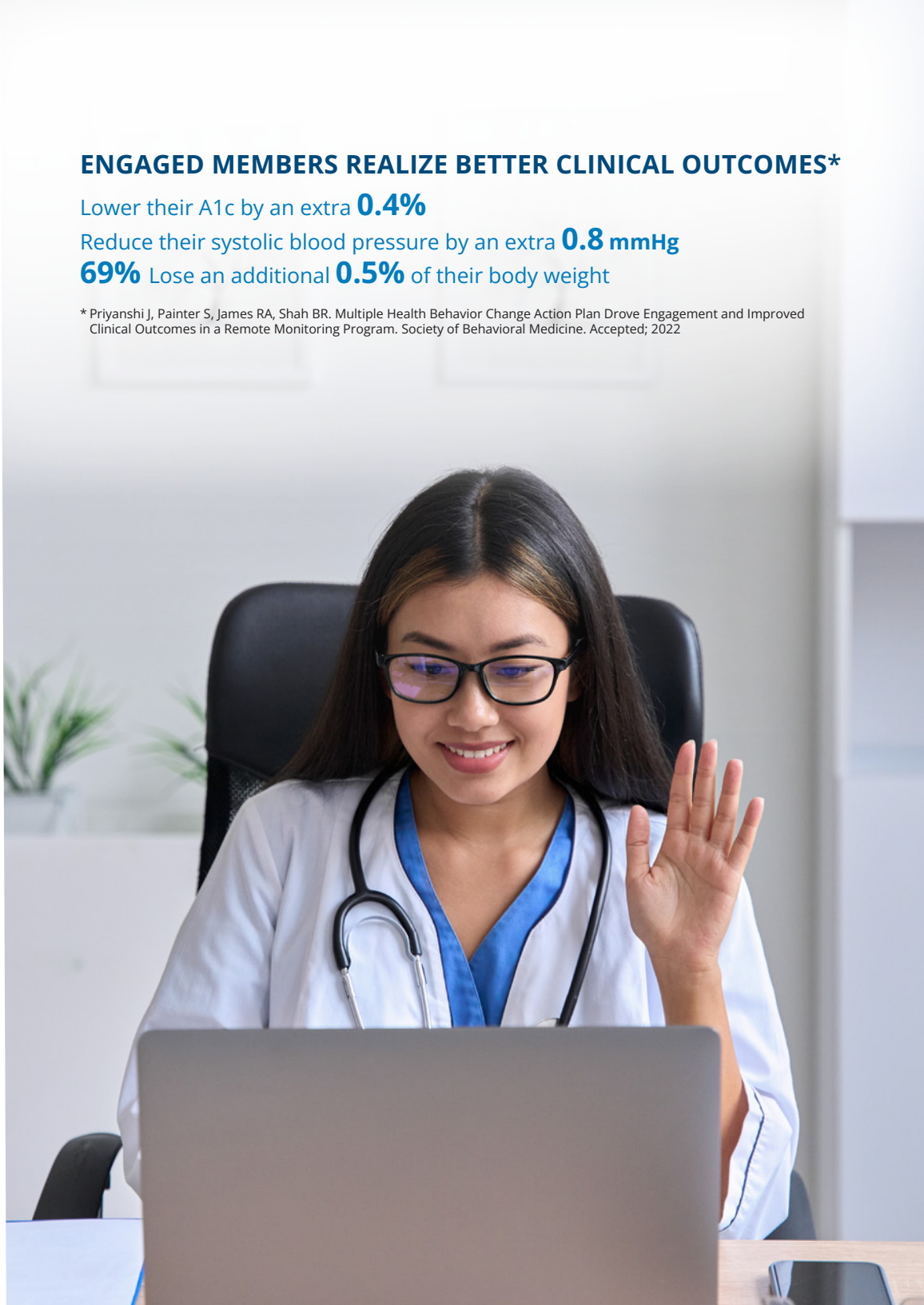
ENGAGED MEMBERS REALIZE BETTER CLINICAL OUTCOMES*

Lower their A1c by an extra **0.4%**

Reduce their systolic blood pressure by an extra **0.8 mmHg**

69% Lose an additional **0.5%** of their body weight

* Priyanshi J, Painter S, James RA, Shah BR. Multiple Health Behavior Change Action Plan Drove Engagement and Improved Clinical Outcomes in a Remote Monitoring Program. Society of Behavioral Medicine. Accepted; 2022



Omada Health

Omada focuses on management of obesity-related chronic conditions to reduce risk of, and manage type 2 diabetes and heart disease: Omada offers diabetes prevention, diabetes management and hypertension management programs.

Omada's in-home digital program integrates remote monitoring tools, education and social support to effectively improve health and reduce the risk of diabetes and/or cardiovascular disease.

Omada includes:

- Sixteen weeks of interactive courses plus ongoing support
- Access to a dedicated online health coach
- A wireless scale or blood pressure monitor at no cost to the member that uploads data to the member's portal
- Employer reporting on enrollment, participation and weight loss and/or blood pressure control

DIABETES PREVENTION OUTCOMES

27% of participants achieve **5% >** weight loss after 26 weeks

Reduces diabetes risk by over **0.5**

HYPERTENSION OUTCOMES[2]

On average, participants with Stage 2 HTN achieve:

12 mmHg reduction in systolic blood pressure

10 mmHg reduction in diastolic blood pressure

Every 10-mmHg reduction in Systolic Blood Pressure reduces:

Stroke risk by **27%**

Heart failure risk by **28%**

1. Maruther NM, Ma Y, Early response to preventive strategies in the diabetes prevention program. Journal of General Internal Medicine, Published 2013 July 17
2. Early results in 2020 population reported by Omada

Wondr Health

Wondr is a behavioral counseling program for managing weight and metabolic syndrome. Wondr teaches members the science of how to eat their favorite foods and lose weight, sleep better and reduce stress, through a 100% digital experience.

Wondr Health helps members learn simple, behavioral skills that are clinically proven to improve health.

Features include:

- Weekly, self-paced, informative, online video sessions (including mobile app for on-the-go access, skill reinforcement and habit formation)
- Interactions with health coaches and online community for social support
- Personalized employee communications and employer co-branded enrollment website
- Employer reporting available for enrollment, participation and weight loss

WONDR GETS RESULTS

50% of men and **30%** of women reversed metabolic syndrome[1]

10.6 lbs. average weight loss after 8+ weeks[3]

4.6x ROI for ASO Groups = **$96** net savings PMPM[3]

70% more physically active[4]

67% have more energy[4]

84% felt more in control of their weight[4]

1. Evaluation of Voluntary Worksite Weight Loss Program on Metabolic Syndrome, October 2015.
2. Wondr Health 2025 Book of Business Results
3. 2025 3rd party HCSC Actuarial ROI claims analysis evaluating the effectiveness of Wondr Health's weight management program
4. Data based on Wondr Participant Survey Results

Musculoskeletal Health Management

AN ESTIMATED 126.6 MILLION AMERICANS (ONE IN TWO ADULTS) ARE AFFECTED BY A MUSCULOSKELETAL CONDITION.

