Healthcare Highways®
HEALTH PLAN

We're happy that you're here.

Inside is everything you'll need to help get you and your employees started.

Table of Contents

Welcome to the Healthcare Highways Health Plan!

Everything we do is focused on you and your covered family members.

Welcome to the Healthcare Highways Health Plan, your individual and family health coverage. Your good health and wellbeing are what make us jump out of bed in the morning! We're so glad that you're going to be a member.

We are honored to be partnering with your employer to provide you with affordable, high-quality healthcare solutions. We currently cover more than 500,000 lives and find that members like you select our networks or health and pharmacy plans in order to have a more affordable choice, to have access to quality providers, and to enjoy our simple and convenient care experience.

We're here for you in whatever way works best for you.

Member Portals
Our member portals allow you to look up information on your own. You're in control.

Customer Experience
Our customer experience team is ready to answer any question you might have about your health plan. Contact us by calling 866-945-2292.

Resource Center
Your resources at HCHHealthPlan.com will provide you with everything you need in one easy spot.

Quick Fact! On the next page you will find information to help you understand your member ID card.

Until then, know that we are paving the way for a smooth transition to your new year with Healthcare Highways Health Plan.

Your passport to care and coverage: understanding your member ID card

Looking at your ID card with all those unfamiliar terms and sections can be confusing. Our goal is to make you an expert on your member ID card so you're in control.

Healthcare Highways®
HEALTH PLAN

Group Logo Goes Here

Member 1.
Group:
Company Name Goes Here
Member Name:
JOHN SAMPLE
Group Number: Member ID:
Group Number Goes Here   SMPL0

Medical Plan Network 3.
Network Logo Goes Here
EDI / Payor ID: **SMPL**

Plan Details 2.
PCP Office Visit: $_
Specialist: $_
Urgent Care: $_

Pharmacy 4.
RX Group: **Rx NAME**
RX PCN: **Rx PCN**
RX BIN: **######**
Rx Logo Goes Here
Pharmacy Help Desk: **###.###.####**

Pre-Certification 5.
Notification of inpatient hospitalization is required prior to admission or within 48 hours of an emergency admission. Certain outpatient procedures may require pre-certification

Submitting Claims 6.
Healthcare Highways
P.O. Box 2476
Grapevine, TX 76099
or EDI# HCHHP
Possession of this card is not a guarantee of eligibility. Members may be liable for out-of-area non-emergency costs related to balance billing. See plan for details.

Member Support 7.
For benefit support call:
866-945-2292
HCHHealthPlan.com

1. Member

Group: This is the name of the group you're covered under (usually the name of the company where the primary member works).

Group number: This number is unique to the company. Everyone insured through the company will have the same group number.

Member name: Policyholder's name, typically the employee.

Member ID: This is your unique ID number. This allows health plan staff the ability to verify coverage and answer benefits and claims questions.

2. Plan Details

The plan details section informs you of the amount you will be required to pay at the time of that specific service.

3. Medical Plan Network

This section provides a logo that Indicates a seamless network where a patient can receive in-network care.

EDI/Payer ID: This code is used by providers to submit claims electronically.

4. Pharmacy

RX Group: The name of your Pharmacy Benefit Manager (PBM).

RX PCN: PCN stands for processor control number. It's a number used to locate your pharmacy member profile under the PBM system.

RX Bin: This is the number pharmacies use to process your prescription drug claims.

Pharmacy Help Desk: Phone number to call for questions regarding pharmacy claims, benefits, and coverage.

5. Pre-certification

Make note of this important notice.

6. Submitting Claims

This is information is used by providers to submit claims manually.

7. Member Support

Here, you'll find the phone number to call for questions regarding your health plan.

Quick Fact!
If you need assistance finding a local provider, accessing your information, or have a question, our Customer Experience Team is here to provide extra support 866-945-2292, 8 AM to 5 PM, Monday through Friday.

Healthcare Highways®
HEALTH PLAN

About Healthcare Highways

HEALTHCARE HIGHWAYS HEALTH PLAN

Our health plan is built to meet your employees needs on a high-performance network of service providers with embedded care coordination within the value-based care model. We negotiate directly with providers and medical facilities that are incentivized and committed to efficiency in practice and quality in care, through continuous improvement. We own our proprietary networks, rather than lease them, to provide you with high-quality providers and guarantee flexibility to customize them to fit your needs.

We deliver measurable, sustainable healthcare value to employers, members, and providers by re-centering the wellness journey around the primary care physician-to-patient relationship. This ensures:

Employers maintain transparent and timely access to population health data and sustainable, long-term savings

Employees have a coordinated, proactive team of professionals to guide them along their wellness journey

Providers are empowered and rewarded to deliver efficient and high-quality, deeply engaged care

WHO WE SERVE

Employers (large group, small business, and hourly/part-time) partner with us to provide affordable health plans to their employees and dependents. Our flexibility allows employers to create their ideal program using selections from our networks, health plans, and pharmacy benefits management solution, in any combination.

Providers join our networks at highly competitive rates to benefit from directed patient flow, incentives for clinical effciency and medical outcomes, and our embedded support of care coordination, data insights, and peer engagement.

Members select our health plans for a more affordable choice, quality care, and our simple and convenient care experience.

Brokers and TPA's partner with us to expand their client o erings to include high value network solutions, more adordable health plans, and lower cost pharmacy benefits management services. Brokers and TPAs present our offerings as stand-alone solutions or as side-by-side options with existing carriers.

Benefits at a Glance

Below is an overview of the services we offer to our health plan groups.

Care Coordination*

As an employee benefit, a dedicated care coordination team is included to help you navigate and make the most of your healthcare services. The care coordination team provides you with personalized, one-on-one care coordination and navigation assistance to help eliminate barriers to your health care needs. Care coordination services include:

- Care decision support
- Quality and prevention
- Chronic disease support
- Complex care support
- Medication support
- Transition of care
- Behavioral Health
- Provider Selection Assistance

Please refer to **Care Coordination on pg. 10** under the Benefits section for more information.

Preventative Services*

Each health plan member has preventive services available at no cost. Please take full advantage of your preventive care benefits and other available wellness resources. Talk with your doctor about ways to improve your health. There is no better time than now to get started – and head off potential health problems before they begin.

Preventive services include, but are not limited to:

- **Children and Adolescents:** health counseling, well exams, immunizations, and screening tests
- **Adults:** Preventive exams, immunizations, and screening tests
- **Women:** well exams, screening tests, maternity-specific care

Please refer to **Preventive Services on pg. 12** under the Benefits section for more information.

Pharmacy*

CerpassRx is an innovative Pharmacy Benefit Administrator that offers access to pharmacies in your local community and tools to assist you in managing and navigating your prescription benefit.

CerpassRx members are able to access our pharmacy benefit plan resources in a number of ways:

- Member Services Support Center
- Member Portal
- Mobile App
- Mail Delivery and Specialty Programs

Please refer to **Pharmacy Benefits on pg. 17** under the Pharmacy section for more information.

Telemedicine*

As a Healthcare Highways health plan member, you have a telehealth benefit giving you virtual care, anywhere at a price you can afford.

- Board-certified doctors
- Available 24/7/365
- PHONE or VIDEO consults
- E-prescriptions if appropriate

Please refer to **Telemedicine on pg. 11** under the Benefits section for more information.

*Depending on your plan, you could have this benefit. See your summary plan description for more details or call the Customer Experience Team for any questions at 1-866-945-2292.

5

Seeking Care

Healthcare Highways Network

Finding an in-network provider

Welcome to Healthcare Highways! We're honored to be your healthcare partner. Let's help you find your in-network provider. You have two ways to search for a provider:

1

Do it yourself.
Go to www.healthcarehighways.com and follow the simple instructions below.

2

Let us help you.
Call our customer experience team at 866-945-2292. We're available Monday through Friday, 8am to 5pm CST.

Healthcare Highways®
HEALTH PLAN

Finding your provider.

Follow our simple search instructions.

STEP 1
Go to www.healthcarehighways.com and click on the "Find a Provider" button in the upper right of the screen.

STEP 2
You've now accessed the provider search page. It's important to have your member ID card near by for reference when choosing your network.

STEP 3
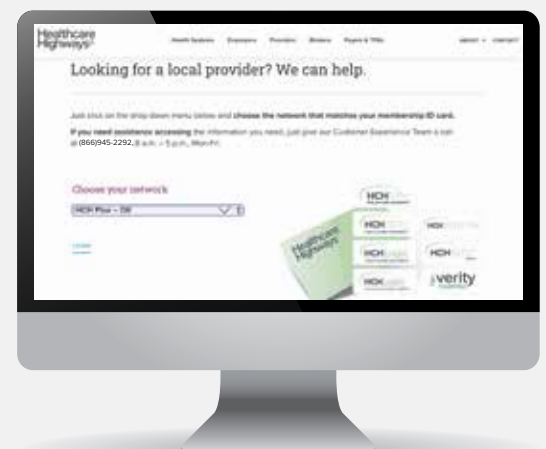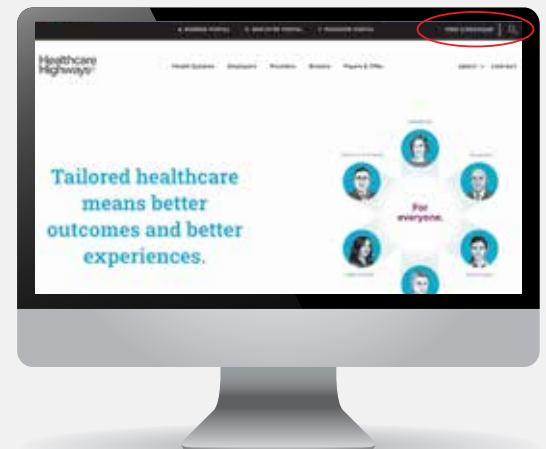
A drop-down menu will appear with different networks listed. Be sure to match the network logo on the front of your member ID card with the one listed on the screen.
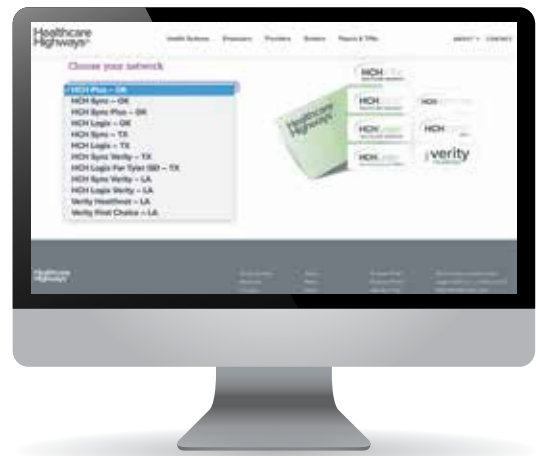
STEP 4

Start your search by entering your search location. Provide an address, city, or zip. You also have the option to allow us to use your current location.

STEP 5

Now you can start your search for doctors, hospitals, specialists and more by selecting the icons on the main dashboard.

At any time you can check to make sure that your location and network information are correct. Do this by viewing what is displayed it in the upper right hand corner. It should reflect your location as well as your Healthcare Highways network selection next to the plan.

