



**ConnectYourCare Technical Proposal  
(REDACTED)  
FSA, HSA, LPFSA, COBRA**

**State of Arkansas – Bid # SP-18-0099  
April 4, 2018**

John Dean  
Senior Vice President, Sales  
[John.Dean@ConnectYourCare.com](mailto:John.Dean@ConnectYourCare.com)  
(404) 975-3719

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# Executive Summary

ConnectYourCare is pleased to present the enclosed proposal response for HSA, FSA, and COBRA administration for The State of Arkansas. The State of Arkansas is seeking to increase employee participation, enhance employee communications while at the same time reduce costs – we appreciate the opportunity to present this proposal and highlight why ConnectYourCare is the optimal choice.

ConnectYourCare is uniquely qualified to provide platform flexibility, product innovations, administrative simplicity, and outstanding client and employee support for The State of Arkansas, and we'd like to earn your business. Our Chief Marketing Officer Trisha Paine will be the State of Arkansas' executive sponsor. Trisha has over 20 years of marketing experience and oversees marketing and communications. Trisha will be a great resource as we work with the State to increase employee participation.

Our Chief Operating Officer, Tim Sand, will serve as The State of Arkansas' second point of executive contact. Tim has over 25 years of experience and oversees our call center operations, claims processing, vendor management, client services, and account management.

In reviewing your request for proposal, we are confident that ConnectYourCare is uniquely suited to deliver on your current needs, as well as having the adaptability and expertise to scale our service to meet any future benefit changes. As with our other large public-sector clients, we will deliver all this while keeping in mind the bottom line – providing a superior State of Arkansas employee experience. We have evolved into the industry leader and innovator in the HSA/FSA/COBRA market by combining the industry's best technology platform with the people, processes and partners required to deliver top-notch programs.

**Experience:** With multiple states, cities, counties and municipalities nationwide leveraging our platform, we understand the unique needs of a public entity. Since we built our technology from the ground up, we also can easily adapt to unique needs the State requires. In addition, we will be able to leverage the experiences of existing clients in a similar situation to provide best practices for the state to consider.

As an example, The State of Alabama is an existing client in a similar situation as the State of Arkansas. The State of Alabama offers FSA, HRA, and COBRA/FSA through ConnectYourCare, while offering a Blue Cross/Blue Shield network to multiple internal agencies throughout the state.

**Innovation:** Innovation is at the foundation of ConnectYourCare's business philosophy, and the industry-leading strides we've made will drive the State of Arkansas' participation and ease of use through:

- **Our member portal** – developed in our Usability Lab with our partner Microsoft, also available in Spanish
- **HSA On Demand®** – **ConnectYourCare's proprietary, award winning acceleration of benefit tool**
- **CYC Mobile** – the industry's leading mobile app, and like our portal, available in Spanish
- **HSA Save-It!** – a unique electronic filing cabinet, for those “shoebox” savers in your population
- **Proprietary Data Adapter Tool** – we can receive vendor-specific feeds and can configure a data adapter to receive and convert data to our requisite format
- Our **integrated investment platform** supporting a custom slate of mutual funds – all easily accessible from the portal or mobile device for trades/sweeps
- Our **ongoing investment in research, development** and education to remain an industry leader and innovator
- **Industry-leading auto-substantiation** rates on FSA, and with our newest innovation *ClaimsAlly*, we will see even greater substantiation rates

- We have developed our **entire healthcare account platform in-house** giving us the most sophisticated, flexible and efficient technology of any HSA/FSA administrator

ConnectYourCare is the **only administrator that has extensive experience administering HSA On Demand®**, our unique contribution acceleration program that protects employees in the event of a large claim early in the year. This program has been the key to many companies' successful migration from more traditional plans to a HDHP with an HSA. **This award-winning tool will be available to the State of Arkansas at no additional cost.**

**Service:** Innovation and technology are key, of course. But without exceptional service and delivery, they're not enough on their own. That's why ConnectYourCare goes beyond technology to provide a partnering relationship with the advice and services needed for success – a partnership that matches employer and employee needs with demonstrated service levels and at levels well over industry standards and our competition. Year over year, our commitment to service is rewarded with exceptional satisfaction ratings including:

- **Participant: 92% overall satisfaction, 93% claims satisfaction**
- **Employer: 90% overall satisfaction, 93% likelihood of renewing**

**Quality:** ConnectYourCare demands quality in every product or process we create. That's why we strategically invested in moving our call center in-house and our claims service to 100% onshore in order to achieve the high-level of quality our clients deserve – **24/7/365, live U.S.-based service**. We are also extremely proud of our strong CIP process and high acceptance rate utilizing a secure document upload and other easy to use methods.

We have a corporate quality initiative and a dedicated quality department to ensure every aspect of our solution runs smoothly and efficiently. Quality controls provide us visibility into clients' daily actions and guarantee our immediate awareness to an event or issue. Our dashboards like **HR Command** for partners and clients display real-time activity and measurements of client data critical to maintaining delivery excellence.

**Partnership:** The State of Arkansas deserves to partner with a business advisor that brings together experience, technology, service, and passion to deliver the right mix of solution options to its organization. ConnectYourCare is that partner. We will commit a seasoned team to support your needs. Your **dedicated client service manager**, Corinne Richardson, will be your primary contact for day-to-day account activity, issue resolution, general inquiries and operational support, as well as other backup support team members. Corinne will manage the State's plans to ensure satisfaction, profitability and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.

The State of Arkansas' team will further be comprised of an Implementation Manager, Account Executive, Project Analysts and other members of your **Complete Care Team** which will be fully operational and ready to support The State of Arkansas in the transition.

We offer a **designated Implementation Manager for all services** – so there is no “silo effect” or interdepartmental information transfer needed.

In addition, we are able to provide a customized suite of multi-media print and email communications to grow product adoption, enrollment and retention at every stage of the proposed business solution. These communications were designed to drive participation by highlighting real health care account benefits. The State of Arkansas can leverage our integrated **360° Connect program** designed to simplify things for you, engage your employees, and drive account enrollment through uniquely tailored strategic communication services.

We are already integrated with the majority of business partners currently working with The State of Arkansas and are able to develop a real-time interface with any additional vendor The State of Arkansas chooses, both now and in the future. **We envision a smooth transition to the ConnectYourCare platform.**

We have offered an **aggressive pricing** strategy, yet we will still not compromise service and remain aligned to meet the States goals.

Additionally, to demonstrate our commitment and confidence to deliver, **we have placed significant fees at risk** and are willing to provide a rate guarantee for up to 7 years to ensure our partnership begins on solid footing.

**Shared values. Shared contribution. Member Engagement.**

The State of Arkansas and ConnectYourCare share the values of innovation and responsibility. Together, we will provide the State of Arkansas's employees with flexible, innovative and engaging HSA and FSA programs, creating responsible and empowered healthcare consumers for the long term.

We appreciate that the State of Arkansas must use a variety of technologies to deploy these programs. This is key to reaching highly mobile and increasingly dispersed employee populations. We also appreciate that the strategic use of technology – and creative approaches to program delivery and communications – allows for maximum reach. We will partner with the State of Arkansas to create multi-media communications to educate and engage members.

Our goals are aligned. We will meet and exceed all of your business requirements and provide the greatest possible savings. We have the demonstrated experience to quickly and efficiently convert and implement clients like the State of Arkansas with the least amount of disruption to you and your participants. Our response highlights how our mission as an organization underpins our customer-centric and service-focused approach – both for employees and plan sponsors.

Thank you again for allowing ConnectYourCare the opportunity to provide The State of Arkansas with a proposal to administer your HSA, FSA, and COBRA Administration Services. The attached proposal fully illustrates our ability and intention to deliver the requirements outlined in the Technical Proposal Packet and the RFP. We will diligently perform any and all responsibilities under the contract, including providing its CDH services in a compliant manner. We appreciate your consideration and look forward to continued discussions.

Regards,

**John M. Dean**

Senior Vice President, Sales

Direct: 404-975-3719

Email: [John.Dean@ConnectYourCare.com](mailto:John.Dean@ConnectYourCare.com)

# Proposal Signature Page

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	ConnectYourCare, LLC		
Address:	307 International Circle, Suite 200		
City:	Hunt Valley	State:	MD Zip Code: 21030
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit <input checked="" type="checkbox"/> Other: LLC		
Minority Designation: <i>See Minority Business Policy</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran		
	AR Minority Certification #:	Service Disabled Veteran Certification #:	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	John Dean	Title:	CYC Senior Vice President, Sales
Phone:	(404) 975-3719	Alternate Phone:	
Email:	John.Dean@ConnectYourCare.com		
CONFIRMATION OF REDACTED COPY			
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.			
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be disqualified.

Authorized Signature:  \_\_\_\_\_

Title: Reese Feuerman, Chief Financial Officer

*Use Ink Only. (Please see "Original" for ink signatures.)*

Date: April 4, 2018

# Conflict of Interest Affidavit

- This *Conflict of Interest Affidavit* is for the Prospective Contractor's disclosure of any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) as described and required in the RFP, Section 2.24.
- Per Section 2.24 of the RFP, this *Conflict of Interest Affidavit* will not be scored as part of the RFP evaluation. However, submission of this signed *Conflict of Interest Affidavit* along with the required disclosures if any, as stated in the RFP Section 2.24 is a Proposal Submission Requirement.
- Do not include additional information if not pertinent to the itemized request.
- Should the Prospective Contractor have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) disclosures to make, the Prospective Contractor **shall** submit an additional document, as an attachment to this *Conflict of Interest Affidavit*, explaining the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).
- The Prospective Contractor **shall** include all information necessary to fully communicate the nature of the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) including proposed mitigation measures.

Check the appropriate box below:

- Per Section 2.24 of the RFP, my company does not have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) to disclose at this time.
- See the attachment to this *Conflict of Interest Affidavit* disclosing my company's actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).

By signature below, the Prospective Contractor certifies that it meets the disclosure requirements as stated in Section of the RFP to the best of its knowledge, and **shall** continue to meet disclosure requirements as stated in Section 2.24 of the RFP throughout the life of the contract.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

Authorized Signature:  \_\_\_\_\_

Title: Chief Financial Officer

*Use Ink Only. (Please see "Original" for ink signatures.)*

Date: April 4, 2018



# Proposed Subcontractors Form

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

Type or Print the following information:

Subcontractor's Company Name	Street Address	City, State, ZIP
First Data Resources/First Data Corporation	5565 Glenridge Connector NE, Suite 2000	Atlanta, GA 30342
Devenir	8500 Normandale Lake Blvd, Suite 2160	Minneapolis, MN 55437
Florida Capital Bank	10151 Deerwood Park Blvd 100, Suite 200-A	Jacksonville, FL 32256
LanguageLine	One Lower Ragsdale Drive, Building 2	Monterey, CA 93940
Melken Solutions	11875 High Tech Ave., Suite 202	Orlando, FL 32817
MITEC Solutions, Inc.	6005 East Executive Drive	Westland, MI 48185
Rackspace	1 Fanatical Place	Windcrest, TX 78218
RevSpring	105 Montgomery Ave	Oaks, PA 19456
Softlinx	100 Riverpark Drive, North	Reading, MA 01864
NTT Data Services	7950 Legacy Drive, Suite 900	Plano, TX 75024

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**



**STATE OF ARKANSAS**  
**OFFICE OF STATE PROCUREMENT**  
1509 West 7th Street, Room 300  
Little Rock, Arkansas 72201-4222

**ADDENDUM 1**

TO: Vendors Addressed  
FROM: Angela Allman, Buyer  
DATE: March 7, 2018  
SUBJECT: SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services

---

The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

**REPLACEMENT PRICE SHEET**

- Delete the Official Bid Price Sheet and replace with the Revised Official Price Sheet dated 3/7/2018.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at [angela.allman@dfa.arkansas.gov](mailto:angela.allman@dfa.arkansas.gov) or (501) 371-6156.

**Company:** ConnectYourCare

**Signature:**  \_\_\_\_\_

**Date:** April 4, 2018



**STATE OF ARKANSAS**  
**OFFICE OF STATE PROCUREMENT**  
 1509 West 7th Street, Room 300  
 Little Rock, Arkansas 72201-4222

## ADDENDUM 2

TO: Vendors Addressed  
 FROM: Angela Allman, Procurement Official  
 DATE: March 20, 2018  
 SUBJECT: SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services

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The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other – Replace Official Bid Price Sheet

### ADDITIONAL SPECIFICATIONS

- Add the following to Section 2.2 *Background and Current Environment*:
  - O. For the last twelve (12) month period, the average employee turnover rate for ASE and PSE was 15.71%.
  - P. Currently, the State of Arkansas pays the administration and management fees for the ARCap, HSA, and COBRA Programs except for those administration and management fees specified in 2.9.I. This is not anticipated to change throughout the life of the resultant contract.
  - Q. Current average balance for FSA is \$1,075.10.
  - R. For the last twelve (12) month period, the average HSA contribution amount by an ASE Member and PSE Member was \$1,767.00 and \$2,401.00 respectively.
  - S. Currently, 486 ASE Members provide no contribution amounts to their HSAs. The number of PSE Members providing no contribution to their HSAs is not available.
  - T. For the last twelve (12) month period, approximately 1% of HSA dollars were invested.
- Add the following to Section 2.5 *General Program Requirements* Item D:
  - 1. EBD anticipates working closely with the Contractor during all phases of implementation. However, EBD reserves the right to have the final determination and approval regarding enrollment information and the method of enrollment.
- Add the following to Section 4.1 *Payment and Invoice Provisions* Item H:
  - 1. For each separate monthly invoice, the Contractor **shall** provide a line item detail showing the amount invoiced applicable to COBRA Members, the amount invoiced applicable to FSA Members, and the amount invoiced applicable to HSA Members.

**CHANGE OF SPECIFICATIONS**

- Delete Section 1.26 and replace with the following:  
The Prospective Contractor's solution **must** comply with the State's shared Technical Architecture Program which is a set of policies and standards that can be viewed at: <http://www.dis.arkansas.gov/policies-standards>. Only those standards which are fully promulgated or have been approved by the Governor's Office apply to this solution.
- Delete from 2.5 General Program Requirements Item M and replace with the following:  
M. The Contractor **shall** routinely review (e.g during weekly/monthly meetings) the overall effectiveness of the Program(s). Based on such a review, the Contractor **shall** provide EBD with consultation and recommendations which may include, but not be limited to, such topics as any administrative adjustments that may be needed, changes to Plan and/or Program design that may result in increased participation in HDHPs, HSAs, and FSAs, and other relevant consultations and recommendations.
- Delete from Section 2.12 Eligibility and Testing Item A and replace with the following:  
A. The Contractor **shall** utilize HSA Eligibility and Nondiscrimination testing processes as required by applicable federal law(s).
- Delete from Section 2.16 Claims Processing and Payments Item D – No replacement
- Delete from Section 2.16 Claims Processing and Payments Item E and replace with the following:  
E. The Contractor **shall** correctly pay all claims and **shall** correctly issue claims payments to Members via check or direct deposit as elected by the Member.
- Delete from Section 2.21 Compliance, Privacy, and Security Requirements, Item B and replace with:  
B. Any of the Contractor's employees or representatives accessing EBD's task system or any of the State of Arkansas's employee's, Plan Participant's, or Member's PHI (Protected Health Information) **shall** complete and sign EBD's System Confidentiality Agreement at EBD's request which may be prior to the start of the Implementation Period, or prior to accessing any employee, Plan Participant or Member information. EBD's sample System Confidentiality Agreement is posted as Attachment C to this RFP.


**REPLACEMENT PRICE SHEET**

- Delete the Revised Official Bid Price Sheet dated 3/7/18 and replace with the Revised Official Price Sheet dated 3/20/2018.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at [angela.allman@dfa.arkansas.gov](mailto:angela.allman@dfa.arkansas.gov) or (501) 371-6156.

Company: ConnectYourCare

Signature:  \_\_\_\_\_

Date: April 4, 2018

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_

Yes  No

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TAXPAYER ID NAME: ConnectYourCare, LLC

IS THIS FOR:

Goods?  Services?  Both?

---

YOUR LAST NAME: Dean FIRST NAME: John M.I.: \_\_\_\_\_

---

ADDRESS: 307 International Circle, Suite 200

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CITY: Hunt Valley STATE: MD ZIP CODE: 21030 COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

## Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

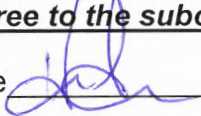
**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor: *\* see appendix*  

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature



Title General Counsel

Date

3/28/2018

Vendor Contact Person John Dean

Title Vice President, Sales

Phone No. (404) 975-3719

Agency use only

Agency

Agency

Agency

Contact

Contract

Number

Name

Contact Person

Phone No.

or Grant No.



307 International Circle, Suite 200  
Hunt Valley, MD 21030  
(410) 891-1000

[ConnectYourCare.com](http://ConnectYourCare.com)

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### Appendix to Contract Grant and Disclosure and Certification Form

At the time of proposal submission, ConnectYourCare does not have the required language identified in Section 2 as a part of its current subcontracts, and as such, can make a good faith effort to amend such subcontracts and provide requested subcontractor copies of the Contract and Grant Disclosure and Certification Form at the time of award.

# 101 ConnectYourCare EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities for all individuals, employment decisions at CYC will be based solely on merit, qualifications, compliance with CYC's expectations and policies, job performance and abilities. CYC does not discriminate in employment opportunities or practices on the basis of race, creed, color, religion, sex, national origin, nationality, ancestry, age, disability or status as a disabled veteran or veteran of the Vietnam era, pregnancy, sexual orientation, gender identity or expression, marital status, status with regard to public assistance, veteran status, citizenship or membership in any other legally protected class.

It is the policy of CYC to:

- Recruit, hire, train and promote persons in all job classifications without regard to race,
- creed, color, religion, sex, national origin, nationality, ancestry, age, disability or status as a
- disabled veteran or veteran of the Vietnam era, pregnancy, sexual orientation, gender identity or
- expression, marital status, status with regard to public assistance, veteran status, citizenship or
- membership in any other legally protected class.
- Base decisions on employment to further the principle of equal employment opportunity.
- Ensure that promotion decisions are in accord with principles of equal employment opportunity by
- imposing only valid requirements for promotional opportunities.
- Strive to achieve a balanced work force through affirmative action.
- Foster a climate where diversity and inclusion is recognized and valued as a source of enrichment, innovation and opportunity.

CYC will make reasonable accommodations in accordance with the law for qualified individuals with known disabilities, unless doing so would result in an undue hardship. We are committed to equal employment opportunity in all areas of employment action, including recruitment, selection, job assignment, promotion, compensation, discipline, termination, layoff and return from layoff and access to benefits and training.

If you have any questions or concerns about any type of discrimination in the workplace, you must bring these issues to the attention of your immediate supervisor or HR. You can raise concerns and make reports without fear of reprisal. All employees are responsible for understanding, adhering to and strictly enforcing this policy. Anyone found to be engaging in any type of violation of this policy will be subject to disciplinary action, up to and including termination of employment.



# Report for ConnectYourCare web portal

Report Creator: Alesia Tomuts, March 2, 2018

Evaluation Commissioner: ConnectYourCare

## Summary of the evaluation findings

This report describes the conformance of the [www.connectyourcare.com](http://www.connectyourcare.com) (<http://www.connectyourcare.com>) Web site with W3C's Web Content Accessibility Guidelines (WCAG) 2.0

Based on this evaluation, the Web site meets WCAG 2.0 conformance Level AA

## Scope of the evaluation

<b>Website name</b>	ConnectYourCare
<b>Scope of the website</b>	ConnectYourCare is a web and mobile app-based consumer directed healthcare platform located at <a href="http://www.connectyourcare.com">www.connectyourcare.com</a> ( <a href="http://www.connectyourcare.com">http://www.connectyourcare.com</a> )
<b>Conformance target</b>	Level AA
<b>Additional evaluation requirements</b>	
<b>Accessibility support baseline</b>	macOS Firefox browser, Chrome browser, Safari browser Safari with VoiceOver, Chrome with VoiceOver
<b>Relied upon technologies</b>	<ul style="list-style-type: none"><li>• HTML5</li><li>• CSS</li><li>• DOM</li></ul>

## Overview of audit results

Results of Level AA

Principle	Level A	Level AA
<b>1. Perceivable</b>	9 / 9	5 / 5
<b>2. Operable</b>	9 / 9	3 / 3
<b>3. Understandable</b>	5 / 5	5 / 5
<b>4. Robust</b>	2 / 2	0 / 0
<b>Total</b>	25 / 25	13 / 13

# Detailed audit results

## Principle 1 Perceivable

### 1.1 Text Alternatives

#### 1.1.1 Non-text Content: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 1.2 Time-based Media

#### 1.2.1 Audio-only and Video-only (Prerecorded): (Level A)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.2 Captions (Prerecorded): (Level A)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.3 Audio Description or Media Alternative (Prerecorded): (Level A)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.4 Captions (Live): (Level AA)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.5 Audio Description (Prerecorded): (Level AA)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 1.3 Adaptable

#### 1.3.1 Info and Relationships: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** Information and the structure can be followed when the information is presented in text

### 1.3.2 Meaningful Sequence: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The structure can be followed when the information is presented in a text

### 1.3.3 Sensory Characteristics: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The website has not components that rely solely on sensory characteristic.

## 1.4 Distinguishable

### 1.4.1 Use of Color: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The website doesn't use color to convey information.

### 1.4.2 Audio Control: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 1.4.3 Contrast (Minimum): (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 1.4.4 Resize text: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The text can be resized

### 1.4.5 Images of Text: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** No any images of text are presented

## Principle 2 Operable

### 2.1 Keyboard Accessible

#### 2.1.1 Keyboard: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All functionality can be accessible using tab

#### 2.1.2 No Keyboard Trap: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 2.2 Enough Time

#### 2.2.1 Timing Adjustable: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The user is warned before time expires.

#### 2.2.2 Pause, Stop, Hide: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 2.3 Seizures

#### 2.3.1 Three Flashes or Below Threshold: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 2.4 Navigable

#### 2.4.1 Bypass Blocks: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** Skip to Content link is available

#### 2.4.2 Page Titled: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All the pages contain titles that specify the content



#### 2.4.3 Focus Order: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The website can be navigated sequentially



#### 2.4.4 Link Purpose (In Context): (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** All text links in the website are useful to the user to know the purpose of the link.



#### 2.4.5 Multiple Ways: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** –



#### 2.4.6 Headings and Labels: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The headings and labels are descriptives.



#### 2.4.7 Focus Visible: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The Focus is visible

## Principle 3 Understandable

### 3.1 Readable



#### 3.1.1 Language of Page: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The language of the pages is specified

#### 3.1.2 Language of Parts: (Level AA)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

## 3.2 Predictable



### 3.2.1 On Focus: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** There is no change of context when components receive focus



### 3.2.2 On Input: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** There is no change of context on any input



### 3.2.3 Consistent Navigation: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The navigation through the website is consistent



### 3.2.4 Consistent Identification: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** All similar components have the same appearance

## 3.3 Input Assistance



### 3.3.1 Error Identification: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** If input error is detected, it is described to the user in text



### 3.3.2 Labels or Instructions: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** All input fields have labels



### 3.3.3 Error Suggestion: (Level AA)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 3.3.4 Error Prevention (Legal, Financial, Data): (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission

## Principle 4 Robust

### 4.1 Compatible

#### 4.1.1 Parsing: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 4.1.2 Name, Role, Value: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

## Related WCAG 2.0 resources

- [Web Content Accessibility Guidelines \(WCAG\) 2.0](http://www.w3.org/WAI/intro/wcag) (<http://www.w3.org/WAI/intro/wcag>)  
Overview: [www.w3.org/WAI/intro/wcag](http://www.w3.org/WAI/intro/wcag)
- [How to Meet WCAG 2.0 Quick Reference](http://www.w3.org/WAI/WCAG20/quickref/) (<http://www.w3.org/WAI/WCAG20/quickref/>)  
[www.w3.org/WAI/WCAG20/quickref/](http://www.w3.org/WAI/WCAG20/quickref/)
- [WCAG 2.0 Evaluation Methodology \(WCAG-EM\)](http://www.w3.org/WAI/eval/conformance) (<http://www.w3.org/WAI/eval/conformance>)  
Overview: [www.w3.org/WAI/eval/conformance](http://www.w3.org/WAI/eval/conformance)

# Report for ConnectYourCare mobile app

Report Creator: Alesia Tomuts, March 6, 2018

Evaluation Commissioner: ConnectYourCare

## Summary of the evaluation findings

This report describes the conformance of the [www.connectyourcare.com](http://www.connectyourcare.com) (<http://www.connectyourcare.com>) mobile app with W3C's Web Content Accessibility Guidelines (WCAG) 2.0

Based on this evaluation, the mobile app meets WCAG 2.0 conformance Level AA

## Scope of the evaluation

App name	ConnectYourCare
Scope of the app	Web content of the mobile version of the ConnectYourCare healthcare platform located at <a href="http://www.connectyourcare.com">www.connectyourcare.com</a> ( <a href="http://www.connectyourcare.com">http://www.connectyourcare.com</a> )
Conformance target	Level AA
Additional evaluation requirements	
Accessibility support baseline	IOS 11 with Voice Over

## Overview of audit results

Results of Level AA

Principle	Level A	Level AA
1. Perceivable	9 / 9	5 / 5
2. Operable	9 / 9	3 / 3
3. Understandable	5 / 5	5 / 5
4. Robust	2 / 2	0 / 0
Total	25 / 25	13 / 13

## Detailed audit results

### Principle 1 Perceivable

#### 1.1 Text Alternatives

##### 1.1.1 Non-text Content: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: –



#### 1.2 Time-based Media

##### 1.2.1 Audio-only and Video-only (Prerecorded): (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.2 Captions (Prerecorded): (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.3 Audio Description or Media Alternative (Prerecorded): (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.4 Captions (Live): (Level AA)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.5 Audio Description (Prerecorded): (Level AA)

Results for the entire sample:

Outcome: Not present

Findings: –



#### 1.3 Adaptable

##### 1.3.1 Info and Relationships: (Level A)





Results for the entire sample:

Outcome: Passed

Findings: Information and the structure can be followed.

### 1.3.2 Meaningful Sequence: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: The structure on the screens can be followed

### 1.3.3 Sensory Characteristics: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: The app has no components that rely solely on sensory characteristic.

## 1.4 Distinguishable

### 1.4.1 Use of Color: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: App doesn't use solely color to convey information.

### 1.4.2 Audio Control: (Level A)

Results for the entire sample:

Outcome: Not present

Findings: -

### 1.4.3 Contrast (Minimum): (Level AA)

Results for the entire sample:

Outcome: Passed

Findings: -

### 1.4.4 Resize text: (Level AA)

Results for the entire sample:

Outcome: Passed

Findings: The app could be resized with standard Zoom In tool

### 1.4.5 Images of Text: (Level AA)

Results for the entire sample:

Outcome: Passed

Findings: No any images of text are presented

## Principle 2 Operable

### 2.1 Keyboard Accessible

#### 2.1.1 Keyboard: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: All functionality can be accessible by swipes with Voice over

#### 2.1.2 No Keyboard Trap: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: -

### 2.2 Enough Time

#### 2.2.1 Timing Adjustable: (Level A)

Results for the entire sample:

Outcome: Not present

Findings: -

#### 2.2.2 Pause, Stop, Hide: (Level A)

Results for the entire sample:

Outcome: Not present

Findings: -

### 2.3 Seizures

#### 2.3.1 Three Flashes or Below Threshold: (Level A)

Results for the entire sample:

Outcome: Not present

Findings: -

### 2.4 Navigable

#### 2.4.1 Bypass Blocks: (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –

#### 2.4.2 Page Titled: (Level A)



Results for the entire sample:

Outcome: Not present

Findings: –

#### 2.4.3 Focus Order: (Level A)



Results for the entire sample:

Outcome: Passed

Findings: The app can be navigated sequentially

#### 2.4.4 Link Purpose (In Context): (Level A)



Results for the entire sample:

Outcome: Passed

Findings: All text links in the app are useful to the user

#### 2.4.5 Multiple Ways: (Level AA)



Results for the entire sample:

Outcome: Not present

Findings: –

#### 2.4.6 Headings and Labels: (Level AA)



Results for the entire sample:

Outcome: Passed

Findings: The headings and labels are descriptives.

#### 2.4.7 Focus Visible: (Level AA)



Results for the entire sample:

Outcome: Passed

Findings: The Focus is visible

## Principle 3 Understandable

### 3.1 Readable

#### 3.1.1 Language of Page: (Level A)



Results for the entire sample:

Outcome: Not present

Findings: –

#### 3.1.2 Language of Parts: (Level AA)



Results for the entire sample:

Outcome: Not present

Findings: –

### 3.2 Predictable

#### 3.2.1 On Focus: (Level A)



Results for the entire sample:

Outcome: Passed

Findings: –

#### 3.2.2 On Input: (Level A)



Results for the entire sample:

Outcome: Passed

Findings: –

#### 3.2.3 Consistent Navigation: (Level AA)



Results for the entire sample:

Outcome: Passed

Findings: The navigation through the app is consistent

#### 3.2.4 Consistent Identification: (Level AA)



Results for the entire sample:

Outcome: Passed

Findings: All similar components have the same appearance


### 3.3 Input Assistance

#### 3.3.1 Error Identification: (Level A)




Results for the entire sample:

**Outcome:** Passed **Findings:** If input error is detected, it is described to the user in text

**3.3.2 Labels or Instructions:** (Level A)   
Results for the entire sample:  
**Outcome:** Passed **Findings:** All input fields have labels


**3.3.3 Error Suggestion:** (Level AA)   
Results for the entire sample:  
**Outcome:** Not present **Findings:** –

**3.3.4 Error Prevention (Legal, Financial, Data):** (Level AA)   
Results for the entire sample:  
**Outcome:** Passed **Findings:** A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission

## Principle 4 Robust

### 4.1 Compatible

**4.1.1 Parsing:** (Level A)   
Results for the entire sample:  
**Outcome:** Not present **Findings:** –

**4.1.2 Name, Role, Value:** (Level A)   
Results for the entire sample:  
**Outcome:** Not present **Findings:** –

## Sample of audited web pages

### Related WCAG 2.0 resources

- [Web Content Accessibility Guidelines \(WCAG\) 2.0](http://www.w3.org/WAI/intro/wcag) (http://www.w3.org/WAI/intro/wcag)  
Overview: [www.w3.org/WAI/intro/wcag](http://www.w3.org/WAI/intro/wcag)
- [How to Meet WCAG 2.0 Quick Reference](http://www.w3.org/WAI/WCAG20/quickref/) (http://www.w3.org/WAI/WCAG20/quickref/)  
[www.w3.org/WAI/WCAG20/quickref/](http://www.w3.org/WAI/WCAG20/quickref/)
- [WCAG 2.0 Evaluation Methodology \(WCAG-EM\)](http://www.w3.org/WAI/eval/conformance) (http://www.w3.org/WAI/eval/conformance)  
Overview: [www.w3.org/WAI/eval/conformance](http://www.w3.org/WAI/eval/conformance)

# Technical Proposal Response – Information for Evaluation

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
<b>E.1 VENDOR QUALIFICATIONS AND CORPORATE STRUCTURE</b>	
<p><b>A. Provide a statement of differentiation that distinguishes the products and services your company provides from other companies providing the same or similar services and provide the following information:</b></p> <p>Founded in 2002, we are one of the nation's largest servicers of health savings accounts and a recognized expert in the administration of all consumer-directed health care accounts, including: HSAs, FSAs, HRAs, Dependent Care FSAs, COBRA and those specialized for health care in retirement. As the solution of choice for employers of all size, many banks and numerous health plans, we provide truly unique capabilities, advanced functionality, ultimate configurability and superior service. We set ourselves apart from our competition in the following ways:</p> <ul style="list-style-type: none"> <li>• HSA On Demand® <ul style="list-style-type: none"> <li>○ Our award-winning product, HSA On Demand® allows employees to access their full year's contribution, including employee and employer elections, at any time of the year to pay for a medical expense. This provides a safety net and improves employee participation, resulting in financial benefits to the employer in the form of tax and cost savings.</li> </ul> </li> <li>• ClaimsAlly (notional accounts) <ul style="list-style-type: none"> <li>○ Automated, proprietary, optimized technology for FSAs and HRAs</li> <li>○ Skyrockets auto adjudication rates by optimizing health plan claims feed and participant payment card swipes process</li> <li>○ Go-green initiative reduces documentation letters and suspended cards</li> <li>○ Built and maintained using our proprietary, in-house technology</li> <li>○ Automated, hands-free, and seamless to both participants and employer administrators</li> <li>○ Key features include: Smart-matching claims, online repayments, simple communications about claims, seamless employer reporting</li> </ul> </li> <li>• Agile technology <ul style="list-style-type: none"> <li>○ Our continuously improving and highly configurable platform is owned and operated by us and provides greater configurability and control for clients and their participants. Because our system was designed, developed and is managed on an ongoing basis by us, we have the capacity to quickly respond to changes in not only legislative regulations, but also market demands.</li> </ul> </li> <li>• Feature-rich portal</li> </ul>	5 points

- Our online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management.
- We have also designed a Coaching Engine to deliver targeted messaging to participants based on specific needs. Through the Participant Portal, advice will be delivered during key times in a participant's account lifecycle, including: enrollment, the first time filing a claim, if newly eligible for HSA investments, when there is a savings opportunity and more. This automated help guides participants and delivers an industry-leading customer experience.
- Full-featured mobile capabilities
  - CYC Mobile allows participants to manage their health care accounts on the go. Participants can manage their investments, view balances and claims, add a new claim and upload claim documentation with a picture from their smartphone camera directly to the system.
  - We also offer two-way text messaging providing instant access to important account information, such as account balances, claims activity and contribution activity.
- 24x7 live, U.S.-based customer service
  - We provide live, U.S.-based customer service, 24 hours per day, seven days per week, 365 days per year. Our customer care representatives are experts in health care and financial claims processing and trained to answer a wide variety of questions.
  - We would like to invite the State of Arkansas to visit and spend time at our customer service facility, to take part in "cultural training" to expose our service representatives to Arkansas' working environment. In addition to learning more about ConnectYourCare's service model, your representatives can aid and improve the service representatives' understanding of the State of Arkansas and its participants.
- Real-time information
  - The majority of all data is refreshed in real time to provide the highest level of accuracy and customer service. Payment card transactions are processed in real time. Both manual and online claims and reimbursement submissions are processed on a continual basis using a first in, first out approach in real time. Claim status is updated in real time and is visible to participants and customer care representatives.
  - We also have a strategic partnership with First Data for health care payment card processing services. We have invested in a substantial interface with First Data to leverage the advances they have made in auto-substantiation and point-of-service innovations.
- High CIP pass rate (HSA)
  - We utilize industry leading providers for compliance under a customer identification program (CIP) as required by the PATRIOT Act and other regulations. We collect personal information at the time of enrollment to verify each participant's identity. The participant will pass our CIP process when a certain combination of the information gathered matches. We have an industry-leading 98% pass rate on our CIP process.
- Highly customizable options
  - To support account enrollment and encourage participant engagement, we

offer the following unique customization options included in our fees:

- One-color logo on the payment card
  - Dedicated toll-free number
  - Electronic communication materials
  - Client logo on the Participant Portal
  - Customizable interactive voice response (IVR) system welcome message
- We provide many customization options at no additional charge, including customized health care payment cards with the State of Arkansas logo. If requested, we can also place the State of Arkansas logo on every page of the portal.
  - Additional services available for various levels of branding include:
    - Enrollment and ongoing participant communications
    - Dedicated State of Arkansas benefits microsite
    - Multimedia education
    - Transactional correspondence – claims, balance, and payment related letters
    - Care Center interactive voice response (IVR) system welcome message
  - We also offer the State of Arkansas its own microsite, a great tool for communicating with your large participant population:
    - “Home base” for the State of Arkansas employees and their families
    - One-stop for plan information and portal log-in
    - Interactive tools and custom content
    - Easily customized to match the needs of the State of Arkansas’ employees and connect to existing intranet or sites.