In the U.S., MSK issues cost an estimated $213 billion in annual treatment, care and lost wages.[1] The impact of MSK disorders on adults in the workforce is substantial. Greater than 36% of adults ages 18-44 and 58% of adults ages 45-64 are affected by MSK disorders.[2]

Flex by Airrosti

Flex is a program for employers looking to offer a solution to high MSK care cost, and who want to motivate and engage their members to be informed consumers of health care. This program aims to improve the care pathway for MSK pain, reduce spend on unnecessary surgery and provide nationwide access for members needing care.

Flex is a solution for members seeking evidence-based, minimally invasive treatment for acute and chronic musculoskeletal pain in the comfort of their home with optional video conferences with a dedicated health coach.

Flex is a holistic exercise therapy wellness program with customized programming that are all delivered through the app, where members complete a Flex Check movement assessment. Members then receive a Flex Kit delivered to their home, which is a curated collection of rehab tools. It may include such items as a foam roller, a resistance band, a lacrosse ball and other tools.

Members have access to the program for 12 months after enrollment. Everything is at no cost to the member.

AIRROSTI'S TRACK RECORD*

44% Reduction in Total Cost of Care
1,424,765 Total Number of Patient Cases
3.2 Average Number of Patient Visits
20,824 Recommended Surgeries Avoided

* Source: Airrosti in-clinic book of business, across all programs, since its inception in 2004

Hinge Health

From preventing an injury to addressing acute or chronic pain to providing rehabilitation support after surgery, Hinge Health Digital MSK Clinic can help by pairing a complete clinical care team with advanced technology to deliver an all-in-one solution.

Digital MSK Clinic includes:

- Dedicated physical therapist for 1:1 video visits as needed
- Dedicated health coach trained in motivation and behavioral support
- Customized exercise therapy with motion-tracking technology for real-time feedback
- Computer vision technology to assist with member movement tracking
- Education on lifestyle, condition and pain management
- Expert Medical Opinion services available
- Access for one year after enrolling in the program

Hinge Health also provides detailed employer reports[1] that include data on engagement, clinical results, member experience and business outcomes.

HINGE RESULTS

Proven to reduce participant pain by **69%** and depression and anxiety by **58%**[2]

100% fees at risk, **1.5:1 ROI** guarantee[3]

1. Clinical outcomes and ROI require that at least 75 members are enrolled
2. Bailey, J., et al. (2020) Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR.
3. Via direct agreement between Hinge Health and the employer/plan sponsor; available to employers with over 2,000 members.

Unity Health Hub

THIS ECOSYSTEM OF DIGITAL HEALTH SOLUTIONS IS PACKAGED INTO ONE INTEGRATED, OUTCOMES-DRIVEN EXPERIENCE THAT ACHIEVES RESULTS OR YOU DON'T PAY.

Employers today juggle 8–10 digital health vendors on average; each with a separate platform, contract and pricing model based on clicks. The results are employees who can't find the care they need and HR/Benefits teams drowning in administration and rising costs.

Unity℠ Health Hub, powered by Solera Health, turns a fragmented digital health landscape into a single accountable experience. Employers only pay for solutions that demonstrate real, measurable health outcomes — not clicks, logins or unused programs. Milestone-based contracting ensures alignment that achieves results, or you don't pay.

Unity Health Hub: A digital extension of your health network.

Unity delivers personalized guided recommendations that help employees find the right care. Unity combines historical information with proprietary behavioral and acutity-based matching to guide members to the right solution at the right time. This eliminates unnecessary utilization and drives appropriate, high-value engagement. Unity provides easier navigation, better experiences and care that delivers real outcomes.

Unity Health Hub brings an ecosystem of digital health solutions into one integrated, outcomes-driven experience. There are more than 20 solutions available, and growing, to meet your organization's needs. Employees can access services for:

- Diabetes
- Digestive Health
- Hypertension
- Musculoskeletal
- Tobacco Cessation
- Weight Management
- Women's Health

Pay For Outcomes, Not Engagement Metrics

Unity provides one platform, one contract, one source of truth and lower costs. Move beyond clicks to actionable analytics that connect engagement to outcomes. Unity continuously optimizes care pathways to improve employee health while controlling total cost of care.

Virtual Care

MORE THAN THREE IN FIVE AMERICANS (63%), ARE CURRENTLY LIVING WITH OR MANAGING ONE OR MORE CHRONIC CONDITIONS. MORE THAN HALF (62%) OF THOSE LIVING WITH A CHRONIC CONDITION BELIEVE VIRTUAL PRIMARY CARE MAY HELP THEM TAKE CHARGE OF THEIR HEALTH.[1]

VPC offers the opportunity to build a relationship with a provider, lowers out-of-pocket costs by incentivizing the use of the virtual model, and increases accessibility for underserved populations.

Virtual Primary Care

Lower your company's health care costs while giving your employees the convenience, savings and security of VPC, in collaboration with Teladoc Health. Benefit design options can incentivize use of the virtual model, lowering out-of-pocket costs for your employees while still providing access to high-quality care.

VPC also increases accessibility to care in cases where there are shortages of primary care and behavioral health providers. No matter where your employees are, members can establish a relationship with a primary care provider.

Employees have access to their primary care physician, therapist or dermatology care virtually via the Teladoc platform by phone, online video or mobile app. They can schedule follow-up care with the same provider. Their dedicated Nurse Care Team will follow-up after the visit and help coordinate follow-up care. Employees can also access 24/7 care with the soonest available provider.

With Virtual Primary Care, your employees can:

1. Choose a primary care provider who takes the time to get to know them, their health history and needs.
2. Schedule annual checkups and ongoing care when it's convenient.
3. Get referrals to in-person and in-network specialists, ongoing support from a dedicated care team and a custom care plan with clear next steps.

NEW FOR 2028

- Expansion into Montana, New Mexico and Oklahoma markets
- Compatibility with additional PPO networks, including Blue Choice Options and Blue High Performance Networks
- Employers will be able to incentivize virtual annual wellness visits through Teladoc

Disclaimer: Product under development and planned for launch in 2028; subject to change.

VIRTUAL PRIMARY CARE MEMBER EXPERIENCE[2]

<5 days on average for a new patient visit

94.8% member satisfaction[2]

12-15 care team interactions a year[3]

1. The Harris Poll, 2022
2. Teladoc Health Primary360 data, 2025
3. Teladoc Health Clinical Data Analysis, 2026

Virtual Visits

Employees and their families often need access to a provider outside typical office hours for conditions that don't warrant emergency care. In fact, $38 billion is wasted annually in overused emergency departments[1] each year. MDLIVE offers a more efficient approach to health care, providing employees access to board-certified providers where and when they need it. With access through mobile app, online video, or phone, and at a lower cost than in-person visits, Virtual Visits are a convenient, cost-effective option for employees' non-emergent and behavioral health needs.

Virtual Visits increases access to care while reducing health care costs for you and your employees.

Virtual Visits benefits include:

- Lower health care cost through deflecting unnecessary emergency room and urgent care center visits
- Decreased absenteeism and increased productivity
- Improved access in remote areas
- Improved member convenience and satisfaction.

Virtual Visits provides the ability for employees to see a physician 24/7 or therapist at a time and place convenient to them.

Simple, non-emergency medical, pediatric and behavioral health conditions can be addressed via the MDLIVE platform using telephone, live chat, online video or mobile app.[2] Digital prescriptions can be sent to the member's pharmacy of choice.

