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Hello, I'm excited to be providing an overview on the SurgeryPlus benefit offered by State of Delaware. You may be already familiar with SurgeryPlus, but if not, I am excited to explain your SurgeryPlus benefit and help you better understand how it works.

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What we plan to go through is: what is SurgeryPlus, what the difference between using SurgeryPlus versus your traditional carrier, what is covered, and how we guide our members through their surgical journey.

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What is SurgeryPlus? This program is offered to you by your employer, the State of Delaware. You do have to be enrolled in benefits under the Aetna or Highmark medical plans offered by The State of Delaware to receive SurgeryPlus as a benefit. This benefit is free of cost to you. We are your alternative option for surgical procedure coverage. We offer care for non-emergency planned surgical procedures. Anything emergent should continue to go through your traditional insurance. We want our members to think about SurgeryPlus whenever you have a plannable surgery. This benefit does not replace your existing coverage. Our goal is to align excellent care with meaningful savings. We are set apart from traditional insurance and I will go into more depth as we continue.

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Let's talk about the SurgeryPlus difference. Why would members want to use SurgeryPlus versus their traditional health insurance? Our goal is to make healthcare more accessible and affordable for our member population. I am going to walk you through what sets us apart and makes us unique from all other insurance carriers.

Excellent care – our members have access to high quality surgeons. I am going to walk you through a case study that shows a little bit of what we require of our surgeons before they join this network.

Meaningful savings – we are going to walk through your cost of surgery through SurgeryPlus versus what it would cost you with traditional insurance.

Guided support – surgery planning can be overwhelming. We see a lot of people maybe do not know where to start or what to do next. With SurgeryPlus, you will get a dedicated advocate who is going to walk you through your surgical journey from beginning to end.

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Jumping into some of our more frequently asked questions:

To confirm who is eligible, all employees and covered dependents enrolled in an Aetna or Highmark medical plans are covered with SurgeryPlus.

If you are eligible and enrolled in an Aetna or Highmark medical plans, you are already enrolled in SurgeryPlus.

Members also do not have to pay a monthly premium. The State of Delaware covers the cost for members to have access to our network. There is no charge passed on to employees.

Do you have to use a SurgeryPlus surgeon? The answer is yes. Similar to traditional insurance, you want to make sure you are seeing an in-network provider. It is the same with SurgeryPlus. Members do have to use providers that are in network with SurgeryPlus.

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Switching gears, I wanted to touch on our providers and the SurgeryPlus network.

Here is a map showing SurgeryPlus' provider network. As you can see, our provider network spans across the United States. The SurgeryPlus providers are strategically placed throughout the US and the network is designed to provide members with options as close as possible to their home. We've found that 80% of the population lives within about an hour drive of a major big city. If a provider is not relatively close to the members home, SurgeryPlus offers travel benefits as we want to ensure that the member still has access to the best providers.

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As I had mentioned earlier, we take our credentialing process very seriously because we only want to have the highest quality providers in our network. To even be considered as a provider in the SurgeryPlus network, surgeons must meet all these requirements you see here:

We begin with licensing and board certification – all surgeons are required to be board certified and have an active medical license in the state where they practice. But as you can see, off to the right-hand side, approximately 40% of physicians do not meet both of those criteria.

We then check to see if the surgeon has completed a surgical fellowship – SurgeryPlus makes sure the surgeon is a true specialist in their field and fellowship training is required for our total joint, orthopedic, spine and bariatric surgeons. At this credentialing juncture, 66% of physicians do not make the cut.

Every surgeon then undergoes a criminal background check. We review all 50 states to ensure the provider has no disciplinary actions or state sanctions against them. This also includes a reputational review of the surgeon.

Finally, we have a team that conducts a comprehensive malpractice review. This team constantly checks that each surgeon in our network meets the SurgeryPlus standards annually and conducts monthly network monitoring. They also review all claims for merit.

And even of the 25% of surgeons who do meet the standards, that does not guarantee that they will become part of our network. This is what sets the SurgeryPlus network apart and allows us to provide members with only the highest quality surgeons.

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Having access to the top-quality surgeons, plus a concierge service via our team of Care Advocates equates to quality outcomes. It's a simple formula, but this simple solution is incredibly effective. Our complication rates attest to the success of this formula. Industry wide, the complication rate across all

procedure categories is approximately 9%. SurgeryPlus' complication rate is 0.67%. Having a complication rate that is less than 1% means that you can return to your life more quickly.

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State of Delaware understands the importance of getting top quality care for members as well as the importance of cost savings and that is why they encourage members to use SurgeryPlus by incorporating cost savings incentives into the SurgeryPlus benefit.