Please feel free to visit the microsite ConnectYourCare developed for CVS Health, located at <https://www.connectyourcare.com/m/cvshealth/> and the microsite developed for Arvest Bank, located at [www.connectyourcare.com/m/arvest](http://www.connectyourcare.com/m/arvest).



## Benefits That Help You Save

Save big on all your health care needs.

### A comprehensive way to pay for health care.

**Health Savings Accounts (HSA)** – HSAs save you money on everything from prescriptions to office visits, and it also let you build long-term health savings.

### ConnectYourCare's Expert Service

We are partnering with ConnectYourCare to bring you accounts loaded with benefits:

- > easy to use!
- > online and mobile account access
- > simple way to save money
- > customer service available 24 hours a day, 7 days a week

Home

Health Savings Accounts (HSA)

Eligible Expenses

Frequently Asked Questions

#### Questions?

Contact us 24 hours a day, 7 days a week at 844-400-5723



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### 1. Corporate Structure and Ownership including an organizational chart

Our organization consists of multiple departments typically found in any company including: executive, finance, legal/compliance, HR, operations, IT, client service, sales and marketing. Each department has an experienced executive leader. We closely monitor our staffing and system needs based on our sales pipelines, enrollment forecasts from existing partners and clients, the number and variety of accounts offered by all clients. Our management team monitors call volume and service-level performance to promptly add resources as needed.

Please refer to Exhibit A: CYC Full Organizational Chart included on the Exhibits flash drive submitted with this proposal.

### 2. Number of years your company has been providing services required in the RFP

Our company was founded in August 2002 as the first health care account administrator designed and built from the ground up to service the health care industry's evolution to health care accounts. We have administered flexible spending and health savings accounts for 14 years, and we have offered COBRA administration services for eight years.

### 3. Location of Corporate Office

ConnectYourCare is headquartered in Hunt Valley, Maryland.

### 4. Locations of all Sales/Support Offices specifying which office will be responsible for working with EBD

Many of our sales and support staff – including account and implementation managers, client service team members and sales representatives work remotely from home offices. Our headquarters are located in Hunt Valley, Maryland, and our call center is in St. Petersburg, Florida.

<p><b>5. Information regarding professional/industry association memberships</b></p> <p>ConnectYourCare holds memberships in the following groups:</p> <p>AHIP – America’s Health Insurance Plans</p> <p>ECFC – The Employers Council on Flexible Compensation</p> <p>HSA Council</p> <p>SIGIS – The Special Interest Group for IAS Standards</p> <p>MAHU – Maryland Association of Health Underwriters (individual level, not corporate)</p> <p><b>6. A statement expressing the percentage of your company’s revenue that is derived from providing services similar to those required by the RFP</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare’s proposal to the State of Arkansas.</p> <p><b>7. Total dollar amount of all GPFSA, DCAP, LPFSA and HSA claims processed by your company in calendar year 2016</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare’s proposal to the State of Arkansas.</p> <p><b>8. Audited financial statements for the past three (3) years or other financial documentation that accurately reflects your company’s financial condition. Submit in electronic format only.</b></p> <p>ConnectYourCare is subject to an annual audit of our financial statements, which is performed by Ernst &amp; Young. Please refer to:</p> <p><u>Exhibit B: CYC 2016 Audited Financial,</u></p> <p><u>Exhibit C: CYC 2015 Audited Financial Statement</u> and</p> <p><u>Exhibit D: CYC 2014 Audited Financial Statement</u> included on the Exhibits flash drive submitted with this proposal.</p>	
<p><b>B. Provide an executive summary containing no more than three (3) pages detailing your company’s understanding of the following:</b></p> <ol style="list-style-type: none"> <li><b>1. The services to be provided under any resultant contract</b></li> <li><b>2. The Contractor’s responsibilities under any resultant contract</b></li> <li><b>3. Other information relevant to the services described in the RFP and necessary to fully communicate your company’s understanding of the services to be provided and the responsibilities of the Contractor</b></li> </ol> <p>Confirmed; please refer to <u>Exhibit E: CYC Executive Summary</u> included on the Exhibits flash drive submitted with this proposal.</p>	<p>5 points</p>




**C. List and describe your company’s past experience with projects of similar scope. Specifically list and describe all projects administered and managed by your company that meet the five (5) year experience requirement.**

5 points

With thousands of clients nationwide, ConnectYourCare has significant experience in administering plans to government clients of all sizes – at town, city, county and state levels – often with considerable plan complexity and multiple products.

As an example, our client the State of Alabama has over 30,000 benefit-eligible employees and a similar product mix as that requested by the State of Arkansas (FSA, dependent care and COBRA). We would be pleased to offer contact information for the State of Alabama, as they could discuss high overall employer and participant satisfaction, as well as their smooth successful implementation.



“ I just wanted to say how much I really like ConnectYourCare. The website is easy to understand and very user-friendly. It is also nice to look at the site and see exactly what has been paid. This is so much better than our previous administrator’s site. Thanks for making this part of our plan easy. ”

*– HSA participant*

In addition, below is a list of de-identified accounts administered and managed by ConnectYourCare, of a similar scope to the services offered in this proposal:

Industry	Benefit-Eligible Employees	Benefit Start Date	Products
Retail	243000	4/1/2012	DCAP; FSA; HSA; COBRA
Insurance	140000	7/1/2013	DCAP; FSA; HSA; COBRA
Agriculture	37300	1/1/2011	DCAP; FSA; HSA; COBRA
Banking	27545	1/1/2014	DCAP; FSA; HRA; HSA
Education	12000	1/1/2014	DCAP; FSA; HSA; LPFSA; COBRA
Major Banks	10368	1/1/2009	DCAP; FSA; HRA; HSA; COBRA
Retail	9500	1/1/2013	DCAP; FSA; HSA; COBRA
Food & Beverage	4960	4/1/2013	FSA; HSA; COBRA
Energy	1530	1/1/2012	FSA; HRA; HSA; COBRA

**D. List and describe the State, Federal, and/or local public entities that your company has provided services for in the past. Include the services provided, the dates your company provided the services, and how this experience provided your company with the capability to work with a geographically diverse population.**

5 points

ConnectYourCare has extensive experience working with large, medium and small government plans with diverse populations, union structures, state, federal and local reporting and regulatory requirements, and unique geographical spreads and employee locations – after our founding in 2002, we began providing FSA, HSA, limited-purpose FSA and dependent care FSA in 2004, and COBRA administrative services in 2010 .We currently provide administrative services to over 80 large governmental clients and more than 250 public sector clients comprised of over 175,000 participants.

Below is a list of de-identified state, federal and other public-sector entities for which ConnectYourCare provides services. Note that for contractual reasons, we cannot provide client names during the proposal process.

Industry	Benefit Start Date	Products
US Municipal Government	7/1/2013	FSA
Government	1/1/2015	DCAP; FSA
US Municipal Government	10/1/2014	DCAP; FSA; HRA
US Municipal Government	1/1/2014	FSA
Government	1/1/2016	DCAP; FSA; HRA
Government	1/1/2010	DCAP; FSA
Government	1/1/2018	FSA
Government	1/1/2018	Commuter; FSA
Government	1/1/2015	COBRA; Commuter; DCAP; FSA; HRA
Government	1/1/2016	FSA
Government	7/1/2014	DCAP; FSA; LPFSA
Government	1/1/2015	DCAP; FSA; HRA; HSA
Government	1/1/2017	FSA; HRA; DCFSA, COBRA

**E. Detail the contract(s) and/or interest(s) held by your company with any operation located outside of the continental United States including a description of the relationship. Detail entities owned by your company or entities your company has a financial interest in (inside or outside the continental United States) that would receive compensation if your company were to be awarded a contract as a result of this RFP and describe the relationship.**

5 points

ConnectYourCare holds no contracts or details with any operation located outside of the United States.

**F. Describe your company's overall client retention rate over the previous two (2) years for your company's complete book of business.**

5 points

Approximately 97% of our 2014 clients renewed for the 2015 plan year. Just over 90% of clients renewed in 2016, and 93% of clients renewed in 2017 for the 2018 plan year.

**G. Detail your company's philosophy, policies, and processes for providing transparent administration to its clients.**

5 points

ConnectYourCare is a customer service organization that leverages state of the art technology. Our overall client service approach is centered around a philosophy of making a profound impact on customer and organizational performance. We offer a tiered client service approach, structured

<p>to address your needs as an employer as well as any participant concerns in order to enhance satisfaction in the short and long-term. Your team will consist of a primary contact, Corinne Richardson, the client service manager, for day-to-day account activity and operational support, as well as other backup support team members. We will ensure that the State of Arkansas has a smooth transition to ConnectYourCare and will work to effectively understand and address your needs. Because providing exceptional customer service is our highest priority, your entire client service team will work together to ensure satisfaction and provide ongoing innovation and resolutions. Please refer to Corinne’s biography in <u>Exhibit F: CYC Biographies</u> included with this proposal.</p> <p>Overall, we remove your administrative burden, emphasize transparency and deliver increased cost savings by providing:</p> <ul style="list-style-type: none"> <li>• Expert, dedicated support from a team of professionals dedicated to clients’ strategic and day-to-day needs</li> <li>• Complete account transparency through detailed online reporting tools</li> <li>• Proven implementation methodology and specialists speed the implementation timeline, accommodate customizations, and earn 100% satisfaction rates</li> <li>• Communication kits to ease implementation, boost enrollment, and increase employee satisfaction rates</li> </ul> <p>Programs that drive higher employee benefits satisfaction rates and increased tax savings</p>	
<p><b>H. Describe your company’s experience coordinating the development, implementation, and management of Program(s) similar in size and scope to those required in this RFP.</b></p> <p>ConnectYourCare offers the State of Arkansas a leading solution and benefit service that is seamless, simple, and offers peace-of-mind, resulting in better adoption, higher satisfaction, and helping to lower costs. At the same time we strive to keep things simple and “no-noise” for the State of Arkansas, our infinitely-scalable platform allows for the flexibility and level of control that the State needs. Our culture of service excellence ensures that both the State and its plan participants will be supported and empowered at every step.</p> <p>We have extensive experience working with large governmental plans and plans with enrollment patterns similar to the State of Arkansas and have been doing so since 2004. We currently provide administrative services to over 80 large governmental clients and more than 250 public sector clients comprised of over 175,000 participants.</p> <p>We’re confident that ConnectYourCare is well-positioned to offer State of Arkansas the precise expertise to meet the program capabilities, customer service excellence and communication needs as outlined in the RFP.</p>	5 points
<p><b>E.2 IMPLEMENTATION</b></p>	
<p><b>A. Describe your company’s proposed implementation process that will provide for a successful implementation by the proposed Administration Services Start Date as stated in the RFP.</b></p> <p>ConnectYourCare has the proven implementation expertise to immediately set up new groups and simplify the entire experience for all. Our implementation methodology provides a designated team, laser focused on quality, following a detailed multi-phase project plan. During the project initiation and requirements phase, we work diligently to understand your needs. We make sure all requirements and business processes are fully understood and documented. We provide project management throughout the project timeline, ensuring all parallel paths are ready and on time. Specific paths include communications, interfaces, cards, configuration, operations and services. Implementation will continue until well after the launch until handoff to Corinne Richardson (the client service manager) is complete, and the State of Arkansas is satisfied. We close each implementation out with a satisfaction survey and review lessons learned during a full team debrief.</p> <p>Please refer to:</p>	5 points

<p><u>Exhibit G: CYC FSA HSA Implementation Timeline for Arkansas</u> and <u>Exhibit H: CYC COBRA Implementation Timeline for Arkansas</u> included on the Exhibits flash drive submitted with this proposal, which assume a standard January 1 start date.</p>	
<p><b>B. Provide a detailed Implementation schedule/timeline. Include all activities required for successful implementation and the timeframes for completing those activities including the following:</b></p> <ol style="list-style-type: none"> <li>1. <b>Data transfer requirements</b></li> <li>2. <b>Suggested methods for timely data migration</b></li> <li>3. <b>Member/Plan Participant education and outreach</b></li> <li>4. <b>Training</b></li> <li>5. <b>Member account transfers</b></li> <li>6. <b>Debit card distribution</b></li> </ol> <p>Please refer to <u>Exhibit G: CYC FSA HSA Sample Implementation Timeline</u> and <u>Exhibit H: CYC COBRA Sample Implementation Timeline</u> included on the Exhibits flash drive submitted with this proposal, for timelines and full details of all major activities typically required for successful implementation.</p> <p>The implementation manager will also produce a dashboard report for each weekly status meeting during implementation, providing a summary of progress against key milestones, the overall status of the project, key outstanding issues and upcoming milestones. This document will provide the State of Arkansas with a solid summary of the overall health of the project, and any key issues. Please refer to <u>Exhibit I: CYC Sample Weekly Status Report</u> included as an exhibit to this proposal.</p>	<p>5 points</p>
<p><b>B. Detail your company’s implementation team members that will attend the initial 1-3 day(s) Implementation meeting(s) in Little Rock, Arkansas. Provide the following for each member of the implementation team:</b></p> <ol style="list-style-type: none"> <li>1. <b>Name</b></li> <li>2. <b>Title</b></li> <li>3. <b>Experience and credentials</b></li> </ol> <p>Matt Malkowski, who works out of Gainesville, TX, will serve as the State of Arkansas’ implementation manager. Matt brings more than nine years of experience in project management. In addition, Matt has managed several successful, high-profile implementations (including public sector clients) for CYC.</p> <p>Matt is responsible for facilitating the employer implementation process by coordinating employer groups and internal operations to support new business setup and design. He will ensure a smooth transition to ConnectYourCare by understanding and minimizing any possible operational impact, working towards ongoing communication and quick problem resolution to ensure a smooth process.</p> <p>Please refer to Matt’s biography included in <u>Exhibit F: CYC Biographies</u>, on the Exhibits flash drive submitted with this proposal, for more details about Matt’s extensive project management experience and professional credentials, including his time as an Army officer.</p> <p><b>Implementation Analyst</b></p> <p>Cassie Heibin is one implementation analyst that will support the State of Arkansas, working diligently to analyze and understand the State of Arkansas’ specific needs. Cassie and other analysts will make sure all requirements and business processes are fully understood and documented, and provide project management throughout the project timeline, ensuring all parallel paths are ready and on time. Specific paths include communications, interfaces, cards, configuration, operations and services. Please see Cassie’s biography included in <u>Exhibit F: CYC Biographies</u>. Note that the full implementation team working with Matt and Cassie will be</p>	<p>5 points</p>

assigned to the State of Arkansas closer to the implementation date.

Implementation continues well after the launch until handoff to the client service manager (Corinne Richardson) is complete and the State of Arkansas is satisfied. We close each implementation out with a satisfaction survey and review lessons learned during a full team debrief.

### **Communications**

As Vice President of Marketing at ConnectYourCare, Alicia Main is responsible for Solutions Marketing and Communications, including competitively positioning products and services, and developing the strategy, sales enablement, content, and communications plans used by all functions to enable the business. Alicia will oversee the development and execution of any standard and customized communications plans for the State of Arkansas.

Since joining ConnectYourCare in 2005, Alicia created and continues to head 360° Connect, a marketing service that drives participant satisfaction, engagement and account growth, ultimately delivering quantifiable increased client and participant tax savings. Since increasing participation is an important goal for the State, Alicia will leverage her experience with other private and public-sector organizations to create a customized plan for the State of Arkansas specifically targeted towards increasing participation. Please refer to Alicia's full biography included in [Exhibit F: CYC Biographies](#).

### **Account Executive**

The State of Arkansas has also been assigned an account executive (AE), Kate Godwin. Kate has over 23 years of experience in the financial services industry with a focus on deposit products. Prior to Kate's role at ConnectYourCare, she held the position of Vice President of Healthcare Initiatives at a top-10 national HSA custodian bank. Kate was responsible for client management, identifying and improving client support channels, creating communication materials, and marketing the HSA product. Kate resides in Atlanta, GA. Kate will act as the State of Arkansas' planning partner to help increase the adoption rate of your plan and will optimize the value of the ConnectYourCare partnership by providing suggestions on how to enhance your plan design, sharing best practices and market and regulatory trends, relaying new product enhancements, and recommending ways to engage employees. Kate is also the current Account Executive for the State of Alabama. Kate will be able to leverage the many similarities between the States as well share best practices to meet Arkansas' goals.

Additionally, Kate will conduct strategic business reviews to review the status of current objectives, as well as short-term and long-term objectives for the plan and PEBA's participants. During these meetings, Kate will present Arkansas-specific program recommendations, prepared through careful planning and analysis, review key data from the prior plan year, identify key opportunities specific to the State of Arkansas and recommend programs to meet PEBA's goals.

Please see Kate's biography in [Exhibit F: CYC Biographies](#).

### **Client Service Manager**

Your client service manager, Corinne Richardson, will be your dedicated primary contact for day-to-day account activity, issue resolution, general inquiries and operational support, as well as other backup support team members. Corinne will manage the State's plans to ensure satisfaction, profitability and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.

Corinne has over ten years' experience in the health reimbursement and savings account field and has been working with ConnectYourCare since 2013. Prior to her current role, she was a Service Delivery Manager for the Account Administrator team, and before that was part of the client resource organization team at ConnectYourCare, where she led and managed our emerging client market. We are confident in Corinne's extensive working knowledge of many areas of the ConnectYourCare system – from both a participant and an employer level – and that she will manage the State of Arkansas' account and communications to ensure the State's satisfaction.

Please refer to Corinne's biography in [Exhibit F: CYC Biographies](#).

**Sales**

The State of Arkansas’ primary contact during the proposal process is John Dean, Senior Vice President of Sales for ConnectYourCare. John heads sales in the Southern region of the United States and has over 20 years of experience in the benefits arena. His expertise includes reimbursement accounts, 401k plans and equity administration.

John also has extensive experience with state, city and county plans, as well as multiple Fortune 500 companies that have selected the ConnectYourCare platform. John will share this experience and provide additional support to the state throughout the partnership.

Please see John’s biography in Exhibit F: CYC Biographies.

**Describe what practices your company has found effective in similar meetings.**

**Our Collaborative Service Model**

ConnectYourCare offers a service model ideally organized to address the State of Arkansas’ needs as an employer and plan sponsor. We have found that when the client services team works as a collaborative, cohesive group to resolve inquiries and issues with employer representatives, we are effectively more responsive to our client’s needs. We’ve brought together a team of tenured and qualified benefits professionals who have many years of client service oversight in the consumer-directed health space and find that a mix of backgrounds is ideal: our team members have well-rounded backgrounds in benefits, HR, payroll, tax, consulting, finance and other applicable services. The State of Arkansas’ entire relationship team will be responsible for the “heavy lifting,” freeing the State to focus on the things that matter most.

**Best-Practices Implementation**

Implementation of the State of Arkansas’ program administration will entail the following:

- Timely review and execution of contracts and ACH authorization.
- Effective communication of the plan to eligible participants during open enrollment and other benefit communications.
- Review and approval of developed communication pieces, including the health care payment card.
- Review and approval of client requirements document.
- User acceptance testing of portal customizations; if applicable.
- Identification of key staff for training purposes.
- Project feedback for mid-implementation project health assessment.
- Project acceptance prior to launch.

Timely processing and delivery of initial and ongoing file interfaces

**Ongoing Collaborative Support, Proactive Data and Plan Improvements**

The client services team will meet weekly – at a minimum – during implementation, to ensure that all parties are kept up to date on the State of Arkansas’ plan designs and preferences. After implementation, this team will continue to meet with the State of Arkansas to discuss any best practices, discoveries, and to solicit process and product improvements.

The client planning process is an ongoing, joint effort which incorporates scheduled meetings, including strategic business reviews and an annual collaborative planning session. We will work with you to determine agenda items based on your needs and requests; topics typically discussed during the collaborative planning session will include:

- Weekly summary report
- Overviews of previous time periods (whether weeks, months, or the previous year)

<ul style="list-style-type: none"> <li>• Status review of the State of Arkansas' objectives</li> <li>• Industry trend analysis</li> <li>• Short- and long-term objectives for the State's plan and participants</li> <li>• Next time period plan, and next steps</li> </ul> <p>During these collaborative planning sessions, your client service team will also present State-specific program recommendations, prepared through careful planning and analysis. Your team will review key data from the prior plan year; develop and validate the State's plan goals for the coming year; identify key opportunities specific to the State; and will recommend any changes or programs that will continue to meet and exceed the State's goals.</p>	
<p><b>C. Describe your company's experience with the implementation of projects in similar size and scope. Include timelines, goals, results, pitfalls, risk mitigation, and any other element necessary to fully communicate your company's implementation experience. Detail the specific information generally requested of clients during these types of implementations.</b></p> <p>ConnectYourCare has implemented a number of large state government entities (including the State of Illinois and the State of Alabama) as well as many city and county groups across the country. Government and municipal entities present some differences in terms of population and financial requirements – such as the relative strictness of reconciliation requirements between funding and claims – but otherwise there is very little difference in terms of implementing and administering large groups. For government groups, we will have additional conversations with that group's finance team to ensure that all reporting is sufficient to meet any specific needs, in addition to any nonstandard arrangements for funding, claims and contributions.</p> <p>We are also aware that large government groups can have diverse populations, union and non-union, which may have different plan design requirements. ConnectYourCare spends extra time with government administrative teams to speak specifically about their unique population and provide the solutions to ensure that all members are accounted for, all requirements are met, and that both the client and participants are served with the high level of service and administrative excellence that all of our clients have come to expect from ConnectYourCare.</p> <p>Our proprietary solution allows us to be infinitely scalable; our system was designed, developed and is managed on an ongoing basis by us, which gives us the ability to quickly react to changes in not only regulations and legislation, but also market demands and technologies. CYC has built a platform employing industry-leading standard technology designed specifically to handle the complexity and continuing evolution of all tax-advantaged accounts while simultaneously providing tremendous amounts of automation for ease of administration. This allows us to easily onboard clients of any size, customize client programs or add system enhancements.</p>	5 points
<p><b>D. Describe the risks your company anticipates EBD, the Plan, Programs, Members, and Plan Participants may face during the Implementation Period and your company's plan to mitigate those risks.</b></p> <p>The biggest risk for any implementation is the smooth transfer of funds and administration. We spend several dedicated discussions to walk through the timing, responsibilities and any foreseeable impact to the participant population relative to account transfer, to ensure that all parties understand and agree to all steps required to mitigate or avoid these risks altogether. The largest component of mitigation is a comprehensive project plan, which we will review in detail with the State of Arkansas. Communication to employees and participants is also critical, to avoid surprises and any potential confusion – we provide all clients with effective standard communication materials, but we will also work with clients to develop targeted custom communications.</p> <p>Additionally, setting up inbound and outbound electronic file exchanges can occasionally take longer than expected. ConnectYourCare starts early in the implementation process to begin file discussions and builds in a 90-day typical turnaround time for file setup in the overall implementation project plan. Other challenges may include cooperation of prior vendor providing a list of takeovers with paid-to information and any outstanding payments on a timely basis.</p>	5 points
<p><b>E.3 ARCAP AND HSA ADMINISTRATION</b></p>	

<p><b>A. Provide a detailed description of the contractual relationship with your Custodian/Trustee.</b></p> <p>ConnectYourCare will be responsible for the entire HSA experience. We obtained our non-bank trustee designation and we are not partnering with a bank to offer the HSA services outlined in this proposal. We are pleased to offer our next-generation HSA solution which streamlines banking and investment services, more broadly leverages our payment network and enhances the HSA experience through new client and participant tools, including industry-leading mobile and portal capabilities.</p> <p>By offering our HSA as a non-bank trustee, ConnectYourCare is revolutionizing the market-based HSA experience, providing clients and participants with a fully integrated solution on a single end-to-end proprietary platform.</p>	<p>5 points</p>
<p><b>B. Provide a sample of the following documents in electronic format only (CD or Flash Drive):</b></p> <ol style="list-style-type: none"> <li><b>1. Member Account Application(s)</b> Please refer to <u>Exhibit J: CYC FSA Enrollment Form</u> and <u>Exhibit K: CYC HSA Enrollment Form</u> included on the Exhibits flash drive submitted with this proposal.</li> <li><b>2. Beneficiary Designation Form</b> Please refer to <u>Exhibit L: CYC Beneficiaries Forms</u> included on the Exhibits flash drive submitted with this proposal.</li> <li><b>3. Marketing/Education Material(s)</b> Please refer to <u>Exhibit M: CYC FSA Sample Communications</u> and <u>Exhibit N: CYC HSA Sample Communications</u> included on the Exhibits flash drive submitted with this proposal.</li> <li><b>4. Summary Plan Description, Plan Document, or similar document</b> We would be happy to work jointly with the State of Arkansas on the completion of a summary plan document (SPD) and can provide templates for this purpose. However, we do not author the SPD in its entirety as there are certain eligibility requirements that we may not be aware of, which would require input from the State of Arkansas.  Our standard template provides the majority of the necessary content with the employer responsible for completing the plan-specific details. Please refer to <u>Exhibit O: CYC Sample Summary Plan Description Template</u>, included on the Exhibits flash drive submitted with this proposal.</li> <li><b>5. All other documents/information currently provided to prospective Members for other clients of your company</b> Please refer to <u>Exhibit P: CYC FSA Handbook</u> and <u>Exhibit Q: CYC HSA Handbook</u> included on the Exhibits flash drive submitted with this proposal for a typical overview document provided to participants. In addition, we consistently provide communications to participants to ensure they understand system features and are aware of product enhancements. For example, since our participants who use our mobile technology are more satisfied overall, we send additional communications to those not using the mobile app to educate and encourage usage. For HSAs, we provide helpful tax tips leading up to the tax season. Also, we have designed a Coaching Engine to deliver targeted messaging to participants based on specific needs. Through the Participant Portal, advice will be delivered during key times in a participant's account lifecycle, including: enrollment, the first time filing a claim, if newly eligible for HSA investments, when there is a savings opportunity and more.  We also provide legislative updates, account updates and useful information to employers to distribute throughout the year. The State of Arkansas has the opportunity to communicate specific messages to participants through messages within the Participant Portal. We invite the State of Arkansas to visit the FSA and HSA sections of our web site (at <a href="https://www.connectyourcare.com/">https://www.connectyourcare.com/</a>) for a more robust view of the FSA and HSA tools and communications available.</li> </ol>	<p>5 points</p>



<p><b>C. Describe your company’s processes and capabilities for sending alerts for any rejected, unexpected, and/or unintended funding to a Member’s account and the process for notifying clients upon each occurrence.</b></p> <p>We correspond with participants through several channels, including online through the Participant Portal, email and postal mail. The messages section of the Participant Portal is an electronic notification system to deliver secure, account-specific communications.</p> <p>Messages include: major updates, account information, and documentation-needed notices to participants. Messages can be customized by the State of Arkansas. In addition, we send participants email alerts to notify them of account updates, changes in claim status and reimbursements. The State of Arkansas can elect which email notifications participants receive. Outside of the Participant Portal, participants will also receive mailed notices specific to claims activity, such as requests for receipts or other supporting documents, ineligible claim alerts or notices of adjustments to previously reimbursed claims.</p> <p>Employers can access our standard reporting package at any time through the online HR Command portal. Reports available to the State of Arkansas include:</p> <p>Participant Accounts - Designated by account type, year-to-date participant and employer elections, payroll contributions, claims and fees are displayed.</p> <ul style="list-style-type: none"> <li>• Participation Accounts Utilization and Forfeitures – Employee level data on savings account usage and remaining balances for notional accounts are displayed.</li> <li>• Contribution Invoice Funding Details – Provides a listing of contributions received, processed and rejected for the selected invoices are displayed.</li> <li>• Payroll Reconciliation Details – Contributions received and processed for a selected date range are displayed allowing for reconciliation of employer payroll contributions tied to contribution funding invoices.</li> <li>• Contribution Invoice Discrepancies – Highlights variances between contributions submitted and contributions posted for the selected invoice.</li> <li>• Paid Claims – Claim level details in which clients can view all claims paid within a selected date range.</li> <li>• Rejected Claims Requiring Payback – Details for claims that have been fully or partially rejected that should be paid back to the plan including reject reasons.</li> <li>• Rejected Claims Written Off – Ineligible claims that have been “written off” by the client and should be added to the participant’s taxable income by the client.</li> <li>• Claims Needing Documentation - Provides a listing of all claims requiring documentation for expense verification, including health care payment card claims and reimbursement requests made online or through the mail.</li> <li>• File Error Reports – Provides error details for census demographics, enrollment and contribution records received via file transfers.</li> <li>• Service Level Results – Key performance metrics weighed against Service Level Agreements (SLAs) for a selected date range or time period.</li> </ul> <p>Further, we offer extensive HSA reporting, including information on participant account balances, employer and employee contributions, contribution discrepancies; weekly HSA paid claims detail, contribution funding, contribution rejects, and missed contributions.</p>	<p>5 points</p>
<p><b>D. Describe your company’s accounting and business processes that provides for the correct crediting of Member accounts. Describe issues your company has faced in the past that caused the incorrect crediting of Member accounts and how your company provided for correction and the measures/processes instituted to prevent reoccurrence.</b></p> <p>As enrollment is loaded, our system creates an expected contribution amount pertaining to each payroll period. As contributions are posted to the accounts, our system generates error reports for employers to reconcile; if necessary, we will make updates after the employer reviews. The errors on our standard report are based on enrollment discrepancies, not issues between the expected</p>	<p>5 points</p>

<p>and actual contribution amounts. However, we can provide the required data by comparing the expected and actual amounts if requested by the State of Arkansas.</p> <p>We reconcile daily to mitigate the potential for erroneous deposits. If we have an incorrect bank account number in our system and the bank cannot accept a deposit, we reach out to the client to obtain the correct information.</p> <p>Allocations will be based off the contribution file sent by the State. If we receive a payroll contribution and the participant is not enrolled in the account, the transaction fails, and the State will be notified.</p> <p>Prior to receiving contributions from employers, our system predetermines a list of contribution expectations for each participant, based on the number of participants, election amounts and payment cycle. We use this expectation for internal audit and quality control purposes.</p> <p>For improper claims, we sort for duplicate claims to prevent accidental overpayment or fraudulent payments. To protect against internal fraud, we have an extensive set of controls and operating procedures, including segregation of duties and independent reconciliation of accounts.</p> <p>Further, we have an audit process and related reporting to examine accounts and transactions for suspicious activity regarding account contributions and claims. Our provider pay functionality is fed by the health plan and the health plan passes fraud controls prior to being sent to us. Therefore, we receive clean claims resulting in negligible or nonexistent provider fraud risk.</p>	
<p><b>E. Describe the procedures your company currently has in place for the submission of Member/Plan Participant documentation and information.</b></p> <p>To simplify the claims experience, participants can easily submit documentation with our CYC Mobile application or online upload on the Participant Portal. Alternatively, participants may send in documentation with a cover sheet by fax or U.S. mail. We provide a claim-specific, HIPAA-compliant, barcoded submission form for participants to submit with any supplemental documentation. These documentation submissions are read electronically and attached to the participant's record.</p>	5 points
<p><b>F. Describe how the Affordable Care Act has affected the language in your company's Summary Plan Description, Plan Document, or similar document and include how often your company reviews/ updates such documents.</b></p> <p>ConnectYourCare retains outside counsel at Alston and Bird to assist in drafting our template SPDs and plan documents – these are inclusive of all ACA-mandated provisions. These document templates are also reviewed on an ad hoc basis by our internal counsel, which we leverage for their expertise on a broad spectrum of health care matters, including benefit programs such as health care accounts. They provide guidance and legal advice to us with respect to the impact of pending and new regulations, as introduced, and as may affect the language in our SPD or other documents. Any changes affecting our business and operations, or the State of Arkansas directly, will be communicated to the State by your designated client service team. A detailed explanation on how the changes may or may not affect the plan and participants will be provided.</p>	5 points
<p><b>G. Describe how the interest rate is determined for HSAs administered by your company, such as by a specific mutual fund or money market account, or by the custodian/trustee. Provide the current interest rate paid on your company's HSAs and your Members' average account balance over an annual period.</b></p> <p>The current interest rates applicable to the deposit account range from 0.05% to 0.50%, dependent upon the balance within the account. The interest is credited monthly, on the last business day of the month. The total amount in the liquid account is FDIC-insured.</p>	5 points
<p><b>H. Detail the different fund investments offered by your company for HSAs. Include information regarding the following:</b></p> <p>Please refer to <u>Exhibit R: CYC Basic Proposed HSA Investment Options</u> and <u>Exhibit S: CYC Expanded Proposed HSA Investment Options</u> included with this proposal.</p> <p><b>1. Investment Options</b></p>	5 points

Investment funds are selected using the following criteria:

- Past Performance - This is considered relative to other investments having the same investment objective. Consideration is given to performance rankings over various time frames and consistency of performance.
- Cost - This is relative to other funds with like objectives and investment styles.
- Size of the Proposed Mutual Fund - The fund should have a minimum of \$75 million in assets under management.
- Length of Time - This is dependent upon the length of time the fund has been in existence and under the direction of the current manager (typically no less than three years in either case) and whether or not there have been material changes in the manager's organization and personnel.
- Style Consistency - The fund should have no more than 10% of the portfolio invested in unrelated asset class securities.
- Volatility - This is based upon the historical volatility and downside risk of each proposed investment.
- Compatibility - This is based on how well each proposed investment complements other assets in the program.
- Economic Environment - This is based on the current economic situation.
- Effectiveness - This is based on the likelihood of future investment success, relative to other opportunities.