VIRTUAL VISITS AVERAGE COST SAVINGS[3]

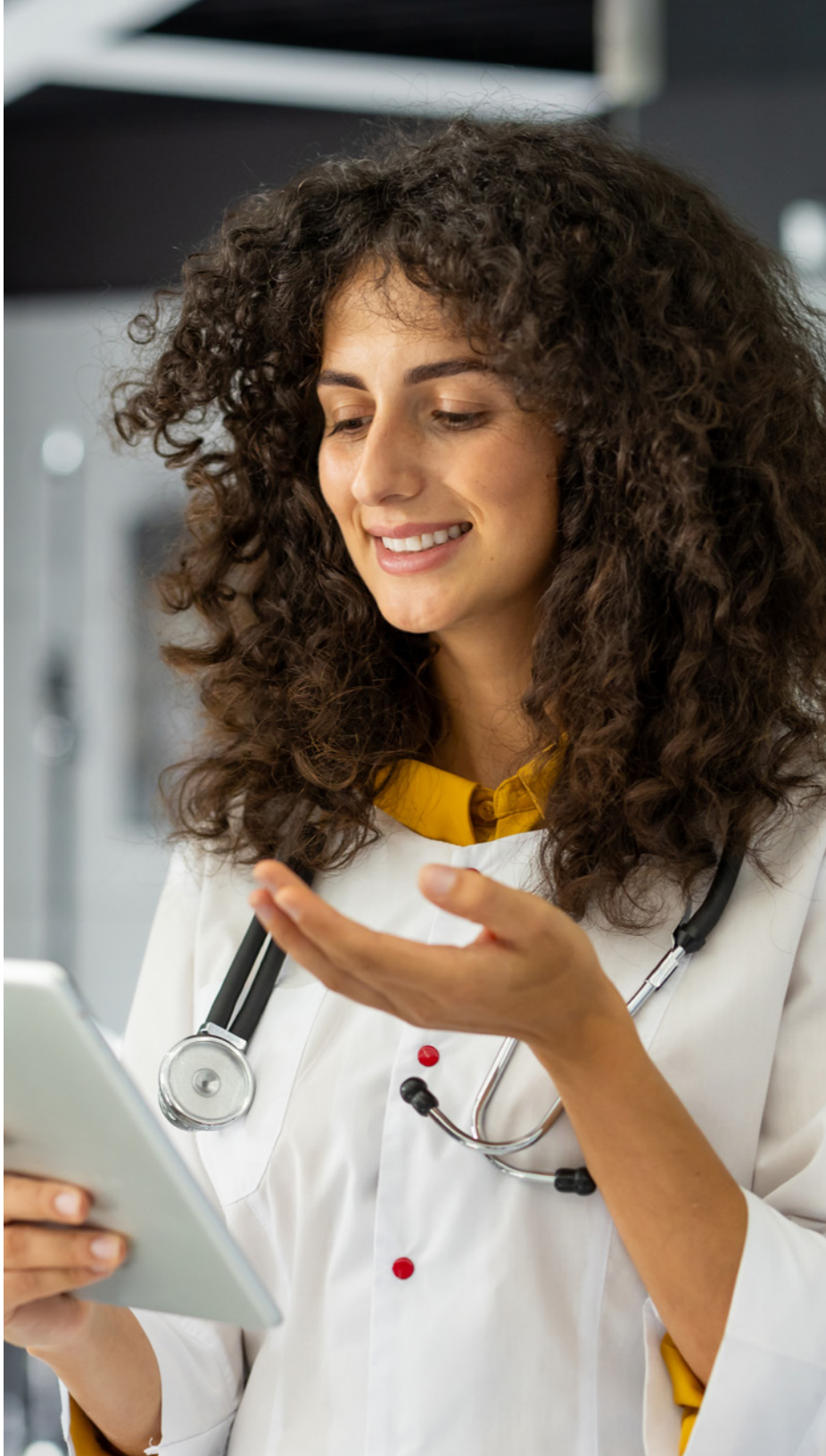
$81 less than an in-person PCP visit

$139 less than an urgent care visit

$1,902 less than an emergency room visit

Average wait time for a virtual visit: **8 minutes**[4]

1. New England Healthcare Institute
2. Service availability and communication mode dependent upon member's location at time of service.
3. Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas Analytics Team, May 2026; savings based on allowed amounts
4. Based on MDLive consultations, 2026



Women's and Family Health

WOMEN ARE CENTRAL TO THE WORKFORCE AS THEY MAKE UP NEARLY 50% OF IT.[1]

In fact, 75% of women will become pregnant while employed.[2] Because of health issues unique to women like infertility, pregnancy, childbirth, menopause and other women-specific health care needs, out-of-pocket health care costs for employed women in the United States are estimated to be $15 billion higher per year than for employed men.[3] For this reason, providing additional resources to help women and their partners manage these health needs is crucial. It is also necessary to help employers better manage women's health care costs and access to care while providing inclusive programming for every unique journey.

Women's and Family Health Features

Our Women's and Family Health product provides holistic care that connects members with personalized support throughout their entire journey from fertility and family building, maternity, parenting, menopause and more. This solution can help attract and retain diverse talent, improve productivity and increase return to work rates.

Get support for navigating unique journeys and maximizing benefits through a convenient app or desktop experience. The Women's and Family Health program includes:

- A digital, end-to-end solution that supports fertility/family building, surrogacy/adoption, maternity/postpartum care, parenting/pediatrics and menopause/midlife.
- Unlimited access to 30+ virtual clinical and support specialists including reproductive endocrinologists, behavioral health specialists, doulas, lactation consultants and more.
- Wallet reimbursement for Surrogacy and Adoption benefits.

Integration with our internal High-Risk Maternity Management program, which includes access to maternity specialists, enables telephonic and digital outreach to provide ongoing support to expectant mothers identified with a high-risk pregnancy. Our clinicians also provide health education, support adhering to provider treatment plans and provide referrals as needed for other identified risks, i.e. behavioral health or social service referrals.

POTENTIAL SAVINGS REPORTED BY MAVEN CLINIC*

	Outcomes	Average Cost Savings
Fertility Savings	30% Avoided fertility treatment (conceived naturally)	$15- $50k per patient
NICU Savings	28% Avoided NICU stays	$30-$50k per NICU stay

* Reported Outcomes and Average Cost Savings provided by vendor partner.

1. U.S. Department of Labor, "12 Stats about Working Women," March 2, 2017.
2. "Finally Protected: Analyzing the Potential of the Pregnant Workers Fairness Act," Harvard Law Review, 137(2), December 2023
3. Kulleni Gebreyes, Andy Davis, et al., Hiding in Plain Sight: The Health Care Gender Toll, Deloitte, 2023

Utilization Management

PROVIDING AN OPPORTUNITY TO REDUCE WASTE AND DELIVER OPTIMAL CARE.

Utilization management is a benefit strategy centered around reducing waste and unnecessary care; delivering care in optimal settings; and engaging employees through timely, personalized outreach and advocacy. Employees receive safe and effective care through consistent application of clinical guidelines, as well as cost savings through promotion of treatments that have proven clinical effectiveness for specific conditions.

Utilization Management Features

We provide a focused Utilization Management program that uses industry guidelines to promote more efficient and effective care delivery while ensuring the appropriate use of medical services and plan resources. Our multi-faceted UM program helps keep members safe and combat fraud, waste and abuse across physical health, behavioral health and pharmacy.