STEP 6

A list of one or more providers will appear, depending on your search parameters. Scroll to select your provider. Within each listing, you'll find basic contact information. You may click on "directions" to get turn-by-turn driving instructions. Print or save your results.
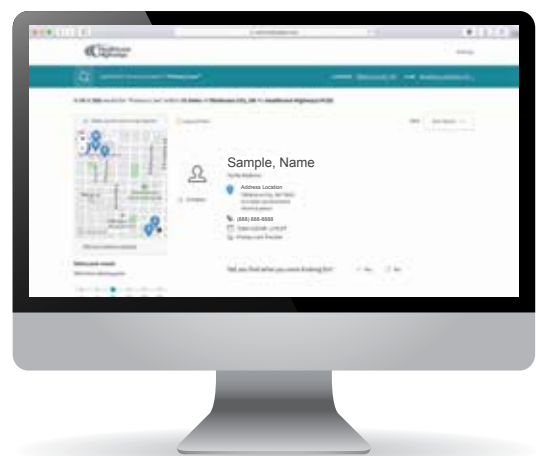
Benefits

Gain control and a sustained, healthier, and more engaged workforce.
Care Coordination.

This employee benefit includes a care coordination team dedicated to helping you navigate and make the most of your healthcare services. You have access to a confidential team of professionals that provides you with personalized, one-on-one, care coordination and navigation assistance to help eliminate barriers to your health care needs. Your care coordination team works directly with you and your primary care providers (PCPs) to identify, understand, and take control of health risks and chronic diseases so that you have the best health outcomes possible.

Care decision support
Helping members decide where and when to seek medical care

Quality and prevention
Helping members use preventive measures to maintain a healthy lifestyle

Chronic disease support
Helping members with chronic disease maintain a healthy lifestyle

Complex care support
Helping members maintain a healthy lifestyle when facing a major health event

Medication support
Helping members understand their medications and take them correctly

Transition of care
Helping members come home from a hospital or care facility

Behavioral Health
- Supporting members with chronic medical problems, intellectual disabilities, behavioral health issues, and substance abuse disorders in-between visits with your primary provider.
- Comprehensive care planning, care coordination and support ensures a continuous relationship between the you, your primary provider, and the care team.

Provider Selection Assistance
- Helping you locate the right doctor or facility based on your needs.
- Screening for in network/out of network status, if new patients are being accepted, if providers are close to home, office, or school, and if the provider is open during the hours that work for you.
- Helping you make the appointment and following up to ensure satisfaction.

Avoid the wait: Your life is 24/7. Now your Doctor is too.

Virtual Care, Anywhere!

With MDLIVE, you can access a doctor from your home, office, or on the go—24/7/365. Our Board Certified doctors can visit with you either by phone or secure video to help treat any non-emergency medical conditions. Our doctors can diagnose your symptoms, prescribe medication*, and send prescriptions to your pharmacy of choice.

Let's start. How it works.

1. Activate your account

Sign up online by going to **www.mdlive.com/hch** or download our app.

2. Choose a doctor

Choose from a large network of board-certified doctors.

3. Resolve your issue

Receive care when you need it. **Call (855) 848-8813.**

How much does it cost?

Activating an account is free!

The cost of your visit will be presented when you're scheduling your visit.

www.mdlive.com/hch

What can be treated?

- Acne
- Allergies
- Constipation
- Cough
- Diarrhea
- Sinus infection
- Sore throat
- Sport injuries
- Nausea
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Vomiting
- … and more

*Please note: Some state laws require that a doctor can only prescribe medication in certain situations and subject to certain limitations.

Healthcare Highways®
HEALTH PLAN

Take control of your health.
Preventative Services.

Our priority here at Healthcare Highways is your health. We are laying the groundwork for a healthy tomorrow by offering preventive care with the goal of disease prevention and early detection for all our members. Many chronic diseases and conditions can be prevented and/ or managed through early detection. Preventive screenings are an important way to track your health and avoid chronic conditions before they become more serious.

Please take full advantage of your preventive care benefits and other available wellness resources. The list below is not all-inclusive, depending on the specifics of your health plan. Please refer to your Summary Plan Description (SPD) for a complete list of preventive services.

CHILDREN + ADOLESCENTS	ADULTS	WOMEN
Well-Child Exam • History and physical exam • Measurements (height, weight, and BMI) • Hearing screening • Iron supplementation • Behavioral Assessments **Immunizations** • Diphtheria, Tetanus, Pertussis • Hepatitis A and B • HPV • Influenza (Flu) • Measles, Mumps, Rubella • Meningococcal • Pneumococcal **Screening Tests** • Screening for hearing loss, hypothyroidism, sickle cell disease, PKU • Hematocrit and Hemoglobin • Obesity screening and counseling • Lead screening • Screening for sexually transmitted infections • Depression screening **Preventive Treatments** • Gonorrhea preventive medication for eyes of all newborns	**Preventive Exam** • History and Physical Exam • Measurements (height, weight, and BMI) **Immunizations** • Hepatitis A and B • HPV • Influenza (Flu) • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Varicella (chickenpox) **Screening Tests** • Abdominal Aortic Aneurysm screening • Blood Pressure • Cholesterol • Colorectal cancer screenings using fecal occult blood testing, sigmoidoscopy, or colonoscopy for adults over age 50 • Depression screening • Diabetes screening for adults with high blood pressure **Health Counseling** • Alcohol misuse screening and counseling • Prevention of sexually transmitted infections • Tobacco use cessation	• Annual well woman visit • Breast cancer prevention medication • Breast cancer screening / screening mammography • Cervical cancer screening including Pap smear • Osteoporosis screening • Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk • Human Papillomavirus DNA test • Contraception **Specifically for Pregnant Woman** • Alcohol misuse screening and counseling • Anemia screening • Bacteriuria screening • Rh incompatibility screening • Gestational diabetes screening • HIV screening • Screenings for STD's • Tobacco use and cessation counseling • Venipuncture for pregnancy required labs

The Care Continuity and Support Program

Healthcare Highways (HCH) Care Continuity and Support (CCS) program for qualified members is a process of approving in-network benefits for an out-of-network provider on a limited basis. This program is a Healthcare Highways initiative to ensure members safely transition to our provider network during certain active medical treatments. HCH collaborates with the member's current care team, the Healthcare Highways (HCH) care team, and our provider network. If approved for the program, members can continue to receive care for a defined period of time at their in-network benefit level from providers that are not included in the HCH provider network. HCH is committed to working with the member and their existing care team to safely transition care to a participating HCH provider, without adversely effecting a member's health. The review process begins once HCH receives a completed CCS application form.

Who qualifies for Continuity of Care and Support?

To qualify for CCS, a member must:

1. be eligible as a covered employee or dependent as determined by the individual's employer; and,
2. have a coverage policy that provides coverage for the requested services; and,
3. have a medical condition or require medical services that are not adequately provided in-network, could lead to a deterioration of the member's health, and qualify for transition based on medical necessity review.

to make a safe transition, HCH provides the member with a care coordination team to help manage the member's care needs as they transition to a Healthcare Highways network provider, which generally takes 30 days.

EXAMPLES OF CONDITIONS OR CASES THAT MAY QUALIFY FOR CCS

HCH reviews CCS applications on an individual basis* with expert medical review and corroboration from the providers referenced in the member's application form. While each case requires a clinical review of the specific CCS request, listed below are some medical conditions that generally will receive CCS program authorization.

- Women who are more than 20 weeks pregnant
- Diagnosed high risk pregnancy
- Members hospitalized on the start date of their HCHbenefits
- Members with acute conditions that require active treatment, such as heart attacks and/or unstable chronic conditions.
- Members currently scheduled for surgery or multiple surgeries after the date of coverage begins with HCH (generally non-elective surgeries only or those that cannot be safely transitioned to HCH network providers)
- Members actively receiving chemotherapy, radiation therapy, other forms of cancer treatment, or follow-up surgery
- Members actively being treated for certain mental health conditions or substance abuse conditions
- Members who have had recent surgery and are being seen for post operative care (generally six to eight weeks following surgery)
- Members diagnosed with a terminal illness or are in palliative care or hospice
- Members who are approved for transplantation,approved and currently waiting for a transplant organ,placed on a transplant list; or have had an organ or bone marrow transplant
- Member's HCH provider leaves the network

Requesting Approval for the Continuity of Care and Support Program

Members who believe they qualify for CCS should submit a CCS application to HCH during the open enrollment process or within 30 days of the member's insurance coverage start date. Members who submit the application form 30 days or more after HCH coverage begins will need to provide an additional statement pertaining to the special circumstances for delayed submission. In the event a member does not receive authorization for CCS, costs for services rendered through non-HCH providers may be the responsibility of the member or covered under a member's out of network benefits, if available.

Continuity of Care and Support Review and Approval processes

Continuity of Care and Support review process

Healthcare Highways believes that care is personalized and individualized for every member. HCH will perform a timely review of each case. CCS applications are reviewed by our clinical team who consults, as necessary, with an individual's current care providers if required to make a clinical determination before approving care continuation. Emergent or urgent situations will be prioritized. A decision on urgent reviews will be made within five business days of HCH's receipt of the completed Application Form. The individual requesting CCS services will be initially notified by telephone and provided options for continuing care in accordance with a personalized care plan. Formal written notification will occur within 21 business days.

Continuity of Care and Support approval process

Approved CCS services will be covered at the individual's in-network benefits level. Members who have out-of-network benefits may choose to continue their care at the out-of-network benefit level with providers not in the HCH provider network if their CCS request is not approved or after any CCS coverage ends.

Approved CCS requests allow for care continuation with the approved provider(s) not participating in the HCH provider network for the condition(s) approved within the time frame authorized. Individuals approved for CCS services who have additional health care conditions that have not been approved through the CCS process should receive care for such conditions from HCH network participating provider(s) or choose to use their out-of-network benefits, if available, for those services. It is rare that a request for continuing care at a health care facility, durable medical equipment or home care company, or pharmacy receive authorization under the CCS program.

Application Form

Download your application form at **www.hchhealthplan.com**

Mail completed form to:

Healthcare Highways, Inc.
3001 Dallas Pkwy., Ste 700
Frisco, TX 75034

For more information about this program or to talk to a Healthcare Highways representative, please reach out in the way that's easiest for you. We're here to help with your healthcare needs.

Healthcare Highways®
HEALTH PLAN

Diabetes and Coronary Artery Disease

At Healthcare Highways your health is our main priority. In fact, your health is so integral to our mission that we've invested double the resources typical health insurers invest in preventive care for chronic conditions such as diabetes and coronary artery disease. This translates to double the typical benefits for chronic conditions.

We know that living with a chronic condition such as diabetes or coronary artery disease takes more than an individual; it takes a village. From seeing specialists to managing your medication, to coordinating health visits, we want you to know we are here for you every step of the way.

The services below are built into all plans and paid at 100% when rendered by an in-network provider. After the limit is met, the benefit is payable at the corresponding benefit level. Below is a list of benefits for both diabetes and coronary artery disease.

Diabetes

- Hemoglobin A1C Test – 4 per year
- Lipid Profile Test – 2 per year
- Dilated Eye Exam – 1 per year
- Physician Office Visits – 4 per year
- Glucose Sensor – Required PA
- Diabetes Education – First year 10 sessions, 4 hours next 2 years (a session is per service billed)
- Podiatric Visits – 1 per 6 months

Coronary Artery Disease

- Physician Office Visits – 2 per year
- Lipid Profile – 1 per year
- Dietary Consultation or Counseling – 3 per year
- Baseline EKG

If you have any further questions, please refer to your Summary Plan Description (SPD) document, accessible anytime by going to HCHHealthPlan.com and logging into the health plan member portal, located on the left side of the home page.