Underperforming or out-of-favor mutual funds that do not meet two or more due diligence criteria will be placed on a Watch List for a period of six months. At the end of that six-month period, if the fund has failed to meet the due diligence criteria, it may be removed from the eligible investments program and replaced with a fund in that specific asset class that meets the due diligence criteria. Recommendation of replacement from the Investment Advisor and approval by the HSA Investment Committee is also required. Additional mutual funds that meet the due diligence criteria will be added to the program at that time and all investors will be able to invest in the new mutual funds.

We have partnered with a third party, Devenir, for providing registered investment advisor (RIA) services, which includes monitoring investment fund performance. Devenir is widely regarded as the premier RIA service provider in the industry, with products and services targeted specifically for the HSA market.

Our Asset Allocator tool is designed to help the account holder create a balanced portfolio of investments. We help account holders determine a buying methodology based on their personal risk tolerance, health, age and other determining factors.



Additionally, participants can research funds by accessing fund prospectus, fund facts, and Morningstar reports without leaving our secure Participant Portal.

Currently, we offer a basic, combined, and expanded fund list that the State of Arkansas can select from. We are willing to discuss custom fund line-ups if desired by the State. The Investment Center provides the participant with an excellent set of mutual funds across a wide range of asset classes. Participants can manage the funds in their account according to their needs (liquid or long term). The Automatic Investments “sweep” feature makes life easy for participants whereby future contributions can be automatically invested into mutual funds per the simple instructions that members set up in advance and can manage at any time.

## 2. Limitations

### Limitations on Investments

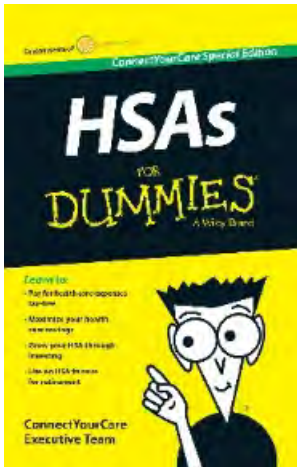
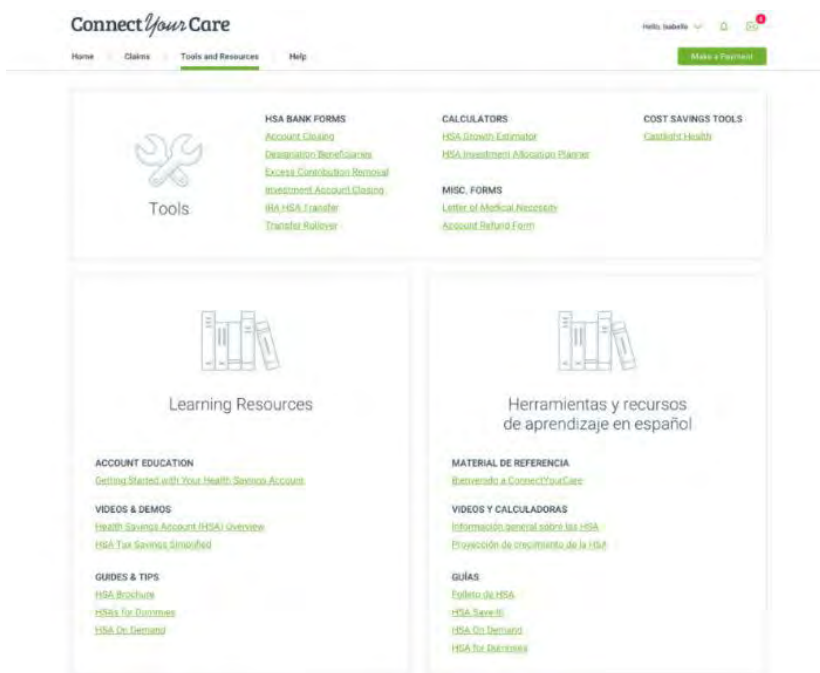
ConnectYourCare recommends a \$1,000 peg balance in the cash or liquid portion of the account before the account holder can invest. While this minimum is configurable by the State of Arkansas, it is recommended as a “best practice” amount.

## 3. Restrictions

There are no restrictions on investing amounts above the peg balance, such as minimum buy or sell orders.

## 4. Communication material(s)

ConnectYourCare provides robust communications materials online. Our HSA Academy contains the tools and resources participants need to make the most of their accounts, including educational videos and complementary electronic copies of [FSAs for Dummies](#) and [HSAs for Dummies](#). Funds lists, fund fact sheets, Morningstar reports, prospectuses, and investment tools such as investment calculators and other guides are also available.

Please refer to Exhibit M: FSA Sample Communications,

Exhibit N: CYC HSA Sample Communications,

Exhibit P: CYC FSA Handbook,

Exhibit Q: HSA Handbook,

Exhibit T: CYC Portal Tools and Tutorials – FSA and

Exhibit U: CYC Portal Tools and Tutorials – HSA included with this proposal.

**5. Custom investment options, pre-established investment models, or other options**

Employers can request a custom investment slate. We will research each fund requested to ensure it's available for HSA programs, open for new investors, and does not have a prohibitive investment minimum.

Our investment offering also includes target date funds for participants interested in pre-established investment models. Participants are also provided investment guidance to help them determine what types of investments they may want to consider given their risk tolerance and other factors.

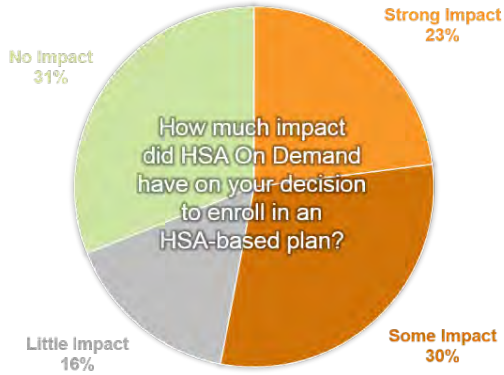
<p><b>I. Describe your company's options for allowing the Member to select multiple custodians and how the services your company provides for comprehensive HSA administration is affected by the Member's selection of multiple custodians.</b></p> <p>Individuals are allowed to have multiple HSAs; members may have an HSA with ConnectYourCare, and with other providers. Each HSA will issue separate tax reporting, so the member will be responsible for combining the information together at tax time. The member will also be responsible for monitoring the maximum HSA contribution limit if contributions are being made to more than one HSA.</p>	5 points
<p><b>J. Detail how many actively managed accounts your company currently supports. Do not include any account totals for the custodian or other administrators using the same administration system.</b></p> <p>ConnectYourCare currently supports 10,408 HSA clients, totaling 566,621 participant accounts.</p>	5 points
<p><b>K. Describe your company's method of handling liability to an HSA Member for miscommunication or erroneous information from your company regarding the Member's HSA.</b></p> <p>ConnectYourCare's contract states that the employer and participants have 90 days to notify us of errors, which we will correct at no charge and at our liability. After 90 days, we will attempt to correct any error brought to our attention, but we cannot accept liability at that point.</p>	5 points
<b>E.4 COBRA ADMINISTRATION</b>	
<p><b>A. Provide a detailed statement expressing your company's understanding of what it means to provide COBRA administrative services as required in the RFP.</b></p> <p>Our comprehensive COBRA solution includes everything from account management to first-rate participant communications.</p> <p>Features and benefits include:</p> <ul style="list-style-type: none"> <li>• <b>Complete administration.</b> From communications to reporting, our comprehensive solution ensures both you and your COBRA participants are completely covered.</li> <li>• <b>Expert guidance.</b> Depend on our experts for compliance and other COBRA-related questions.</li> <li>• <b>Participant communications.</b> We provide all required COBRA communications and can assist with other notices for HR compliance.</li> <li>• <b>Online participant portal.</b> Participants can quickly and easily review payments, documents, coverage level, and manage dependents online.</li> <li>• <b>Toll-free COBRA customer service line.</b> Participants have access to live representatives during from 7am to 7pm Central time.</li> <li>• <b>Total electronic record retention and retrieval.</b> All activity, including communications, notices, payments and more, are tracked, documented and available online.</li> <li>• <b>Simplified implementation process.</b> Skilled, dedicated experts, and a proven process ensure data accuracy and compliant COBRA administration.</li> <li>• <b>Enrollment ease.</b> Scheduled file feeds automate enrollment. For emergency notification of qualifying events, employers have a user-friendly online wizard to quickly and easily notify ConnectYourCare.</li> <li>• <b>Online access to real-time reporting.</b> Information is available at any time, ensuring data accuracy and providing simple checks and balances.</li> <li>• <b>Premium collection and remittance.</b> We collect all COBRA participant payments, and manage, track and remit premiums to clients monthly with necessary backup to audit and pay carrier bills.</li> </ul> <p>Most recently, we've enhanced COBRA to offer the following advantages.</p> <ul style="list-style-type: none"> <li>• Real-time processing of event submitted via the web</li> </ul>	5 points

<ul style="list-style-type: none"> <li>• An enhanced user experience for employees, including: <ul style="list-style-type: none"> <li>○ Monthly invoices vs. annual coupon books</li> <li>○ Ability to make credit card payments either one time or on a recurring basis</li> </ul> </li> </ul>	
<p><b>B. Describe your company’s most noteworthy qualifications for providing COBRA administrative services. Specifically highlight your company’s qualifications that distinguish you from your competitors.</b></p> <p>We are a one-stop shop for HSA, FSA, HRA and COBRA administration. When we manage the full spectrum of this kind of administration, COBRA transition occurs seamlessly. We provide a single lead implementation manager for all services, to facilitate coordination through a single point of contact. Our COBRA, FSA, HSA and HRA customer service teams work from the same call center, and many of our COBRA staff has as much as 20 years’ previous experience with COBRA.</p> <p>Specifically, in regard to COBRA, we differentiate ourselves by providing multiple payment options and being able to modify standard setups to meet the needs of a wider range of employer plan designs and business rules. This has proved particularly valuable to many of our public sector and government clients, who frequently require more customized arrangements.</p> <p>Our largest COBRA client, Genesis, has approximately 30,000 benefit-eligible employees and we encourage you to speak with them. We look forward to further conversations with the State of Arkansas and more opportunities to demonstrate our qualifications, our best-in-class services and what distinguishes us from the competition.</p>	5 points
<b>E.5 ADMINISTRATION SYSTEM</b>	
<p><b>A. Describe your company’s system used to provide the services specified in the RFP and include the following:</b></p> <p><b>1. The length of time the system has been in full operation</b></p> <p>ConnectYourCare developed our proprietary platform specifically for processing all health care account types and transactions, including FSA and HSA accounts. Our system has been operational since 2004.</p> <p>We have been offering COBRA administration services since 2010. In 2017, we moved our COBRA administration system to WEX Health, in order to gain process efficiencies and offer several advantages including real-time processing of events submitted via the web, as well as an enhanced user experience. WEX Health has been simplifying healthcare account administration since 2000.</p> <p><b>2. The capabilities the system has for providing a single sign-on / Trusted Link between necessary applications</b></p> <p>Our system and the WEX system both support single sign-on (SSO) integration through a shared key, secure Web service. This allows all clients to securely log in to our online portals from other linked websites. This SSO integration can be supported through integration with the State of Arkansas’ intranet site or the secure website of other third-party vendors.</p> <p><b>3. The capabilities for accepting electronic transfer of eligibility</b></p> <p>Our market-leading proprietary platform was developed with the understanding that interface capability is critical, whereby ConnectYourCare plays the singular role of data aggregator. The result is a scalable, secure and accurate interface solution. We can configure data adapters to map files when they deviate from our standard format. Our team is both flexible and experienced when it comes to transferring and receiving data. We have the ability to receive data at any frequency desired by the State of Arkansas.</p> <p>By default, COBRA information flows through the employer through notifications at least weekly of eligibility changes to ensure they are updated with appropriate carriers. This allows employers to leverage existing process to manage their overall population. If direct carrier notification is desired, the State of Arkansas will need to provide carrier contact information and facilitate initial contact. We will then work directly with carriers on file format, content and frequency to best suit</p>	5 points

the State.	
<p><b>B. Provide a sample login or detailed color printed screenshots with a description of layout and purpose of single secure website/portal.</b></p> <p>Please refer to <a href="#">Exhibit V: CYC Participant Portal Screenshots</a> and <a href="#">Exhibit W: CYC Employer Portal Screenshots</a> included on the Exhibits flash drive submitted with this proposal.</p> <p>In addition, we invite the State of Arkansas to watch a video demo of our employer dashboard, HR Command, at <a href="http://www.connectyourcare.com/video-library/er-dashdemo/">http://www.connectyourcare.com/video-library/er-dashdemo/</a> and the recorded demo of the Participant Portal at <a href="http://connectyourcare.com/video-library/portal-demo/">http://connectyourcare.com/video-library/portal-demo/</a>.</p>	5 points
<p><b>C. Describe the major system conversions occurring within your company within the past two (2) years and any major system conversions planned to occur in the future.</b></p> <p>While there are currently no planned system conversions or changes at this time, ConnectYourCare maintains a regular release schedule; we are constantly maintaining, innovating, and adjusting our system to meet the needs of our clients. While regular updates and releases are scheduled every four months, minor updates are made more frequently as needed, usually monthly. We have found that this incremental release schedule continuously improves the user experience, as the platform can adapt and transform with minimal disruption or downtime, or any sweeping changes that might produce participant confusion.</p> <p>As part of our commitment to providing best-in-class account administration, we continuously evaluate how to improve our products and processes. Any future enhancements will increase operational efficiency and automation, ensure compliance, improve participant education and understanding of accounts, drive increased adoption rates, enhance current products to broaden payment capabilities and enable us to add new and innovative plan design options.</p>	5 points
<p><b>D. Describe your company’s process for clients to request enhancements to your company’s administration system and website based on non-standard benefit design and provide the average turnaround time for system and website changes or enhancements.</b></p> <p>ConnectYourCare constantly evaluates and seeks feedback about our system and service features to identify opportunities for increased efficiency, satisfaction, and overall value to employers and participants. We receive guidance from our client advisory board, which is comprised of strategic partners providing critical input on numerous topics, including our long-term product roadmap. The function of this client advisory board is to advise and make non-binding recommendations to our executive leadership and product teams on technological innovations, strategic innovations, and additional programmatic enhancements for the overall member experience.</p> <p>We would like to offer the State of Arkansas a seat on our Client Advisory Board and would welcome the States’ presence and feedback. The client advisory board is currently comprised of 40 client members, and we welcome the opportunity to have the State of Arkansas represented on this board.</p> <p>One example resulting partly from feedback from the advisory board is ConnectYourCare’s award-winning HSA On Demand® product, a ground-breaking innovation eliminating a major barrier in adoption of HSAs and corresponding HDHPs. HSA On Demand® allows employees to access their full year’s contribution, including employee and employer elections, at any time of the year to pay for a medical expense.</p>	5 points



## HSA ON DEMAND INFLUENCE



n= 1,115; Source: Fall 2016 CYC Participant Survey

HSA On Demand participants are satisfied with the solution. For non-full replacement plans, 53% noted that HSA On Demand influenced their decision to choose an HSA plan.

In addition, clients such as the State of Arkansas can, at any time, communicate system enhancement requests through their account manager, whose responsibility it is to represent the State of Arkansas' requests and present them during ConnectYourCare's monthly product roadmap meeting.

Our product roadmap is an 18- to 24-month list of system enhancements to improve client support. The turnaround for implementing requests, either for a single client or in the form of a system upgrade, will depend on the nature of the request. Enhancements that are already in consideration for the product roadmap – or those with a great likelihood of reusability or benefit to other clients – will often be created at no cost.

**E. Describe the method your company uses to gather data necessary for non-discrimination testing including a sample of the forms provided for public sector use and the frequency of reporting. Detail any other testing available.**

5 points

ConnectYourCare will provide Internal Revenue Code Section 105, 125, and 129 nondiscrimination testing and can perform preliminary and year-end testing. While we recommend semi-annual testing, we will clarify the State of Arkansas' needs in terms of frequency during the information-gathering phase of the implementation process.

To complete the test, we require an electronically formatted census file from the State of Arkansas, and we also require basic plan design information such as waiting periods, benefits classes of employees covered, etc. We will share the results with the State.

Please refer to Exhibit X: CYC File Interface Guide included on the Exhibits flash drive submitted with this proposal.

**F. Describe the process by which your company educates and disseminates information to clients regarding legislative and regulatory changes to its clients and how your company incorporates these changes into its administration system. Include samples of such client communications.**

5 points

We leverage internal legal counsel for their expertise on a broad spectrum of health care matters, including benefit programs such as health care accounts. They provide guidance and legal advice to us with respect to the impact of pending and new regulations, as introduced. We also retain external assistance from Alston and Bird, and Groom Law for further legislative and regulatory counsel.

Any legislative changes affecting our business and operations will be communicated to the State of Arkansas by your designated client service team. A detailed explanation on how the changes may or may not affect the plan and participants will be provided.

Your client service team will work directly with you in developing a communication strategy that will provide updates to notify and educate your participants based on any changes that may occur. In addition to communication campaigns, we conduct employer webcasts to review changing legislation and the potential impact on employers and participants. Please see our most recent "Legislative Landscape" series webinar, entitled: "Navigating Consumer Directed Health Care in a New Era" from February 2017 or our Legislative Year in Review and 2018 Outlook from December 2017. <https://www.connectyourcare.com/news-and-events/webinars/>.

And our monthly legislative focus update:

<http://www2.connectyourcare.com/legislative-update-aug-2017>

<http://www2.connectyourcare.com/2017-dec-legislative>

**Legislative & Regulatory News**  
Keeping you up to date with important news and regulations

See below for important legal and regulatory updates including contribution limits, health care reform, and other updates.

Note: Content provided is not intended as legal or tax advice.

- + HSA Limits
- + FSA Limits
- + American Health Care Act
- + New HSA Eligibility for Veterans
- + FSA Rollover Option
- + HRAs under PPACA
- + FSAs under PPACA
- + PCORI Fees for Health Accounts
- + Use of Pre-Tax Dollars for Medical Needs of Same-Sex Spouses
- + Dependent Care FSA Contribution Limits
- + Pre-Tax Parking and Transportation Limits
- + Mileage for Medical Visits

**Health Benefits Webinars**  
As a thought leader in the industry, we provide CDH answers you need

Learn more:

**Legislative Landscape Series: The Legislative Year in Review and What to Look For in 2018**  
December 7, 2017 | 1 gm, 85'

Join Roy Ramthun, President and Founder of HSA Consulting Services, and Harrison Stone, ConnectYourCare's General Counsel, as they dive into the numerous policy changes of the past year and what's ahead for 2018.

- Get the latest updates on PPACA, ACA, and the Health Care Act (ACA) and how the reform may impact the future of health care accounts.
- Review efforts to expand the reach of Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs), and learn whether Flexible Spending Accounts (FSAs) could see a major change.
- Understand how to get ahead of legislative decisions that may have significant impact on future plan designs and important employer-to-employee communications.

Don't miss this key webinar—register now and learn how to navigate the 2018 legislative landscape.

[Register Now](#)

**Connect Your Care**  
**Legislative Landscape Newsletter**  
December 2017

To keep you informed, the ConnectYourCare team created this monthly Legislative Landscape Newsletter that highlights the most important CDH political news that impacts you.

**Health Care Legislative Landscape Webinar: A Year in Review... And What's Ahead**

**Upcoming Webinar: The Legislative Year in Review, and What to Look for in 2018**  
On Thursday, December 7, join Roy Ramthun, President and Founder of HSA Consulting Services, and Harrison Stone, ConnectYourCare's General Counsel, as they dive into the proposed policy changes of the past year and what's ahead for 2018.  
[Read More](#)

**Senate passes sweeping tax overhaul**  
The Senate narrowly passed a massive tax overhaul early Saturday morning, putting Republicans on the cusp of revamping the U.S. tax system for the first time in more than three decades.  
[Read More](#)

**Fiduciary rule delayed to July 1, 2019**  
Although some supporters of the fiduciary rule have argued that the Department has no authority to issue such a delay, the Treasury Department is confident of its authority to grant an 18-month delay.  
[Read More](#)

**Marketplace confusion and skinny plans**  
The high cost of health insurance has opened a door for lower-cost alternatives. But experts and regulators warn consumers to be cautious when considering such 'skinny plans'.  
[Read More](#)

<p><b>G. Provide a copy of your company's most recent IT Audit including an auditor opinion, auditor testing, and the results.</b></p> <p>ConnectYourCare undergoes an annual SOC audit by a third-party organization. Our most recent audit concluded in August of 2017, which covered the period of December 1, 2016 through June 30, 2017. Please refer to <a href="#">Exhibit Y: CYC Service Organization Control 2 Report</a>.</p>	5 points
<p><b>H. Describe how your company ensures that all payments are in accordance with the approved benefit design.</b></p> <p>ConnectYourCare complies with all applicable federal and state laws governing every aspect of our business. For example, we comply with regulations dictated by the Office of Civil Rights, Treasury Department and the Department of Health and Human Services. As instructed by our clients, we also act in accordance with client plan documents.</p> <p>We maintain compliance with applicable information security and data protection laws including the Health Insurance Portability and Accountability Act of 1996 and all state information security and data breach laws. We also ensure the proper management of our payment card data in accordance with the Payment Card Industry (PCI) Data Security Standard (DSS).</p> <p>For HSA, all withdrawals are allowed pursuant to Treasury Department guidelines. HSA account holders are individually responsible for determining and reporting nonqualified withdrawals and paying any tax penalties associated with nonqualified expenses. While we do not identify, review or report this information, ConnectYourCare welcomes the opportunity to work with the State of Arkansas during the implementation process to make this a focal point of participant communications.</p>	5 points
<b>E.6 CUSTOMER SERVICE</b>	
<p><b>A. Describe your company's capabilities, to track, record, archive, retrieve, and report on customer services calls. Include information regarding the following:</b></p> <p>We digitally record the entire population of calls coming in to our customer service center. The calls are stored at the customer service center where they are answered and are generally kept for 180 days. The recorded calls may be kept longer if specifically required by the State of Arkansas and stipulated in your contract. The site management teams and select members of corporate staff can retrieve a random sampling of these calls daily for quality, compliance and analytical purposes.</p> <p>If the State of Arkansas asks us to retrieve a call, we do so at no additional charge, subject to compliance with HIPAA regulations. Calls can be played during a conference call, or the audio files can be posted to a secure file sharing site. All callers are notified their calls may be recorded for quality purposes.</p> <p>Our reporting dashboard provides real-time insight into plans by providing various statistics – in addition to claims data, debit card usage, enrollment numbers and Web activity, these reports also include call center metrics.</p> <ol style="list-style-type: none"> <li><b>1. Average Hold Times</b> Participants calling ConnectYourCare's customer service line experience a 10-second or shorter hold time before speaking to a representative.</li> <li><b>2. Average Abandonment Rates</b> 0.53%</li> <li><b>3. Average time for call to be answered</b> 8 seconds.</li> <li><b>4. Initial Call Resolution Rate</b> 93%</li> </ol>	5 points
<p><b>B. Describe your customer service call escalation procedure.</b></p> <p>Inquiries related to FSA, HSA and COBRA can be complex, and accuracy is of high</p>	5 points

<p>importance. If a customer care representative is unable to immediately solve a difficult problem, the issue is escalated for research and resolution.</p> <p>We have a tiered customer service model that enables us to respond quickly, efficiently and effectively to any participant or client issues and contingencies on an ongoing basis. If, at any point, a customer care representative requires additional assistance when responding to a participant call, they will contact our call center research team, call center team lead, associate supervisor, supervisor or manager immediately. In the unlikely event that no one is available to address the escalation on the spot, a callback is prioritized and made within 24 hours. Contact is maintained, and updates are made to the original caller until resolution.</p> <p>When client service managers are alerted of an escalated issue, they send email notification to our internal ticketing system alerting the ConnectYourCare parties necessary to take immediate action and achieve quick resolution. Issues that may arise at the employer level will incite an issues-tracking program. This program manages and monitors our internal standards of response and resolution of issues. The State of Arkansas' client service manager, Corinne Richardson, will acknowledge the issue within 24 hours (or one business day) of initial notification. Corinne will then provide a status update within two business days, which includes root cause analysis and corrective action as information is available. Updates will continue daily or weekly as indicated until full resolution is achieved</p> <p>All calls are recorded and stored for retrieval in the event of a service related issue, an audit, or for training purposes.</p>	
<p><b>C. Detail the average tenure and turnover rate of your customer service staff.</b></p> <p>The average length of service for our customer care representatives is five years. The turnover rate for customer service staff in 2016 was less than 10%.</p>	5 points
<p><b>D. Describe the following as they pertain to your company's customer service staff:</b></p> <ol style="list-style-type: none"> <li><b>1. Types of Pre-employment screenings administered</b> <p>All employees undergo pre-employment screening including a reference check, background check, criminal record check, college degree or professional license verification (if appropriate), and 10-panel drug screening. We may request a credit check on specific individuals, if needed. Background checks are performed by a third-party vendor and are initiated once an employment offer is made and accepted.</p> </li> <li><b>2. Criminal Background Checks required</b> <p>An applicant's full criminal history is checked at the federal, state and county level in all locations where the candidate lived, worked and went to school in the past seven years. Criminal history is also checked for the state and county where the candidate would be working for ConnectYourCare. These checks are not only performed for the name given at the time the application is submitted, but also any other names developed during the screening process (e.g. maiden name, alias).</p> </li> <li><b>3. Types and frequency of all training administered</b> <p>The training curriculum for customer care representatives is completed in three parts. The first part details system training; all potential employees are given a computer skills test prior to employment. Customer care representatives are then trained on the systems used, any internet and intranet skills and client-specific computer skills. The second phase entails customer service skills and the third part of training is specific to the products and clients representatives will represent.</p> <p>We maintain a comprehensive training program to deliver a strong customer service experience to participants. After completing the training curriculum, representatives are equipped to answer questions on account information, claims payments, general tax and investment topics, as well as provide other services including password reset, provide the username to the participant and handle requests for a new or an additional health care payment card. Our representatives are experts in health care and financial claims processing and will be educated on all facets of the State of Arkansas' program.</p> <p>Representatives are available to help walk participants through the online health education</p> </li> </ol>	5 points

and wellness tools to facilitate participant comfort for future use. To ensure up-to-date education and training, we integrate plan and administration resources and manuals into the adjudication system and update them as needed to reflect changes in tax law, regulations or Internal Revenue Service (IRS) pronouncements. We communicate legislative changes affecting health care accounts directly to all representatives and review the changes in department meetings and ongoing training sessions. System enhancement training is provided on an on-going basis. The Customer Care Center online knowledge base system is updated weekly with changes for the representatives to utilize for reference.

As part of the implementation process, your client service team will build out and provide plan-specific training to the customer care representative unit in advance of live processing; this ensures a familiarity and understanding of the programs offered. In addition, we encourage State of Arkansas representatives to spend time in the call center to conduct culture training to expose the representatives to the State of Arkansas' corporate culture and improve their understanding of the State of Arkansas and its participants.

An associate's degree and customer service industry experience is preferred for representatives. All representatives are thoroughly screened and trained on our product offerings and undergo security awareness training including the concepts of confidentiality, integrity and availability of data, corporate security policies, information protection standards and privacy awareness. In addition, all participants must take part in HIPAA compliance training every six months. Our representatives receive a weighted balanced score card which focuses on the following metrics; call quality, attendance, schedule adherence and productivity.

**E. Provide information pertaining to how your company staffs its customer service department. At a minimum include information on the following:**

**1. Number of employees per shift**

ConnectYourCare staffs at least 8 employees per shift. This is subject to change depending on several criteria that are actively monitored – please see #5, below.

**2. Number of shifts**

Approximately 20 general shifts daily.

**3. Staff available during 11:00 a.m.-1:00 p.m. CST**

Approximately 126 employees are available at any given time. Note that for notional accounts, participants may call 24 hours a day, 365 days a year for live customer service assistance. Our COBRA customer service center is open from 7 am – 7 pm, Central Time.

**4. Office location**

Our call center is located in St. Petersburg, Florida.

**5. Ratio of customer service staff per 1000 Members**

ConnectYourCare actively monitors staffing levels against call volume to ensure the right ratios are in place at any given time to best serve our clients. We closely monitor staffing and system needs based on several criteria including sales pipelines, enrollment forecasts from existing clients and partners, and the number of accounts and variety of accounts offered by all clients. Workforce management analysts monitor call volume and service level performance on a real-time basis, so additional customer service and support staff can be added as needed. Calls are monitored in real time allowing us to accurately track peak hours and high-volume days, and we staff accordingly. Staffing is dependent on call forecasts and can be quickly adjusted should any trends impact call volumes.