UM features:

- **Medical Necessity Review** of all inpatient stays
- **Medical Pharmacy** including Specialty Drug Prior Authorization (inclusive of medical oncology drugs), Infusion Site of Care and Therapeutic Alternative Redirection
- **Outpatient Prior Authorization**
- **Behavioral Health Care Continuum**
- **Applied Behavioral Analysis** for Autism Spectrum Disorder
- **Near-term, Hard-Dollar Savings** and upfront transparency for both members and providers

UTILIZATION MANAGEMENT COST SAVINGS

Cost Savings Categories	Projected PEPM Savings*
Inpatient Utilization Management	$8–$12
Outpatient Utilization Management (internally managed)	$3–$5
Medical Pharmacy	$9–$15
Behavioral Health Utilization Management	$1–$3
Interfacility Ambulance Transfer Review	$1-$6
Core Prior Authorization Review – Advanced Imaging, Cardiology, and Sleep Medicine Prior Authorization (vended)	$3–$6
Musculoskeletal – Pain Management and Joint/Spine Surgery Prior Authorization (vended)	$3–$5
Radiogenomics Prior Authorization Review – Radiation Therapy and Genetic Testing (vended)	$2–$4

*Includes Full Year 2024 ASO Book of Business savings.

CONSUMER FINANCIAL SOLUTIONS

ENCOURAGES EMPLOYEES TO TAKE A MORE ACTIVE ROLE IN THEIR HEALTH CARE DECISIONS

Our financial solutions provide a starting point on a roadmap laying out cost- and time-saving measures for both you and your employees. Providing a financial solution for your employees will help them become more savvy health care consumers, leading to smart decisions for their health and budget.

Health Savings Accounts, Flexible Spending Accounts and Health Reimbursement Arrangements

- Health Savings Account with Vendor Integration
- Flexible Spending Account with Vendor Integration
- Health Reimbursement Arrangement with Vendor Integration
- BlueEdge Health Care Account (HCA)

Health Savings Accounts, Flexible Spending Accounts and Health Reimbursement Arrangements

CONSUMER DIRECTED HEALTH ACCOUNTS ENCOURAGES EMPLOYEES TO TAKE A MORE ACTIVE ROLE IN THEIR HEALTH CARE DECISIONS AND PROVIDES SAVINGS TO BOTH YOU AND YOUR EMPLOYEES.

Health Savings Account with Vendor Integration

The complexity of the health care system can make it difficult for employees to make informed decisions about their health care spending, leading to financial strain and delayed care. A health savings account enables them to save, invest, and spend funds for qualified medical expenses on a tax-advantaged basis.

By combining a high-deductible benefit plan with a portable HSA, employees are encouraged to be more informed health care consumers and spend their health care dollars wisely when using our cost-estimator tools. HSA's offer triple tax savings to your employees; contributions are tax deductible, growth through interest and investments are not taxed, and distributions for qualified medical expenses are tax-free. When making contributions through payroll, you save on FICA taxes, and any contributions you make are tax-deductible, essentially paying for the benefit.

We partner with three best in class HSA administrators, HealthEquity, HSA Bank and Flexible Benefit (Flex), who provide comprehensive and targeted year-round education. Additional advantages of utilizing our preferred vendors include:

- Discounted pricing
- Enhanced integration with claims processing and customer service
- Improved digital experience with the ability to view HSA balance and transaction history on Blue Access for Members

Flexible Spending Account with Vendor Integration

The cost of medical expenses continues to rise, leading to potential financial hardship and stress for employees. A flexible spending account offers employees the advantage of a pre-tax spending account, helping them pay for out-of-pocket health care costs not covered by their plan benefits. Funds can be used for insurance copays, deductibles, specific over-the-counter health care products, and some dental and vision care costs.

Through our collaborations with HealthEquity, HSA Bank and Flex, debit cards are available to easily access funds. Claims feeds are shared with our vendors for hassle-free reimbursement and claim substantiation. FSA balances and transaction history are also available to view on BAM℠ for select vendors. We offer a variety of FSAs through our preferred vendors including:

- Health Care FSA with optional grace period or rollover
- Limited Purpose FSA – offered alongside an HSA to pay for dental and vision expenses
- Dependent Care FSA – used to pay for child or elder care

Health Reimbursement Arrangement with Vendor Integration

Employers are looking for flexible and budget-friendly ways to manage health care benefit costs while supporting their employees. Through an employer-funded health care spending account — known as a Health Reimbursement Arrangement — employers save money in taxes and reimbursements are not taxable to employees when used for qualified medical expenses. Employers have control over which expenses are eligible to be reimbursed and how the account is set up.

HRA reimbursements are tax-deductible to the employer and do not increase employees' taxable income. You have control over the plan design and what qualified medical expenses are reimbursable. Our vended solutions with HealthEquity, HSA Bank and Flex offers flexible plan designs and optional debit cards on certain plans.

Claims files are shared with our vendors to eliminate the hassle of submitting documentation to substantiate claims and allows for easy reimbursement. Members have access to balance and transactional details on BAM via real-time web feed with select vendors.

BlueEdge HCA

The rising costs of health care and complex billing systems lead to financial burdens for many employees. BlueEdge HCA is our proprietary employer-funded HRA used by members to help pay for their qualified medical expenses. BlueEdge HCA seamlessly integrates with the claim adjudication process, offering members a convenient account with near real-time payment for medical and pharmacy expenses, when utilizing select pharmacy benefit managers.

This Health Care Account is a first step for employees to become savvy health care consumers while helping employers manage their company health care costs. Choosing BlueEdge HCA is more cost-effective than a third-party administered health reimbursement account and no funds are exchanged between the employer and us until they're used by the employee. A fully integrated claims processing process for medical expenses and prescription costs means a simplified experience for employees

BlueEdge HCA is configurable to meet the needs of the employer, offering flexible funding, rollover, and proration options. Additionally, the HCA is offered in various options (ex. member pays first, HSA-compatible, incentive funding etc.) to meet an employer's particular need.

EMPLOYER FINANCIAL PROTECTION

DELIVERS DEEPER COST SAVINGS

We know cost of care is a top concern for many businesses. Our employer financial protection products provide additional checks to ensure accuracy of billing at every step, help you budget for unexpected medical costs and protect employers from catastrophic medical claims.

Advanced Payment Review

Stop Loss

Advanced Payment Review

AS MEDICAL SPEND CONTINUES TO INCREASE, EMPLOYERS ARE LOOKING TO MITIGATE THESE COSTS THROUGH MORE EXPANSIVE CLAIM REVIEWS THAT DETECT WASTE IN THE HEALTH CARE SYSTEM.

Complexities in health care regulatory policies and coding practices, rapidly evolving technologies and interest in streamlining reimbursement all drive the need for a comprehensive approach to payment integrity.

Advanced Payment Review helps ensure self-funded employers proactively mitigate wasteful spend — without reducing quality of care for members — through our holistic payment integrity enhancement.

APR's multifaceted claims review process blends advanced technology with skilled human capital to better identify anomalous coding and billing trends and create sustained improvements to provider behavior at a lower fee than competitors.

This sophisticated approach proactively addresses evolving client and market needs to continually reduce ASO employer spend and significantly enhance claim reviews and reporting beyond the foundational capabilities to maximize client savings realization in a transparent and meaningful way.