Questions?

If you have further questions about these benefits, please call our Customer Experience Team at 1-(844) 869-5640 Monday through Friday, 8 am to 5 pm CST.

Here for all of your pharmacy needs.

Additonal Plan Details
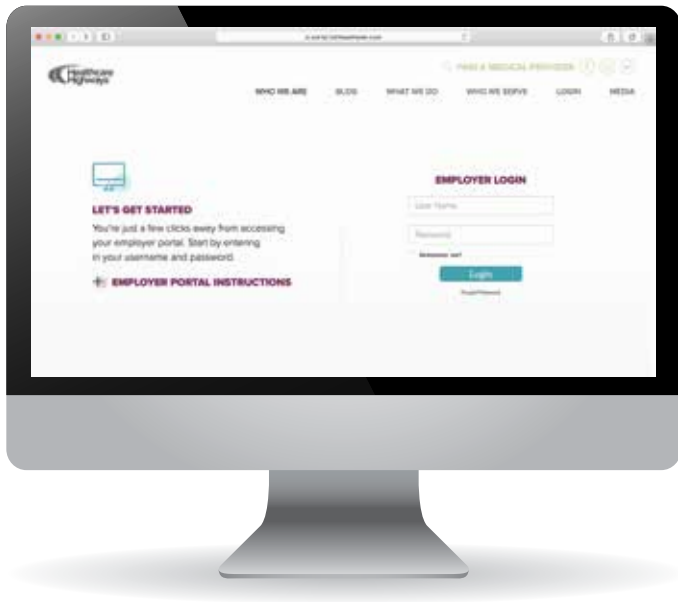
Healthcare Highways Employer Portal

Access to everything you need to quickly and easily manage your account information.

Welcome to the HCH Employer Portal Guide. Your employer portal provides you access to all your employee's personal, claim, and eligibility information, plus a whole lot more. This guide will step you through setting up and using this powerful tool. Let's get started!

Login

STEP 1
Go to www.healthcarehighways.com. You will be brought to the home page

STEP 2
Select "Employer Portal" from the top navigation.

STEP 3
Have your group number ready and check whether it starts with "HH" or "HCH". If it starts with "HH", click on the button on the left-hand side that says "HH Login". If your ID card starts with "HCH", click on the button on the right-hand side that says, "HP login". You will now be taken to your employer portal.
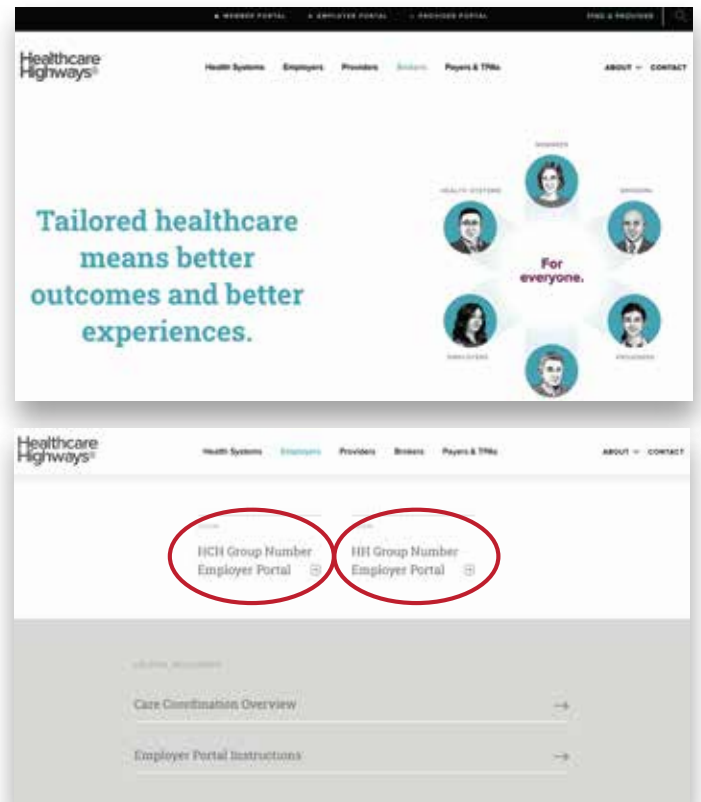
STEP 4
Enter username and password in the appropriate fields and click the login button. You will be taken to the portal homepage.

In case of Login error, check for an error such as your CAP LOCK being on. Contact your portal administrator if you are unable to access your account.

STEP 5
Once logged in, you will be taken to the home page.

At the top of the home page, you will have different tabs available that allow you to search/enroll a member, view plan files, generate reports, view invoices as well as access to account information, employee profiles, and much more.
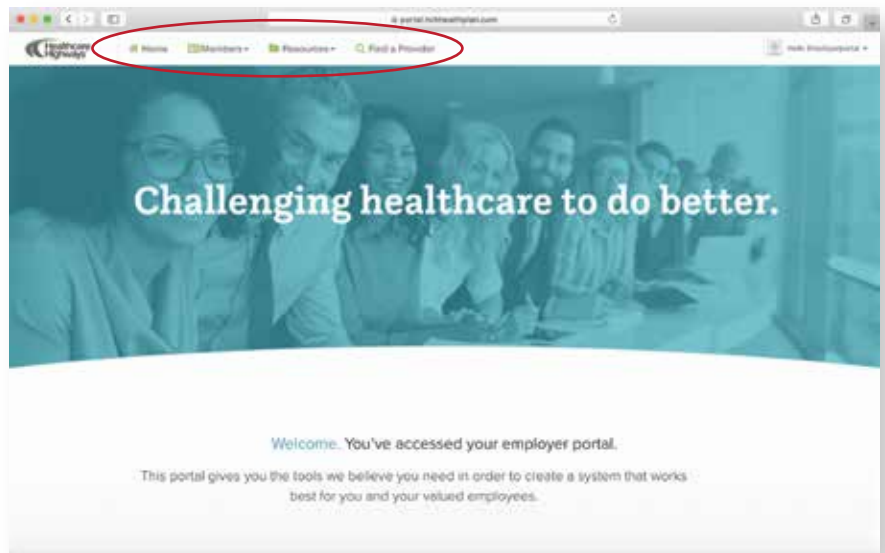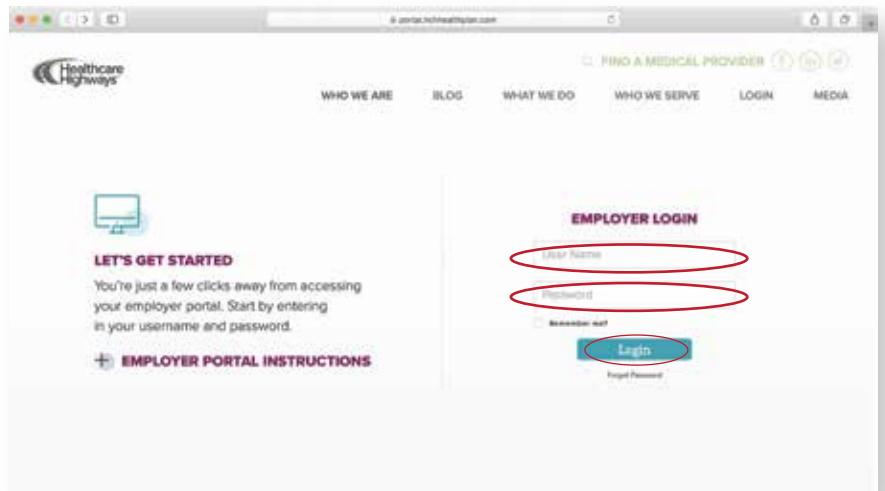
Members

Toolbar - Member
At the top of the home page, click the "Members" tab to access employee enrollment forms and perform a member search.

Top toolbar navigation

Member Search

This area allows you to perform a search query on enrollees

To perform a member search, under the "Members" tab, click on the drop-down menu option titled, "Member Search". Start out by typing the member's PII in the fields under "last name", "first name", "member ID/SSN", and "member status".

One all member information is entered, click on the green search button. Results of members with information inputted will appear at the bottom of the page.

To view more detailed information, click on the member ID. You will then be taken to the member's profile where you can view more specific information.

Add Enrollment

This area allows you to perform a search query on enrollees, add new enrollees, as well as view enrollee information.

Click on the green "add enrollment" button on the left-hand side.

Add Enrollment (cont.)

In the **Group Details** section, make a selection for the group ID, group location, and employment status fields at the top by clicking on the arrows, which will show a drop-down menu with options.

In the **Enrollment Information** section, make a selection for the enrollment type, enrollment source, and enrollment status field by clicking on the arrows, which will show a drop-down menu with options.

In the **Personal Details** section, scroll down and fill in personally identifiable information (PII) in fields. For communication preference and marketing preference, choose the preferred method of communication.

In the **Dependent Details** section (if applicable), enter the dependent information in the fields and click the green "Add Dependents" button on the left side.

In the **Plan Details** section, in the top left corner, you can check the "Decline All Coverage" box if enrollee decides to decline coverage. Otherwise, choose the appropriate selections from the member, plan type, plan year, plan, and effective date fields by clicking on the arrow next to each field and making your selection. You can also add a plan by clicking the green ''Add Plan" button on the left side.

Once all information is entered, read the terms and conditions by clicking on the "herein*" in blue. Once read, click the box on the bottom left corner checking that you've read and agree to the terms.

Once done, click the green **"Submit"** button at the bottom.

Resources

Toolbar - Resources
At the top of the home page, click the "Resources" tab where a drop-down list of options will appear.
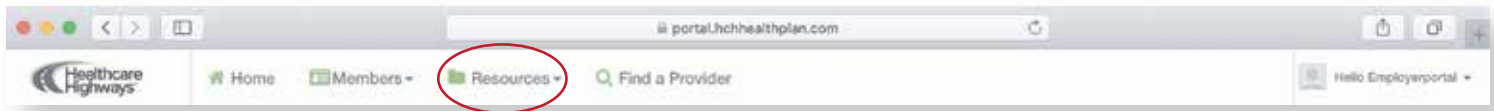
Plan Documents
From the drop down list under resources select "Plan Documents".
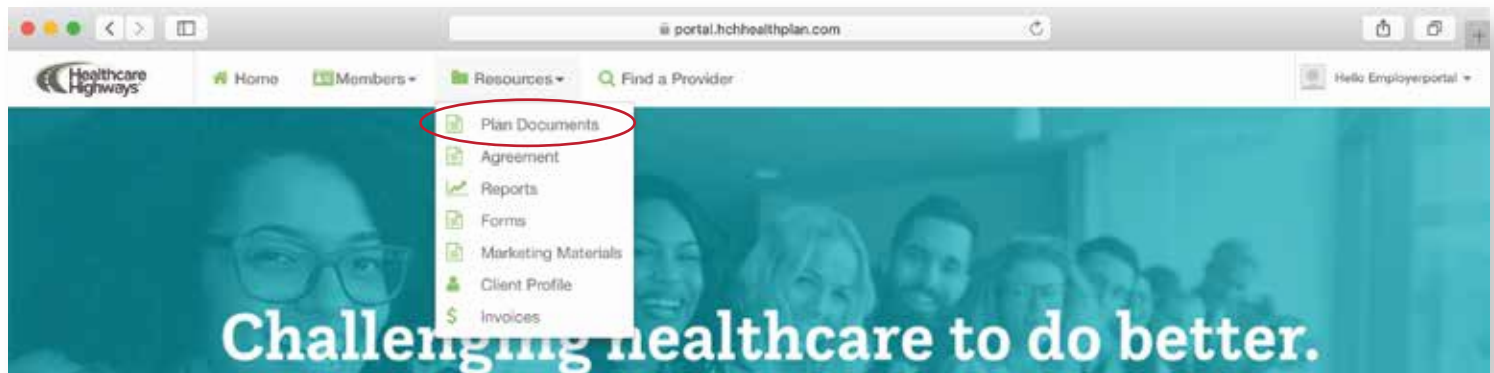
This area allows you to view plan files, such as the enrollee's **Summary Plan Description (SPD)** or **Summary of Benefits and Coverage (SBC)**.