ConnectYourCare's call center handled a total of 875,760 calls last year – the ratio of customer service staff per total calls is 1:6,950. Depending on the time of year, we have found that between 43-57% of callers opt to self-serve via the IVR option. Our customer care center has historically performed in line with market-based metrics with an average speed to answer of less than 30 seconds and abandonment rate below 5%.

Due to our rapid growth and feedback from our largest partners we made changes to our customer care center capability in January 2016, that resulted in improved "average speed to answer" numbers as well as decreased abandonment rates throughout the course of the

5 points

<p>following two years. By the end of 2017, our average speed of answered calls was down to <b>8 seconds</b>.</p> <p>Our most recent survey results show that 93.6% of our clients are “satisfied” or “highly satisfied” with our overall performance, and 95.2% are “loyal” based on overall satisfaction, ConnectYourCare’s integrity and their likelihood to renew.</p> <p>Additionally, 89% of participants are “satisfied” or “highly satisfied” with our overall performance and 90% are satisfied with our claims process.</p>	
<p><b>F. Provide detailed information regarding the customer service team that will have direct contact with Members/Plan Participants. Describe the customer service assistance and the year-end tax filing forms that will be provided to Members including:</b></p> <ol style="list-style-type: none"> <li><b>1. Tax Form 8889</b></li> <li><b>2. 1099-SA</b></li> <li><b>3. 5498-SA</b></li> </ol> <p>We provide live, U.S.-based customer service, 24 hours per day, 365 days per year (at no additional charge) from our call center in St. Petersburg, FL. We staff our call center with ConnectYourCare employees – including call center supervisors, team leads, and customer care representatives, who form the direct contact with participants.</p> <p>Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. They are trained to answer a wide variety of questions including those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional payment cards and resetting passwords.</p> <p>Calls that come ConnectYourCare’s customer service center that are more appropriately answered by another vendor will be warm- transferred; representatives will stay on the line to identify themselves and the caller before transferring the call to the desired partner. If the stated or actual wait time of the third party is more than two minutes, our customer care representative will inform the caller and offer to either cold transfer or provide the direct phone number. All of our customer care representatives are trained on all types of calls that may be transferred, and have quick access to the necessary contact information.</p> <p>Customer care representatives can also advise on Form 8889, Form 5498-SA, Form 1099-SA and Form W-2. They can also consult with participants on the deadlines to make contributions for the previous tax year and tax consequences if funds are used for ineligible expenses. ConnectYourCare will provide all the necessary tax reporting forms to participants. Form 1099-SA will be issued each January to participants who made distributions from their HSA during the tax year and Form 5498-SA will be issued each May. Additionally, participants will be mailed annual HSA-tax related forms and instructions. Although every participant will receive a hard copy version of their tax forms, if the participant elects electronic statements, they will also be able to download the tax information through the online portal.</p>	<p>5 points</p>
<p><b>G. Describe your company’s abilities in and experience with providing comprehensive customer service to clients.</b></p> <p>Our company was founded in August 2002 as the first health care account administrator designed and built from the ground up to service the health care industry’s evolution to health care accounts. Since 2004, we have proven our status as a leading administrator of flexible spending accounts, health savings accounts and health reimbursement arrangements – largely through our long commitment to service excellence, to both employers and participants.</p> <p>ConnectYourCare focuses on the overall employee and employer experience related to consumer-directed healthcare and other account-based programs, striving to make it as easy as possible, so you and your employees can focus on enjoying life. We have domain expertise and best practices with accounts, as well as related capabilities, including benefits administration</p>	<p>5 points</p>

and enrollment, payments processing and data analytics, and continue to look for ways to advance these areas so they lead the market and our clients and employees can see immediate value.

We have a culture of service excellence, with everyone focused on delivering the best possible experience to clients and employees. Each week, the executive team listens to calls from member employees to understand how to provide better service and what tools to develop that will result in a positive, more efficient outcome. This extends to the way we partner with clients to develop solutions to meet their unique needs. We learn and grow with our clients to help them meet their strategies and goals and address the needs of their employees.

### **Client Service**

Our overall client service approach is centered around a philosophy of making a profound impact on customer and organizational performance. We offer a tiered client service approach, structured to address your needs as an employer as well as any participant concerns to enhance satisfaction in the short and long-term. Your team will consist of a primary contact, the client service manager (Corinne Richardson), for day-to-day account activity and operational support, as well as other backup support team members. We will ensure the State of Arkansas has a smooth transition to ConnectYourCare and will work to effectively understand and address your needs. Because providing exceptional customer service is our highest priority, your entire client service team will work together to ensure satisfaction and provide ongoing innovation and resolutions.

### **Customer Service**

We maintain a comprehensive training program to deliver a strong customer service experience to participants. After completing the training curriculum, representatives are equipped to answer questions on account information, claims payments, general tax and investment topics, as well as provide other services including password reset, provide the username to the participant and handle requests for a new or an additional health care payment card. Our representatives are experts in health care and financial claims processing and will be educated on all facets of the State's program.

Representatives are available to help walk participants through the online health education and wellness tools to facilitate participant comfort for future use. To ensure up-to-date education and training, we integrate plan and administration resources and manuals into the adjudication system and update them as needed to reflect changes in tax law, regulations or Internal Revenue Service (IRS) pronouncements. We communicate legislative changes affecting health care accounts directly to all representatives and review the changes in department meetings and ongoing training sessions. System enhancement training is provided on an on-going basis. The Customer Care Center online knowledge base system is updated weekly with changes for the representatives to utilize for reference.

As part of the implementation process, your client service team will build out and provide plan-specific training to the customer care representative unit in advance of live processing; this ensures a familiarity and understanding of the programs offered. In addition, as previously stated, we invite the State's representatives to spend time in the call center to conduct culture training to expose the representatives to the State of Arkansas' working culture and to improve their understanding of the State and its participants.

An associate's degree and customer service industry experience is preferred for representatives. All representatives are thoroughly screened and trained on our product offerings and undergo security awareness training including the concepts of confidentiality, integrity and availability of data, corporate security policies, information protection standards and privacy awareness. In addition, all participants must take part in HIPAA compliance training every six months. Our representatives receive a weighted balanced score card which focuses on the following metrics; call quality, attendance, schedule adherence and productivity.

After completing the training curriculum, representatives are equipped to answer questions on account information, claims payments, general tax and investment topics, as well as provide other services including password reset, provide the username to the participant and handle requests for a new or an additional health care payment card. Our representatives are experts

<p>in health care and financial claims processing and will be educated on all facets of the State of Arkansas' program.</p> <p>Representatives are available to help walk participants through the online health education and wellness tools to facilitate participant comfort for future use. To ensure up-to-date education and training, we integrate plan and administration resources and manuals into the adjudication system and update them as needed to reflect changes in tax law, regulations or Internal Revenue Service (IRS) pronouncements. We communicate legislative changes affecting health care accounts directly to all representatives and review the changes in department meetings and ongoing training sessions. System enhancement training and the knowledge base system used by representatives are provided on an ongoing basis.</p>	
<p><b>H. Describe your company's phone system's automated functionality including what information is accessible to Members.</b></p> <p>For notional accounts, our interactive voice response (IVR) system is available 24 hours per day, 365 days per year and contains helpful information, including participant account balance. Via the IVR system, participants can report their payment card as lost or stolen, receive password resets and username information. We maintain the IVR system in real-time and there is no limit on the number of transactions that can be processed.</p> <p>Due to the complexity of COBRA, information is not available through an IVR system for COBRA administration. Participants can speak to a COBRA-specific customer care representative during service hours (7 am – 7 pm, Central time), though the majority of the customer service team, available 24/7, can answer many of the more general COBRA inquiries. Participants can also access the Participant Portal or mobile app for real-time updates. Live representatives are able to assist continuants with detailed account information, walk them through payment options, and create issue resolution processes if needed. We find that discussion, more than just information, is key in resolving COBRA continuant issues.</p>	<p>5 points</p>
<p><b>E.7 EDUCATION AND ENROLLMENT SERVICES</b></p>	
<p><b>A. Describe the procedures your company uses to increase employee participation levels for programs similar to the ARCap and HSA Programs. At a minimum, provide the following information:</b></p> <p><b>1. Your company's use of mass mailings, targeted marketing, and individual meetings with employees to increase participation.</b></p> <p>With over 26,000 current participants, maintaining consistent and effective benefits communication might seem like a challenge. We know that communication is an integral aspect of enrollment and ensuring employees are educated about their health account options. Therefore, we created 360° Connect – a complete and integrated program designed to simplify things for you, engage your employees and drive account enrollment through uniquely tailored strategic communication services.</p> <p>Through 360° Connect, we will partner with your human resources team to use feedback and data to determine the most effective mix of communication activities and channels. Throughout the lifecycle of the program, we constantly monitor activities to understand what is happening and where improvements can be made to ensure your employees are making the right choices for themselves and their families.</p> <p>With 360° Connect, we can work with the State of Arkansas to tailor a multi-channel benefit communication plan, including video, print and digital media – all focused on the critical component of making it relevant to the audience. From enrollment guides to tax information, we ensure all materials are themed properly and appropriately written in order to be easy to understand. We recognize it's important to make information clear and easy to navigate by using terminology employees are familiar with. By truly getting to know the intricacies of your employee population, we will design and implement communications and tools to exceed plan participation and increase employee engagement.</p> <p>We are committed to helping the State of Arkansas with benefits team training sessions and will staff enrollment meetings as needed, to help educate participants about their benefits and the exciting ways they can manage their CDH accounts, including our</p>	<p>5 points</p>



<p>mobile application and Participant Portal. Please refer to <u>Exhibit Z: CYC 360 Connect Case Studies</u> for more in-depth examples of recent successes in our top-tier account management services and customized strategic communications initiatives. We're confident these programs help clients such as the State of Arkansas to realize increased engagement and greater satisfaction with their accounts.</p> <p><b>2. In electronic format (such as a CD or flash drive) provide samples of your company's Member communication pieces used to communicate the advantages and benefits of participation in a Health Savings Account and Flexible Spending Account.</b></p> <p>Please refer to:</p> <p><u>Exhibit M: CYC FSA Sample Communications</u>, and</p> <p><u>Exhibit N: CYC HSA Sample Communications</u>, included on the Exhibits flash drive submitted with this proposal.</p>	
<p><b>B. Provide details regarding the increase in participation levels other clients of your company have experienced for similar Programs and how those increases were realized. Provide the projected increases in participation over the next three (3) years for the ARCap and HSA Programs using similar strategies.</b></p> <p>We will partner closely with the State of Arkansas to identify your goals and deliver a communications program that meets those goals by specifically tailoring our solutions to your unique needs. We are pleased to have delivered enrollment increases of 25-30% by creating engaging and interactive programs that educate and simplify account advantages.</p> <p>For example, we worked with one large government client to create a messaging series that specifically addressed the employee pain points; as a direct result, we helped them realize a 24% increase in their FSA enrollment.</p> <p>We also developed a robust communication program for a manufacturing client, including a rewards program that incited employees for watching an educational video. That client realized a 60% enrollment rate in its first year of offering HSAs as an option.</p> <p>Sonic Automotive, a large automotive retailer, was experiencing low participation – citing employee concerns that ConnectYourCare was able to turn around. A combination of the unique features of HSA On Demand®, plus a strategic communications program to re-educate the organization, enabled Sonic Automotive to achieve a 30% uptick in HSA enrollment. Please feel free to view the entire Sonic client testimonial video at <a href="https://youtu.be/CDg-6gO1GpQ">https://youtu.be/CDg-6gO1GpQ</a>.</p> <p>For the State of Arkansas, we would begin our consultative and custom approach by evaluating your communication goals, current strategies, employee pain points, and results of past approaches. From there, we would build a plan leveraging our exclusive tools, like HSA &amp; FSA Academy and FSAs and HSAs For Dummies®. We would also be able to project the enrollment lift we expect to bring to your organization, keeping in mind that 25-30% is typical under our full program.</p>	<p>5 points</p>
<p><b>C. Describe your company's education and enrollment process in detail. At a minimum include the following in your response:</b></p> <p><b>1. Staff responsible for processing and completing enrollments including their experience and qualifications</b></p> <p>We have extensive experience working with large governmental plans and plans with enrollment patterns similar to the State of Arkansas and have been doing so since 2004. We currently provide administrative services to over 80 large governmental clients and more than 250 public sector clients comprised of over 175,000 participants.</p> <p>Alicia Main, Vice President of Marketing, will oversee the development and execution of any standard and customized communications plans for the State of Arkansas. Please refer to Alicia's full biography for more details about her experience and qualifications in <u>Exhibit F: CYC Biographies</u>, included with this proposal.</p> <p><b>2. Brochures, benefit election and other forms, and/or other information used in the enrollment process. Provide the information in electronic format only such as a CD</b></p>	<p>5 points</p>

or flash drive.

Please refer to:

Exhibit J: FSA Enrollment Form,

Exhibit K: HSA Enrollment Form, and

Exhibit AA: COBRA Open Enrollment Announcement Sample included on the Exhibits flash drive submitted with this proposal.

**3. Education and training materials designed and produced by your company and used in the past to educate your company's clients, Members, Plan Participants, and other applicable designated parties. Provide this information in electronic format only such as on a CD or flash drive.**

We have developed a robust suite of communication materials and tools designed to educate the State of Arkansas and its participants prior to and during open enrollment, as well as throughout the plan year. We provide those communications in electronic format for the State to post on benefits websites, send as email, or print and distribute to participants.

**Save time with CYC Mobile.**

CYC Mobile, our secure mobile app, saves you time by delivering important account information on the go. Download it today!

- ✓ View account balances & payments
- ✓ Request a payment
- ✓ View FAQs or tap to call Customer Service
- ✓ Receive important account alerts
- ✓ Take a photo of your receipt and upload it directly to the system

*"I really like the mobile app. It's convenient and easy to understand my account!"*

— Shannon, HSA Participant

You can also access your account details online at: [ConnectYourCare.com](http://ConnectYourCare.com)

**Enjoy savings that mean something.**

Because HSA contributions are set aside before taxes are taken from your paycheck, the amount of income you pay taxes on is reduced and you **save money.**

A typical HSA participant can save \$490\* a year!

**How it works:**

Assume an employee earns \$35,000 a year and has \$1,500 in eligible expenses.

	With HSA	No HSA
Annual pay	\$35,000	\$35,000
Pre-tax HSA contribution	-\$1,500	-\$0
Taxable income	=\$33,500	=\$35,000
Federal income and Social Security taxes	-\$7,362	-\$7,852
After-tax dollars spent on eligible expenses	-\$0	-\$1,500
Spendable income	=\$26,138	=\$25,048
Potential Tax Savings with an HSA	\$490	\$0

**Your HSA is Yours Forever**

Your HSA never expires. Unused funds roll over and accumulate year to year. And, because your HSA is owned by you, your account stays with you - even if you change health plans or companies.

\*Simple tax savings for a single employee with no dependents; actual savings may vary based on your individual tax situation. Consult a tax professional for more information.

**HSAs are the smart choice...**

...because you don't have money to throw away.

**Dummies Text**

Make the best use of your money with HSAs For Dummies®.

**Health Savings Accounts**

**ARBenefits**

Save on health expenses today and in the future!

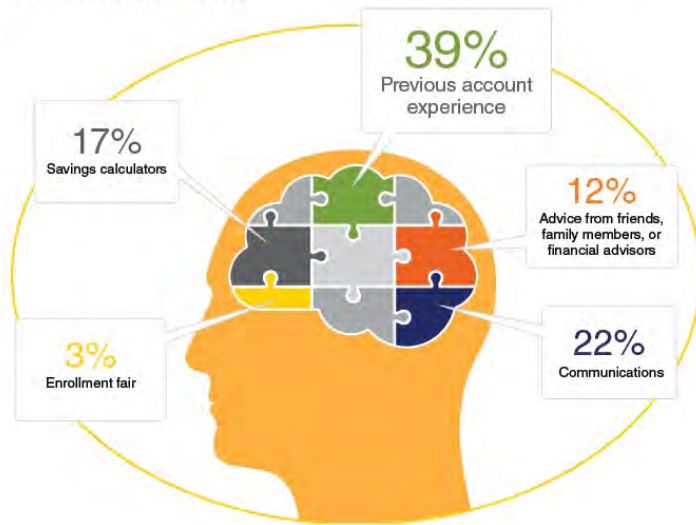
Enroll in an HSA

Learn more about HSA tax savings with a short video. Use the QR code or visit [ConnectYourCare.com/HSA/savings](http://ConnectYourCare.com/HSA/savings)



## Employees learn a lot from experience

When deciding whether to enroll in a tax-advantaged account, employees say the most valuable resources are:



Here are a few examples of meeting styles we provide:

- **Presentation-style meetings.** ConnectYourCare has vast expertise in supporting clients through in-person presentation style meetings. These types of meetings tend to have the greatest impact on employers who have a large population of in-office employees and groups who actively promote and incent the employee base to attend. ConnectYourCare can conduct the meetings, or we can provide Train-the-Trainer meetings in which we will fully prep the benefits team with all the information and resources necessary to educate participants, including talking points and presentation materials. Advantages of in-person meetings include the face-to-face interaction and the ability for employees to ask questions. Disadvantages include the difficulty of encouraging employee attendance, but our model provides resources for employees to access outside of meeting hours.
- **Benefit fair meetings.** ConnectYourCare has had great success setting up interactive displays and knowledgeable representation to educate and inform employees, as well as answering any questions. In addition, ConnectYourCare representatives point employees to numerous resources and tools for self-research, to answer additional questions and conduct assessment tools with online calculators and our “FSA Academy” outside of the open enrollment meeting hours. Advantages of benefit fairs include in-person interaction with ConnectYourCare experts. Disadvantages include the difficulty of encouraging employee attendance, as well as the amount of logistics and resources involved in planning these events. Further, we are logistically not able to touch as many employees as we are in a virtual meeting.

**FSA ACADEMY**

The tools and resources you need to make the most of your account.

Videos

- FSA 101: Flexible Spending Account Overview
- FSA 201: What's an FSA Right for You?
- FSA 301: TRO, TCO, TEO, TEO TRO

Think You're an FSA Genius?

Test your knowledge with our quick quiz

EMPLOYEES CDH BENEFITS FOR EMPLOYERS ADVISORS/PARTNERS AYUDA ESPAÑOLA

Our Products Tools Communications News & Events About Us

## Employee FSA Savings Calculator

A Flexible Spending Account (FSA) can help your money go a lot further.

See how much you can save on eligible health and day care expenses.

STEP 1 STEP 2 STEP 3

### Step One: Input Spending on Eligible Expenses

**Estimate My Health Care FSA Expenses**

A Health Care FSA covers medical, dental and vision expenses that you would otherwise pay out of pocket.

Enter Annual Health Care FSA Contribution \$

[Not sure? Estimate Your Annual Expenses](#)

**Estimate My Dependent Care FSA Expenses**

A Dependent Care FSA covers the cost of most types of caregivers who watch your dependents while you work.

Enter Annual Dependent Care FSA Contribution \$

[Not sure? Estimate Your Annual Expenses](#)

- Virtual meetings.** ConnectYourCare is experienced as well in supporting virtual meetings of all types; whether via an online virtual open enrollment show platform, prescheduled webinars, or prerecorded on-demand webinars. We have been extremely pleased with these results for our clients with both large in-house and remote office employees. During these sessions, ConnectYourCare conducts a thorough evaluation of the benefits being offered, opens up the floor for questions, and provides employees with the same additional resources and tools for self-research after the sessions that are part of the 360° Connect Communications Program. Advantages of benefit fairs include the ability to touch many more employees than in benefit fair meetings, the ability for employees to access from the comfort of their own desktops, and the ability to promote resources available at home and after hours.

## Health Benefits Webinars

As a thought leader in the industry, we provide CDH answers you need

**Latest Webinar:**

**Legislative Landscape Series: The Legislative Year in Review and What to Look For in 2018**

December 7, 2017 | 1 p.m. EST

Join Roy Ramthun, President and Founder of FSA Consulting Services, and Harrison Stone, ConnectYourCare's General Counsel, as they dive into the proposed policy changes of the past year and what's ahead for 2018.

- Get the latest updates on President Trump's Executive Health Care Order, breaking legislative health care proposals, the Cadillac Tax, and how tax reform may impact the future of health care accounts
- Review efforts to expand the reach of Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs), and learn whether Flexible Spending Accounts (FSAs) could see any major changes
- Understand how to get ahead of legislative decisions that may have a significant impact on future plan designs and important employer-to-employee communications

Don't miss this timely webinar — Register now and learn how to navigate the 2018 legislative landscape.

[Register Now](#)

The success of these programs largely depends upon the strategy, pre-planning, and promotion of the enrollment program, and ConnectYourCare is committed to partnering with the State of Arkansas to ensure all objectives and goals are properly achieved.

**E. Describe the Member self-service capabilities offered by your company including any internet based / online methods of enrollment.**

5 points

FSA and HSA

Our online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management. The Participant Portal allows account holders to:

View real-time account balances and transactions

- View real-time claims status
- Submit requests for reimbursement, including the ability to submit up to five claims at once
- Upload required documentation for eligible expenses
- Send payments directly to providers using Online Bill Pay
- Enter claims and supporting documents to HSA Save-It! for future payment or reimbursement
- Sign up for mobile alerts and text messaging
- Set up or change personal bank account information for direct deposit
- Read employer or participant specific messages
- Access a robust suite of health education and wellness tools from WebMD
- View educational videos, tax savings calculators, lists of eligible expenses, FAQ documents and other useful information and tools in the Help Center
- Request additional health care payment cards or report a card as lost or stolen
- View and manage HSA investments
- Single sign-on capability to access supplemental account information

Our website portal and mobile application were designed by professional gaming developers with a unique skillset towards user behavior and optimal experience. It was then beta-tested by several Fortune 10 companies (including Amazon, Citibank and Microsoft, where we were able to leverage their usability labs). We use an action-based navigational system, with the most popular and important actions taken by participants on the main page of the site – this also includes all of the account overview information at-a-glance, so participants can view critical account information without a single click. With an intuitive design, participants can quickly navigate to primary account screens with just one click, process claims in a snap, and monitor transactions with a click of a button. Additionally, our site has built in alerts allowing participants to quickly access account notifications as soon as they log in to the Participant Portal.

In addition to the Participant Portal, participants can use CYC Mobile – our full-featured mobile application for iPhone, Android and iPad mobile devices – to take pictures of receipts and other supporting documents and submit them. We also offer two-way text messaging to instantly access important account information on the go and will soon be featuring Optical Character Recognition (OCR) capabilities in an upcoming release. OCR is essentially the electronic conversion of images of typed, handwritten or printed text into electronic text, whether from a scanned document or photo of a document. This technology digitizes text into a universal format, and it enables our app to scan documentation for key claims information; the participant can then confirm or edit the information, making documentation on the go even easier. This feature will be implemented on or before January 1, 2019.

Please view our Participant Portal video demo (at <http://connectyourcare.com/video-library/portal-demo/>) to see the portal in action.

COBRA

COBRA participants have access to their own participant portal via the web, where they can view and interact with the following information:

- **Benefit History:**
  - Continued Benefits
  - Amounts and Due dates
  - Summary of Payments
  - Summary of Events
- **Elections**
  - Enter new transactions
  - Add/edit dependents
  - Status of transactions
  - Summary of transactions
- **Personal Information**
  - Self & Family Members
  - Change demographics
- **Payment**
  - Balance
  - ACH Set up
  - Future payments

Note that all enrollment information, including enrollment changes, comes directly to ConnectYourCare from employers or from HRIS vendors, whether by file feed or manually online.

**E.8 CLAIMS ADMINISTRATION**

**A. Provide a detailed description of your company's claims submission process and claims adjudication software systems. Include information regarding automated and manual checks for non-eligible expenses.**

Auto-Substantiation

Unlike most health care account vendors, we developed our own proprietary claims platform for processing all health care account transactions. The platform is owned and operated by us and provides immeasurable versatility and control for clients and participants.

Our system was designed to administer the complexity of health care accounts like FSAs and HSAs. We auto-substantiate claims using the following Treasury Department and Internal Revenue Service (IRS) approved methods:

- Payment card purchases at supermarkets, grocery stores, department stores, wholesale clubs and other merchants that can identify eligible items at checkout through the use of Inventory Information Approval Systems (IIAS)
- Recurring claims where the participant submits documentation the first time and subsequent claims are automatically substantiated based on logic in the system.
- Match of pharmacy benefit manager (PBM) transactions
- Claims feeds (medical, pharmacy, dental and vision) from health plans and third party administrators
- Copays and multiples of copays

For employer groups that opt in to claims feeds, ConnectYourCare offers ClaimsAlly™, our

5 points

automated and proprietary technology for notional accounts that boosts auto-substantiation even after the point of service sale – up to an 85% improvement in previously adjudicated claims. We use smart technology to prioritize and pool eligible claims and match them to unsubstantiated claims. This process makes the claims process easier and more satisfying for participants, reduces documentation requests, and reduces the employer burden.

Note that pursuant to Treasury Department regulations, substantiation is not required for health savings account claims.

#### Paying Claims Online

Our website portal and mobile application were designed by professional gaming developers with a unique skillset towards user behavior and optimal experience. It was then tested by several Fortune 10 companies and harnesses the latest technology. We use an action-based navigational system, with the most popular and important actions taken by participants on the main page of the site – this also includes all of the account overview information at-a-glance, so participants can view critical account information without a single click. With an intuitive design, participants can quickly navigate to primary account screens with just one click, process claims in a snap, and monitor transactions with a click of a button. Additionally, our site has built in alerts allowing participants to quickly access account notifications as soon as they log in to the Participant Portal.

To submit a claim online, participants simply log in to the Participant Portal and enter the claim center. Once in the claim center, participants record all pertinent claim information and then upload the requisite claim documentation. The documentation and claim is immediately visible to participants, customer care representatives and claims processors.

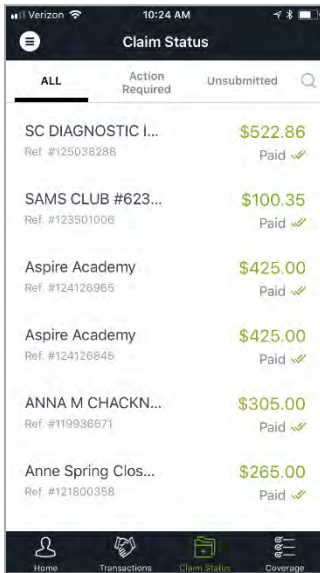
In addition to solely submitting claims online, participants can hold claims for future reimbursement within the un-submitted claims section on the Participant Portal. Participants can quickly and easily set up recurring claims that are automatically created according to the participant's timing preference.

#### Mobile Application

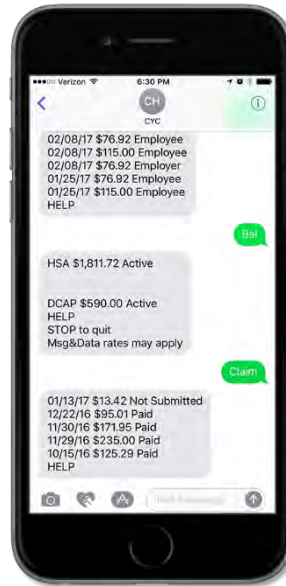
In addition to the Participant Portal, participants can use CYC Mobile – our full-featured mobile application for iPhone, Android and iPod mobile devices – to take pictures of receipts and other supporting documents and submit them. We also offer two-way text messaging to instantly access important account information on the go and will soon be featuring optical character recognition (OCR) capabilities in an upcoming release. OCR is essentially the electronic conversion of images of typed, handwritten or printed text into electronic text, whether from a scanned document or photo of a document. This technology digitizes text into a universal format, and it enables our app to scan documentation for key claims information; the participant can then confirm or edit the information, making documentation on the go even easier. This feature will be implemented on or before January 1, 2019. Participants can take a photo of a receipt with their iOS, Android and iPod mobile device and upload it directly to our system.

Additional mobile features include the ability for participants to send a text message to receive account balance updates and options to choose notifications by text after their payment card is swiped or a claim has been approved for reimbursement.





*myCYC mobile Claims Status*



*Automated text claims status*

### Paying Claims Manually

To submit a manual claim, participants may log in to the Participant Portal, enter their claim information and print a claim-specific, HIPAA-compliant, barcoded submission form. The participant then mails, scans or faxes the submission form and all supplemental documentation to us. If the participant does not have access to the internet, they can call the customer service center to request a claim form to be mailed to them or they can request a form from their employer.

### Dependent Care Claims

For their convenience, participants have two methods available to pay for dependent care (DCFSA) expenses. With our new **Dependent Care On Demand feature**, participants may use their ConnectYourCare payment card for eligible expense. Dependent care FSA funds are accelerated to be available up front, and the account is later repaid through future contributions. Or, participants may also pay out of pocket and use our online Participant Portal, or myCYC mobile app, to quickly and easily file a claim for reimbursement.

### Ineligible Expenses

The Treasury Department substantiation requirements stipulate all health care retailers have an Inventory Information Approval System (IIAS) in place. With this system, participants will only have access to account funds if used for qualified expenses. If a merchant does not have this system in place, the card is denied at the point of service and the participant is required to pay for the expense out of pocket and subsequently submit a request for reimbursement. If the card has been used for an ineligible purchase, the participant is required to reimburse the plan for the ineligible amount.

If a participant submits a claim for an ineligible expense, they will need to repay the account. This can be done by using the funds toward a future manual reimbursement or by submitting substitute documentation for an eligible expense to override the ineligible expense.