APR is a compilation of specialized reviews that target billing errors based on a diverse range of claim categories. Our end-to-end payment integrity reviews take a multi-layered and comprehensive approach to reducing medical spend, including:

- **Advanced Claim Editing:** Vendor-performed automated claim editing and coding validation adhering to AMA, CMS, plan policies/procedures and coding standards performed both prospectively and retrospectively
- **Complex Clinical Claim Reviews:** Prospective and retrospective forensic high-dollar and DRG claim reviews and audits by experts using patient medical records
- **Data Mining and Advanced Analytics:** Enriched data mining using customized algorithms that review historical claims to further identify and recover overpayments
- **Out-of-Network Claims Management:** Rate negotiation and pricing services for out-of-network, out-of-state claims
- **Subrogation:** Ensure claim payouts by another liable party occur seamlessly

APR'S 2025 BOOK-OF-BUSINESS AVERAGE SAVINGS

$7.41–$31.14 PEPM
(on allowed and paid dollars)*

* Note that employer savings can drastically vary due to various factors such as an employer's particular demographics

Stop Loss

STOP LOSS INSURANCE ENABLES EMPLOYERS TO OFFER A SUSTAINABLE SELF-FUNDED BENEFIT PLAN WHILE SAFEGUARDING AGAINST EXCESSIVE FINANCIAL EXPOSURE.

Stop Loss protects businesses from catastrophic claims, including the rising costs of high-priced Specialty Rx medications. Without this protection, self-funded employer groups may face financial distress.

Stop Loss provides protection for covered claims on an individual or aggregate basis that exceed the predetermined stop loss levels. This coverage helps protect employers against fluctuating and large claims that may lead to financial losses.

With Stop Loss insurance, you help make your self-funded plan more secure and settling claims reimbursements easier and more efficient. Features include:

- Not needing to submit a Stop Loss claim to a third party for reimbursement.[1]
- Weekly reimbursements on Individual Stop Loss claims (if invoiced weekly).[2]
- Plan mirroring — claims will be processed in accordance with your medical plan.
- Standards for medical necessity, claims review and payment will be aligned with your plan
- Comprehensive **Blue Insight℠** reporting that provides information about your employees' health care utilization, as well as costs and trends

1. Only applicable to Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas medical claims and pharmacy claims from Prime Therapeutics® or from partnering pharmacy benefit managers
2. Applies to accounts on a weekly billing cycle when the claims data is in-house

THE GROWING NEED FOR STOP LOSS

From 2021 to 2025, the number of Stop Loss claims exceeding $1M **grew by 70%**, highlighting the increasing financial risk for self-funded employers. In 2025 alone, **14** Stop Loss members incurred more than $3M in paid claims.

This data underscores the growing necessity of Stop Loss insurance in protecting self-funded employers from unpredictable, high-cost claims.*

* Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas internal analytics

NATIONAL NETWORKS

DELIVERS ACCESS TO QUALITY CARE

Using the industry's largest national data resources with the Blue Cross and Blue Shield Association, we created a set of national products that guide your employees to high quality, efficient facilities and physicians built around centers of excellence and value-based care.

These products use our broad BlueCard PPO network or a smaller subset of select high performing providers that are committed to and accountable for enhancing quality and lowering overall total cost of care.

Blue Distinction Centers Benefit Differential

Blue High Performance Network

Total Care Benefit Differential

Blue Distinction Centers Benefit Differential

MANY EMPLOYERS ARE SEEKING A BROAD NETWORK SOLUTION AND VALUE FOR THEIR HEALTH CARE DOLLARS. WHILE COST IS ALWAYS TOP OF MIND, QUALITY IS WHAT SETS HIGHER-PERFORMING HEALTH CARE APART FROM HEALTH CARE THAT'S SIMPLY LOWER COST.

The **Blue Distinction®** program allows you to structure your organization's benefits in a way that encourages employees to seek high quality, cost-effective care from **Blue Distinction Centers** (BDCs) and **Blue Distinction Centers+®** (BDCs+) designated specialty care programs.

Blue Distinction facilities have lower readmission rates, fewer complications and lower infection rates which results in better health outcomes and cost savings.

BDCs are nationally designated hospitals that demonstrate expertise in delivering patient care safely and effectively for select specialty care procedures. BDCs+ are also recognized for cost efficiency in addition to expertise.

QUALITY, EFFICIENCY AND SAVINGS*

Blue Distinction Centers+ deliver significant overall **cost savings ranging from 21% to 34%.**

Average savings is **20%** per episode.

* Results based on most recent designation cycle for each specialty. Savings based on BDC/BDC+ total episode cost.

Specialty areas covered by Blue Distinction Centers Benefit Differential are:

- Bariatric surgery
- Cancer care[1]
- Cardiac care
- Cellular immunotherapy
- Fertility care[2]
- Knee and hip replacement surgery
- Maternity care
- Spine surgery
- Substance use treatment
- Transplant surgery

1. Benefit steerage not yet available for the Cancer Care program.
2. The Fertility Care program designates professional providers.

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and Blue Shield Plan; and call your provider before making an appointment to verify the most current information on their Network participation status. Neither the Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses, or non-covered charges that may result from receiving care from a provider designated as a Blue Distinction Center.

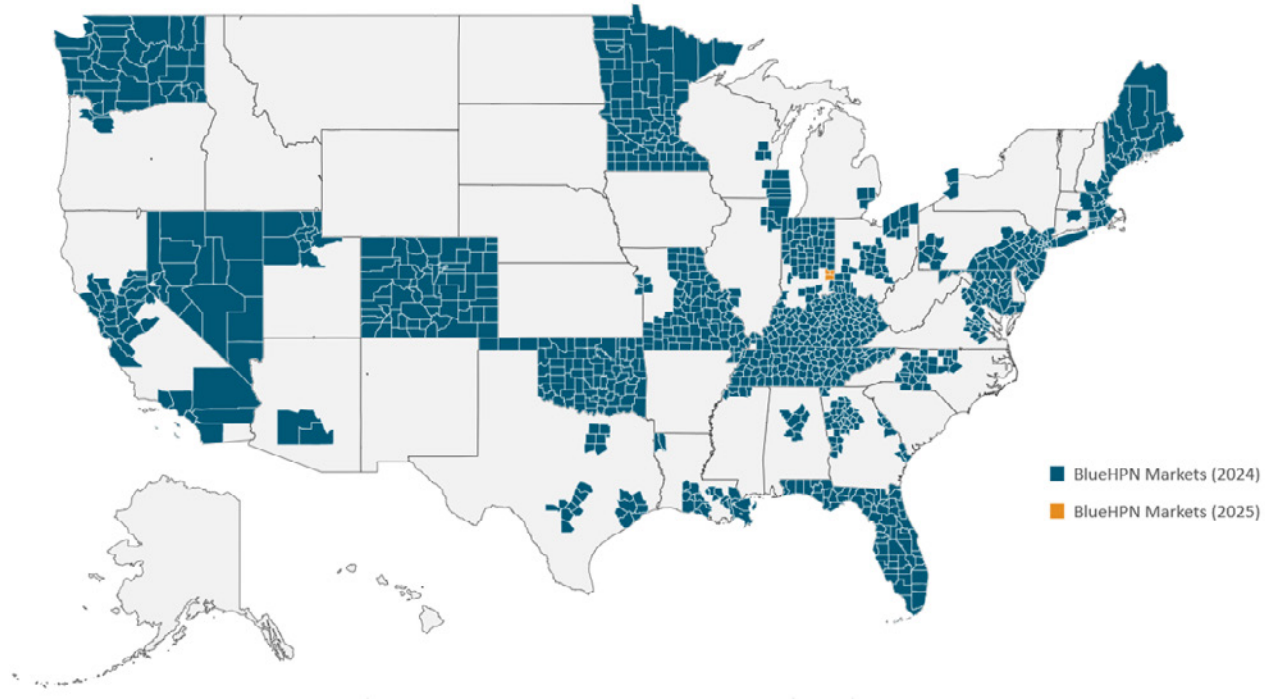
Blue High Performance Network

DESIGNED TO DELIVER GREATER VALUE FOR YOU AND YOUR EMPLOYEES

Our **Blue High Performance Network** is designed to deliver greater value for you and your employees. We select providers for **BlueHPN®** who are focused on delivering quality care. This Exclusive Provider Organization network provides cost savings compared to the PPO option.