Click on the icon you wish to view to see more detailed information.
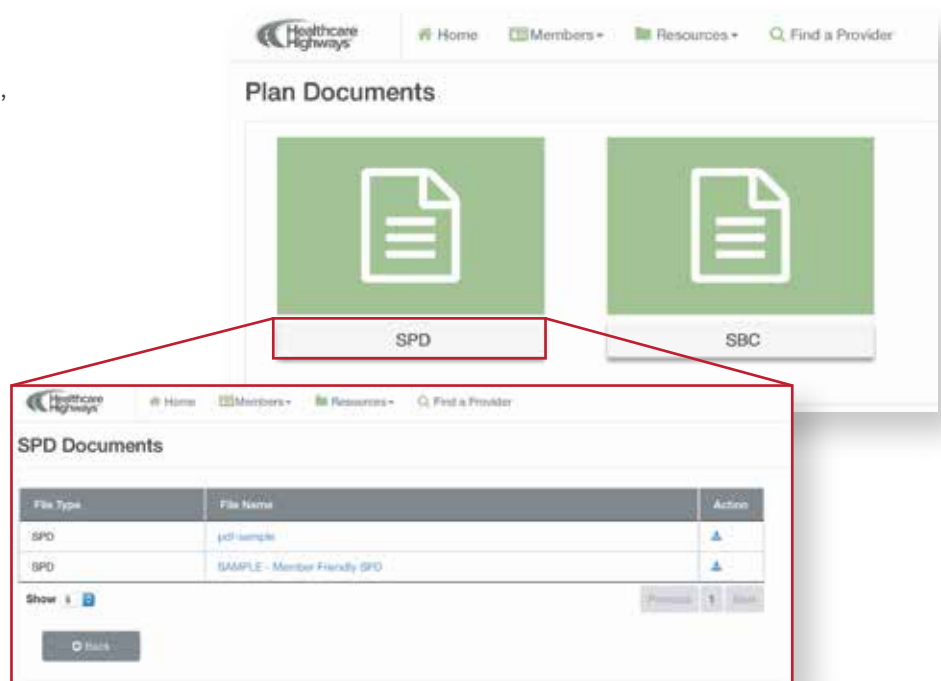
Agreement

Begin by hovering over the Resources tab. A drop-down menu will appear. Click on the second option and click on the "Agreements" option.
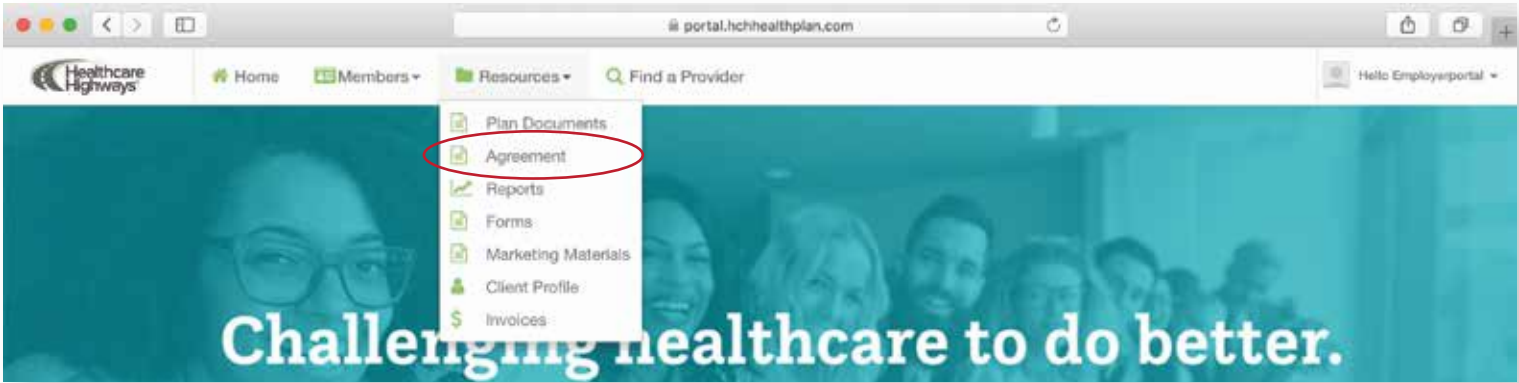
This area allows you download a list of members' PII in an excel file.

A file will appear. To view more specific details, click on the file name or on the icon below the word "action".
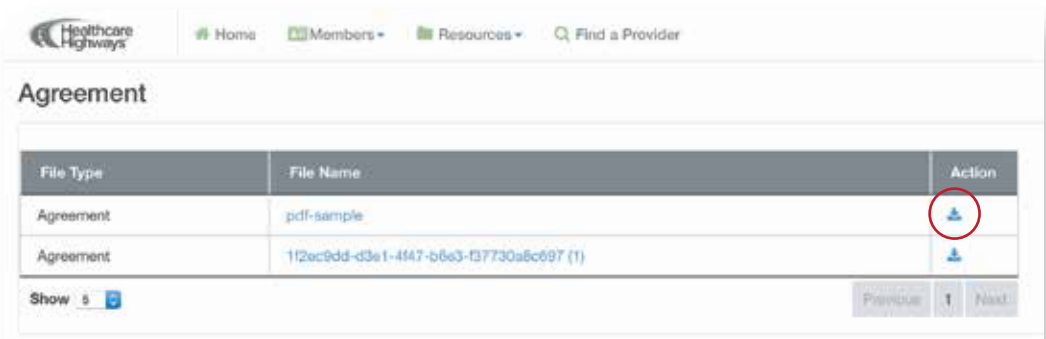
Once clicked, an excel document will open.

Reports

This area allows you to generate reports, make eligibility changes, perform a census search query, and view reports on a monthly and quarterly basis.

Begin by hovering over the Resources tab. A drop-down menu will appear. Click on the "reports" option.
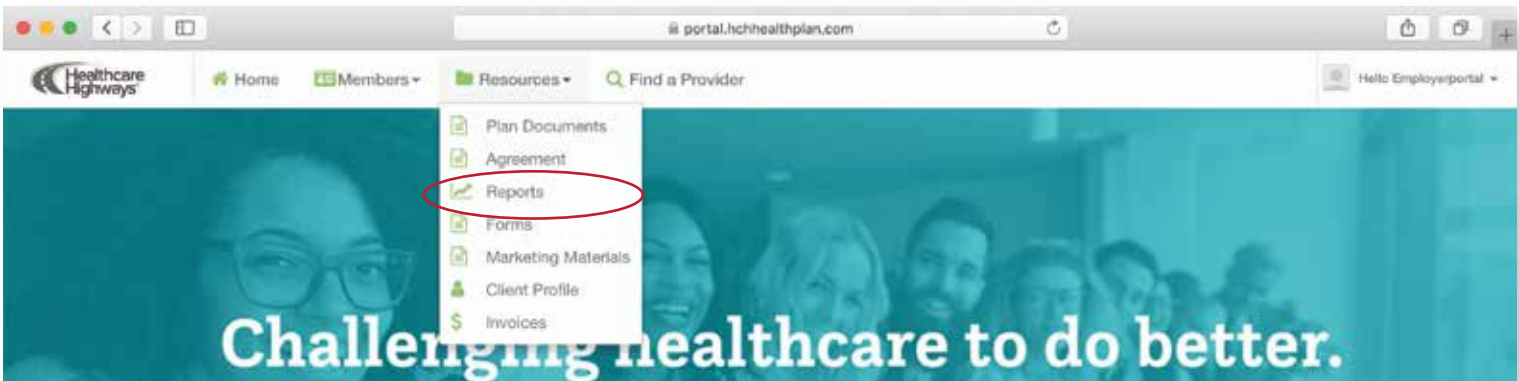
Eligibility Subsection
To download the eligibility changes report, on the "Reports" screen, click "**Eligibility Changes**" option.

Specify the search criteria and click the "**Download**" button. The report will be generated and downloaded in excel format.

Clicking on the "**Reset**" button clears the specified search criteria.

To download data for all the groups in the system, select "All Groups" options under the **Groups** field and click the "Download" button."
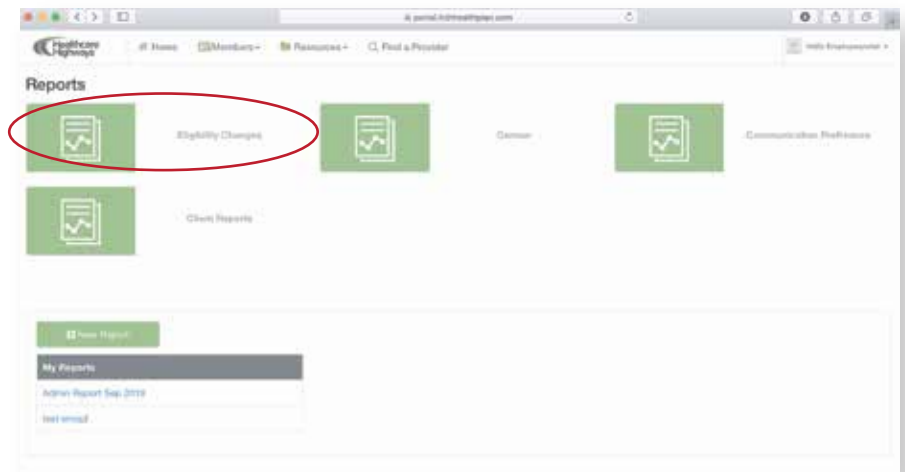
Census Reports subsection
On the "Reports" screen, click "**Census**".