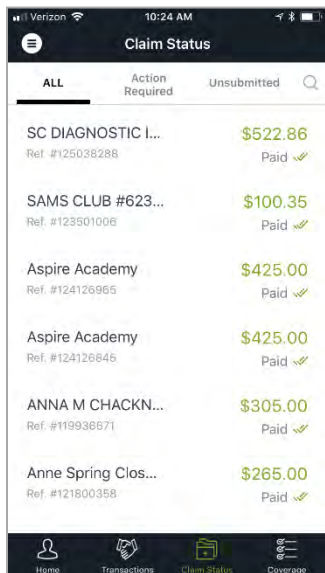
<p><b>B. Provide a flowchart to demonstrate the processing of each type of account based claim (HSA, GPFSA, LPFSA, DCAP, COBRA). Indicate each manual or computer system interface from the time a claim is received until it is paid, rejected, or denied. Describe each step on the flowchart including the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Any sorting or batching conventions</b></li> <li><b>2. Method of establishing inventory</b></li> <li><b>3. Assignment of claim numbers</b></li> <li><b>4. Initial inspection for completeness</b></li> </ol> <p>Please refer to <u>Exhibit DD: CYC Claims Processing Flow</u> included on the Exhibits flash drive submitted with this proposal.</p>	<p>5 points</p>
<p><b>C. Provide the location of the facility where claims are processed and paid. Describe your company's system for monitoring claims administration performance.</b></p> <p>We work with partners to perform claims adjudication and mailroom services 24 hours per day. This dual approach results in some of the fastest claims turnaround times in the industry. Our claims managers are located in Hunt Valley, MD, at our headquarters. Claims processing offices are located in Orlando, FL and Westland, MI.</p> <p>Quality is unequivocally treated as the single most important factor over quantity. Regular emphasis is made to adjudication teams to focus on maintaining quality standards exceeding service level agreement levels. We conduct random samplings of claims, including claims initiated through the payment card. We monitor account balances daily to ensure synchronization between the card processor system and our system. We also routinely synchronize non-monetary card settings to match our system. And, in order to instill a performance driven-culture in all levels our organization, we also offer incentives for claim adjudicators.</p> <p>Claim queues and reports are monitored to ensure processing occurs in a timely fashion and we have established service level agreements surrounding claims processing times. We've garnered a strong track record of client satisfaction for processing claims. In fact, our most recent survey results indicate that 90.7% of our clients are satisfied with our claims process.</p> <p>In addition to reviewing for accuracy and quality control, we can review the activity or history associated with a particular claim.</p>	<p>5 points</p>
<p><b>D. Provide a detailed description of the ways Members can electronically store receipts and supporting documentation on-line to support distributions from their HSA. At a minimum, include the following information:</b></p> <ol style="list-style-type: none"> <li><b>1. The length of time images are stored in your company's system</b></li> <li><b>2. A description of how and when images are archived</b></li> <li><b>3. A description of how Members would access the archived documentation</b></li> </ol> <p>We offer participants the convenience of capitalizing on HSA Save-It! housed on the Participant Portal, for no additional fee. Participants can use this feature to save and store receipts and EOBs. These documents are retained on the platform indefinitely and can be easily accessed online at any time for audit purposes or to validate previously submitted claims. HSA Save-It! is a fantastic record keeping tool to help track eligible expenses a participant paid using personal funds and allows them to easily reimburse themselves from their HSA. Participants can also store receipts and record related withdrawals as they are made. Our platform records all account activity in real time, and because we use a single database, data is updated across all access points (for participants, employers and our customer care representatives) at the same time.</p> <p>All claim details are electronically scanned and stored in the participant portal in real time, and archived indefinitely. Health plan claims include details such as the date of service, provider information, amount and reimbursement details.</p>	<p>5 points</p>

<p><b>E. Detail the percentage of claims related Member complaints received by your company during 2016. At a minimum include the following information:</b></p> <p><b>1. Average length of time between receipt of complaint and response</b></p> <p>Claim-based tickets that are generated from call center claims consistently exceed our standard – while we guarantee a five-business-day turnaround time to fully resolve issues, we typically turn requests around within 24-48 hours, and most claims-based escalations are resolved within an hour or two of being submitted.</p> <p><b>2. Top three (3) types of complaints</b></p> <p>Most requests are for data transfers, minor system-based issues, and questions regarding standard document requirements.</p> <p><b>3. Steps taken for resolution</b></p> <p>ConnectYourCare tracks all tickets together at the claims data level; our claims adjudicators process with a consistently high 99% rate of accuracy. We perform an ongoing audit of claims for accuracy and quality assurance, including claims initiated with the payment card; any claims outside our specific quality criteria are reviewed with the claims team to develop process improvements. Moreover, claims adjudicated by recently hired processors are targeted to ensure accuracy and to guarantee all quality standards are met. Audits are performed post-disbursement. In the event an audit uncovers claims processing inaccuracies, claims are reprocessed to achieve 100% accuracy.</p> <p>Ongoing coaching is provided to claims adjudicators. We audit a random sampling of claims in order to assess accuracy every day; errors are compiled into a Pareto analysis report to determine any root causes. We then run subsequent reports to detect error trends and determine whether additional training is needed. The claims manager conducts refresher trainings surrounding any findings.</p> <p>If an adjudicator fails to meet accuracy standards, we set the audit percentage higher and closely monitor individual performance. We evaluate examiners on a grading scale of one to five with a rating below three enacting a performance improvement plan and invoking a 100% audit of all claims managed by that adjudicator. If the examiners fail to improve their performance grade, their employment is terminated. We treat quality as the single most important factor over quantity. We place regular emphasis on adjudication teams to focus on maintaining quality standards exceeding service level agreement levels.</p>	<p>5 points</p>
<p><b>F. Provide a detailed description of how Members may view claim detail information and an accurate, real-time account balance using the following methods:</b></p> <p><b>1. Member website/online</b></p> <p><u>FSA and HSA</u></p> <p>The online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management. The Participant Portal allows account holders to:</p> <ul style="list-style-type: none"> <li>• View real-time account balances and transactions</li> <li>• View real-time claims status</li> <li>• Submit requests for reimbursement, including the ability to submit up to five claims at once</li> <li>• Upload required documentation for eligible expenses</li> <li>• Send payments directly to providers using Online Bill Pay</li> <li>• Enter claims and supporting documents to HSA Save-It! for future payment or</li> </ul>	<p>5 points</p>

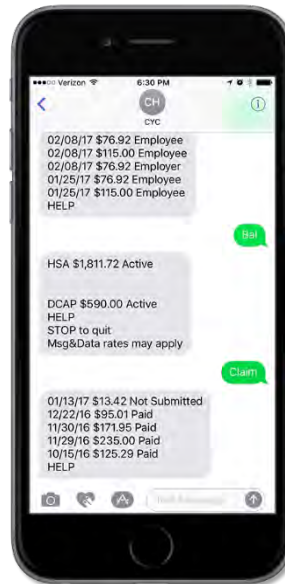
## reimbursement

- Sign up for mobile alerts and text messaging
- Set up or change personal bank account information for direct deposit
- Read employer or participant specific messages
- Access a robust suite of health education and wellness tools from WebMD
- View educational videos, tax savings calculators, lists of eligible expenses, FAQ documents and other useful information and tools in the Help Center
- Request additional health care payment cards or report a card as lost or stolen
- View and manage HSA investments
- Single sign-on capability to access supplemental account information

In addition to the Participant Portal, participants can use CYC Mobile – our full-featured mobile application for iPhone, Android and iPod mobile devices – to take pictures of receipts and other supporting documents and submit them. We also offer two-way text messaging to instantly access important account information on the go.



*myCYC mobile Claims Status*



*Automated text claims status*

Please view our Participant Portal video demo (at <http://connectyourcare.com/video-library/portal-demo/>) to see the portal in action.

## COBRA

COBRA participants have access to their own participant portal via the web, where they can view and interact with the following information:

- Benefit History:
  - Continued Benefits
  - Amounts and Due dates
  - Summary of Payments
  - Summary of Events
- Elections
  - Enter new transactions

<ul style="list-style-type: none"> <li>○ Add/edit dependents</li> <li>○ Status of transactions</li> <li>○ Summary of transactions</li> <li>● Personal Information <ul style="list-style-type: none"> <li>○ Self &amp; Family Members</li> <li>○ Change demographics</li> </ul> </li> <li>● Payment <ul style="list-style-type: none"> <li>○ Balance</li> <li>○ ACH Set up</li> <li>○ Future payment</li> </ul> </li> </ul> <p><b>2. Automated phone system/IVR</b></p> <p>For FSA and HSA, our interactive voice response (IVR) system is available 24 hours per day, 365 days per year and contains helpful information, including participant account balance. Via the IVR system, participants can report their payment card as lost or stolen, receive password resets and username information. We maintain the IVR system in real-time and there is no limit on the number of transactions that can be processed.</p> <p>Due to the complexity of COBRA, information is not available for this account type through an IVR system. Participants will speak to a live customer care representative during service hours or they can access the Participant Portal or mobile app for real-time updates.</p> <p><b>3. Customer Service</b></p> <p><u>FSA and HSA</u></p> <p>We provide live, U.S.-based customer service, 24 hours per day, 365 days per year (at no additional charge). We staff our call center with ConnectYourCare employees – including call center supervisors, team leads, and customer care representatives.</p> <p>Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. They are trained to answer a wide variety of questions including those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional payment cards and resetting passwords. We encourage our clients to be closely involved with customer care representative training. The State of Arkansas is invited to spend time at the call center to provide orientation and cultural training during implementation.</p> <p><u>COBRA</u></p> <p>Our COBRA customer service center fields inquiries from participants regarding any COBRA-related notice he/she receives. They assist callers with questions about annual enrollment and/or qualifying event elections. Calls may include questions about plan rates, payments, due dates, and/or COBRA duration and regulations. Our COBRA customer service center is open from 7 am – 7 pm, Central Time.</p>	
<p><b>G. Provide the percentage of claims suspended for any reason in 2016. Provide the top three (3) reasons for suspension.</b></p> <p>Card suspensions typically average around 2%. This number is expected to decrease as participants become more comfortable with the multiple methods to supply documentation. Additionally, once a participant registers for mobile alerts, we send a text message reminding them to keep their receipts every time the health care payment card is swiped. In order to diminish the likelihood of a health care payment card being suspended, we also send frequent emails, post communications in the Participant Portal and send paper communications reminding participants that a receipt is needed.</p>	<p>5 points</p>

<p>The top three reasons for card suspension are:</p> <ol style="list-style-type: none"> <li>1. Insufficient data/Evidence of benefits (Required for dental claims with estimated/implied insurance)</li> <li>2. Missing claim detail (Description of service)</li> <li>3. Missing claim detail (Multiple, itemized statement needed)</li> </ol>	
<p><b>H. Provide a detailed description of the different ways a Member can submit a claim. At a minimum, include information regarding the following methods:</b></p> <ol style="list-style-type: none"> <li><b>1. Mobile Application (i.e. iPhone, iPad, or Android applications)</b> <p>Participants can enter claim information on their iPhone, iPad or Android mobile device using our full-featured smartphone application, CYC Mobile.</p> <p>We also offer two-way text messaging to instantly access important account information on the go and will soon be featuring optical character recognition (OCR) capabilities in an upcoming release. OCR is essentially the electronic conversion of images of typed, handwritten or printed text into electronic text, whether from a scanned document or photo of a document. This technology digitizes text into a universal format, and it enables our app to scan and directly upload documentation for key claims information; the participant can then confirm or edit the information, making documentation on the go even easier. Participants can also complete forms using images taken by the phone's camera. This feature will be implemented on or before January 1, 2019.</p> </li> <li><b>2. Website</b> <p>Our online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management.</p> <p>To submit a claim online, participants simply log in to the Participant Portal and enter the claim center. Once in the claim center, participants record all pertinent claim information and then upload the requisite claim documentation. The documentation and claim are immediately visible to participants, customer care representatives and claims processors.</p> </li> <li><b>3. Fax and/or paper</b> <p>Participants can use a paper claim form and scan, fax, or send it to ConnectYourCare by U.S. mail. We provide a claim-specific, HIPAA-compliant, barcoded submission form for participants to submit with any supplemental documentation.</p> </li> </ol>	5 points
<p><b>I. Provide a detailed description of the methods used to process pending claims, including the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Follow-up with Members in order to obtain information applicable to claims</b> <p>For transactions that cannot be substantiated, we post a pending claim notice in the claims section of the Participant Portal. In addition, three notifications are sent to participants when documentation is required. We send the first communication 90 days after the card swipe to allow eligible claims to match and auto-substantiate. The second communication is sent 90 days after that, and the third communication occurs 90 days after the second. Fifteen days after the third contact, the payment card will be suspended (total of 285 days after the swipe). Email communications are the default method for this communication.</p> <p>Participants who opt in to free text alerts in the portal will also receive a text message immediately following a card swipe to alert them that documentation may be needed.</p> </li> <li><b>2. Screening of claims to avoid payment duplication</b> <p>We prevent duplication of claims by comparing elements, such as date of service and claim amount, within the system. If we find a duplicate claim was submitted by the participant, the system alerts the claim adjudicator and provides a visual of the potential duplicate,</p> </li> </ol>	5 points

<p>provoking immediate action.</p> <p>We also have duplicate logic for claims received on a file. Our system looks at the transaction or claim ID number, subscriber SSN, date of service, patient name and transaction amount. If the system identifies a duplicate claim on the file transfer, the claim will not be posted to the participant's account.</p> <p><b>3. Procedures to assure consistency of claims payment in accordance with the Plan</b></p> <p>We currently interface with numerous health plans, financial institutions, third-party administrators, payroll and human resources information systems (HRIS), enrollment platforms and a wide variety of content providers. We utilize "real time" web services and "right time" batch processes to ensure timely and accurate access to participant information. We have developed extensive integration tools with many partners who have less flexibility in programming their data exchange formats to ensure smooth interface of claims, enrollment and employer specific data.</p> <p>With claims received by file from the insurance company or carrier, we configure the system to determine how to use the claims feed for that specific group. Often, the information will be used to substantiation of payment card transactions. For claims received by file that are to be used for payment, there are three decisions that the State of Arkansas needs to make during set up:</p> <ol style="list-style-type: none"> <li>1. Expenses eligible for reimbursement – We can set up the system to reimburse the deductible, coinsurance, copayments or total participant liability.</li> <li>2. Payment recipient – Payment can be sent to either the participant, the provider or the participant may dictate who should receive payment.</li> <li>3. Triggering payment - All claims are automatically substantiated when loaded. There are two main triggering options available for these claims. <ol style="list-style-type: none"> <li>i. Autopay: Claims are automatically approved and queued for reimbursement to the participant or provider, as the account balance permits.</li> <li>ii. Click-to-Pay: Claims are posted in the Participant Portal for the participant to take action on individually. Reimbursements are either issued to the provider or participant. The participant can designate the payee on a claim by claim basis.</li> </ol> </li> <li>4. We will also provide ongoing reporting to determine any discrepancies in census, enrollment and contribution data. We will compare our data file against the State of Arkansas' data file and provide details of any differences. The State of Arkansas will then review any discrepancies and advises their designated client services manager of corrections, which will then be updated.</li> </ol>	
<p><b>J. Based on your company's experience, describe the best method to facilitate the collection of funds from a large employer in order for your company to pay claims. Describe your company's process for issuing claims payments to Members and the turnaround time for claims to be processed and paid.</b></p> <p>We set up a required minimum funding (RMF) account with each employer to cover claim payments, typically equal to four percent of the annual elections of participants prior to the start of the plan year. Clients receive employer weekly funding requests (EWFR) electronically, communicating the weekly funding required to fund the account and maintain the four percent funding level; funds are pulled by ACH to replenish the account.</p> <p>We can also set up a banking arrangement with a reduced required minimum funding, if the State of Arkansas prefers to fund on a daily basis.</p> <p>Payments are processed daily regardless of check or automatic deposit methods. Claims adjudicated by midnight are reimbursed the next business day. Automated clearing house (ACH) reimbursements are typically posted within two business days and reimbursement checks are generally received within seven to 10 business days.</p> <p>We can process checks at any frequency chosen, including daily, weekly, biweekly, monthly, etc.</p>	<p>5 points</p>

<p><b>K. Describe how your company manages deductions for Members who are utilizing the Family and Medical Leave Act (FMLA) and/or Leave Without Pay (LWOP).</b></p> <p>We can administer payments for non-payroll populations, such as people on long-term leave of absence, with no cost difference. ConnectYourCare will identify the event type and time period, and employers send enrollment change data as usual, reflecting any type of changes.</p> <p>If an employee continues to make or earn contributions during his or her leave of absence, the State of Arkansas will simply continue to report those contributions to us as for any other active employee. If an employee stops contributions during a leave and makes catch-up contributions upon an employee's return, the State of Arkansas can report the higher, catch-up amounts as those are made. Coverage is not automatically stopped during a leave of absence. Employers will need to send an enrollment change reflecting any change or cancellation of coverage.</p>	5 points
<p><b>L. Describe your company's capabilities of processing a large number of claims and the turnaround time typically experienced. Include a description of any time-saving technological approaches used by your company and the number of claims processed by your company in 2016.</b></p> <p>Unlike most health care account vendors, we developed our own proprietary claims platform for processing all health care account transactions. The platform is owned and operated by us and provides immeasurable versatility and control for clients and participants. The platform is regularly updated and enhanced following monthly information technology releases, making sure we are perpetually improving programs and maintaining our position at the forefront of health care account technology. This degree of innovation and nimbleness would not be possible if we used a third-party software program.</p> <p>We auto-substantiate claims using the Treasury Department and Internal Revenue Service (IRS) approved methods. We recommend using the health care payment card whenever possible, as it is the most convenient way for participants to access account funds. Yielding high auto substantiation rates, the health care payment card delivers a positive participant experience.</p> <p>Only 3.38% of our payment card transactions required additional substantiation, and claims submitted on a health plan file feed (and not with the payment card) are auto-adjudicated at a rate of 100%. Any manual claims submitted require sufficient documentation, pursuant to Treasury Department and Internal Revenue Service regulations.</p> <p>ConnectYourCare guarantees that 95% of claims will be processed within three business days and 98% of claims will be processed within five business days. In 2016, we processed 15,416,082 claims, with over 99% processed within five business days. In 2017, we processed 20,293,071 claims, with greater than 98% processed within five business days.</p>	5 points
<p><b>M. Describe how your company administers a claims grace period.</b></p> <p>We can administer the FSA grace period allowing participants additional time to exhaust funds from the prior plan year. For each participant, we keep the prior year's FSA balance in a separate account, to remain active through the grace period. Payment card transactions or claim requests incurred with dates of service during the grace period are paid with the prior year's funds.</p>	5 points
<p><b>N. Describe your company's preferred approach of requesting supporting documentation from a Member. Include suggestions for final collection from employee payroll with the understanding that EBD considers payroll adjustment/deduction the collection method of last resort.</b></p> <p>ConnectYourCare has built our proprietary platform with the goal of making things as easy as possible for participants – to that end, we do not encourage any particular “preferred” approach but empower the participant to choose the method that works best for them.</p> <p>Claim documentation is required in circumstances where transactions are not automatically substantiated. The main reasons for requesting additional documentation include: lack of itemized statements, the type of service is not listed or the date of service is not provided.</p> <p>If a participant submits a claim for an ineligible expense, they will need to repay the account. This can be done by using the funds toward a future manual reimbursement or by submitting substitute</p>	5 points



<p>documentation for an eligible expense to override the ineligible expense.</p> <p>To simplify their experience, participants can easily submit documentation with our CYC Mobile application or online upload on the Participant Portal. Alternatively, participants may send in documentation with a cover sheet by fax or U.S. mail. We provide a claim-specific, HIPAA-compliant, barcoded submission form for participants to submit with any supplemental documentation.</p> <p>In addition, with ClaimsAlly™, we now offer an enhancement for end-of-year claims. Members will begin the plan year with a clean slate regarding documentation owed and suspended cards. They will begin the new plan year with an active card. Cards that were suspended in the prior year will become active at the earliest opportunity in the next plan year:</p> <ul style="list-style-type: none"> <li>• After the participant takes care of the unsubstantiated claim, or</li> <li>• After the prior year account balance reaches \$0, or</li> <li>• After the grace period ends</li> </ul> <p>We continue to follow up for substantiation, but we do not suspend cards for swipes from a prior plan year. In addition, the member received communications that indicate that his/her card has been reactivated and is advised that swipes from the prior year requires documentation/repayment or else may be reported on a W-2 as income.</p> <p>Please refer to <a href="#">Exhibit EE: CYC ClaimsAlly Overview</a> included on the Exhibits flash drive submitted with this proposal for further details about this proprietary technology.</p>	
<b>E.9 KEY PERSONELL AND STAFFING</b>	
<p><b>A. Provide the credentials including a resume of the dedicated account manager your company will assign to the EBD account. Detail the authorizations, job description, and responsibilities the dedicated account manager will have while managing the EBD account.</b></p> <p><b>If the dedicated account manager is not currently known, detail the credentials your company will require of a dedicated account manager and the authorizations, job description, and responsibilities your company will assign to a dedicated account manager for the EBD account if your company is awarded a contract.</b></p> <p><b>Client Service Manager</b></p> <p>Your client service manager, Corinne Richardson, will be your dedicated primary contact for day-to-day account activity, issue resolution, general inquiries and operational support. Corinne will manage the State’s plans to ensure satisfaction, and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.</p> <p>Corinne has over ten years’ experience in the health reimbursement and savings account field and has been working with ConnectYourCare since 2013. Prior to her current role, she was a Service Delivery Manager for the Account Administrator team, and before that was part of the client resource organization team at ConnectYourCare, where she led and managed our emerging client market. We are confident in Corinne’s extensive working knowledge of many areas of the ConnectYourCare system – from both a participant and an employer level – and that she will manage the State of Arkansas’ account and communications to ensure the State’s satisfaction. Please refer to Corinne’s biography included in <a href="#">Exhibit F: CYC Biographies</a>.</p>	5 points
<p><b>B. Describe the types and levels of other support staff, such as in the areas of eligibility/Membership, cash disbursement, etc. Provide the location of the support staff by function to be assigned to the EBD account.</b></p> <p><b>Implementation</b></p> <p>Matt Malkowski, who works out of Gainesville, TX, will serve as the State of Arkansas’ implementation manager. Matt brings more than nine years of experience in project management. In addition, Matt has managed several successful, high-profile implementations (including public sector clients) for CYC.</p> <p>Matt is responsible for facilitating the employer implementation process by coordinating employer</p>	5 points

groups and internal operations to support new business setup and design. He will ensure a smooth transition to ConnectYourCare by understanding and minimizing any possible operational impact, working towards ongoing communication and quick problem resolution to ensure a smooth process.

Please refer to Matt's biography in [Exhibit F: CYC Biographies](#), for more details about Matt's extensive project management experience and professional credentials, including his time as an Army officer.

### **Implementation Analyst**

Cassie Heibin, who works from our corporate headquarters in Maryland, is one implementation analyst that will support the State of Arkansas, working diligently to analyze and understand the State of Arkansas' specific needs. Cassie and other analysts will make sure all requirements and business processes are fully understood and documented, and provide project management throughout the project timeline, ensuring all parallel paths are ready and on time. Specific paths include communications, interfaces, cards, configuration, operations and services. Please see Cassie's biography included in [Exhibit F: CYC Biographies](#). Note that the full implementation team working with Matt and Cassie will be assigned to the State of Arkansas closer to the implementation date.

Implementation continues well after the launch until handoff to the client service manager (Corinne Richardson) is complete and the State of Arkansas is satisfied. We close each implementation out with a satisfaction survey and review lessons learned during a full team debrief.

### **Communications**

As Vice President of Marketing at ConnectYourCare, Alicia Main is responsible for Solutions Marketing and Communications, including competitively positioning products and services, and developing the strategy, sales enablement, content, and communications plans used by all functions to enable the business. Alicia works from our Hunt Valley, MD headquarters and will oversee the development and execution of any standard and customized communications plans for the State of Arkansas.

Since joining ConnectYourCare in 2005, Alicia created and continues to head 360° Connect, a marketing service that drives participant satisfaction, engagement and account growth, ultimately delivering quantifiable increased client and participant tax savings. Since increasing participation is an important goal for the State, Alicia will leverage her experience with other private and public-sector organizations to create a customized plan for the State of Arkansas specifically targeted towards increasing participation. Please refer to Alicia's biography, included in [Exhibit F: CYC Biographies](#).

### **Account Executive**

The State of Arkansas has also been assigned an account executive (AE), Kate Godwin, who resides in Atlanta, GA. Kate has over 23 years of experience in the financial services industry with a focus on deposit products. Prior to Kate's role at ConnectYourCare, she held the position of Vice President of Healthcare Initiatives at a top-10 national HSA custodian bank. Kate was responsible for client management, identifying and improving client support channels, creating communication materials, and marketing the HSA product.

Kate will act as the State of Arkansas' planning partner to help increase the adoption rate of your plan and will optimize the value of the ConnectYourCare partnership by providing suggestions on how to enhance your plan design, sharing best practices and market and regulatory trends, relaying new product enhancements, and recommending ways to engage employees. Kate is also the current Account Executive for the State of Alabama. Kate will be able to leverage the many similarities between the States as well share best practices to meet Arkansas' goals.

Additionally, Kate will conduct strategic business reviews to review the status of current objectives, as well as short-term and long-term objectives for the plan and PEBA's participants. During these meetings, Kate will present Arkansas-specific program recommendations, prepared through careful planning and analysis, review key data from the prior plan year, identify key opportunities specific to the State of Arkansas and recommend programs to meet PEBA's goals.

Please see Kate's biography included in [Exhibit F: CYC Biographies](#).

### **Sales**

<p>The State of Arkansas' primary contact during the proposal process is John Dean, Senior Vice President of Sales for ConnectYourCare. John heads sales in the Southern region of the United States and has over 20 years of experience in the benefits arena. His expertise includes reimbursement accounts, 401k plans and equity administration.</p> <p>John also has extensive experience with state, city and county plans, as well as multiple Fortune 500 companies that have selected the ConnectYourCare platform. John will share this experience and provide additional support to the state throughout the partnership.</p> <p>Please see John's biography included in <a href="#">Exhibit F: CYC Biographies</a>.</p> <p><b>Call Center – St. Petersburg, FL</b></p> <p>ConnectYourCare provides live, 24/7/365 U.S.-based customer service for FSA, HSA and COBRA. We staff our call center with ConnectYourCare employees – including call center supervisors, team leads, and customer care representatives. Additionally, we are finalizing plans to open a second U.S.- based call center in the western time zone during 2018.</p> <p>Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. They are trained to answer a wide variety of questions including those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional payment cards and resetting passwords.</p> <p><b>Claims Processing – Hunt Valley, MD, Westland, MI and Orlando, FL</b></p> <p>Our claims process is managed from our corporate location in Hunt Valley, MD, and claims adjudication is performed 24 hours per day. We partner with Melken Solutions, which provides secure scanning or claim-related mail for electronic processing from Orlando, FL, and MITEC Solutions, which provides claim processing and adjudication services in Westland, MI. This approach results in some of the fastest claims turnaround times in the industry.</p> <p>We are completely responsible and liable for the performance of any subcontracted third party and our agreement with subcontractors is governed by our physical and information security guidelines. Personal health care information accessed by subcontractors is done so in accordance with strict security requirements and all applicable laws, including HIPAA and HITECH.</p>	
<p><b>C. Detail the staff your company has available to administer and manage the EBD account. Detail the years of experience your company's senior staff has in administering and managing projects similar to this RFP.</b></p> <p>Our client service team is comprised of tenured and qualified benefits professionals who have many years of client service oversight in the consumer-directed health care space. In addition, team members have well rounded backgrounds in benefits, human resources, payroll, tax, consulting, finance and other applicable services.</p> <p>Our overall client service approach is centered around a philosophy of making a profound impact on customer and organizational performance. We offer a tiered client service approach, structured to address your needs as an employer as well as any participant concerns in order to enhance satisfaction in the short and long-term.</p> <p>Your team will consist of a primary contact, the client service manager (Corinne Richardson), for day-to-day account activity and operational support, as well as other backup support team members. Please refer to <a href="#">Exhibit FF: CYC Client Service Team Structure</a> included as an exhibit to this proposal, for an overview of the teams committed to delivering a superior plan and service experience to the State of Arkansas. In addition, <a href="#">Exhibit F: CYC Biographies</a> provides a more detailed look at the experience and commitment that key individual team members will bring to the successful administration of the State's plans.</p> <p>We will ensure that the State of Arkansas has a smooth transition to ConnectYourCare and will work to effectively understand and address your needs. Because providing exceptional customer service is our highest priority, your entire client service team will work together to ensure satisfaction and provide ongoing innovation and resolutions.</p>	<p>5 points</p>

<p><b>D. Describe the staff member(s) responsible for operations, claims, accounting, and privacy/security information. Include the following for the staff member(s) responsible for each department.</b></p> <ol style="list-style-type: none"> <li>1. <b>Name</b></li> <li>2. <b>Title</b></li> <li>3. <b>Experience and credentials</b></li> </ol> <p><b><u>Operations</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Tim Sand</li> <li>2. <b>Title:</b> Chief Operating Officer</li> <li>3. <b>Experience and credentials:</b> Tim oversees the operations of the company, including customer care center, claims processing, card operations, COBRA operations, client services and account management. An industry veteran with 25 years' experience, Tim brings extensive experience in technology, implementations, call center administration, operations management and sales and technology partnerships to support sales growth and product strategy.</li> </ol> <p><b><u>Claims</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Pete Caporale</li> <li>2. <b>Title:</b> Vice President of Operations</li> <li>3. <b>Experience and credentials:</b> As Vice President of Business Transformation, Pete Caporale leads the implementation, claims, COBRA, and debit card operations teams at ConnectYourCare. Pete brings more nearly 20 years of health administration experience in implementations, operations, technology, and customer service functions.</li> </ol> <p><b><u>Accounting (Finance Division)</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Michelle Stevens</li> <li>2. <b>Title:</b> Vice President of Finance</li> <li>3. <b>Experience and credentials:</b> Michelle Stevens has over 15 years of experience in finance reporting with a strong emphasis on analyzing business performance. Michelle works closely with the chief financial officer to develop company financial strategies, and manages bank operations and client funds flow to ensure proper controls are in place and as efficient as possible.</li> </ol> <p><b><u>Privacy/Security Information (IT Division)</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Steve Lawlor</li> <li>2. <b>Title:</b> Director of Information Security and Desktop Operations</li> <li>3. <b>Experience and credentials:</b> CISSP, CISA. Steve is an experienced IT leader focused on security in healthcare and financial services, with seasoned technical leadership gained over the course of 17 acquisitions and 13 data center consolidations. Well-versed in both on-premise and cloud security and infrastructure.</li> </ol> <p>Please refer to <u>Exhibit A: CYC Full Organizational Chart</u> included on the Exhibits flash drive submitted with this proposal.</p>	<p>5 points</p>
<p><b>E.10 PAYROLL PROCESSING AND DOCUMENTATION SUBMISSION</b></p>	
<p><b>A. Provide a detailed description of your company's procedures used to process various and multiple payroll files to reconcile established deductions/elections in a timely manner. Include the processes used for files received electronically and in paper format.</b></p> <p>We typically receive three electronic files from clients:</p>	<p>5 points</p>

<ul style="list-style-type: none"> <li>• Census files detail participant demographic information.</li> <li>• Enrollment files comprise the account type(s) each participant has elected to participate in.</li> <li>• Contributions files are similar to payroll deduction files, including both participant and employer contribution amounts for each account type.</li> </ul> <p>During the setup process, the State of Arkansas will assign designated administrative and financial contacts for access to the employer dashboard, HR Command. This enables management of employer and participant data. These contacts can provide real-time, immediate updates by logging on to HR Command and submitting any additions, terminations or changes through the portal. Alternatively, these changes can be communicated in a weekly electronic file noting all expected changes. Largely for security concerns, we do not process this sensitive information in paper format.</p> <p>We can receive data through secure file transfer or securely emailed Excel spreadsheets. Alternatively, the State of Arkansas can enter data online via HR Command. Our system is extremely versatile and can accept a wide variety of file formats for census, enrollment, and contribution information.</p> <p>We do not stipulate a date enrollment data is required to be sent; albeit, for timely payment card production and distribution, the State of Arkansas should deliver open enrollment data at least two weeks prior to the plan begin date.</p> <p>For ongoing account maintenance, we typically receive file updates from the employer group or designated partner on a weekly, biweekly, semimonthly, or monthly basis. We can accept a full file feed or changes-only file on a regular basis.</p>	
<p><b>B. Provide a detailed description of your company's proposed procedures to provide payroll interface for the transfer of information to and from the Arkansas Administrative Statewide Information System (AASIS).</b></p> <p>Our market-leading proprietary platform was developed with the understanding that interface capability is critical, whereby CYC plays the singular role of data aggregator. The result is a scalable, secure and accurate interface solution.</p> <p>We currently interface with numerous health plans, financial institutions, HSA trustees, third-party administrators, payroll and human resources information systems (HRIS), enrollment platforms and a wide variety of content providers. During the implementation process, we will work with the State of Arkansas' HRIS/payroll system to automate and test the flow of ongoing data well in advance of your "go live" date.</p> <p>We utilize "real time" web services and "right time" batch processes to ensure timely and accurate access to participant information. We have developed extensive integration tools with many partners who have less flexibility in programming their data exchange formats to ensure smooth interface of claims, enrollment and employer-specific data. We can configure data adapters to map files when they deviate from our standard format. Our team is both flexible and experienced when it comes to transferring and receiving data, and we can receive data at any frequency desired by the State of Arkansas. Our system has the capability to notify the employer when a census, enrollment or contribution file loads to our secure file transfer protocol (SFTP) site.</p>	5 points
<p><b>E.11 REPORTING</b></p>	
<p><b>A. Provide a specific list, description, and a sample package of your company's standard reports including the frequency of report generation. Provide sample reports in electronic format only such as a CD or flash drive.</b></p> <p>The State of Arkansas can access our standard reporting package online, at any time, via ConnectYourCare's employer dashboard, HR Command. All information is updated and available in real time, 24 hours per day, 365 days per year.</p> <p>Standard reports available include:</p> <ul style="list-style-type: none"> <li>• Participant Account Balances – Year-to-date participant and employer elections and</li> </ul>	5 points