- If you are enrolled or are enrolled in the Aetna CDH Gold, Aetna HMO, Highmark Comprehensive PPO, or Highmark First State Basic Plans, your cost share is waived, which means that you will owe \$0 for your SurgeryPlus procedure!
- Some procedures are eligible for a financial incentive. Bariatric and preventative colonoscopy procedures are excluded.

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As you can see here, SurgeryPlus covers costs related to pre-surgery consultations with your SurgeryPlus provider, costs related to the surgeon as well as the hospital or surgery center, anesthesia, post operative visits, and any other component of surgery from the moment you are admitted to the time of discharge.

On the flip side, there are a few aspects which are not covered under SurgeryPlus, this would include components such as: physical therapy, home health (such as skilled nursing care, and other skilled in-home, care services), advanced imaging/diagnostics (such as x-rays, CT scans, MRI, etc.), durable medical equipment (such as crutches, wheelchairs, blood testing strips, oxygen equipment, etc.)

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As I had mentioned earlier, the SurgeryPlus network includes over 3,000 surgeons and 400 facilities across the country. However, there might be instances where the specialist best suited for your procedure is not necessarily local to your home. In those, usually very seldom, instances, SurgeryPlus covers member travel costs to ensure that you have access to your SurgeryPlus provider. Included in the travel program is:

A mileage allowance – mileage is a fixed rate depending on how far the member is traveling by car.

A per diem – the per diem is given per person per day. These funds can be used for food, gas, or any travel related expenses such as parking and tolls.

If the member is travelling over 100 miles to see our provider, a hotel will be booked at minimum 3 stars before the trip. Please keep in mind that all travel benefits are included for the member needing surgery and one companion.

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When thinking about stressful moments you can experience in life, surgery is one of the most stressful moments one can experience. This is why we have a team of Care Advocates who will help you by handling all administrative tasks and will serve as your personal concierge guiding you through our very complicated and daunting healthcare system. Whether you're considering surgery or know you need a

procedure, all you need to do is simply call into SurgeryPlus and you will be assigned a Care Advocate, who will educate you on the program. After that initial call, the Care Advocate will email a questionnaire and medical release form, usually 24-48 hours after your call. Once you've completed and returned the medical questionnaire, the Care Advocate will work with our provider team to hand select 3 surgeons who are experts in the specific procedure you need, from our exclusive network. The list of three surgeons is then provided to you and includes a thorough review of each SurgeryPlus surgeon. Once you have selected your SurgeryPlus surgeon who you would like to move forward with, the Care Advocate will: collect and transfer your medical records, schedule your consult appointment with the surgeon to review surgery and requirements, schedule the surgery and ensure all pre-surgical requirements are completed. Following your procedure, the Care Advocate will: assist with post-op surgical appointments as needed with your SurgeryPlus provider and remain in contact with you as long as appropriate to check on you.

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When using SurgeryPlus, you will have access to our exclusive network of excellent surgeons, all of whom passed our rigorous credentialing process. Additionally, our providers have passed a comprehensive quality review with a focus on patient care and have exceptional outcomes in our commonly covered procedures. We have made our surgeons jump through a ton of hoops and this is intentional as we want to ensure that you're receiving the best care possible from the highest quality surgeons.

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Along the lines of what's covered by SurgeryPlus, I wanted to review what types of procedures are covered. Please keep in mind, SurgeryPlus covers planned, non-emergent surgeries. This is by no means an exhaustive list of the surgical procedures covered under SurgeryPlus, because we cover over 1500 surgical procedures across a wide array of categories. This is just a list of our most commonly covered procedures. If a member needs a procedure and is unsure if it is covered by SurgeryPlus, we encourage them to call in and speak with our Care Advocates as they will be able to confirm if the procedure is covered or not. It is important for us to note here that SurgeryPlus mirrors what is covered by the medical health plan. That said, procedures involving vision dental, maternity, and cosmetic are NOT covered. It is also important to note that member's seeking a bariatric procedure are required to utilize SurgeryPlus.

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To provide a quick recap – SurgeryPlus is focused on getting you access to top-quality care, providing you with a better experience, and lowering costs. You can call into SurgeryPlus at any point in your surgical journey – so whether you believe surgery may be necessary or you have a surgery already planned, we encourage you to: call our line of dedicated Care Advocates to get your SurgeryPlus journey started, visit the portal which has education content as well as a chat feature with our Care Advocates, or reach out to our Care Advocates via email. Thank you so much for your time and I hope you have a great day.