Specify the search criteria and click the "**Download**" button. The report will generate and download in excel format.
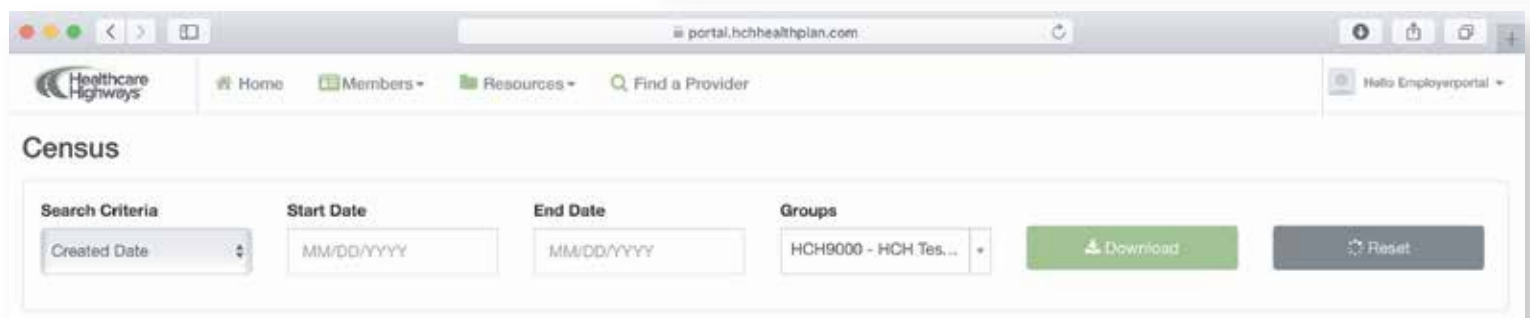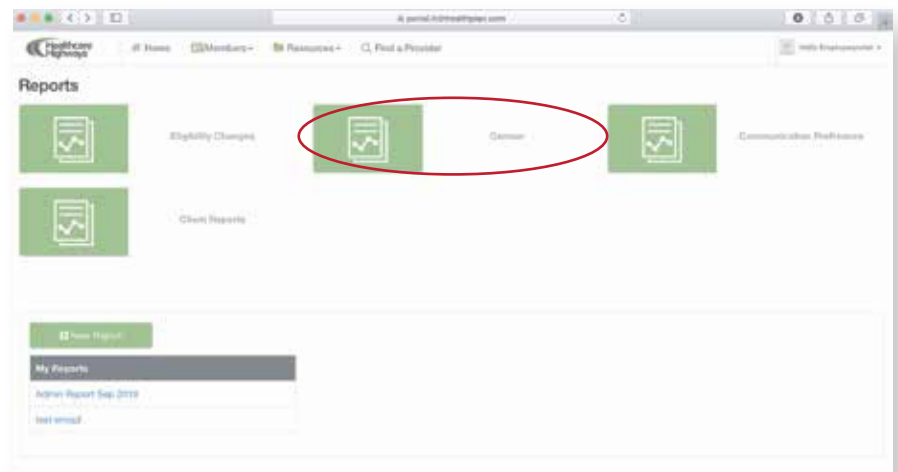
Communication Preferences subsection
On the "Reports" screen, click "**Communication Preferences**".

Specify the start and end dates, along with the group under "Groups".

Click the green "Download" button; an excel spreadsheet will automatically download with the enrolleees' information, along with their communication preferences.
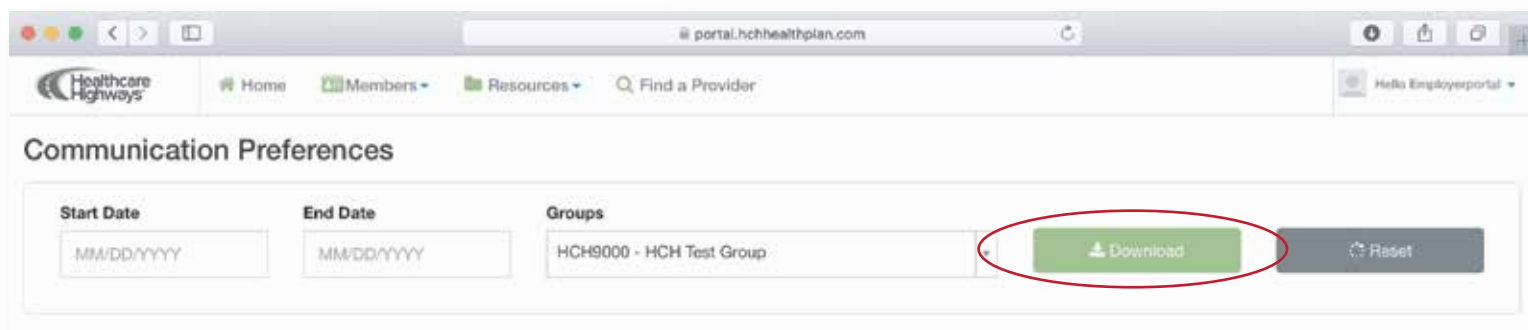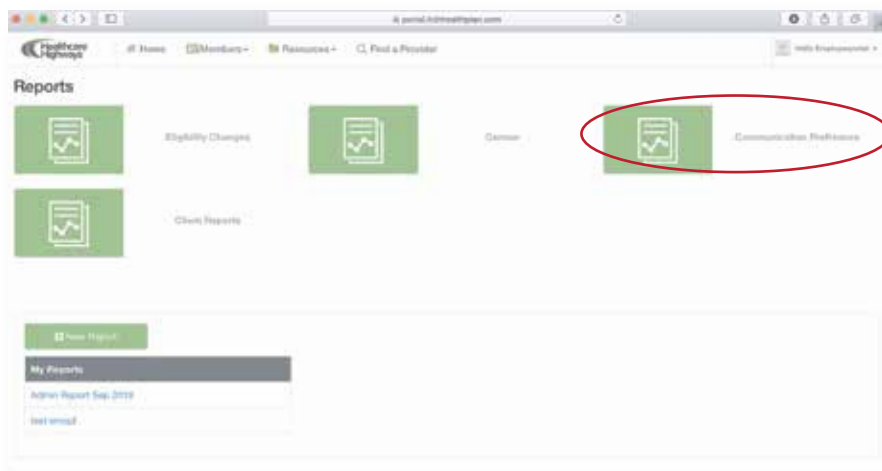
Client Reports subsection
On the reports screen, click on client reports.

To view monthly client reports, from the reports page click on the "Client Reports" icon on the right. Next, click on the "**Monthly Client Report**" on the left. You can **download** the files by clicking on the desired file name, which will prompt a PDF to appear in a separate tab on your browser.
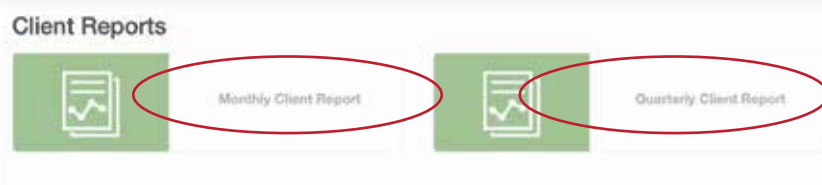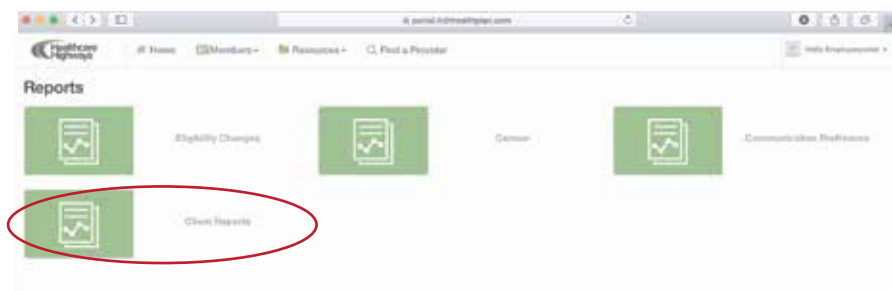
To view quarterly client reports, from the reports page click on the "Client Reports" icon on the right. From there, click on the "**Quarterly Client Report**" icon on the right. You will see a list of files. Click on the desired file name, which will automatically prompt a **download**.

27

Custom Reports subsection
A custom report is a report designed by the user via an intuitive screen. In this section, we will learn to create and manage custom reports.

To create a custom report, on the "Reports" screen, click the green "New Report" button on the left-hand side.
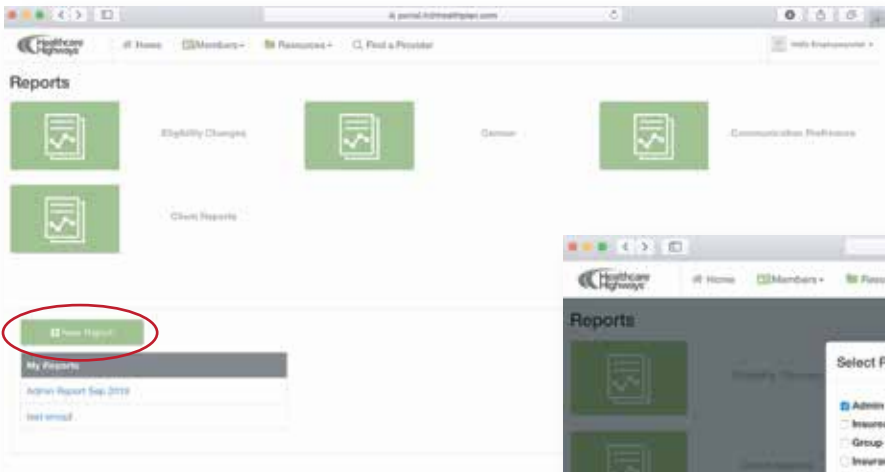
Pick and choose from the list of available report types to create a custom report.

Once you have selected the report type, click the "**Create**" button.
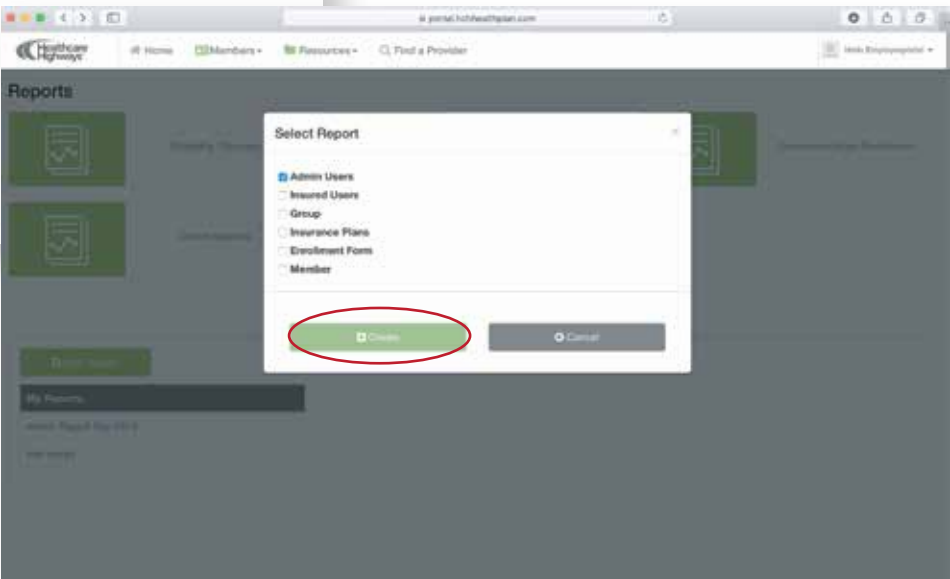
The screen to create the custom report displays with options shown.

Select the criteria for Date in the "**Date Criteria**" field.

Enter the Start and End Date range in **MM/DD/YYYY** format.