<p>contributions, claims, fees and balances by account type</p> <ul style="list-style-type: none"> <li>• Weekly Claims Detail – Account claims activity by participant or dependent for a designated week</li> <li>• Claims Needing Documentation – Claims requested online via the employer portal, HR Command categorized as pending due to lack of participant documentation, such as for a FSA, limited-purpose or dependent care reimbursement account.</li> <li>• Rejected Claims Requiring Refunds – Payment card transactions authorized at the point of sale but rejected after substantiation review and therefore requiring refunds</li> <li>• Paid Claims – Claim amounts paid out by account and by participant for a designated month</li> <li>• Participant Contribution Report – Listing of contributions for a particular participant</li> <li>• Contribution Discrepancy Report – Contribution details necessary to reconcile a specific Contribution Funding Request</li> <li>• Rejected Claims Write Off – Displays participants' ineligible claims that have been written off</li> <li>• Contribution Reject Report – The Contribution Reject Report provides a listing of any record from the Contribution file that has not loaded due to a lack of census or enrollment records. The rejected records displayed on the Contribution Reject Report can be resubmitted through this report. This report is available by request only.</li> <li>• Contribution Funding Details Report – Provides details on contribution funding</li> <li>• Savings Account Forfeitures – Displays the forfeiture amount by participant for accounts that were automatically closed after the run-out period expires</li> <li>• CYC Insights – our cloud-based, big-data reporting and analytics platform that enables exceptional transparency for smarter plan administration. The system offers a number of enhanced features for benefits executives.</li> </ul> <p>Reports can be generated for a specific period by designating a specific date range to run against our standard online reports.</p> <p>Please refer to <a href="#">Exhibit GG: CYC Standard Employer Reports Overview</a> and <a href="#">Exhibit HH: CYC COBRA Reports</a> included with this proposal.</p>	
<p><b>B. Provide a detailed description of the process for clients to request reports not currently available and the estimated time until receipt by the client.</b></p> <p>Our sophisticated platform supports both standard and ad hoc reports. The State of Arkansas can use our standard reports, combined with the appropriate efficacious filters, to meet a wide variety of, reporting needs for FSA, HSA and COBRA.</p> <p>It is extremely rare that the online and ad hoc reporting would not meet your needs, however, the State of Arkansas can request customized reports through your client service manager, Corinne Richardson. With ease, we can fashion custom reports on any data stored in our system. Customized reports can be delivered on a one-time basis, or if likely to be a reusable request, we may incorporate the customized report into our standard reporting package.</p> <p>The turnaround time for developing and delivering customized reports will depend largely upon the nature and scope of the request. We look forward to further discussions with the State of Arkansas to determine your specific reporting needs.</p>	5 points
<p><b>C. Describe your company’s process for handling a client’s request for ad hoc reports. Include the turnaround time for receipt of report by the client.</b></p> <p>Ad hoc reporting is available at any time, online. ConnectYourCare’s platform can deliver custom reports to the State of Arkansas based on any data stored in our system. In the event that standard and ad hoc reporting does not meet the State of Arkansas’ needs, we can develop a custom report on a one-time basis, or, it likely to be reusable in the future, we may incorporate the custom request into our standard reporting package. Turnaround times will depend upon the nature and scope of the</p>	5 points

particular request.	
<p><b>D. Describe the process clients use to request additional information or clarification of the data contained in a report. Include the turnaround time for providing the requested information to clients.</b></p> <p>The client service manager assigned to serve the State of Arkansas, Corinne Richardson, will be your primary point of contact with ConnectYourCare and will be responsible for assisting with day-to-day account and operational support, including the coordination of any requests for clarification or further information contained in standard or ad hoc reporting. Client service managers (or other designated client services team members in the event of an absence) are immediately responsive during normal business hours, and turnaround times will vary depending on the nature of the question or issue.</p> <p>When Corinne is alerted of an escalated issue, she will send email notification to our internal ticketing system alerting the ConnectYourCare parties necessary to take immediate action and achieve quick resolution. Issues that may arise at the employer level will incite an issues-tracking program. This program manages and monitors our internal standards of response and resolution of issues. Corinne will acknowledge the issue within 24 hours (or one business day) of initial notification. She will then provide a status update within two business days, which includes root cause analysis and corrective action as information is available. Updates will continue daily or weekly as indicated until full resolution is achieved, which is typically within 48 hours (or two business days).</p>	5 points
<b>E.12 COMPLIANCE, PRIVACY, AND SECURITY</b>	
<p><b>A. In electronic format (CD or flash drive) provide a copy of your company's emergency operations plan. At a minimum include the following:</b></p> <ol style="list-style-type: none"> <li><b>1. A detailed disaster recovery plan</b></li> <li><b>2. A detailed business continuity plan</b></li> </ol> <p>Please refer to <u>Exhibit II: CYC Business Continuity Plan</u>, included on the Exhibits flash drive submitted with this proposal, which outlines ConnectYourCare's business continuity, disaster recovery and other emergency operational details.</p>	5 points
<p><b>B. In electronic format only (CD or flash drive), provide copies of your company's privacy, security, and breach notification policies and procedures.</b></p> <p>Please refer to <u>Exhibit JJ: CYC Privacy Policy End User Agreement</u> included on the Exhibits flash drive submitted with this proposal.</p> <p>We have a highly structured security response process in place. ConnectYourCare follows the NIST 800-61 Computer Security Incident Handling Guide in the event of a security incident. Major phases of this procedure include:</p> <p><u>Detection and Analysis – Determine if an incident has occurred.</u></p> <ul style="list-style-type: none"> <li>• Analyze and research the information</li> <li>• As soon as the handler believes an incident has occurred, begin documenting the investigation and gathering evidence</li> <li>• Prioritize the handling of the incident based on relevant factors (risk, impact, etc)</li> <li>• Report the incident to the appropriate personnel</li> </ul> <p><u>Containment, Eradication, and Recovery –</u></p> <ul style="list-style-type: none"> <li>• Acquire, preserve and secure, and document evidence</li> <li>• Contain the incident</li> <li>• Eradicate the incident</li> <li>• Recover, confirm that affected systems are functioning normally, monitor thoroughly</li> </ul>	5 points

<p><u>Post-Incident Activity</u></p> <ul style="list-style-type: none"> <li>• Create a follow-up report</li> <li>• Hold lessons learned meeting for major incidents</li> </ul> <p>Breach notifications to clients are done in accordance with contractual agreements and will be coordinated by the assigned client service manager.</p>	
<p><b>C. Provide a detailed explanation of insurance, bonding, and guarantees offered by your company in the event of issues caused by loss of operations due to an emergency or disaster.</b></p> <p><i>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</i></p> <p>Please note that our limits meet or exceed the requests made by the State of Arkansas in 2.3 (D). We have included performance guarantees as <u>Exhibit KK: CYC SOAR Standard Performance Guarantees</u> and <u>Exhibit LL: CYC COBRA Performance Guarantees</u>.</p>	5 points
<p><b>D. Provide a detailed description of any breaches, complaints, or grievances regarding protected health information (e.g., security or privacy) for your company's complete book of business. At a minimum include the following:</b></p> <ol style="list-style-type: none"> <li>1. Event date and description</li> <li>2. Resolution or ongoing details</li> </ol> <p><i>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</i></p>	5 points
<p><b>E. Provide a detailed description of any event where your company's employee(s) willfully committed acts that compromised Member information including any that did not involve personal health information.</b></p> <p><i>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</i></p>	5 points
<p><b>F. Provide information regarding the Cyber Liability Insurance carried by your company.</b></p> <p><i>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</i></p>	5 points
<p><b>G. Provide a detailed description of your company's HIPAA policies and procedures.</b></p> <p>ConnectYourCare is committed to maintaining the privacy, confidentiality, and integrity of the confidential data belonging to our clients and participants. We have dedicated significant corporate resources to complying with HIPAA's Security Rule and subsequent HITECH standards. To this end, our company:</p> <ul style="list-style-type: none"> <li>• Requires employees and contractors to successfully complete and attend HIPAA and security awareness training at the time of on-boarding and thereafter, annually;</li> <li>• Executes regular reviews and updates of security policies to ensure compliance with laws and regulations, industry best practices, and technology enhancements;</li> <li>• Arranges for routine security audits to ensure compliance with security policies and standards;</li> <li>• Conducts regular security scans of servers and networks to detect and remediate vulnerabilities; and</li> <li>• Performs regular evaluations of the company's information security-related policies and procedures to ensure that they meet the requirements of the HIPAA Security Rule.</li> </ul> <p>On a continuing basis, we monitor legislative and regulatory changes and developments to the laws</p>	5 points



<p>and regulations governing the privacy and security of the confidential data we collect and maintain. As necessary, we implement the appropriate controls to ensure compliance with these laws and regulations.</p> <p>During new employee orientation, all full-time employees and contractors are required to successfully complete HIPAA and security awareness training. Regulatory and contractual requirements are addressed as well as security roles and responsibilities, violation reporting, information confidentiality, proper use of information system facilities, virus protection and password usage. Following initial training, employees are required to complete HIPAA and security awareness training on an annual basis. In addition to employee training, we undergo annual SOC 2 audits and are PCI compliant.</p>	
<p><b>H. Provide a detailed description of your company’s internal security policies, procedures, practices, and the system utilities used to protect Member social security numbers and other elements of personal information from your company’s employees who do not have a valid “need to know”.</b></p> <p>All employees undergo security awareness training, which includes concepts of confidentiality, integrity and availability of data, corporate security policies, information protection standards and privacy awareness.</p> <p>Access to protected health information (PHI) and other sensitive participant information is strictly limited to those employees who require it for performing necessary services and administration on behalf of our clients.</p> <p>Additionally, we apply industry standard techniques to ensure the security and privacy of information provided by clients and participants, including:</p> <ul style="list-style-type: none"> <li>• We encrypt all transmissions between clients’ browsers and our web server. Secure sockets layer (SSL) 128-bit encryption is used for capable browsers; SSL 40-bit encryption is used for browsers with 40-bit capacity.</li> <li>• Automatic user session termination at the expiration of a defined time period.</li> <li>• Assignment and selection of unique user names and passwords provides restricted access to our administration system.</li> <li>• Protocol isolation of the database from the web servers.</li> <li>• Redundant firewalls ensure system network isolation from unauthorized requests.</li> <li>• We ensure industry standard disaster recovery procedures and file security procedures.</li> </ul> <p>Nontechnical solutions to protect PHI are also utilized. For example, no PHI is printed or shared through email and monitor filters are used so that customer information cannot be viewed over a user’s shoulder.</p>	5 points
<p><b>I. Provide a detailed description of training provided to your company’s employees/staff including Internal Revenue Code Sections, ADA, HIPAA and other regulatory issues/laws.</b></p> <p>HIPAA and security awareness training are required to be completed by all workforce members, both employees and contractors, during the on-boarding process. Thereafter, all members of the ConnectYourCare workforce are required to complete annual HIPAA and security awareness training.</p> <p>Our training addresses topics identified by contractual or regulatory requirements as well as password usage, security roles and responsibilities, virus protection, violation reporting, information confidentiality, and correct use of information system facilities. Regulatory and contractual requirements are addressed as well as security roles and responsibilities, violation reporting, information confidentiality, proper use of information system facilities, virus protection and password usage.</p>	5 points
<p><b>J. Describe the method your company uses to remove or mask a Member’s social security number from any printed report, letter, or other form of communication.</b></p> <p>ConnectYourCare does not use Social Security numbers on paper statements, reports, letters</p>	5 points

<p>or other printed communications. Please refer to <u>Exhibit MM: CYC Participant Statement Samples</u> included on the Exhibits flash drive submitted with this proposal, for examples of statements and reports from the online portal, the mobile application, text alerts and paper statements.</p> <p>Note that employers occasionally request ad hoc participant data, which may include personal health information (PHI) such as a social security number or claim information. Because of this, we will automatically secure any outbound emails containing the keywords “PHI” or “Confidential” in the subject line. There is an additional layer of security that searches for nine, 15-, or 16-digit strings of numbers in the subject, body or attachments of a message. All messages meeting these criteria are encrypted. No sensitive information or PHI is sent in emails outside of our boundary without being encrypted. Users are instructed on how to encrypt emails using our secure email server. We also scan outgoing content for sensitive data and redirect it to the secure server when found.</p> <p>All standard reports are available online via the employer portal, HR Command, to minimize the amount of data being sent over email.</p> <p>Our platform and the employer portal, HR Command, allows for tiered levels of access, and the State of Arkansas controls and authorizes the relative access levels within your benefits team. Access is role-based, meaning that the State of Arkansas determines the relative authority levels and access to different areas of the site, depending on an individual State employee’s “need to know” according to job function. All authorized staff must authenticate to systems to be granted the access designated by the State of Arkansas.</p>	
<p><b>K. Explain how your company will monitor and control unauthorized attempts to access EBD files.</b></p> <p>Our platform ensures system security through several measured and controlled methods. Our platform is role-based and authority levels and access to different aspects of the system are based on these roles. We use native Windows system options to control Windows passwords. When attempting to log on to the network, a user must authenticate by using a valid user ID and password of a minimum of eight characters in length. Users are forced to change passwords regularly and a history of the previous four passwords is kept confirming that passwords are not reused. User access is temporarily disabled after four consecutive unsuccessful logon attempts. This method of authentication is identical to the method of gaining access to sensitive applications and data stored in the midrange environment. All access requests must be authorized by the appropriate level of management before being granted. The ability to modify access is limited to system administrators and designated users.</p> <p>We use the following components to ensure secured access:</p> <ul style="list-style-type: none"> <li>• Each user is assigned a unique user code.</li> <li>• Terminated employees’ access is disabled.</li> <li>• After a period of terminal inactivity, users are disconnected from the system.</li> <li>• Passwords are developed according to industry-accepted security best practices.</li> <li>• One-way encryption protects passwords in the security database.</li> <li>• Participant profiles are linked with user code to allow access based on client and function.</li> <li>• Written client approval is required for external vendors with access to client information.</li> </ul> <p>Client data is kept confidential and used solely for the administration of health care accounts. Internet-accessible systems have hardened operating systems and are located in a firewall-protected DMZ, isolated from both the internet and our internal network. In addition, commercial host intrusion detection software has been deployed on DMZ systems as an additional security measure. Critical files are monitored for unauthorized alteration or changes.</p> <p>Note that ConnectYourCare provisions and manages access to its own users, employer users, and member users both on its own platform, and on the WEX platform.</p>	<p>5 points</p>

<p><b>L. Describe the intrusion detection and monitoring tools your company utilizes. Include information regarding the frequency your company conducts penetration testing and vulnerability scans.</b></p> <p><u>FSA and HSA</u></p> <p>Commercial, market leading, enterprise-level intrusion detection software is installed on the network level and on the host level for Web servers. We have several measures in place to detect security breaches. Commercial firewalls and are deployed at all public network access points to appropriately restrict transmission control protocol/internet protocol (TCP/IP) traffic. Our internal TCP/IP address space is not advertised to the internet and all outside requests for information are blocked. Commercial network intrusion detection systems are in place to monitor inbound and outbound traffic for attack patterns and to alert security personnel when appropriate. We conduct internal security reviews, penetration testing and regular vulnerability scans throughout the year against our internet points of presence to ensure no vulnerabilities exist. Systems and procedures are tested throughout the year by various auditing firms and we are PCI compliant.</p> <p><u>COBRA</u></p> <p>For the COBRA system, WEX Health employs several layers of security for network intrusion detection systems. Security testing is conducted to find potential vulnerabilities and then prioritize remediation of the identified findings. WEX performs vulnerability and penetration testing, dynamic and static testing, as well as functional testing by internal quality assurance teams. WEX Health is currently SOC2 Type 2, PCI DSS, HIPAA, and SOX compliant.</p>	5 points
<b>E.13 DEBIT CARD</b>	
<p><b>A. Provide a detailed description of the connection between your company's card administration platform and claims administration software.</b></p> <p>Unlike most health care account vendors, we developed our own proprietary claims platform for processing all health care account transactions – this means that no connection is required, as the card and claims systems and all related information is delivered to and from a single source. This platform is owned and operated by ConnectYourCare and provides immeasurable versatility and control for both clients and participants.</p> <p>Further, the online participant portal, interactive voice response (IVR) system, and customer service application accessed by customer care representatives are multiple components of this single, proprietary application. When an update is made – e.g., payment card swipe, documentation submitted, claim status changed – it is reflected immediately across the entire platform. (CDH)</p>	5 points
<p><b>B. Provide a detailed description of any connection with any merchant who currently supports an IIAS.</b></p> <p>Our payment card technology is compliant with Inventory Information Approval System (IIAS) regulations limiting health care payment card transactions to qualified merchants, such as physicians, pharmacies, dental and vision providers and other retailers who have implemented the controls required by IIAS.</p> <p>The Treasury Department substantiation requirements stipulate all health care retailers have an IIAS in place. With this system, participants will only have access to account funds if used for qualified expenses. If a merchant does not have this system in place, the card is denied at the point of service and the participant is required to pay for the expense out of pocket and subsequently submit a request for reimbursement. If the card has been used for an ineligible purchase, the participant is required to reimburse the plan for the ineligible amount.</p> <p>We communicate appropriate card use in our welcome kit and enrollment guides. We also keep an updated list of IIAS-compliant merchants on our public website and as part of the frequently asked questions on the online Participant Portal.</p> <p>Note that while HSA funds can be used for nonqualified, nonmedical expenses, we restrict payment card use to qualified health care locations based on merchant category codes (MCCs). Within these qualified locations, the participant may use their health care payment card for any product or service.</p>	5 points

<p>MCCs can be activated or deactivated based on plan design and preference. We communicate appropriate card use in our welcome kit and enrollment guides. We also keep an updated list of Inventory Information Approval System (IIAS) compliant merchants on our public website and as part of the frequently asked questions on the online Participant Portal.</p>	
<p><b>C. Provide a detailed description of how your debit card administration system utilizes email for efficient and cost effective Member communication.</b></p> <p>ConnectYourCare provides electronic marketing collateral to grow product adoption, enrollment and retention at every stage of the proposed business solution, while keeping administrative burdens as low as possible for our clients. We offer a complete electronic consumer engagement kit to accelerate savings and delivering efficient ongoing execution. As a result, we are able to report measurable cost savings and high satisfaction.</p> <p>We have developed a suite of multi-media print and email communications designed to drive participation by highlighting real health care account benefits. The State of Arkansas can leverage our communications to support participant engagement and drive enrollment.</p> <p>Participant communications include:</p> <ul style="list-style-type: none"> <li>• Communication timelines</li> <li>• Newsletters</li> <li>• Email campaigns</li> <li>• Direct mail campaigns</li> <li>• Open enrollment presentations</li> <li>• Enrollment guides and forms</li> <li>• Account overviews</li> <li>• Sample account-eligible expenses</li> <li>• Frequently asked questions (FAQ)</li> <li>• Savings calculators</li> </ul> <p>Since participants average four online Participant Portal logons per month, we have integrated a messages section option by adding an inbox to deliver secure, account-specific communications including any major updates, account information and documentation-required notices.</p> <p>We believe in putting materials at participants' fingertips with a "right place, right time" approach. To this end, we developed a Help Center in the Participant Portal providing access to valuable account education and interactive tools with the click of a mouse. We will work with the State of Arkansas to develop any desired customized messaging.</p>	<p>5 points</p>
<p><b>D. Provide a detailed description how email notifications are provided to the Members regarding the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Status of debit card transactions</b> <p>We send participants email alerts to notify them of any account updates. Participants can also check the status of their debit card transactions online, at any time. This information is updated in real time across our entire platform, including the mobile application and with the information accessible by customer care representatives.</p> </li> <li><b>2. With specific identification dealing with auto-substantiation</b> <p>Standard email notifications include the full details of debit card transactions, whether they are substantiated or currently pending, as well as all changes in claim status and reimbursements. This information is also available online, at any time.</p> </li> <li><b>3. Claims submission requirements</b> <p>For transactions that cannot be substantiated, we post a pending claim notice in the claims section of the Participant Portal and send three notifications to the participant in the event</p> </li> </ol>	<p>5 points</p>

<p>that any further documentation is required to process a claim.</p> <p>Email communications are the default method for this communication. Participants who opt in to free text alerts in the online portal will also receive a text message immediately following a card swipe to alert them that documentation may be needed.</p> <p><b>4. Debit card status</b></p> <p>Debit card transactions are communicated by email, as well as available online. Additionally, once a participant registers for mobile alerts, we send a text message reminding them to keep their receipts every time the health care payment card is swiped. In order to reduce the likelihood of a health care payment card being suspended, we also send frequent emails, post communications in the Participant Portal and send paper communications reminding participants that a receipt is needed.</p>	
<p><b>E. Describe in detail your company's method of communicating the following to Members:</b></p> <p><b>1. Process of using the debit card</b></p> <p>Participants receive a card package prior to the start of the plan year. This package includes a one-page overview with an attached payment card. In support of our green initiatives, this card package limits wasted paper, and directs participants to our easy-to-use online portal for more information. Please refer to <u>Exhibit NN: CYC Debit Card Communication</u> on the Exhibits flash drive submitted with this proposal.</p> <p><b>2. Receiving and understanding email notifications</b></p> <p>We correspond with participants through several channels, including online through the Participant Portal, and by email and postal mail. The "Messages" section of the Participant Portal is an electronic notification system to deliver secure, account-specific communications. Messages can be customized by the State of Arkansas, and include major updates, account information, and documentation-needed notices to participants.</p> <p>In addition, we send participants email alerts to notify them of account updates, changes in claim status and reimbursements. The State of Arkansas can elect which email notifications participants receive.</p> <p>Please refer to <u>Exhibit OO: CYC Sample Participant Emails</u> included on the Exhibits flash drive submitted with this proposal.</p> <p><b>3. How to contact customer service</b></p> <p>We provide enrollment guides for each product offered, as well as welcome kits delivered with the health care payment card. These welcome kits include payment card information, FAQs about claims, program details, contact information and other helpful information.</p> <p>For COBRA, once the data is received from an employer, our system automatically generates all appropriate correspondence which is reviewed and processed for delivery to the qualified beneficiary. All COBRA notifications include contact information for participants.</p> <p>Our dedicated, 24/7/365 toll-free number for the State of Arkansas will also be on every page of the web portal, on the mobile application, and can easily be included on all communication materials.</p>	5 points

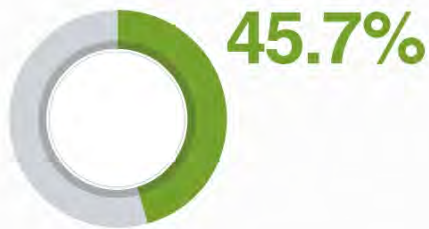
<p><b>F. Describe in detail the process (including contact information) Members would follow for questions regarding the following:</b></p> <p><b>1. Charge-backs</b></p> <p>While merchants (by Visa rules) are not permitted to force post a transaction, this is technically a possibility. In the event there is an expense associated with a chargeback, Visa will reach out to the merchant processor and the specific merchant to review the force posts to have the merchant stop this process and practice.</p> <p>ConnectYourCare follows the dispute processing covered under the Code of Federal</p>	5 points
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<p>Regulations, Regulation E, to process disputes or chargebacks to merchants for unrecognized or unauthorized charges on cards.</p> <p><b>2. Stolen Cards</b></p> <p>As soon as the participant is aware their health care payment card is lost or stolen, the loss or theft must be reported to us. At that time, the account will be flagged and the payment card rendered inactive. We then initiate the process of sending a replacement card immediately to the participant.</p> <p><b>3. Unauthorized transactions</b></p> <p>Neither the State of Arkansas nor cardholder will be liable for unauthorized charges on cards. We follow the dispute processing covered under the Code of Federal Regulations, Regulation E, to process disputes or chargebacks to merchants for unrecognized or unauthorized charges on cards.</p> <p><b>4. Other non-typical debit card customer service issues</b></p> <p>Participants can contact our U.S.-based customer care representatives at a State of Arkansas dedicated toll-free number, 24 hours a day, 365 days a year. Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. Our representatives are trained to answer a wide variety of questions include those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional health care payment cards and resetting passwords.</p> <p>Calls that come ConnectYourCare’s customer service center that are more appropriately answered by another vendor will be warm- transferred; representatives will stay on the line to identify themselves and the caller before transferring the call to the desired partner. All of our customer care representatives are trained on all types of calls that may be transferred and have quick access to the necessary contact information.</p>	
<p><b>G. Provide information on how the debit card may be customized for your company’s clients, including Plan branding.</b></p> <p>We provide customization options at no additional charge, including customized health care payment cards with the ARBenefits logo. If requested, we can also place this logo on every page of the online portal.</p> <p>Please refer to the sample debit cards included with the hard copy submission of this proposal, provided as an example of possible branding options for the State of Arkansas.</p>	5 points
<p><b>H. Provide a sample (front and back) of your standard debit card. An actual plastic card is preferred but printed images are also acceptable.</b></p> <p>ConnectYourCare has provided sample plastic debit cards (a State of Alabama-branded version) with the hard copy submission of this proposal. We look forward to discussing card customization and other options. Please see <a href="#">Exhibit PP: CYC Sample Card Images</a> for more examples, including card front images of AR Benefits and Arvest Bank.</p>	5 points
<p><b>I. Provide a detailed description of all auto-substantiation parameters available to the Plan.</b></p> <p>Our proprietary system was designed to administer the complexity of health care accounts such as FSAs and HSAs. We auto-substantiate claims using the following Treasury Department and Internal Revenue Service (IRS) approved methods:</p> <ul style="list-style-type: none"> <li>• Payment card purchases at supermarkets, grocery stores, department stores, wholesale clubs and other merchants that can identify eligible items at checkout through the use of Inventory Information Approval Systems (IIAS)</li> <li>• Recurring claims where the participant submits documentation the first time and subsequent claims are automatically substantiated based on logic in the system.</li> </ul>	5 points

- Match of pharmacy benefit manager (PBM) transactions
- Claims feeds (medical, pharmacy, dental and vision) from health plans and third-party administrators
- Copays and multiples of copays

For employer groups that opt in to claims feeds, ConnectYourCare offers ClaimsAlly™, our automated and proprietary technology for notional accounts that boosts auto-substantiation even after the point of service sale. We use smart technology to prioritize and pool eligible claims and match them to unsubstantiated claims. This process makes the claims process easier and more satisfying for participants, reduces documentation requests, and reduces the employer burden.

Clients using ClaimsAlly™ have realized significantly higher auto-adjudication rates, fewer suspended cards, reduction of documentation requests, and an overall more satisfied participant base. In our [2018 CDH Account Trends Report](#), our survey revealed 45.7% of FSA respondents listed providing documentation as the number one pain point.



**IRS-required documentation remains number one FSA pain point**

For 45.7% of FSA respondents, the number one change they would like to make to their account would be to decrease the need to submit documentation for eligible expenses. This response was the most frequent selection, in line with last year's concerns.

Note that pursuant to Treasury Department regulations, substantiation is not required for health savings account claims.

**J. Describe your company's process for taking an electronic claims import for medical or pharmacy claims to substantiate debit card transactions or for automatic reimbursement of non-debit card transactions. Include the following information:**

**1. Data file specifications**

We can receive data through secure file transfer or securely emailed Excel spreadsheets. Alternatively, the State of Arkansas can enter data online via the HR Command portal. Our system is extremely versatile and can accept a wide variety of file formats for census, enrollment, and contribution information

We are committed to maintaining the security of our clients' data and support a variety of secure transmission methods compliant with HIPAA security and privacy guidelines. We require an ASCII file format with fixed width or delimited files. We have the tremendous ability to configure data adapters to files should they deviate from our requisite format; our data adapters translate the file to the format our system understands.

We support the following file transfer protocols:

5 points

- Internet File Transfer Protocol – We support an Internet file transfer protocol (FTP) process using PGP encryption.
- Secure FTP – We support a Secure FTP client and server. We support all the secure protocols, including sFTP (SSH), FTPs (SSL), and HTTPs.

We can receive data through secure file transfers, including SFTP, FTPS or FTP with PGP encryption. We can also accept data sent in an Excel spreadsheet, transmitted through secure email. The State of Arkansas may also upload files directly to HR Command online. Our system is exceedingly versatile and can accept a wide variety of file formats for census, enrollment and contribution information. We suggest that the State of Arkansas encrypts the data during the transmission process to ensure a secure transfer.

For COBRA, in order to ensure a smooth transition, we provide clients with a client setup form along with gathering of data, takeover data, and the outgoing vendor with file specifications to provide the initial details for populating the COBRA system at implementation.

**2. Timing issues**

We do not stipulate a date enrollment data is required to be sent; albeit, for timely payment card production and distribution, the State of Arkansas should deliver open enrollment data at least two weeks prior to the plan begin date. For ongoing account maintenance, we typically receive file updates from the employer group or designated partner on a weekly, biweekly, semimonthly, or monthly basis. We can accept a full file feed or changes-only file on a regular basis.

We have no limitations regarding the frequency for receiving census and enrollment data. Payroll contribution file frequency typically corresponds to the employer’s payroll schedule; yet our adaptability allows us to accept contribution files that are not dictated by a payroll calendar. By offering the one of the most configurable platforms in the market, employer contacts may, alternatively, provide immediate updates to notional accounts by logging on to HR Command.

For COBRA, information flows by default through the employer through notifications at least weekly of eligibility changes to ensure they are updated with appropriate carriers. This allows employers to leverage existing process to manage their overall population. If direct carrier notification is desired, the employer must provide carrier contact information and facilitate initial contact. We will then work directly with carriers on file format, content and frequency to best suit the product and company.

**3. Eligibility concerns**

We can accept either a changes-only or full file feed from the State of Arkansas, or its vendor partner, on a regular basis or on an ad hoc, off-cycle file, if needed. In lieu of the file, or to help manage ad hoc changes to notional accounts immediately, clients can use the online employer dashboard, HR Command, to make ad hoc contributions, manage additions or terminations and make participant data changes – including eligibility – in real time.

For **COBRA**, the State of Arkansas can notify us about qualifying events either through a file import or via the dedicated online COBRA portal for employers.

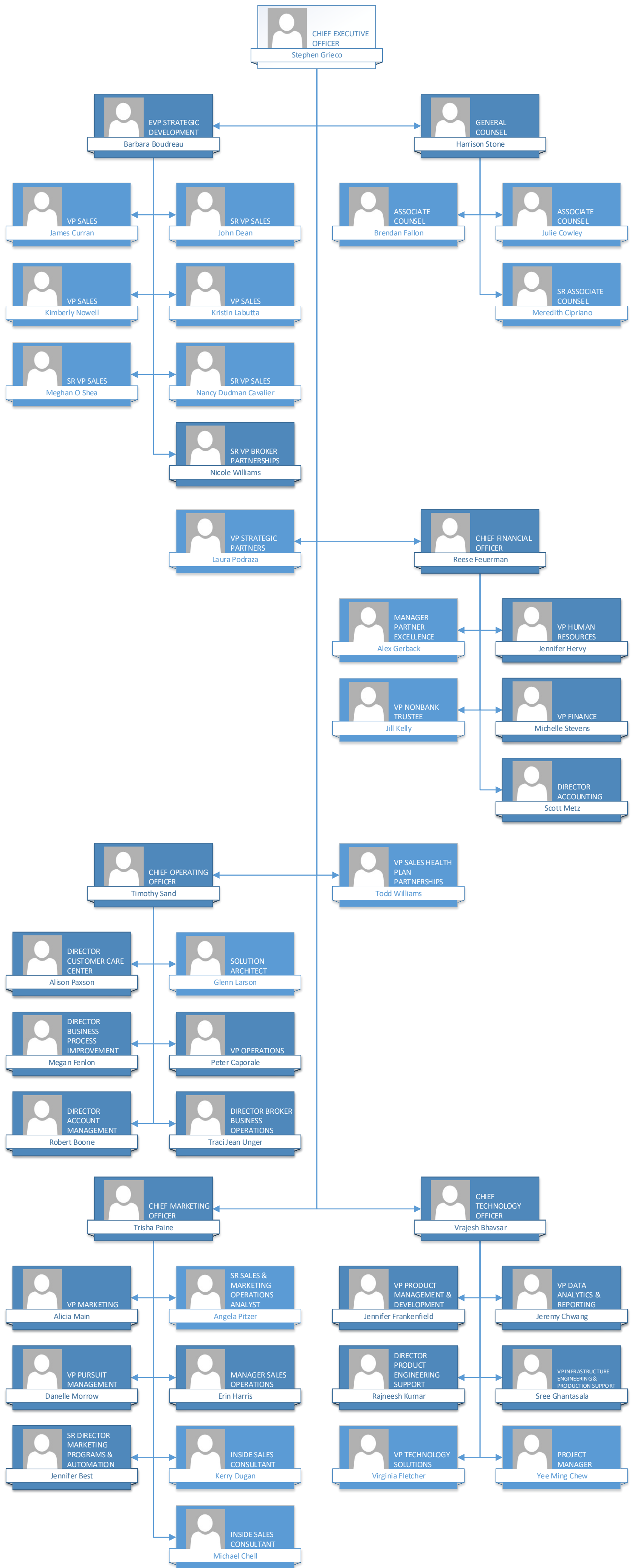
**4. Other relevant information**

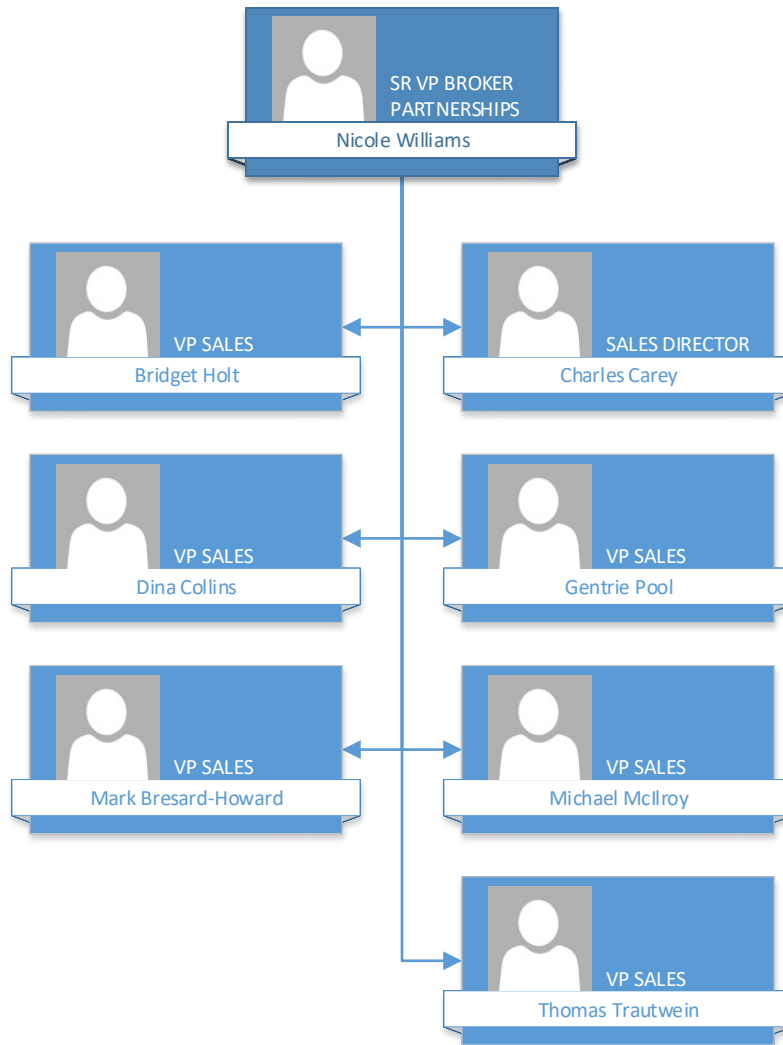
We have been receiving medical carrier claims files since 2008. We can work with any variety of health plan options and have the capacity and expertise to configure health plan claim feeds to facilitate the transfer of claims data into our system for auto-adjudication purposes and faster claims payment times. We configure data adapters to carrier files should the vendor’s layout deviate from our requisite format. As a result of our versatility and extensive experience working with multiple carriers, we are confident we can coordinate the acceptance of file feeds during the implementation process.

