# 1

$1,000

80%
WEREN’T COSTS SUPPOSED TO GO DOWN?!?

1999 - 2016

Current Model

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>RX</td>
<td>PRIMARY CARE</td>
</tr>
</tbody>
</table>

*2017 Milliman Medical Index

Insurance Provider

Employee

Activity
### Better Model

<table>
<thead>
<tr>
<th>Insurance Provider</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT</strong>&lt;br&gt;30%</td>
<td><strong>OUTPATIENT</strong>&lt;br&gt;19%</td>
</tr>
<tr>
<td><strong>RX</strong>&lt;br&gt;18%</td>
<td><strong>PRIMARY CARE</strong>&lt;br&gt;29%</td>
</tr>
</tbody>
</table>

*2017 Milliman Medical Index*
DISTRICT OVERVIEW

- Located in Longmont, CO (approx. 30 miles north of Denver)

- 53 schools spread across 411 square miles

- 32,000 Students, 3,400 benefit-eligible employees

- Offer 3 employee health plan options:
  - Two self-funded plan options administered by UMR (district’s TPA)
  - One fully-insured plan option through Kaiser Permanente
GOALS

✓ Reduce employee out-of-pocket costs/remove cost barriers to seeking care

✓ Simplify the employee healthcare experience/help them to navigate

✓ Reduce the district’s overall health care costs

✓ Ensure employees and their family members get the right care at the right place at the right time

✓ Enhance employee satisfaction with district benefit plans
✓ Don't be discouraged if you don't succeed the first time (change can be scary and sometimes need time for decision-makers to come around)

✓ Don't try to do everything at once.
  - 2014 – Nurse Health Coach program
  - 2016 – Added telemedicine program
    - Offered convenient, low-cost alternative for after-hours care ($59 office visits vs. an average of $119 for Primary Care, $185+ for urgent care and $1,000+ for ER)
  - 2016 – RFP to add primary care alternative
    - Considered onsite or near-site clinic, direct primary care
      - Employee and family access (70% of ben-eligible EEs live or work in Longmont
      - Lack of space
        - Start-up costs
          - Liability and other insurance requirements
          - Equipment, supplies, etc.
    - District did not move forward
2017 – RFP to add primary care alternative
   - Onsite or nearsite clinic
     - Employee and family access (70% of ben-eligible Ees live or work in Longmont
     - Lack of space
     - Start-up costs
       - Liability and other insurance requirements
       - Equipment, supplies, etc.
   - Direct Primary Care
     - Offers quality preventive, chronic and acute care, helps Ees navigate the healthcare system

2018 – Partnered with Nextera Healthcare (Direct Primary Care), VIVIO Health (specialty drug management) and Zero Card (bundled lab, radiology and orthopedic surgery/procedures)

2018 – Promote Dispatch Health (in-home alternative to urgent and ER care)

- Look for partners who can work with you at the level you are.
- No one solution works for everyone. Must customize for your organizational culture and your employees
ER and urgent care visits are trending lower than other PPO plan

<table>
<thead>
<tr>
<th>1st Quarter 2018 Utilization, By Plan:</th>
<th>Direct Primary Care Plan</th>
<th>Alternate Plan Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEPM</td>
<td>$728.72</td>
<td>$1,110.08</td>
</tr>
<tr>
<td>Urgent Care Visits, Per Employee</td>
<td>.063</td>
<td>.076</td>
</tr>
<tr>
<td>ER Visits, Per Employee</td>
<td>.063</td>
<td>.118</td>
</tr>
</tbody>
</table>
Current services

- Lab
- Advanced Radiology (MRI / CT Scans)
- Orthopedic procedures / surgeries

Negotiations underway to add Physical Therapy and ENT services

Through mid-April, $31,000 gross savings compared to PPO pricing
“The Zero Card has been a phenomenal experience for me this year. I had surprise needs and have used the Zero Card more than expected. It is the easiest to use—no paperwork for me and the best part is NO COST to me. I am extremely grateful for this benefit.” MR

“The Zero Card has provided me with the comfort of knowing that I can seek professional medical services and not have to be concerned with the financial burden from my decision to take care of my health.” LT

“The Zero Card was very easy to use. The doctor’s office sent the request for what needed to be done. The people from Zero Card called me, as well as the people from the facility who were going to do the procedure. I went in and had it done. It didn’t cost a thing.” SD
PROGRAM SAVINGS – 1ST QUARTER 2018

- Voluntary program – 48% of eligible participants are participating after the first quarter
- Net savings - $60,200
STIFF NECK, BLURRED VISION, AND CARPAL TUNNEL SYNDROME, ALL DUE TO EXTENDED TIME IN FRONT OF A COMPUTER. I THINK I JUST DISCOVERED THE ICD-10 CODE FOR MY JOB!
SECOND OPINION

WHAT SEEMS TO BE THE PROBLEM, MRS. JOHNSON?

I FEEL THE WAY YOU LOOK!
a healthcare marketplace delivering the best combination of cost, quality and convenience
THE PROBLEM

- Costs for employers and employees are out of control and continue to rise.
- Quality data is non-existent for both employers and employees.
- Convenience is an afterthought at best and the patient experience is atrocious.
- Top providers in every market need access to new patients to grow.
A healthcare marketplace that makes everything simple.

- Employers get lower costs, saving on average 44% on over 1,000 services.
- Employees get better benefits and access to care for $0.
- Providers get new patients without the headaches and with simplified payment.
Variation in healthcare cost is the rule and pricing remains opaque by design.

- Costs for a CT Scan of the Abdomen can range from $205 to $15,197.
- Costs for a Knee Replacement range from $10,390 to $136,000.
- Costs for a Colonoscopy range from $590 to $20,075.
The Zero Card contracts directly with healthcare providers.

Self-Insured Employers contract with us.

Employees choose which Zero Card provider they want to see and pay $0.
THE RESULTS

56 plan members
98 procedures
$31K in savings
47% average savings
We go above and beyond to make sure you and your employees love The Zero Card and we track the results using Net Promoter Score.
a better way to manage specialty therapies

the best care is a better outcome
## Customized Program for Your Member

**Better Outcomes**

### Only Works for a Minority

<table>
<thead>
<tr>
<th>Drug</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humira</td>
<td>Helps 1 in 3</td>
</tr>
<tr>
<td>Enbrel</td>
<td>Helps 1 in 4</td>
</tr>
<tr>
<td>Copaxone</td>
<td>Helps 1 in 16</td>
</tr>
<tr>
<td>Neulasta</td>
<td>Helps 1 in 15</td>
</tr>
</tbody>
</table>

- ** works
- ** doesn’t work

### More Likely Not to Work for You

- We don’t know if or how well it works in the real world for you.

### No Standard Definition of ‘Works’

- ‘Works’ for Humira is defined as a 20% improvement in ACR score, on which the FDA approval is based.

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streamlined care process
easier for your members

VIVIO Health

better therapies cost less
VIVIO Precision Care™

save money, simple turn-key solution for you

better outcomes for less

- VIVIO qClinicals™ – model-based care management
- orphan drug access management
- lowest drug acquisition costs
- fast, easy deployment
St. Vrain Valley School District
January 1, 2018 launch

- 100% member retention since program start
- 48% voluntary member conversion
- 48% savings

2.0X 1Q ROI

ViVIQ Health