Select either "All Groups" or a specific group from the "**Groups**" drop-down.
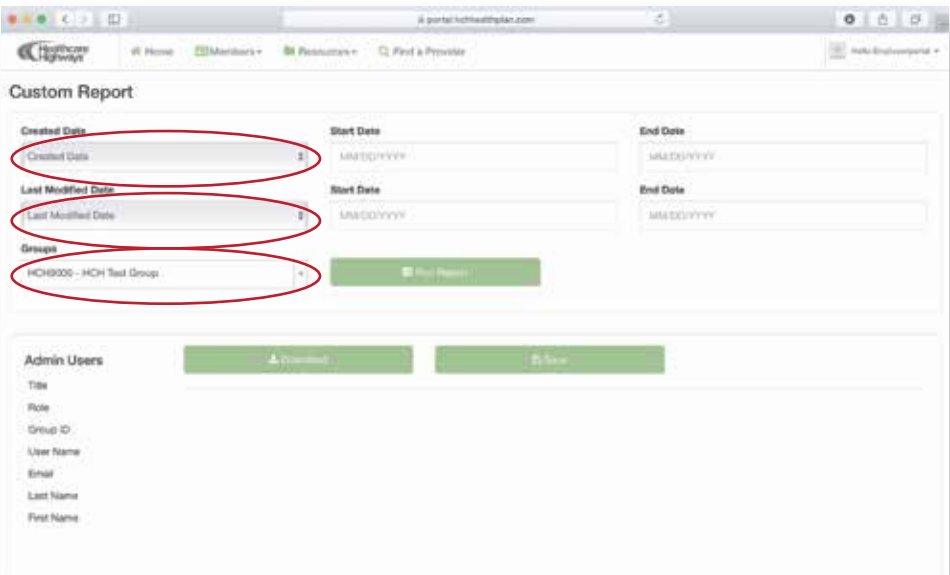
Custom Reports subsection (cont.)
From the list of available fields, drag the required fields to the area highlighted in the image. You can select and drag as many fields as needed.

Once the settings are done for the custom report, click the green "**Run Report**" button.

If you are satisfied with the output the following options are available:

To Download Click the Download button to save the file in excel format on your system.

To Save Click the "Save" button to save the custom report within the portal for later usage. Click the "Save" button. The Save Report screen displays with options. **Enter a name for your report**. Specify the setting of the report availability as **Public or This User Only**. Click the "**Create**" button. Your report has now been created.

Forms

From the drop down list under resources select "**Forms**".
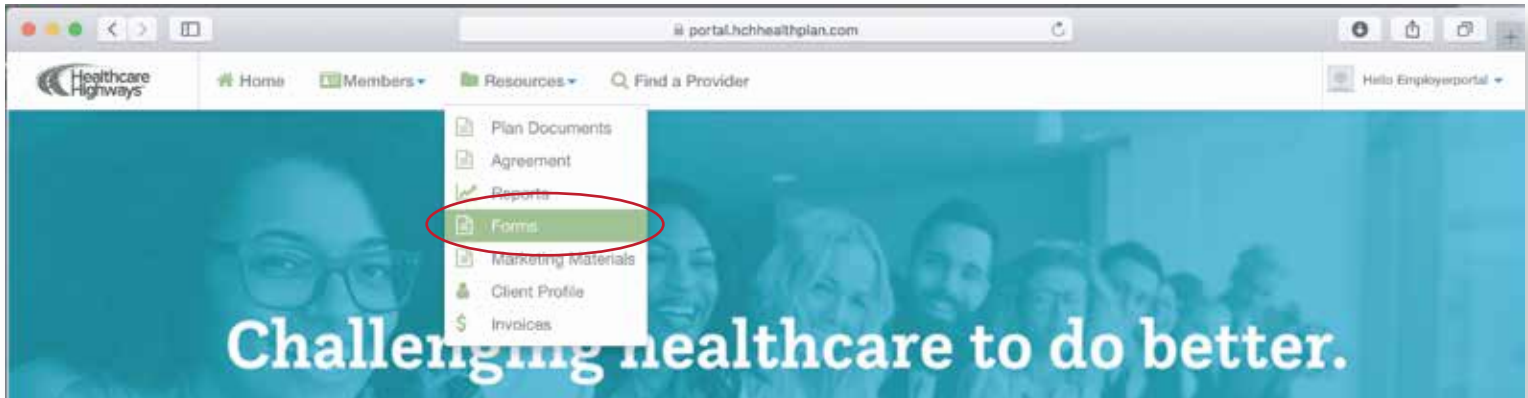
This area allows you to access forms that pertain to member claims, among other documents.

To view claims, click on the file name.

A PDF will appear and automatically download.

Client Profile

This section allows you to edit group account information, eligibility information, group plans, and website account credentials. The HCH portal enables the employer to manage their own group. There can be multiple groups under a single client and multiple employees under a single Group.

From the drop down list under resources select "**Client Profile**".
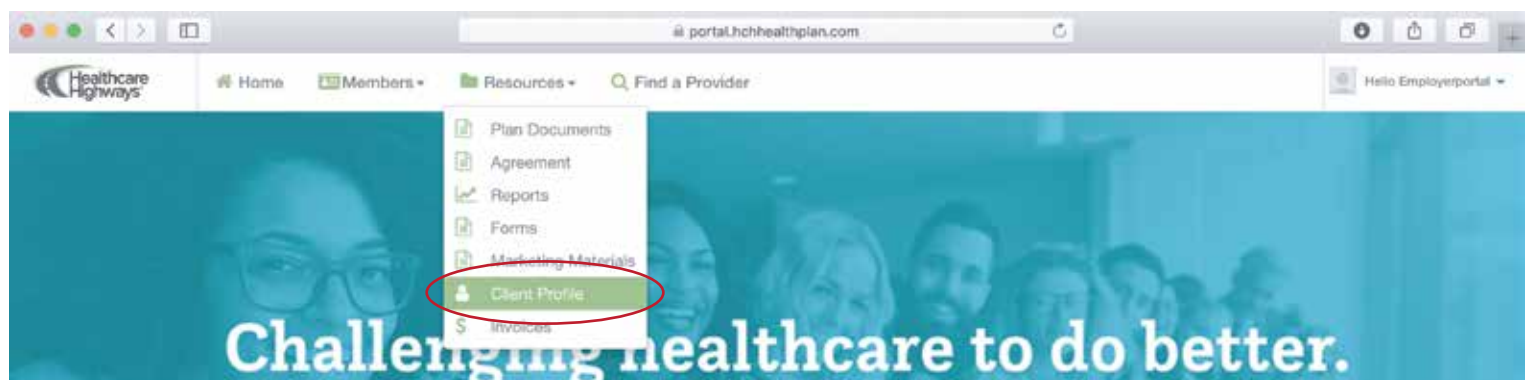
Account Information
This area allows you to edit basic group account information

Eligibility Administration
This area allows you to specify the eligibility administration information of the new group

Group Plans

This area allows you to view and update the details of all the group insurance plans. In addition, you can also exclude the group insurance plan from WebTPA.
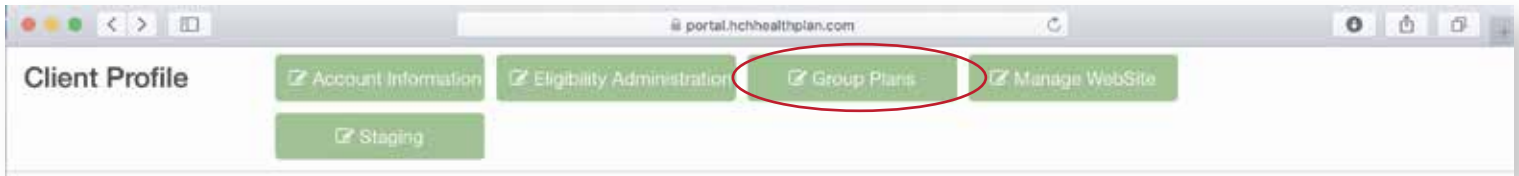
To modify the group insurance plan, **click the insurance plan name link** under the Plan Name field. The Edit Group Insurance Plan screen displays with options.

Here, you can modify or delete the insurance plan basic and cost respective details. In addition, you can manage base rates.

Once done, click the **Submit** button to save the details.

Manage Website

A website is created to manage and organize the data related to the insurance plans applicable to a specific group. In this section, you can access and perform various activities related to creating and managing your website.
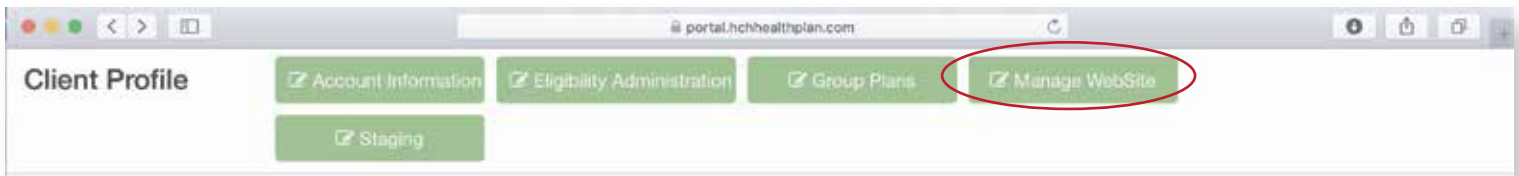
Manage Website (cont.)
Go to the Edit Group screen and click the green "Manage Website" button. If the website already exists then "Edit Website" screen will display, allowing you access to plan documents and temporary ID cards. Otherwise, the "Add Website" screen will display.
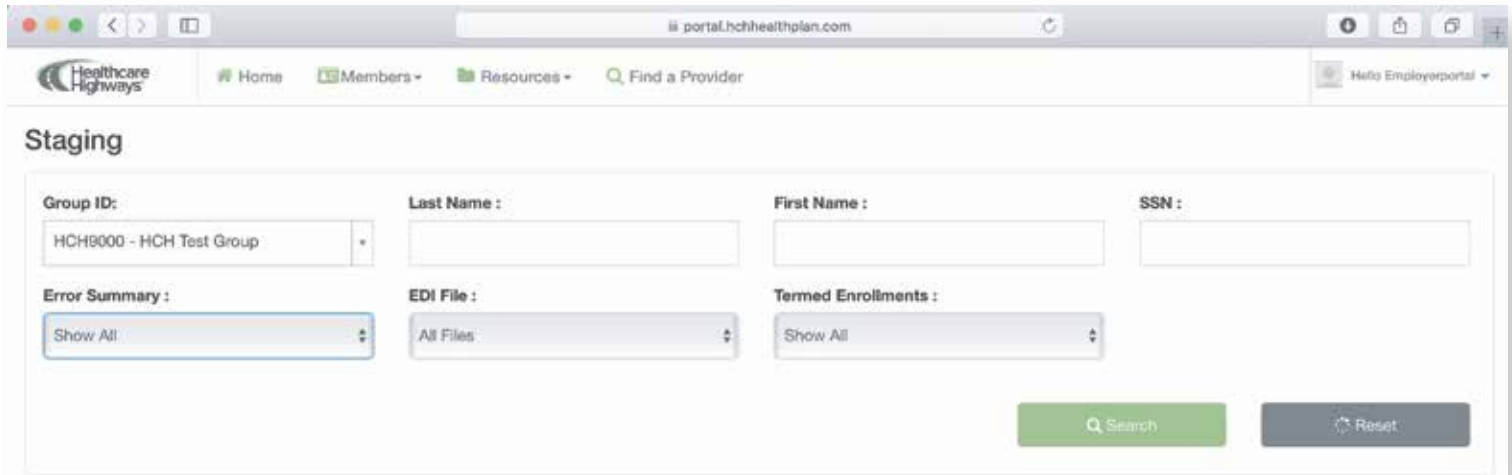

Staging
In this section, we will learn about the operations we can perform on the EDI files enrollment data available.

Once you've clicked on the "Staging" tab, you will be taken to a form with fields. You can customize the enrollment data with different combinations like Group, Last Name, SSN, Error Summary, EDI file, and Termed Enrollments.

Staging (cont.)
1. The Staging screen shows the enrollment data of all the insured users that exist in the EDI files in Staging.