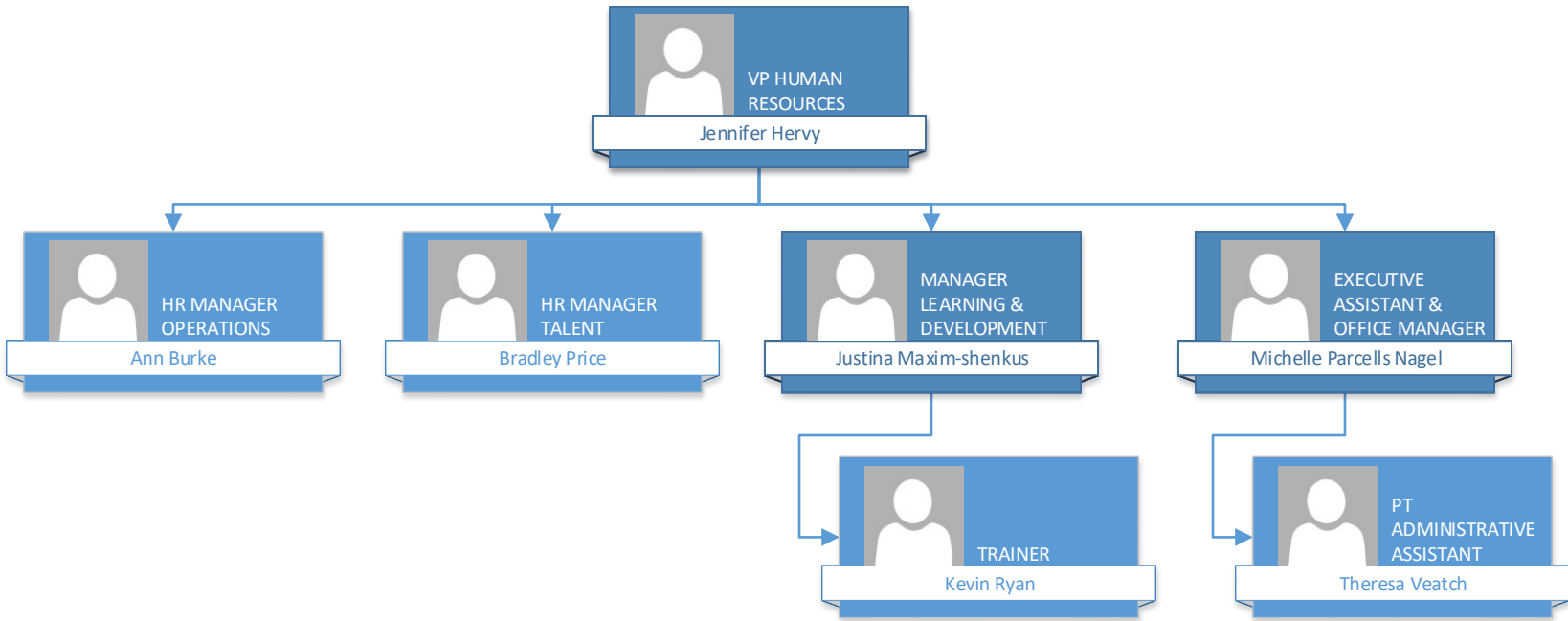
**K. Describe your company’s recommended process to facilitate claims offset for non-substantiated debit card transactions and the options available within your company’s**

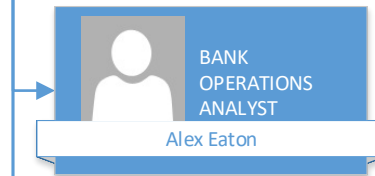
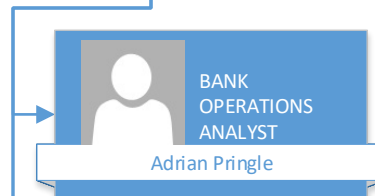
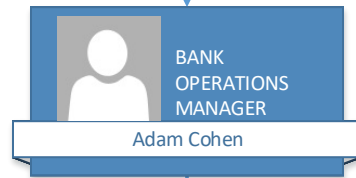
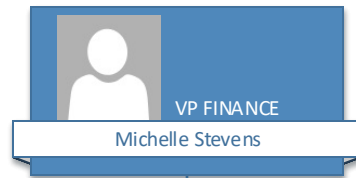


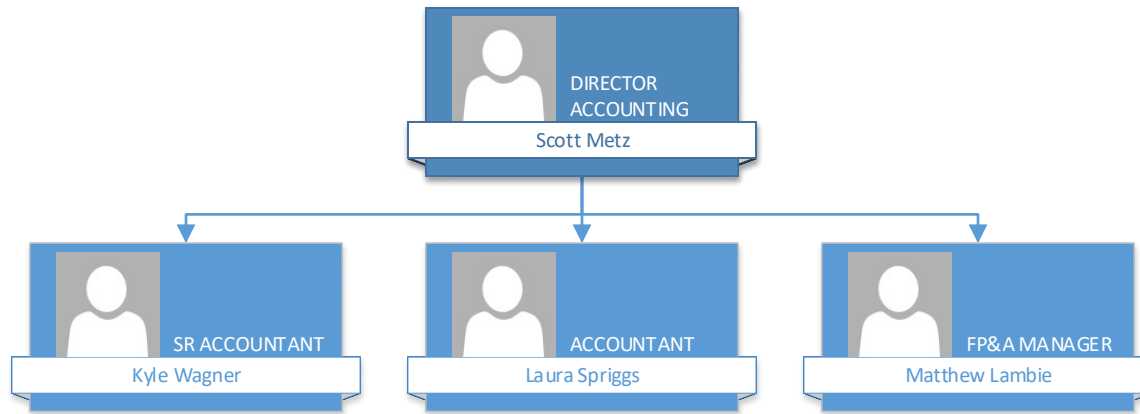
<p><b>administration system to deviate from the recommended process.</b></p> <p>If a health care payment card is temporarily suspended at the end of the plan year due to unsubstantiated claims, the payment card is reactivated when substantiation is submitted and the transaction clears.</p> <p>In addition, with ClaimsAlly™, we now offer an enhancement for end-of-year claims. Members will begin the plan year with a clean slate regarding documentation owed and suspended cards. They will begin the new plan year with an active card. Cards that were suspended in the prior year will become active at the earliest opportunity in the next plan year:</p> <ul style="list-style-type: none"> <li>• After the participant takes care of the unsubstantiated claim, or</li> <li>• After the prior year account balance reaches \$0, or</li> <li>• After the grace period ends</li> </ul> <p>We continue to follow up for substantiation, but we do not suspend cards for swipes from a prior plan year. In addition, the member received communications that indicate that his/her card has been reactivated and is advised that swipes from the prior year requires documentation/repayment or else may be reported on a W-2 as income.</p> <p>Please refer to <u>Exhibit EE: CYC ClaimsAlly Overview</u> included on the Exhibits flash drive submitted with this proposal for further details about this proprietary technology.</p>	<p>5 points</p>
<p><b>L. Provide details regarding the reasons your company’s debit cards have been offline at any time within the past two (2) years. Include the length of time the debit cards were offline for each occurrence.</b></p> <p>ConnectYourCare has had no reported system outage in the past two years.</p> <p>There are many layers of system redundancy for card processing. We guarantee an annual average 99.5% system availability of the point of sale adjudication system. Note that this guarantee excludes systems downtime attributed to regularly scheduled systems maintenance or systems downtime attributed to telecommunications failure or other circumstances outside our control. We have never failed to meet this performance standard, and routinely report a 100% uptime.</p>	<p>5 points</p>

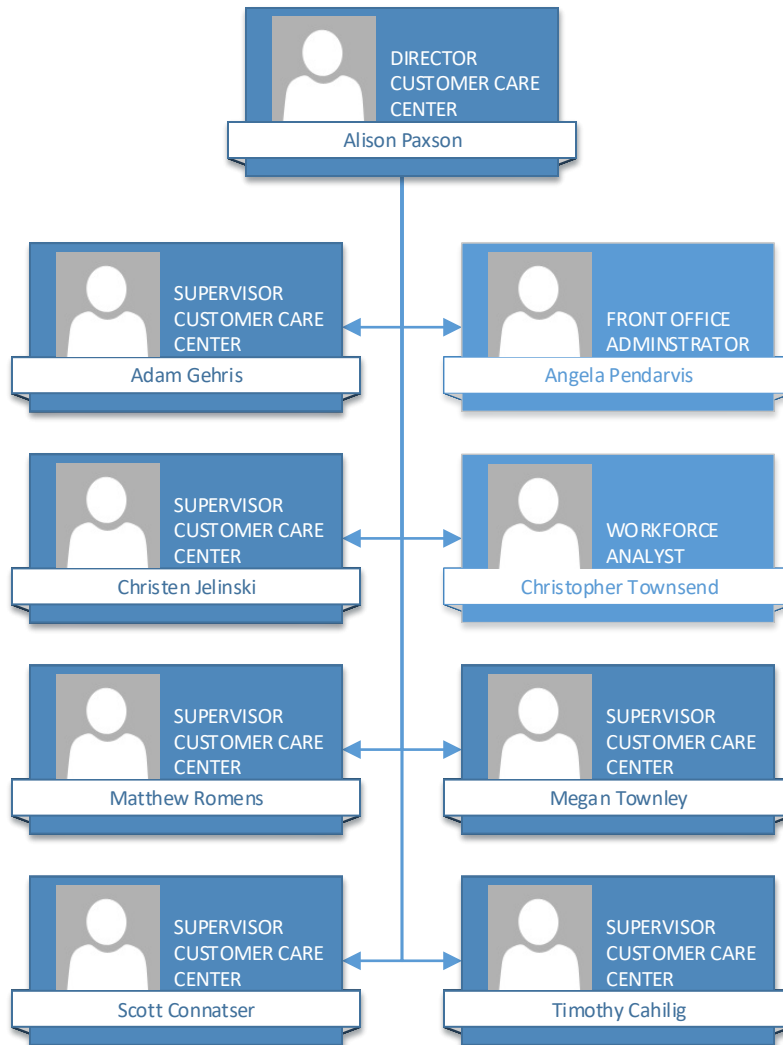


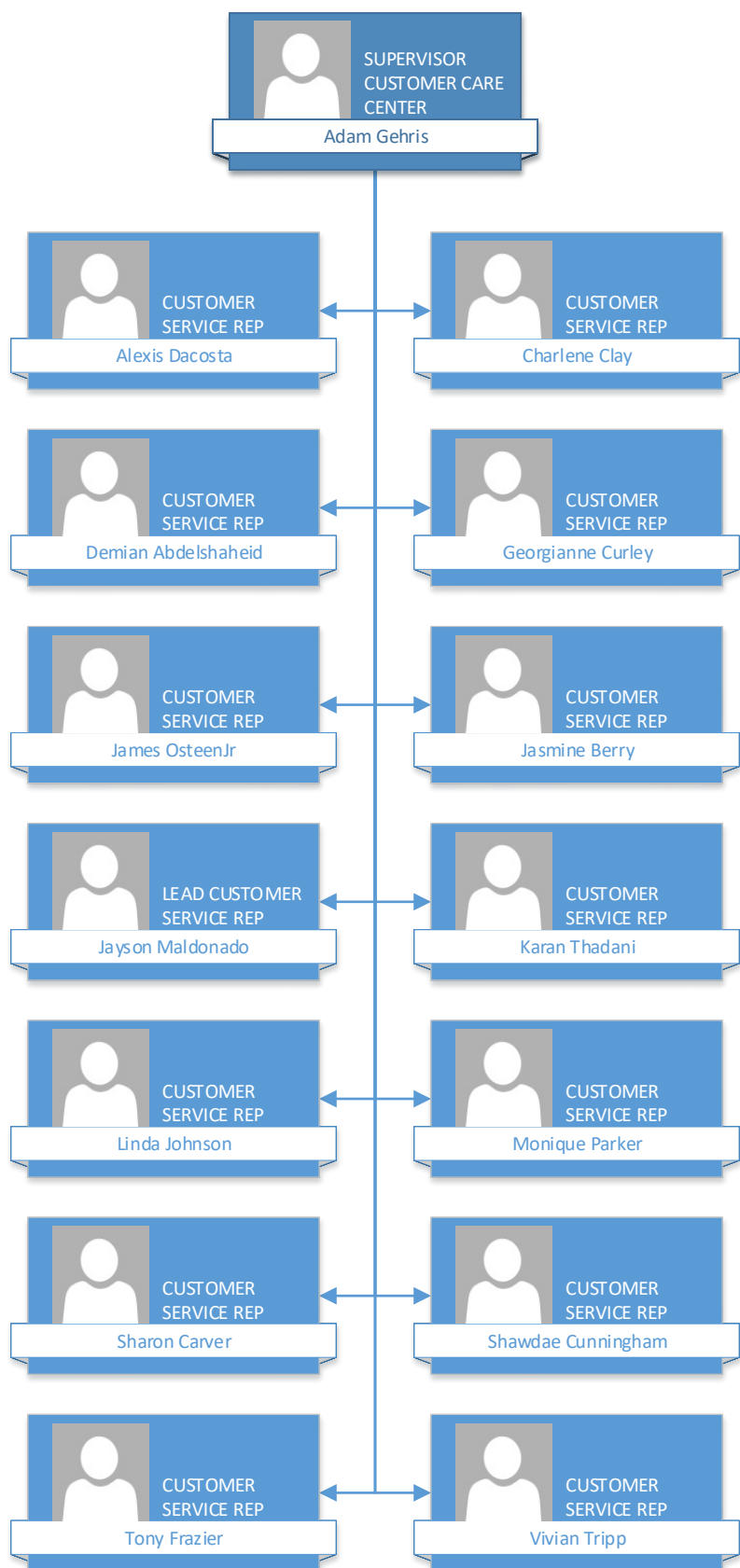




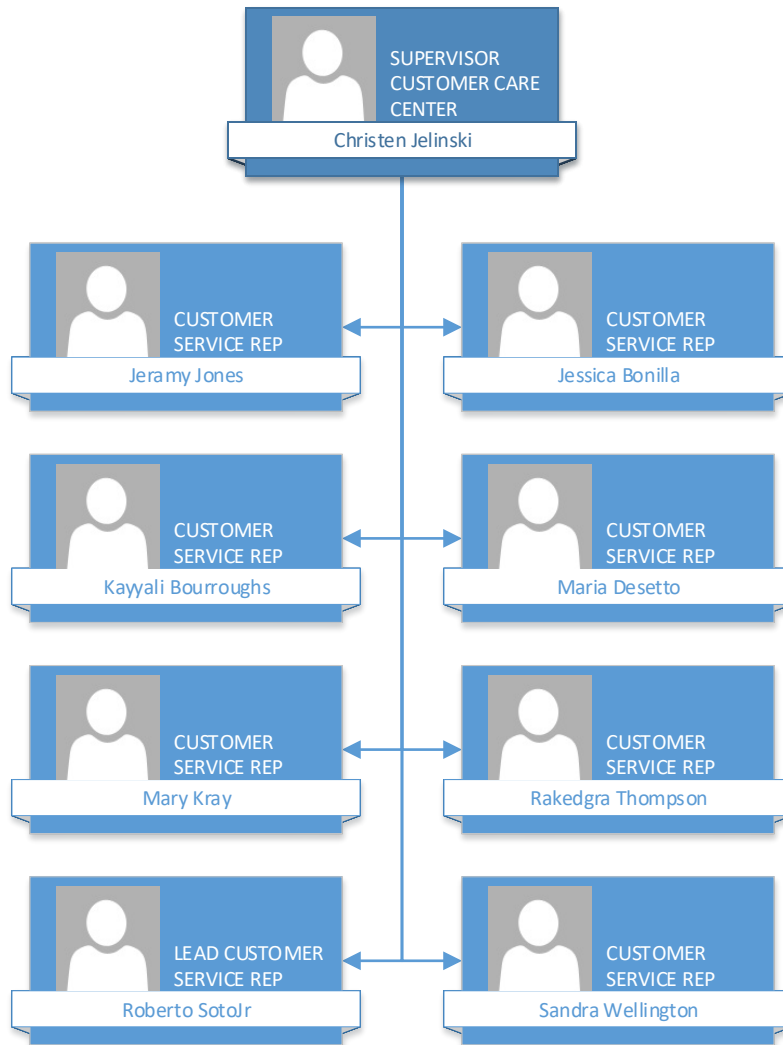


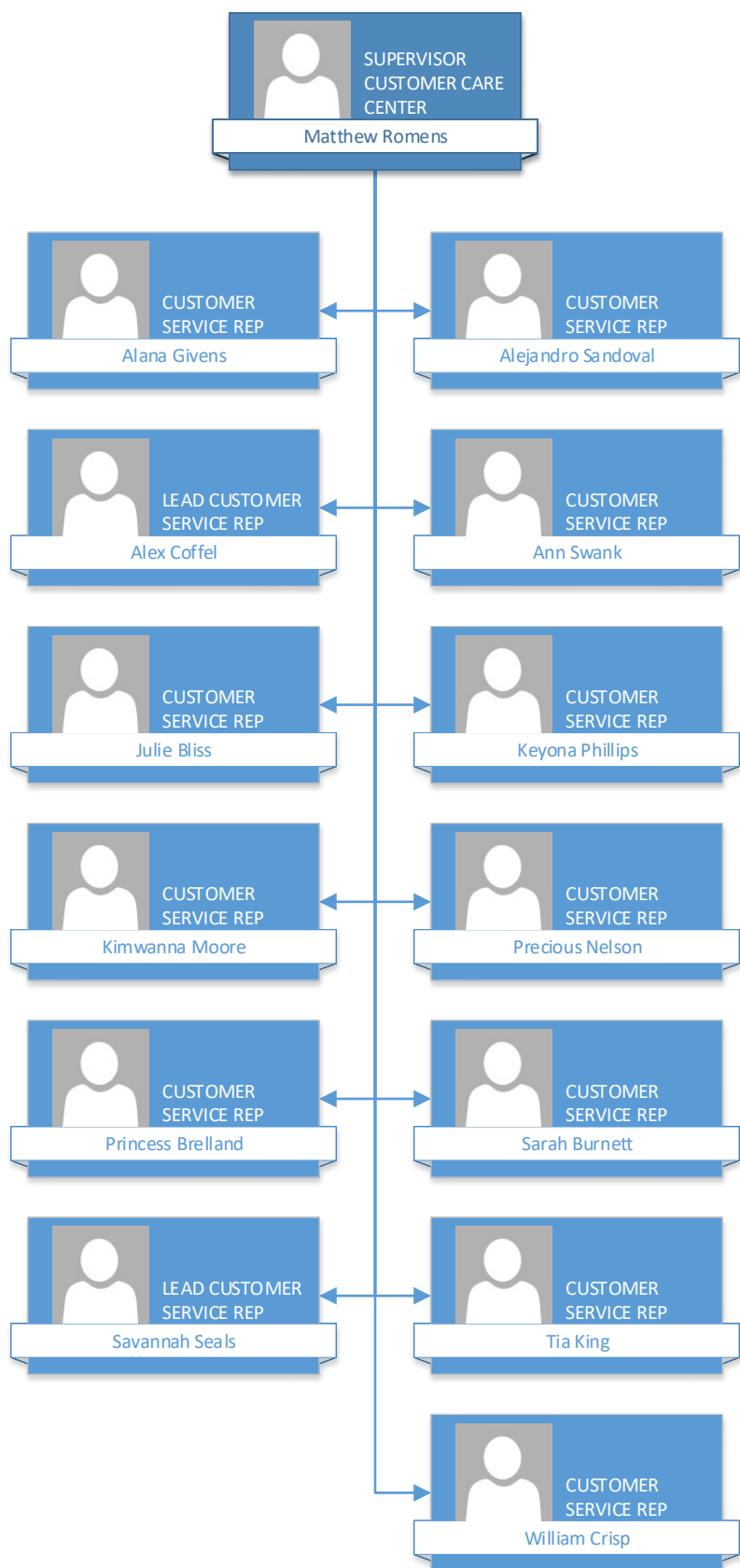


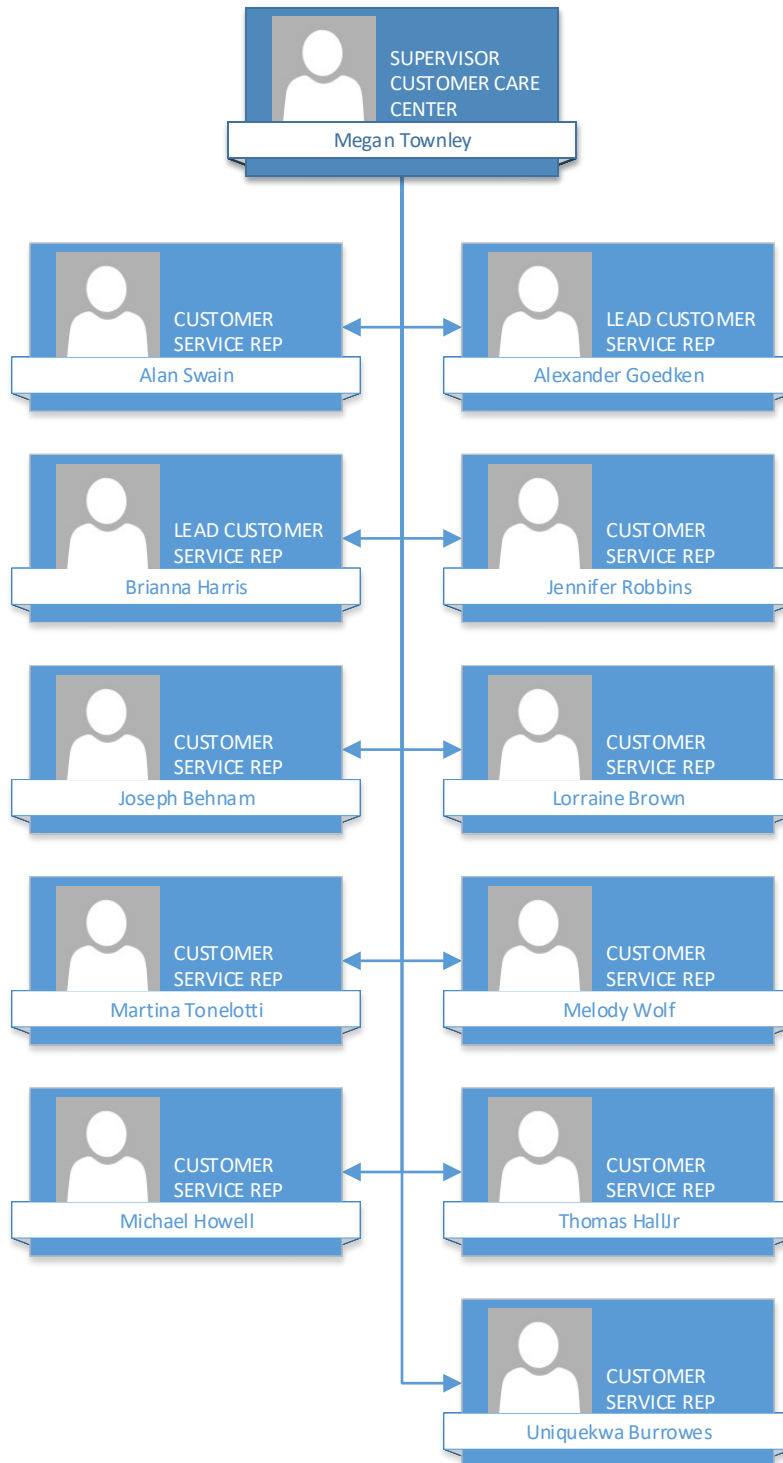


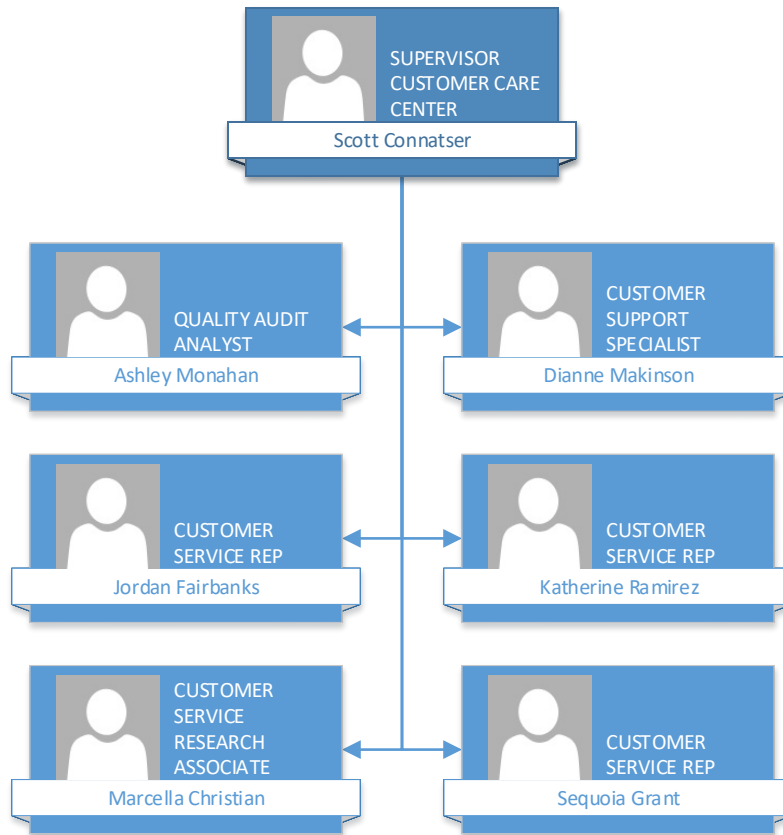


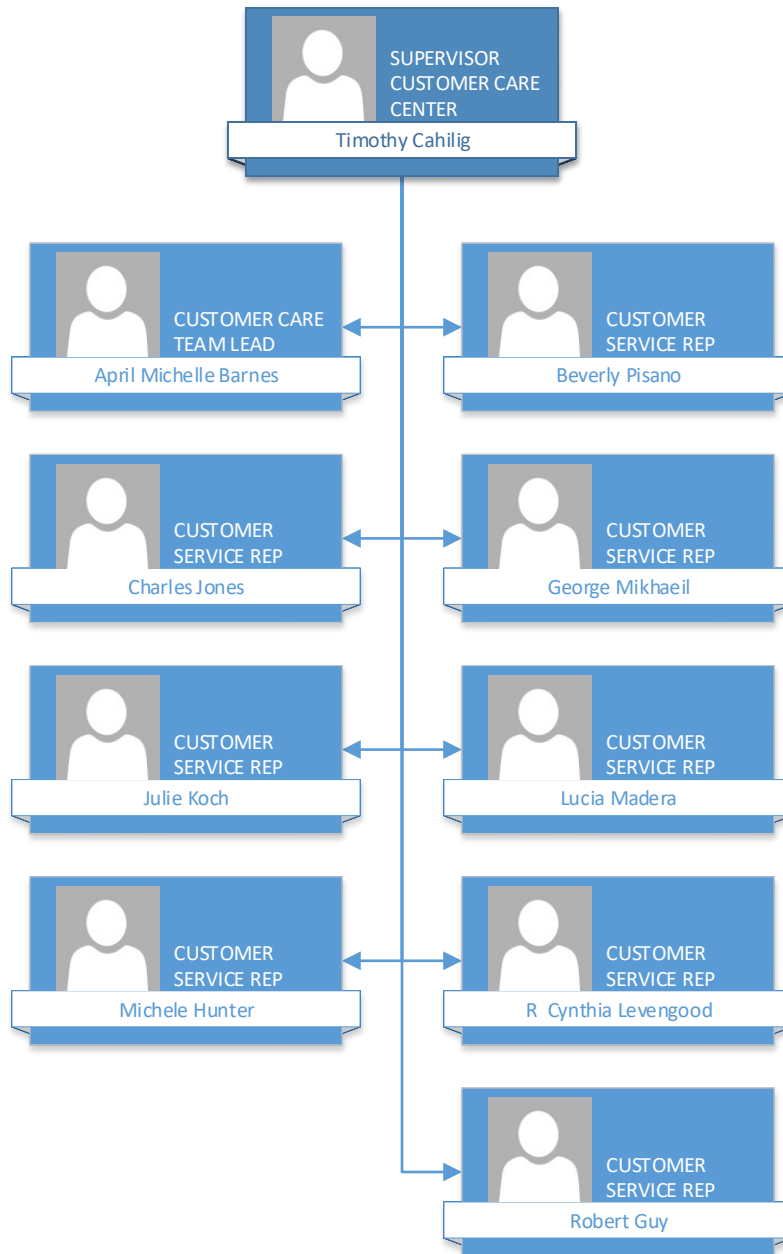


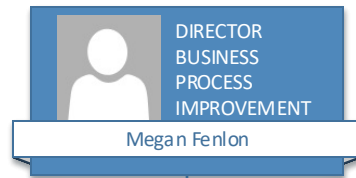













DIRECTOR  
BUSINESS  
PROCESS  
IMPROVEMENT

Megan Fenlon

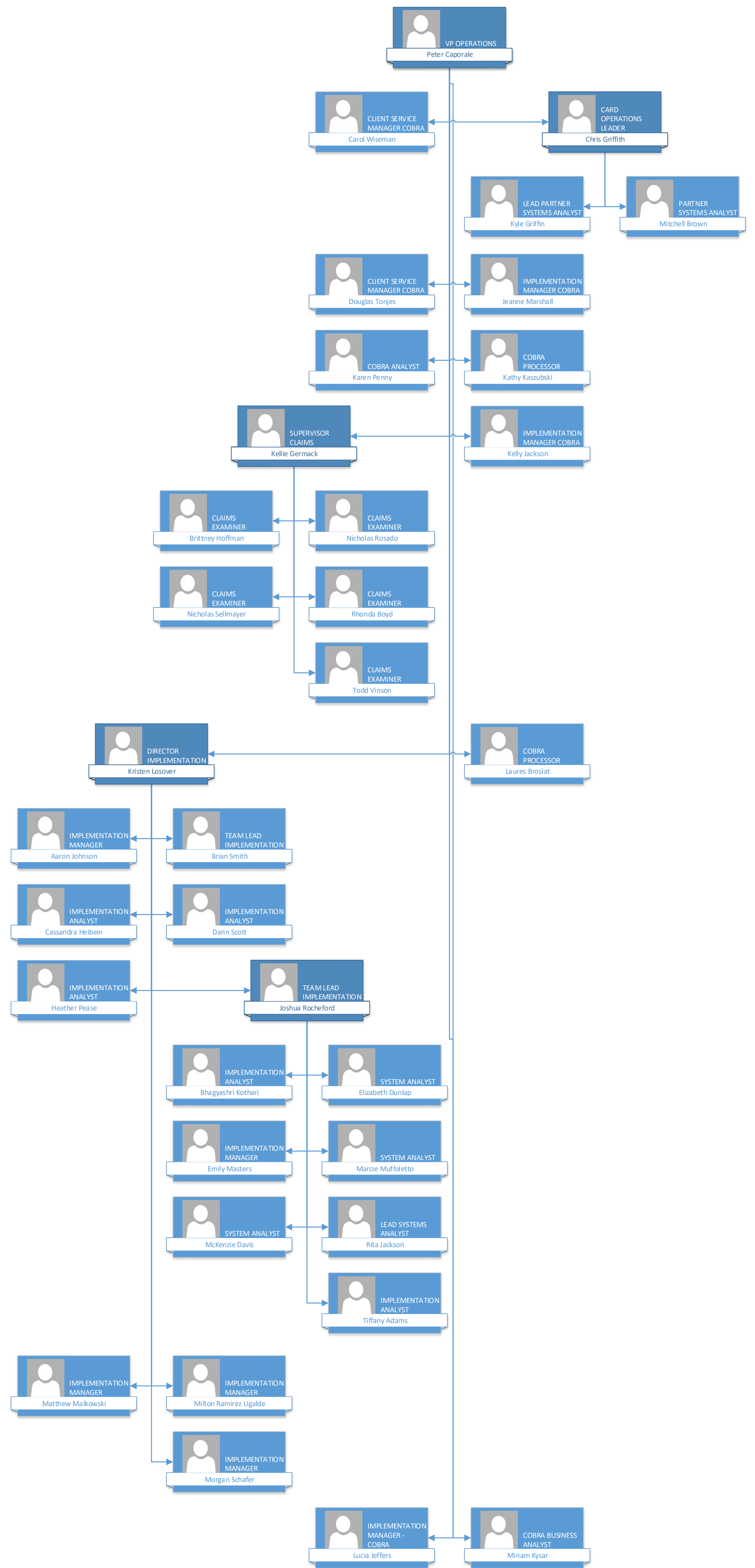
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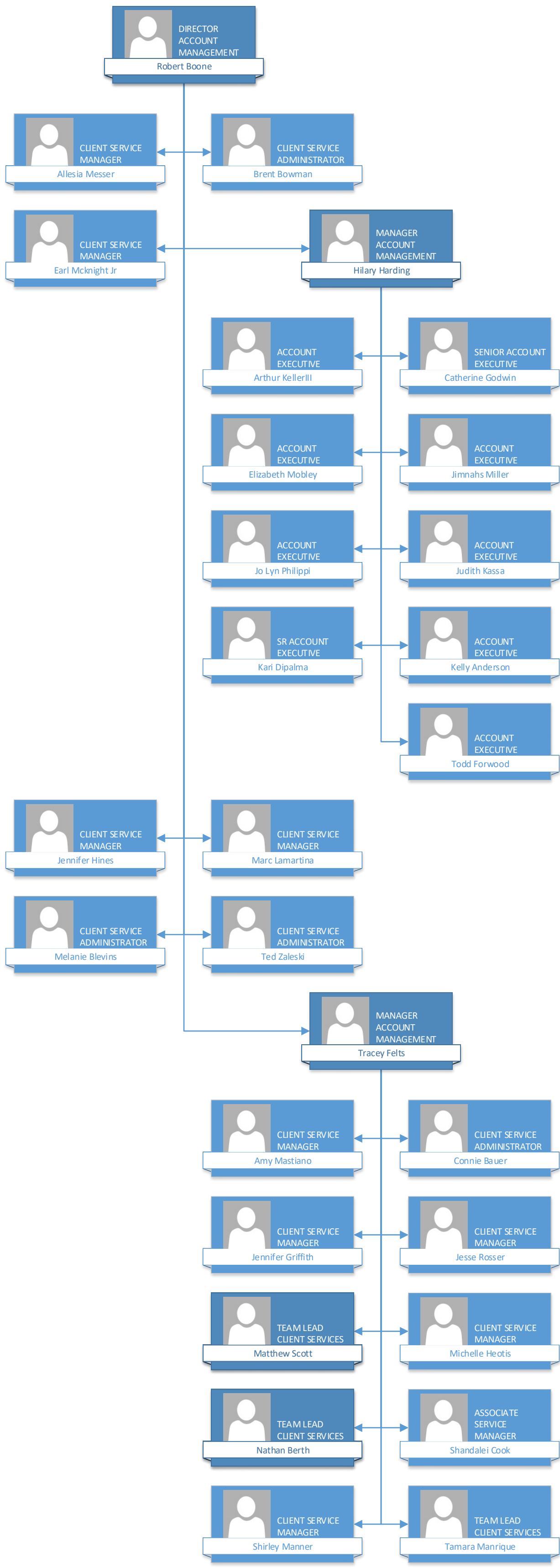