The BlueHPN is a narrow network solution with participation from local Blue Plans nationwide. It is available in most major U.S. cities and in more markets nationwide than our competitors.[1]

When inside a BlueHPN service area, your employees have access to care from any BlueHPN provider with no primary care physician selection or referrals needed. When traveling outside of a BlueHPN service area, your employees have access to emergent and urgent care through a network of Blue Cross and Blue Shield providers.



BLUEHPN SAVINGS

BlueHPN will deliver on average over **11%** total cost of care savings vs. our industry-leading PPO.*

$35–$45 PMPM average savings**

* Savings based on BCBSA preliminary estimations and will vary by client configuration

**Average savings versus BlueCard PPO weighted by total U.S. population according to U.S. Census Bureau.

1. Out-of-network coverage is available for emergency situations.

Total Care Benefit Differential Product

The Total Care Benefit Differential product is designed to encourage employees to use Total Care primary care physicians. These designated PCPs have expertise in managing the total patient experience and can help achieve better patient outcomes and reduced health care costs over time.

Total Care Benefit Differential offers the right incentives to promote better value in the health care system. Our designated PCPs are committed to improving members well-being through coordinated, patient-centered care. Total Care designated PCPs are rewarded for quality of care rather than the number of services provided.

The product offers:

- A two or three tier configurable or custom benefit designs to steer members to Total Care PCPs
- The highest level of benefits to members who use a tier one Total Care PCP
- Transparency tools to help members take a more active, educated role in their health care decisions
- Pre-analytic and client reporting to identify savings opportunities and provider performance for your group

With the Total Care Benefit Differential products, you can apply lower PCP copayments or deductible and coinsurance to employees who receive care from Total Care designated primary care physicians to improve member engagement and behavior.

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and Blue Shield Plan; and call your provider before making an appointment to verify the most current information on their Network participation status. Neither the Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses, or non-covered charges that may result from receiving care from a provider designated as a Blue Distinction Center.

TOTAL CARE SAVINGS*

$12,241 Average attribution

$13.46 Total estimated savings PMPM

$5.05 Payments PMPM

$8.40 Net Estimated savings PMPM

* Data based on internal claims and financial settlement data at the individual account-level, or ACO (VBC-contracted provider groups) level

PHARMACY

Medication Savings

ACCORDING TO THE BUSINESS GROUP ON HEALTH, NEARLY ALL INCREASES FOR MARKET AND HEATH CARE COST TRENDS ARE COMING FROM DRUG COSTS.

A recent Business Group on Health study revealed that given the increases in the percentage of health care dollars spent on pharmacy, 92% of employers are concerned about high-cost drugs in the pipeline, with 91% reporting concern about pharmacy cost trends overall.[1]

Furthermore, the high cost of prescription drugs has caused more than 9 million adults between the ages of 18 and 64 to skip doses, take smaller amounts or delay refills, according to a report released by the Centers for Disease Control and Prevention.[2]

Pharmacy and Medical Connected Benefits: Working Together for You

We leverage real time pharmacy and medical data to improve total health care outcomes, lower overall health care costs and seamlessly integrate medical and pharmacy benefits for employers and members.

The Value of Medical and Pharmacy Integration

- **Member Engagement** Over **90%** of members use our digital tools to self serve.[3]
- **Better Outcomes**
  - **15% LOWER** Inpatient Utilization
  - **8% DECLINE** In Outpatient Care
- **Lower Costs:**
  - **23% IMPROVED** medical costs for members with Chronic Kidney Disease ($1,104 PMPY)
  - **14% IMPROVED** medical costs for members with Diabetes
- **Aligned Incentives Collaboration With Civicascript®** brings affordable versions of high-priced generics to market. For example, CivicaScript launched a prostate cancer treatment medication for less than $150.

1. 2024 Large Employer Health Care Strategy Survey, Business Group on Health, August 22, 2023
2. Mykyta L, Cohen RA. Characteristics of adults aged 18–64 who did not take medication as prescribed to reduce costs: United States, 2021. NCHS Data Brief. 2023;(470). doi:10.15620/cdc:127680
3. Internal analysis of digital-first episodes initiated via web or mobile

INTEGRATED PHARMACY AND MEDICAL BENEFITS OFFER:

More than **$20M** in hard and soft cost savings resulting from pharmacist engagement via our Pharmacy Care Management program[1]

Average medical cost savings of **$516** per member per year[2]

42% improved care management engagement rate for members with integrated benefits[3]

Members with chronic conditions have **lower medical costs**, compared to those without integrated benefits.[3]

1. Commercial Book of Business data 2023, PCM high-cost drug/specialty management program.
2. Integrated pharmacy study, "Unlocking the Secret: Connecting Medical and Pharmacy," HealthScape Advisors, 2022.
3. Data from the 2023 Study on Condition-Specific Integration Results by Health Scape Advisors. Results may vary and performance may be driven by client-specific benefit design and program engagement.

Prime Therapeutics® Suite of Pharmacy Products and Services

Prime Therapeutics provides targeted pharmacy solutions based on your business, market and employee population. Together with Prime, we improve affordability through a comprehensive suite of custom and market-leading products and solutions focused on improving the overall member experience at all stages of their health care journeys and supporting better member health outcomes.

The following information outlines our suite of standard programs and capabilities. Other configurable pharmacy networks, drug lists, clinical programs and value-add benefit selections are available to you and your employees, with many at no additional cost.

Embedded Standard Programs and Capabilities

Medical Drug Management

Medical Drug Policies - Evidence-based guidelines for coverage determination combined with diligent assessments of new agents as they come to market, all of which prioritize savings while preserving the integrity of outcomes and minimal member disruption.

Infusion Site of Care Navigation - Navigation of members to the most appropriate site of care for select infusion medications.

Specialty Review Unit - Focuses on appropriate drug use and medical necessity reviews for targeted specialty and complex care drugs on the medical benefit.

Integrated Drug Management

Fraud, Waste and Abuse Programs - Intersecting analytics, program and strategies, which collectively save our clients millions of dollars annually by proactively educating, monitoring and acting upon suspect claims, trends and errors within both retail and home delivery claims activity.

Channel Management - Automatic edits in place to redirect certain self-administered drugs to the pharmacy benefit while select infusion drugs remain under the medical benefit, to ensure the optimal combination of care and lowest overall cost.