2. Clicking on a member's last name will allow you to see the enrollment data of the user in view mode.

3. Clicking on the pencil icon will allow you to see the enrollment data of the user in edit mode and fix any errors mentioned in the Error Details field.

4. Clicking on the green "Process" button will allow you to filter the enrollments and approve the enrollment records without errors. All the approved enrollment records from i-staging tables will be moved to actual enrollment tables.

5. Clicking on the green "Export Errors" button will allow you to generate and download an excel file having all those enrollments that have errors.

Group Contact Information Subsection
This area allows you to view the existing group contact information. In addition, you can add new information, update existing group contact details and change their password to access the HCH portal.

Group Contact Information Subsection (cont.)

To **change a member's password**, click on the lock icon on the row with the member's name. The icon is blue and located on the right-hand side. Confirm the new password and click the green "Submit" button on the bottom right-hand side.

To **edit a member's information**, click the pencil icon on the row with the member'sname. The icon is teal and located on the right-hand side.
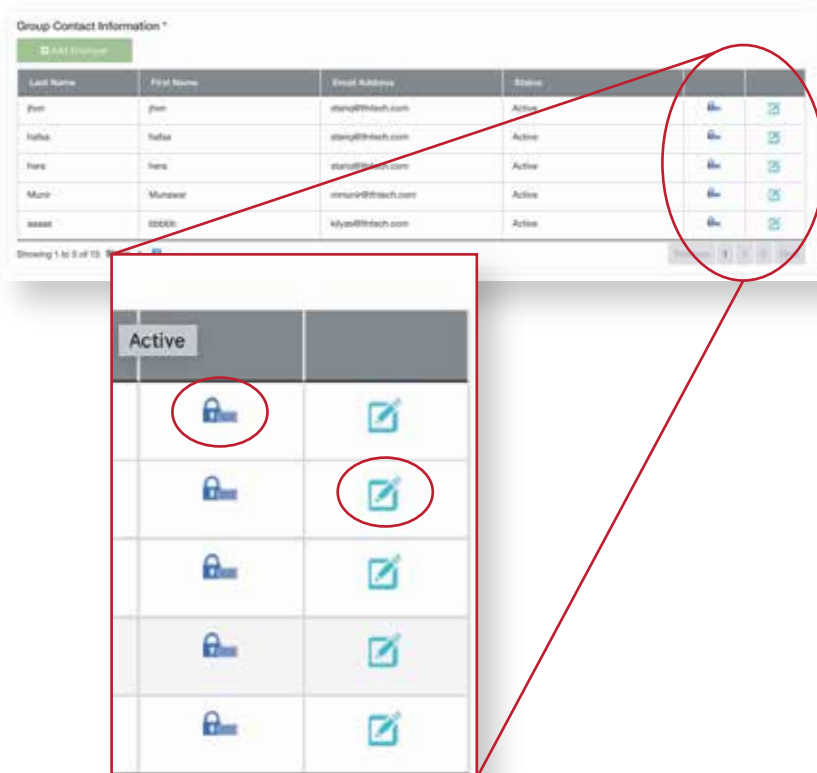

To add an employer
To add a new employer, click the "**Add Employer**" green button on the left side, below the "Group Contact Information" section.

You will be taken to a group employer form with fields. Once you've entered the group employer information, click the green "**Submit**" button at the bottom left-hand side.

Now that the new group employer has been created, it has been added to the grid under the "**Group Contact Information**" area.
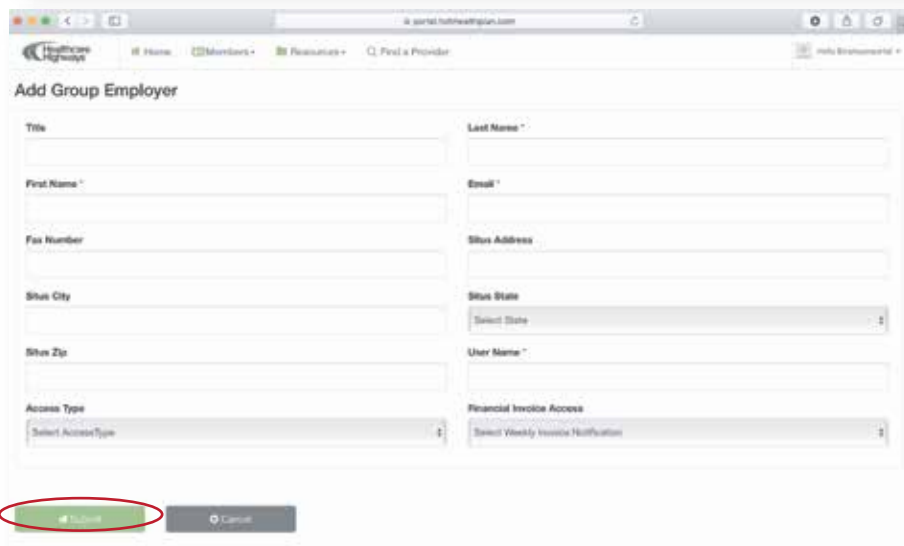
Broker Information Subsection

This area allows you to view the existing group broker information. In addition, you can add new, update existing group broker details and change their password to access the HCH portal.

To **change a broker's password**, click on the blue **lock** icon on the right-hand side. A box will appear, asking you to confirm the new password. Once the password has been changed, click on the green "**submit**" button on the bottom right-hand side.

To **edit** a broker's information, click on the **pencil** icon on the right-hand side.
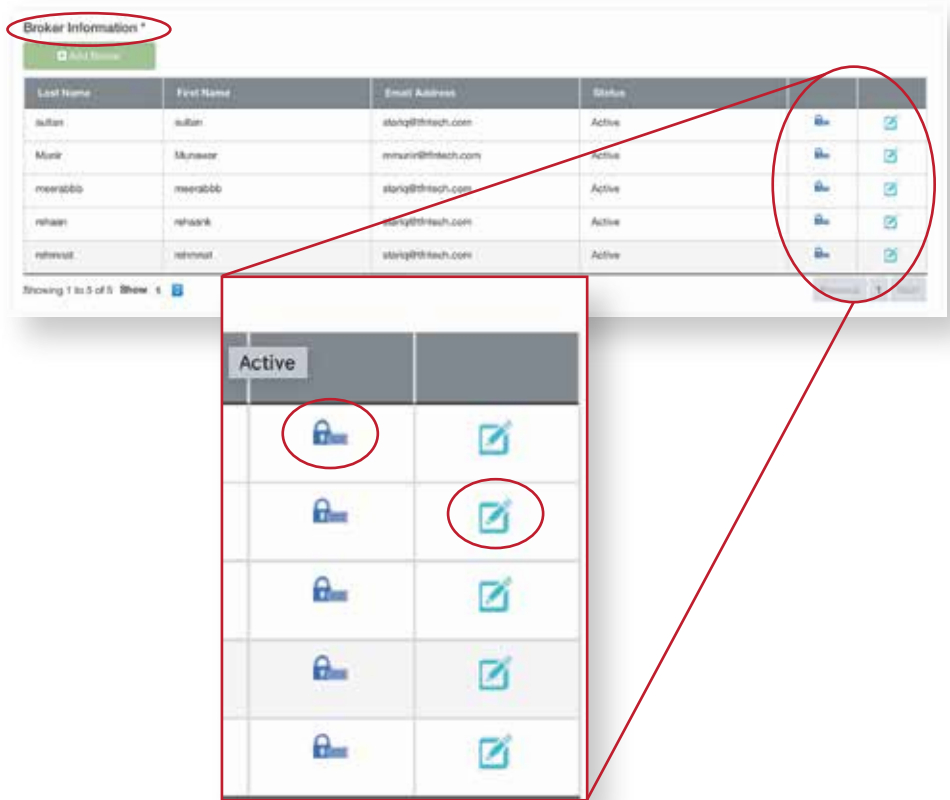
To add a broker

Click on the green "**Add Broker**" button located in the left corner. You will now be taken to a form where you can input information to add a broker. The fields with the asterisks are required fields that must have information input.

Once the information has been input, click the green "**submit**" button on the bottom left-hand side.

Finance administration

This area allows you to input the financial administration information of the group.

Eligibility Administration

This area allows you to specify the eligibility administration information of the new group

Group Location

This area allows you to add, view and edit the group locations.

To add a new group location, click the green **Add Location** button at the top of the Group Locations area. A box will appear.

Enter the Location Code and Name and click the green "**Submit**" button.

Group Departments

To add a new group department in the Group Departments area,

click the green "**Add Department**" button. A box will appear.

Enter the Department Name and **Code** and click the **Submit** button. The department details are added to the Group Departments area.
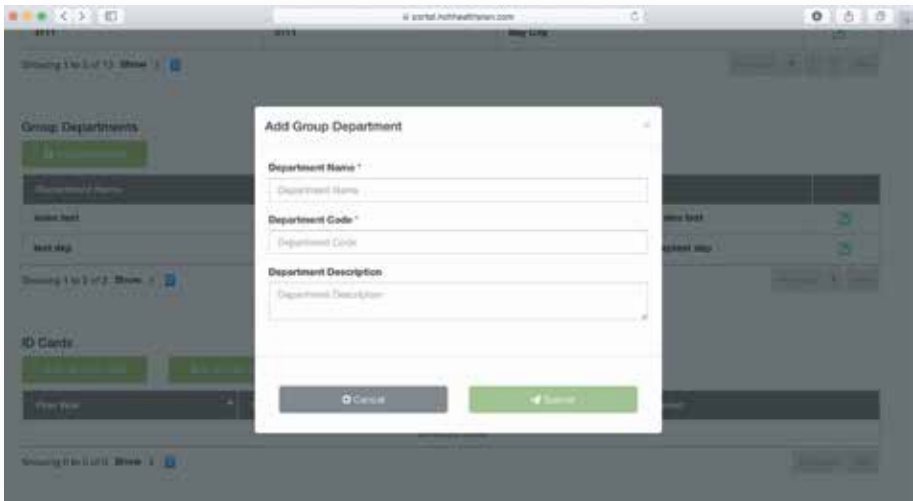
To edit a group department
Click on the pencil icon next to the department record for editing.

Make the necessary changes to the information and click **Submit**. The updated record will display in the Group Departments area.

Toolbar - Resources
At the top of the home page, click the "Resources" tab where a drop-down list of options will appear.
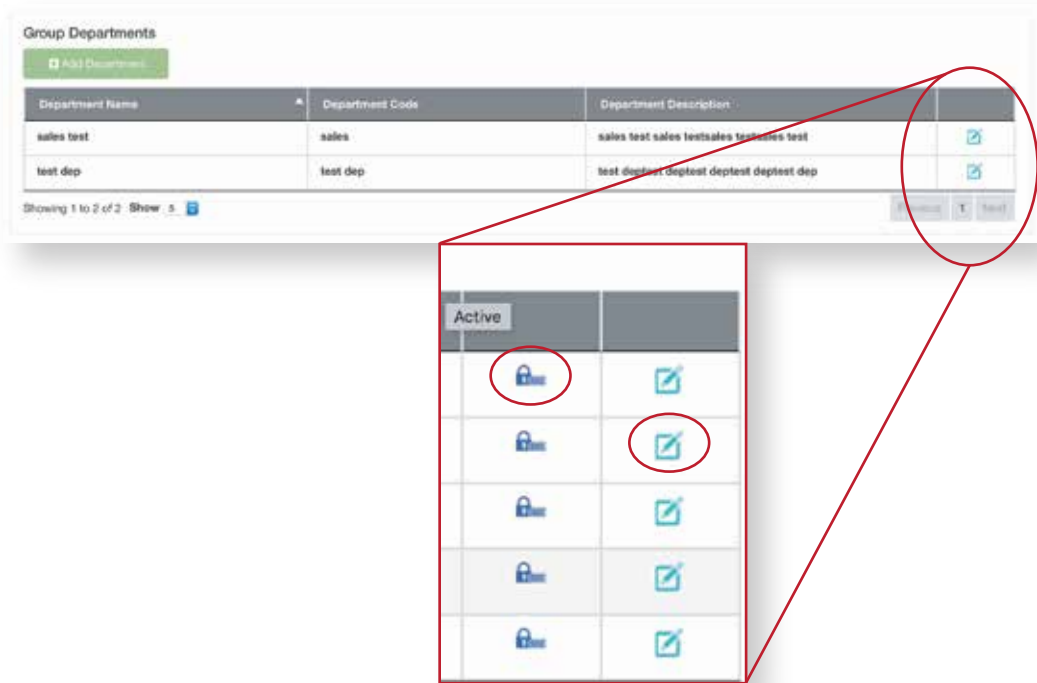

Invoices
From the drop down list under resources select "Invoices".

This area allows you to view invoices on a monthly and weekly basis.

Click on "**Monthly Administrative Invoice**". You will be taken to a screen with multiple files on the right side.

Click on the file you wish to view. It will automatically download into an xls file.
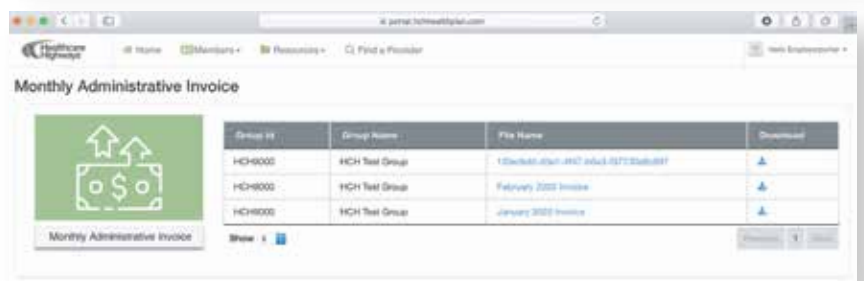
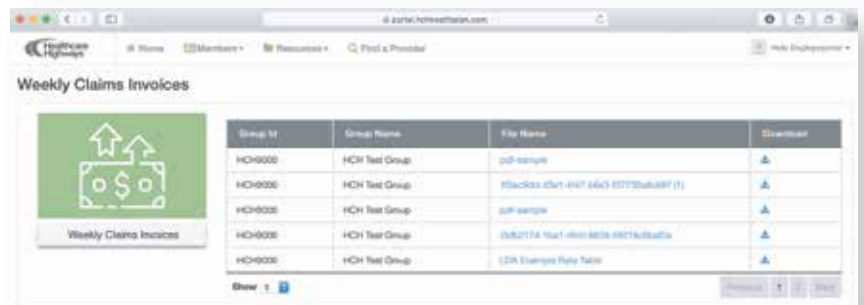Click on the "**Weekly Administrative Invoice**". You will be taken to a screen with multiple files on the right side.

Click on the file you wish to view. It will automatically download into an xls file.
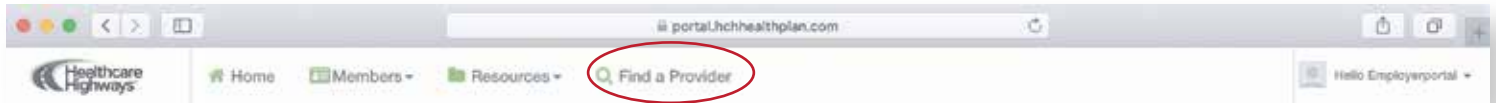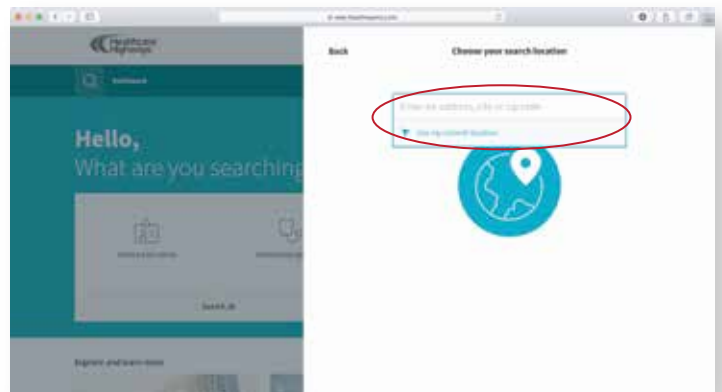
Provider Search

Toolbar - Find a Provider

At the top of the home page, click the "Find a Provider" tab.

STEP 1

Start your search by entering your search location. Provide an address, city, or zip. You also have the option to allow us to use your current location.

STEP 2

Now you can start your search for doctors, hospitals, specialists and more by selecting the icons on the main dashboard.

At any time you can check to make sure that your location and network information are correct. Do this by viewing what is displayed it in the upper right hand corner. It should reflect your location as well as your Healthcare Highways network selection next to the plan.
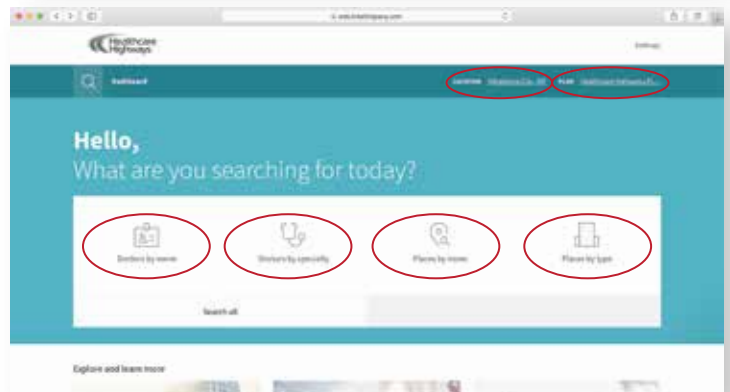
STEP 3

A list of one or more providers will appear, depending on your search parameters. Scroll to select your provider. Within each listing, you'll find basic contact information. You may click on 'directions' to get turn-by-turn driving instructions. Print or save your results.
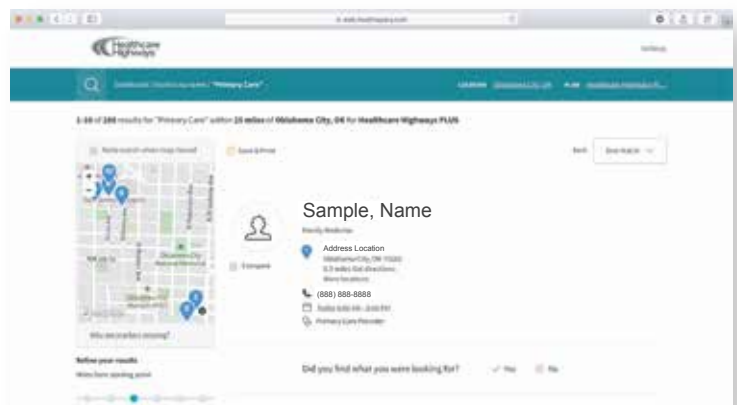
CerpassRx is pleased to administer your prescription benefit plan

Welcome!

CerpassRx is an innovative Pharmacy Benefit Administrator that offers access to pharmacies in your local community and tools to assist you in managing and navigating your prescription benefit. We are a member centric PBM with key partnerships uniquely positioned to develop best in class pharmacy solutions.

First, please review your ID card for our logo, or verify with your employer that you are covered by CerpassRx for your pharmacy benefit plan. CerpassRx members are able to access our pharmacy benefit plan resources in a number of ways:

Member Services Support Center

Available to our members 24 hours a day, 7 days a week, 365 days a year. Please contact us at 844-636-7506 for any questions regarding your pharmacy benefits, drug coverage, etc.

Member Web Portal

Visit http://www.cerpassrx.com/members-page/ to access the following information:

- Medication History
- Participating pharmacy locations
- Compare pharmacy copays to determine the most cost-effective options

Mobile App

Download the CerpassRx mobile app to access information and tools to help maximize your pharmacy benefit. These programs offer members convenience and easy access to information anytime from a mobile device.

Mail Delivery and Specialty Programs

Save time by getting medicine conveniently delivered to your home. Mail Delivery allows our members to receive maintenance and specialty prescriptions through the mail, as well as receive refill reminders and many other services. We also offer counseling, education and many other value-added services to our members involved in our specialty pharmacy programs.
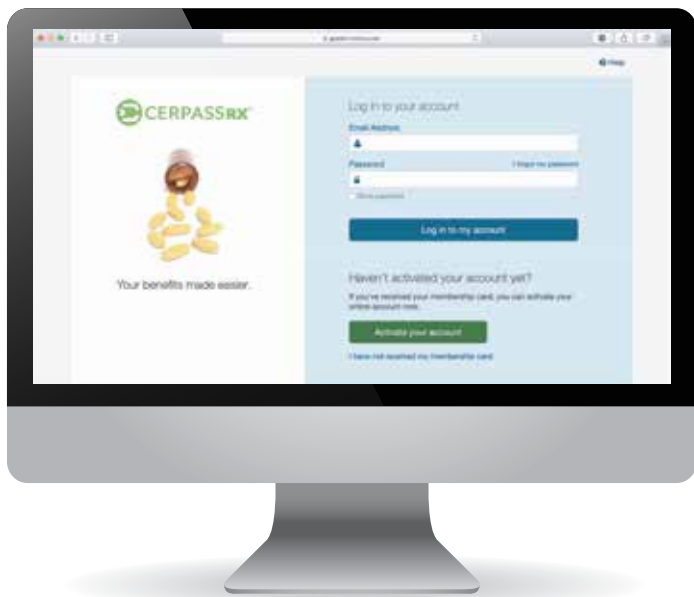
Member Web Portal

Access your private secure member portal today. visit www.cerpassrx.com - Member Portal

This private, secure website is designed just for you. Your pharmacy plan information is available and kept up-to-date in real time.

Easy access allows you to:

• Manage all your prescriptions on a single dashboard
• Keep track of your health history
• Learn more about your prescription drugs
• Compare prices at local pharmacies
• Find your lowest prescription cost
• Transfer your prescription to a different pharmacy
• Locate your pharmacy and get driving directions
• Track your individual and family spend
• Take it all with you through the mobile app

How to register:

Visit http://www.cerpassrx.com/members-page/ and click on the member portal button. With your CerpassRx ID card handy, click "activate your account".

From there, enter your member ID (as shown on your ID card) and proceed with completing your personal information to activate your account.

Mobile App

The mobile app provides easy, on-the-go access to your personalized health information.

Once you have your member ID number, download the app to take advantage of the benefits your pharmacy plan offers.

How to register:

• Review medication history
• Locate participating pharmacies
• Track individual and family spend
• Schedule refill reminders
• Learn about medication side effects and interactions
• Compare pharmacy copays for the most cost-effective options

Get the app by searching for CerpassRx at the Apple App Store or Google Play.