Risk Identification and Outreach - Multidisciplinary collaboration that focuses on organizing clinically actionable data and implementing effective interventions for at-risk opioid users.

Prescriber Education - By monitoring medical and pharmacy data, we detect medication non-adherence and potential gaps in care that can be addressed directly with the member's prescriber.

Pharmacy Care Management - This pharmacist-led program offers drug-related resources to support holistic care, improve health outcomes and deliver greater value.

PBM Channel Clinical

Utilization Management Programs - Over 100 programs for Prior Authorization, Step Therapy and Dispensing/Quantity Limits across traditional and specialty and complex care medications to encourage safe and appropriate medication use.

Concurrent Drug Utilization Review - Series of edits designed to check member's prescription use at the point of sale.

High Dollar Claim Edits - Ensure claims are submitted for the correct quantity, dosing, day supply, duration of therapy and overall appropriateness of the therapeutic treatment plan.

PA Notify and SmartRenew™ - System-based identification, notification and renewals of expiring medication authorization programs for select drugs.

PBM Channel Savings/Engagement

MedsYourWay®[1] - Lowers costs for members on select prescriptions by automatically comparing the prices of participating drug discount cards to the member's plan cost share behind the scenes at retail pharmacies.

IntegratedRx® - Allows members to access their specialty and complex care medications through their provider's pharmacy, which increases collaboration across the prescriber and pharmacist and fosters prompt access to medications.

BUY-UP VALUE ADD PROGRAMS TO CONSIDER:

1. **Advocate+ Pharmacy Match -** This member-focused program reimagines specialty and complex care medication fulfillment, lowering upfront out-of-pocket expenses while helping manage long-term total cost of care.
2. **FlexAccess® Standard and FlexAccess Qualified -** This guided service connects members with available manufacturer copay assistance programs to lower out-of-pocket costs for select prescriptions, leading to savings for them and your plan.
2. **KeepWell™ -** A comprehensive cardiometabolic health strategy that helps members access the right support at the right time for prediabetes, type 2 diabetes, weight management and obesity.

1. MedsYourWay is only available in IL, NM and TX.

Medication Savings

SIX IN TEN ADULTS SAY THEY ARE WORRIED ABOUT BEING ABLE TO AFFORD THEIR PRESCRIPTION DRUG COSTS. FOUR IN TEN SAY THEY HAVE HAD TO TAKE COST-SAVING MEASURES, SUCH AS SKIPPING DOSES, NOT FILLING PRESCRIPTIONS, ETC.[1]

Medication Savings delivers personalized prescription cost-saving opportunities to your employees through seamlessly integrated digital tools. More affordable prescriptions support better adherence and health outcomes, leading to greater value and savings for everyone.

Medication Savings Features

Members use Blue Access for Members to access Medication Savings to compare prescription costs, fulfillment options or choose to be notified when they have a savings opportunity.

They'll receive personalized savings alternatives aligned with their health benefits.

When members choose a savings alternative with significant savings, clinician support is available to help coordinate the prescription update with their health care provider.

Employee Savings that Benefit Your Business

More affordable prescriptions increase medication access, support adherence and lead to better health outcomes. When your employees stay healthier, it can also help lower your overall pharmacy and medical costs.

1. Mykyta L, Cohen RA. Characteristics of adults aged 18–64 who did not take medication as prescribed to reduce costs: United States, 2021. NCHS Data Brief. 2023;(470). doi:10.15620/cdc:127680

GROUP RETIREE SOLUTIONS

OPERATING NATIONALLY, BUT WITH DEEP CONNECTIONS TO LOCAL PROVIDERS, GROUP RETIREE SOLUTIONS PROVIDES A VARIETY OF MEDICARE PLANS TO MEET THE NEEDS OF EMPLOYERS AND RETIREES.

Our deep knowledge of the private, public and union sectors, along with Medicare, allows our teams to develop strong partnerships with employers and retirees and provide best-in-class solutions to address their unique health objectives.

As one of the nation's largest and most experienced health insurance companies, we are a trusted market leader among retirees, employers and providers.

Our Medicare Advantage and Medicare Advantage Prescription Drug plans are designed to meet the needs of unique retiree populations. In addition to covering benefits under Medicare Parts A and B, Group Retiree MA and MAPD plans provide:

- Dental, vision and hearing services as a plan option
- SilverSneakers® Fitness Program
- Virtual visits, including mental health
- Member incentives program to encourage healthy activities
- Discount program with thousands of savings options
- In-home assessment by a clinician
- 24/7 Nurseline

Our dedicated account team works to help retirees who are transitioning coverage. Our unique and customized service model helps avoid disruptions to service and coverage.

Financial Savings Through Product Innovation

Fully insured plans are tailored to meet employer needs with a robust clinical model to improve retiree health and wellness. Market-leading product innovation and expert consultation around plan design maximize the employer's overall program. Streamlined implementation by our highly skilled team ensures a smooth transition to a new plan.

Strong Provider Relationships and Clinical Expertise

Our broad national provider and pharmacy networks ensure access. Long-standing relationships with providers reduce retiree disruption and create avenues for best-in-class, value-based care. Our clinical expertise and member engagement model minimize disruption for retirees. We make it our mission to provide health care that treats the whole person.

Exceptional Retiree Experience

The expert support retirees receive allows them to feel confident about transitioning to their new group retiree Medicare plan. We understand that retiree communications are key, so we invest in member outreach and education initiatives. Our dedicated customer service team focuses on group retiree needs and addresses questions and concerns thoroughly.

ANCILLARY BENEFIT SOLUTIONS

Employees clearly value workplace benefits, which means employers that offer ancillary benefits will be more likely to attract and retain top talent.

Ancillary benefits play a crucial role in supplementing traditional health coverage. These products and services are designed to complement any medical coverage and provide additional financial protection for employees and their families.

BlueCare Dental

BlueCare Vision

BlueCare Supplemental Health:
Accident, Critical Illness, Hospital Indemnity

Group Life, Disability and Absence Management

BlueCare Dental

WITH ONE OF THE LARGEST DENTAL NETWORKS IN THE UNITED STATES AND DEEP NATIONAL PPO NETWORK DISCOUNTS, **BlueCare Dental** HELPS PROVIDE ACCESS TO QUALITY, AFFORDABLE CARE.

We focus on integrating with your medical coverage, enhancing dental benefits and clinical engagement programs to make a difference in employees' overall health.

BlueCare Dental features:

- **Medical and Dental Integration** that provides insight into how preventive dental services for at-risk members can save them thousands of dollars in medical costs each year.
- **Dental Wellness** to promote engagement and behavioral changes through informative outreach on diabetes, sealants, periodontal disease, pregnancy and cardiovascular disease.
- **Enhanced Dental Benefit** to help members receiving medical care for diabetes, cardiovascular disease or pregnancy with the goal of reducing serious complications. In addition to regular dental benefits, these members receive an additional one of the following: routine cleaning, periodontal maintenance cleaning or periodontal scaling and root planing.
- **Virtual Dental Visits**, powered by Teledentistry.com, to support urgent dental issues when members can't access their dentist or need access to a dentist after business hours. They can consult a dentist from wherever they are.
- **Portable Dental Offices** can be built on-site through Jet Dental to provide preventive and restorative dental services to your employees. Claims are paid in-network, and pop-up clinics can be coordinated in four to six weeks.
- **DentaQual**, a provider quality scoring platform, lets members see how dentists compare to other dentists in their specialty or geographic area using composite scores based on treatment outcomes, commitment to best practices, cost effectiveness, patient retention and treatment recommendations.

BlueCare Dental BY THE NUMBERS

Members receiving dental care are paying an average of **16% less** for medical care than those not receiving dental care.

Dental member **Net Promoter Score of 46**

Member engagement is driving behavior change.
After receiving a message from us:

13% of members at risk for periodontal disease saw a dentist

32% of members with cardiovascular disease saw a dentist

33% of members with diabetes saw a dentist

30% of new mothers saw a dentist

16% of children who received sealants saw a dentist

BlueCare Vision

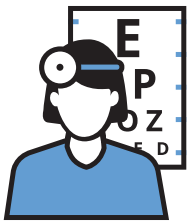
WE PARTNER WITH EYEMED TO OFFER BEST-IN-SERVICE VISION INSURANCE WITH ACCESS TO ONE OF THE NATION'S LARGEST NETWORKS.

Our Vision benefit package offers comprehensive eye exams and cost savings for frames, lenses and contacts to support vision correction.

- **Conveniently Receive Vision Care** through a network with the right mix of independent, retail and online providers.
- **Our Vision Wellness Program** allows us to reach out to members who have our medical coverage and have been diagnosed with diabetes or cardiovascular conditions.
- **Integration** with self-service tools like Blue Access for Members and our mobile app helps members manage their vision care, find a provider and see their explanation of benefits.
- **Members Receive Discounts** for added savings, including:

Discount Categories	Savings
Additional pair of glasses discount	40%
Remaining frame balance	20%
Balance over the conventional contact lens allowance	15%
LASIK surgery	15% off retail price or 5% off promotional price
Non-covered item[1]	20%

1. Includes non-prescription sunglasses, accessories and lens cleaner



97% in-network utilization*

In 2025, our members **saved over $1 million** by using their Vision benefits and taking advantage of discounts through in-network providers.*

* Based on EyeMed 2024 BCBS Vision care utilization data.

BlueCare Supplemental Health: Accident, Critical Illness, Hospital Indemnity

ACCIDENTS AND ILLNESSES HAPPEN AT INCONVENIENT TIMES, SO IT'S BEST TO ALWAYS BE PREPARED.

Our Supplemental Health products include Critical Illness, Accident and Hospital Indemnity Insurance, which provide cash payments to offset out-of-pocket costs. The money can be used for anything the member wishes.

- **Accident Insurance** reimburses a set benefit amount to members or covered dependents for charges incurred due to an accidental injury.
- **Critical Illness Insurance** pays a lump sum cash benefit when members or covered dependents are diagnosed with a qualifying illness (e.g., cancer, heart attack, stroke).
- **Hospital Indemnity Insurance** pays a lump sum cash benefit to members or covered dependents when they are admitted to a hospital.

  Supplemental Health Products are integrated with our medical coverage, allowing us to identify employees with a qualifying medical event. We then notify the employee who could be eligible for Supplemental Health benefits. Once we have their authorization for our teams to share data, we simplify the process without additional claim forms.

  Optional Wellness Benefits* reward members and covered dependents for participating in wellness screenings.

Optional Wellness Benefits not currently available in New Mexico.

Group Life, Disability and Absence Management

SYMETRA'S GROUP LIFE AND DISABILITY PRODUCTS PROVIDE FINANCIAL SUPPORT TO YOUR EMPLOYEES AND THEIR FAMILIES AFTER THE LOSS OF A LOVED ONE OR A LOSS OF INCOME.

Basic and supplemental group life insurance provides important financial protection for your employees' families that can help pay for funeral costs, mortgages, college tuition and more. Symetra's Group Term Life Insurance offers coverage through convenient payroll deduction, plus accidental death and dismemberment (AD&D) benefits for further protection.

Group short- and long-term disability insurance replaces a portion of an employee's income when they are unable to work due to an illness or injury so they can focus on what matters most—recovery.

A fully integrated absence management program helps ease the burden of administering employee time away from work. From FMLA and ADA to company-specific and state-mandated leaves, Symetra helps you streamline compliance, reduce administrative overhead and support employees every step of the way.

Group life and disability income policies are insured by, and absence management provided by, Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Not available in any U.S. territory. Base policy form numbers are LGC-13000 08/06 and GDC-4000 12/05.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, call your benefits/HR/Symetra representative.

Symetra Life Insurance Company administers Dearborn Group's life and disability plans. Symetra manages the day-to-day service and administration of these plans, however, your coverage may continue to be issued by Dearborn Life Insurance Company.

97% of the people who complete the Social Security Disability Insurance process with Allsup, LLC receive awards.*

* Data based on internal claims and financial settlement data at the individual account-level, or ACO (VBC-contracted provider groups) level

The third-party vendors listed below are independent companies that have contracted directly with Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma, and Texas to provide the services listed.

AccessHope provides expert medical reviews for oncology treatment.

Advocate+ Pharmacy Match is administered by Prime Therapeutics LLC. CivicaScript® offers prescription cost-saving options.

ComPsych Corporation provides employee assistance services.

Coupe Health provides an alternate health plan.

DentaQual is the administrator of the provider quality scores.

Evive Health, LLC. provides health care communications.

EyeMed Vision Care, offer provider network and administration services.

Flex is a product owned by Airrosti, who provides back and joint pain resolution services.

HealthEquity provides banking and account administration.

Hinge Health provides an online musculoskeletal program.

HSA Bank contracts with the employer to provide HSAs or Services.

Jet Dental operates and administers the on-site dental visits program.

Levrx is an independent technology company that has contracted with Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas to provide a digital tool (Low Cost Alt Rx) offering members lower-cost prescription options. Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Life and Disability products are issued by Symetra Life Insurance Company.

Maven Health provides women's health services.

MDLIVE Virtual Care operates and administers Virtual Visits.

National Council for Mental Wellbeing provides mental health information content.

Omada Health, Teladoc Health, Twin Health and Wondr Health each provide disease management programs.

Teledentistry.com operates and administers the virtual dental visits program.

The Mental Health Hub is administered by NovaOne.

The third-party vendors listed below are separate companies that the Plans have an ownership interest in and have contracted directly with Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma, and Texas to provide the services listed.

IntegratedRx is a product owned by Prime Therapeutics LLC, which provides pharmacy solutions.

Luminare Health administers some products and services under the Alternative Delivery Model.

Third-party vendors and providers are solely responsible for their operations and for those of their contracted provider.

No endorsements, representations or warranties regarding these third-party vendors are being made regarding the products and services offered by them.

Additional Disclaimers

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas to administer the Member Rewards program for members with coverage through our plans. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas do not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

MedsYourWay is not insurance. It is a drug discount card program that compares the drug discount card price for an eligible medication at participating in-network retail pharmacies to the member's benefit plan cost share amount and then applies the lower available price. MedsYourWay is administered by Prime Therapeutics, LLC. Not all retail pharmacies may participate with MedsYourWay pricing.

Mercer Health Advantage is offered by Mercer, an independent company, and is administered by Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas.

Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma and Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

SilverSneakers is a wellness program owned and operated by Tivity Health, Inc., an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc.©

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