DATA &  
REPORTING  
ANALYST

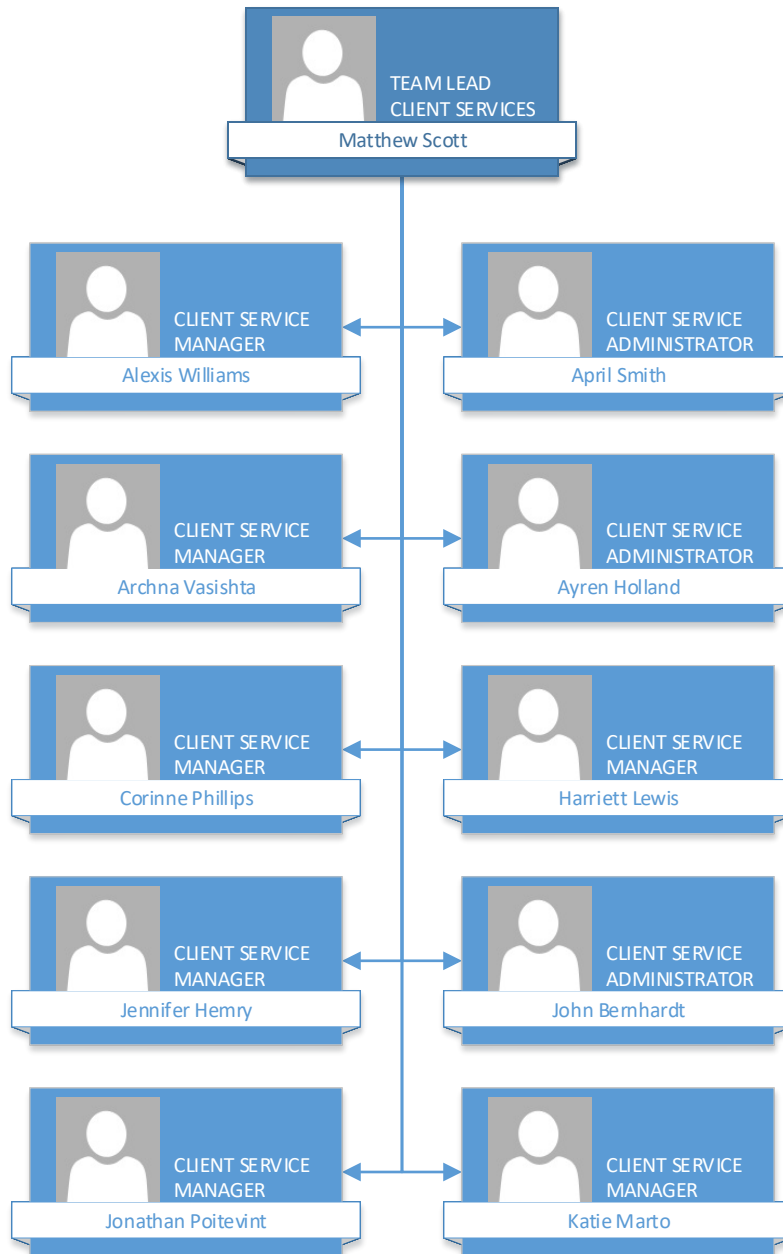
Nadia Khajawi

This block represents a person's role and name. It consists of a blue rectangular card with a white silhouette of a person on the left and text on the right. Below the card is a white banner with a blue border containing the name.











DIRECTOR BROKER  
BUSINESS  
OPERATIONS  
Traci Jean Unger

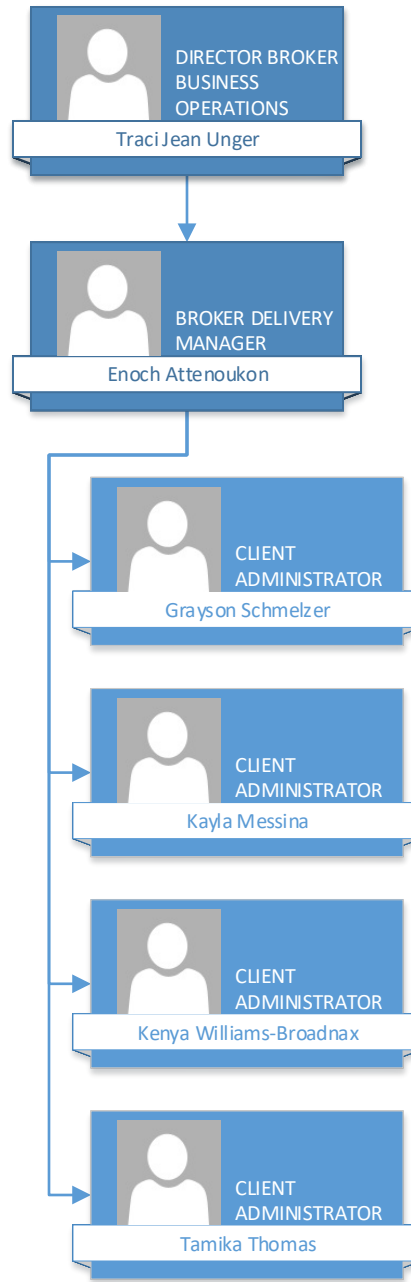
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MANAGER  
Enoch Attenoukon

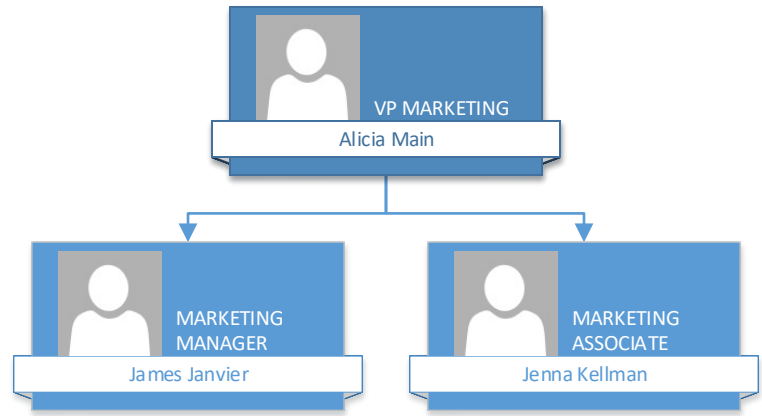
CLIENT  
ADMINISTRATOR  
Grayson Schmelzer

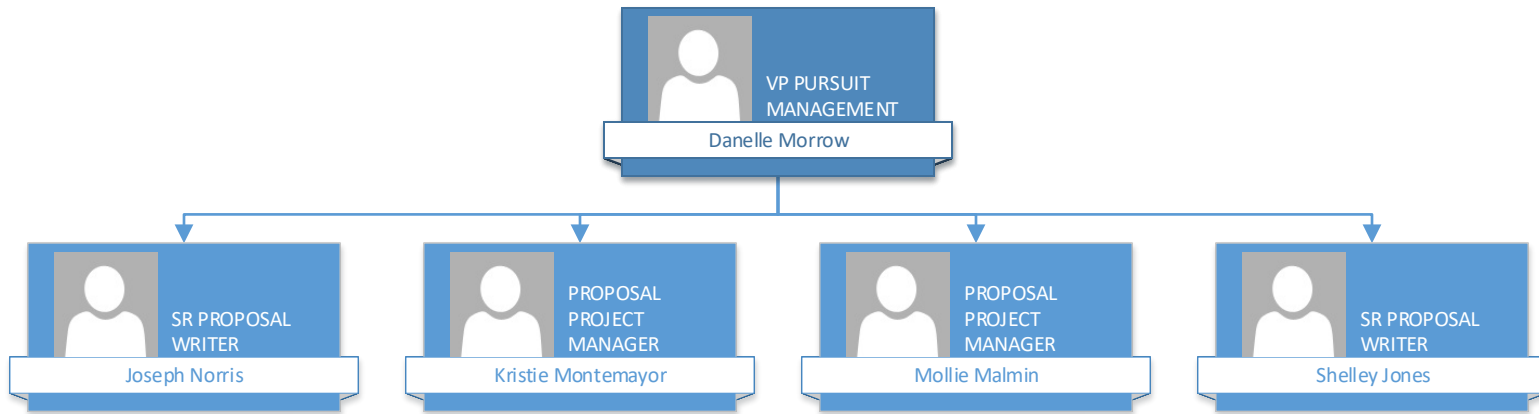
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ADMINISTRATOR  
Kayla Messina

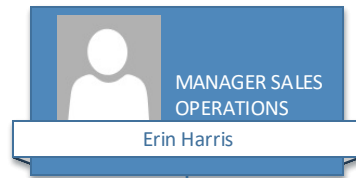
CLIENT  
ADMINISTRATOR  
Kenya Williams-Broadnax

CLIENT  
ADMINISTRATOR  
Tamika Thomas









MANAGER SALES  
OPERATIONS

Erin Harris

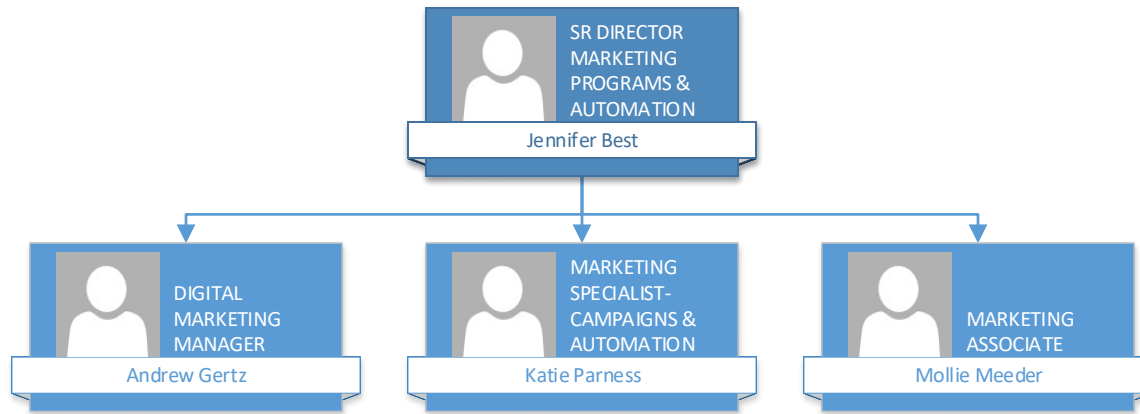
This is an employee card for Erin Harris. It features a blue header with a white person icon on the left and the text 'MANAGER SALES OPERATIONS' on the right. Below the header is a white banner with the name 'Erin Harris' in blue text.

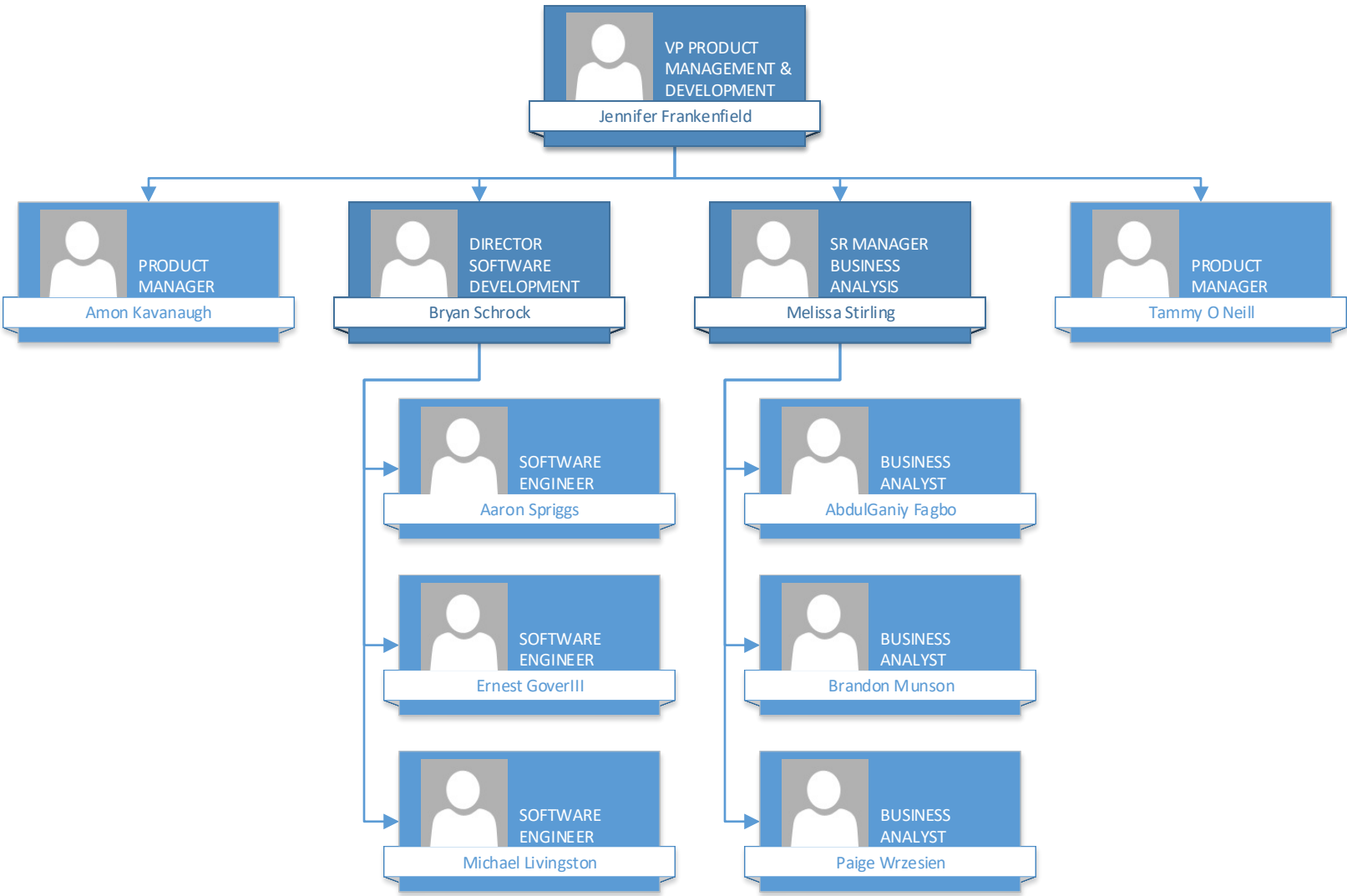


SALESFORCE  
ADMINISTRATOR

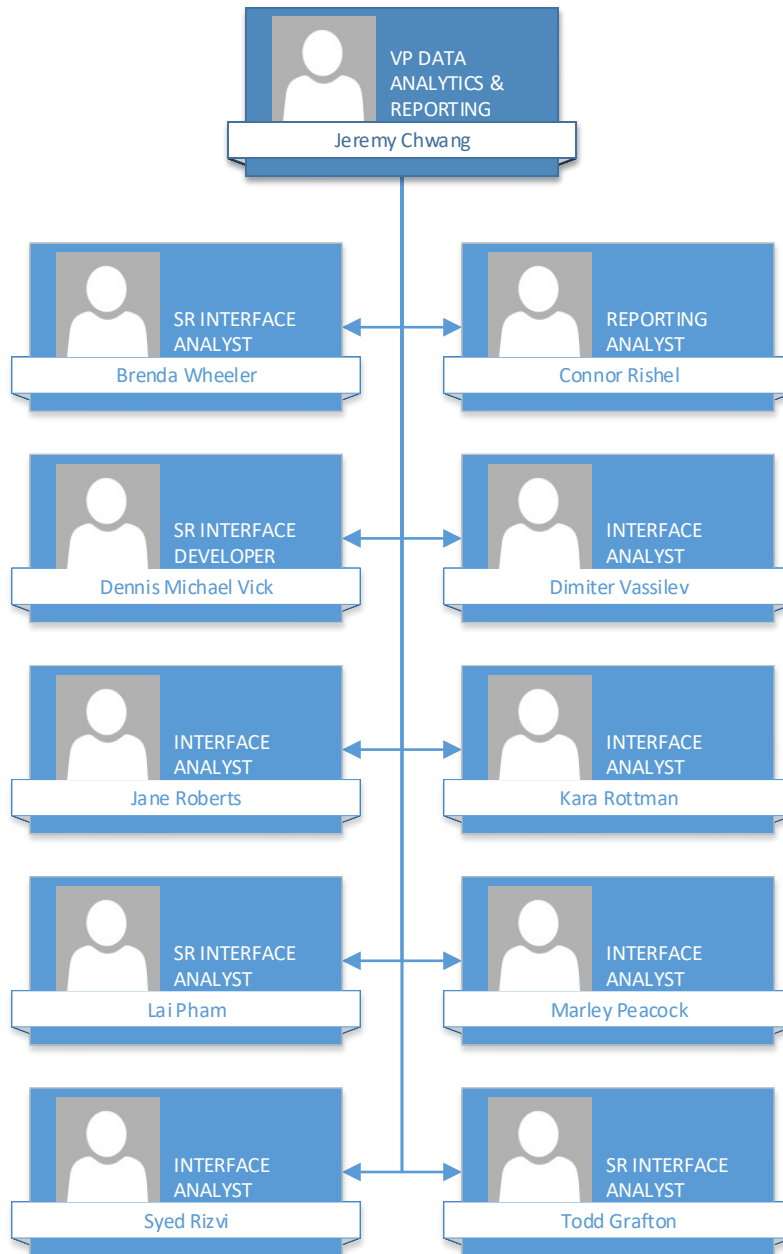
Elizabeth Kouandjio

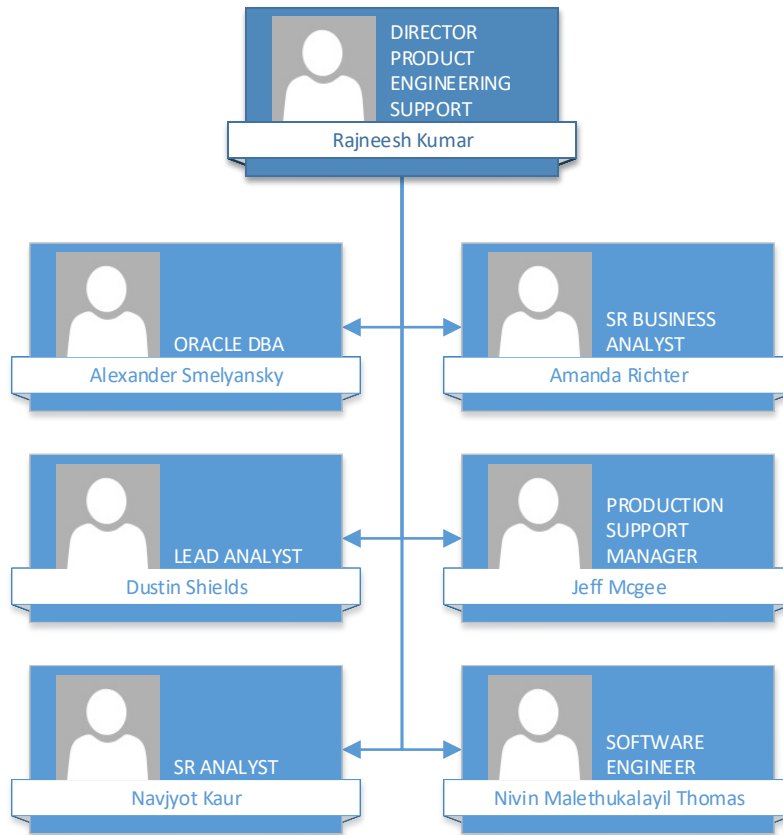
This is an employee card for Elizabeth Kouandjio. It features a blue header with a white person icon on the left and the text 'SALESFORCE ADMINISTRATOR' on the right. Below the header is a white banner with the name 'Elizabeth Kouandjio' in blue text.

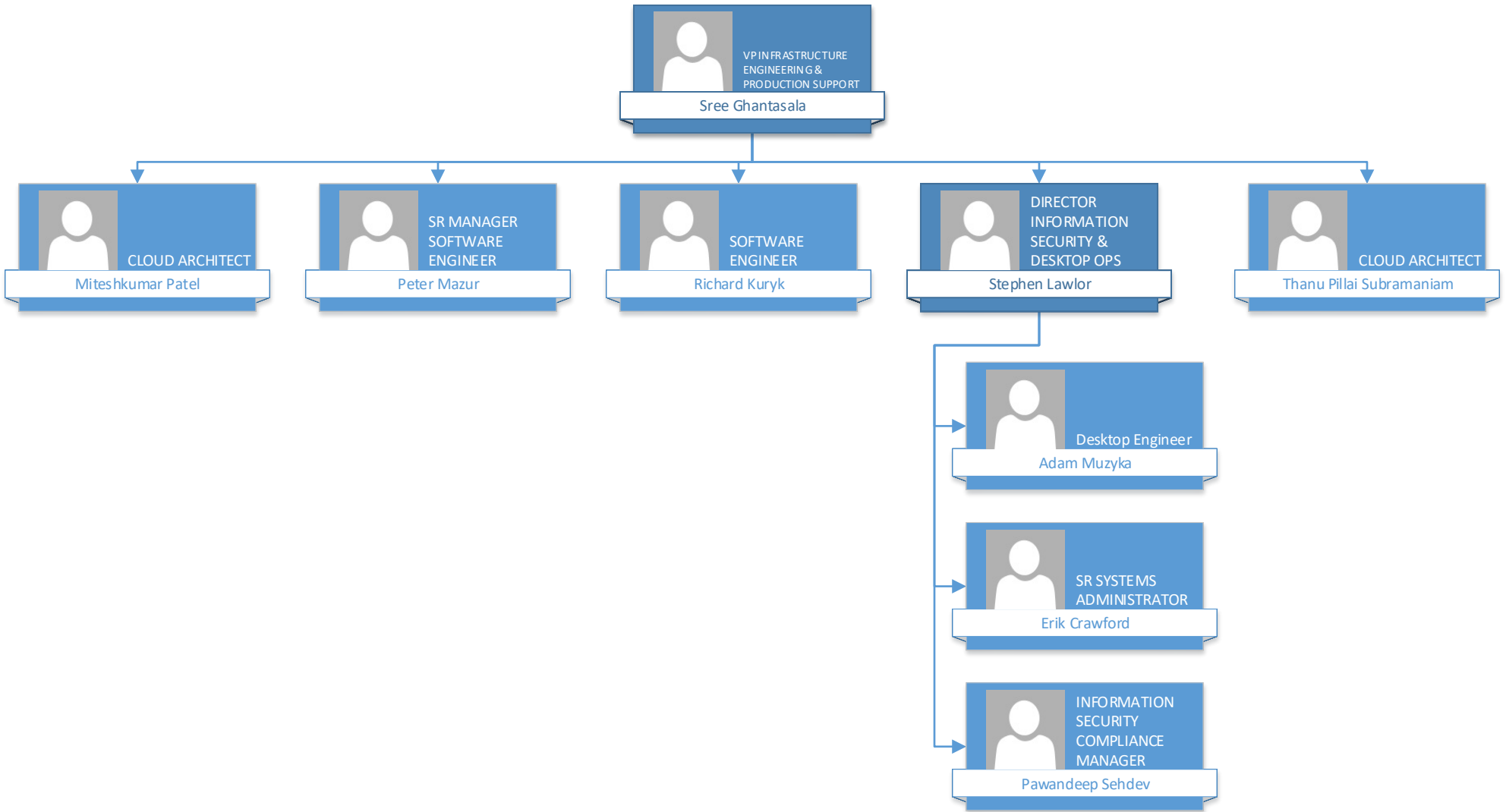














**ConnectYourCare Technical Proposal  
(REDACTED)  
FSA, HSA, LPFSA, COBRA**

**State of Arkansas – Bid # SP-18-0099  
April 4, 2018**

John Dean  
Senior Vice President, Sales  
[John.Dean@ConnectYourCare.com](mailto:John.Dean@ConnectYourCare.com)  
(404) 975-3719

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# Executive Summary

ConnectYourCare is pleased to present the enclosed proposal response for HSA, FSA, and COBRA administration for The State of Arkansas. The State of Arkansas is seeking to increase employee participation, enhance employee communications while at the same time reduce costs – we appreciate the opportunity to present this proposal and highlight why ConnectYourCare is the optimal choice.

ConnectYourCare is uniquely qualified to provide platform flexibility, product innovations, administrative simplicity, and outstanding client and employee support for The State of Arkansas, and we'd like to earn your business. Our Chief Marketing Officer Trisha Paine will be the State of Arkansas' executive sponsor. Trisha has over 20 years of marketing experience and oversees marketing and communications. Trisha will be a great resource as we work with the State to increase employee participation.

Our Chief Operating Officer, Tim Sand, will serve as The State of Arkansas' second point of executive contact. Tim has over 25 years of experience and oversees our call center operations, claims processing, vendor management, client services, and account management.

In reviewing your request for proposal, we are confident that ConnectYourCare is uniquely suited to deliver on your current needs, as well as having the adaptability and expertise to scale our service to meet any future benefit changes. As with our other large public-sector clients, we will deliver all this while keeping in mind the bottom line – providing a superior State of Arkansas employee experience. We have evolved into the industry leader and innovator in the HSA/FSA/COBRA market by combining the industry's best technology platform with the people, processes and partners required to deliver top-notch programs.

**Experience:** With multiple states, cities, counties and municipalities nationwide leveraging our platform, we understand the unique needs of a public entity. Since we built our technology from the ground up, we also can easily adapt to unique needs the State requires. In addition, we will be able to leverage the experiences of existing clients in a similar situation to provide best practices for the state to consider.

As an example, The State of Alabama is an existing client in a similar situation as the State of Arkansas. The State of Alabama offers FSA, HRA, and COBRA/FSA through ConnectYourCare, while offering a Blue Cross/Blue Shield network to multiple internal agencies throughout the state.

**Innovation:** Innovation is at the foundation of ConnectYourCare's business philosophy, and the industry-leading strides we've made will drive the State of Arkansas' participation and ease of use through:

- **Our member portal** – developed in our Usability Lab with our partner Microsoft, also available in Spanish
- **HSA On Demand®** – **ConnectYourCare's proprietary, award winning acceleration of benefit tool**
- **CYC Mobile** – the industry's leading mobile app, and like our portal, available in Spanish
- **HSA Save-It!** – a unique electronic filing cabinet, for those “shoebox” savers in your population
- **Proprietary Data Adapter Tool** – we can receive vendor-specific feeds and can configure a data adapter to receive and convert data to our requisite format
- Our **integrated investment platform** supporting a custom slate of mutual funds – all easily accessible from the portal or mobile device for trades/sweeps
- Our **ongoing investment in research, development** and education to remain an industry leader and innovator
- **Industry-leading auto-substantiation** rates on FSA, and with our newest innovation *ClaimsAlly*, we will see even greater substantiation rates

- We have developed our **entire healthcare account platform in-house** giving us the most sophisticated, flexible and efficient technology of any HSA/FSA administrator

ConnectYourCare is the **only administrator that has extensive experience administering HSA On Demand®**, our unique contribution acceleration program that protects employees in the event of a large claim early in the year. This program has been the key to many companies' successful migration from more traditional plans to a HDHP with an HSA. **This award-winning tool will be available to the State of Arkansas at no additional cost.**

**Service:** Innovation and technology are key, of course. But without exceptional service and delivery, they're not enough on their own. That's why ConnectYourCare goes beyond technology to provide a partnering relationship with the advice and services needed for success – a partnership that matches employer and employee needs with demonstrated service levels and at levels well over industry standards and our competition. Year over year, our commitment to service is rewarded with exceptional satisfaction ratings including:

- **Participant: 92% overall satisfaction, 93% claims satisfaction**
- **Employer: 90% overall satisfaction, 93% likelihood of renewing**

**Quality:** ConnectYourCare demands quality in every product or process we create. That's why we strategically invested in moving our call center in-house and our claims service to 100% onshore in order to achieve the high-level of quality our clients deserve – **24/7/365, live U.S.-based service**. We are also extremely proud of our strong CIP process and high acceptance rate utilizing a secure document upload and other easy to use methods.

We have a corporate quality initiative and a dedicated quality department to ensure every aspect of our solution runs smoothly and efficiently. Quality controls provide us visibility into clients' daily actions and guarantee our immediate awareness to an event or issue. Our dashboards like **HR Command** for partners and clients display real-time activity and measurements of client data critical to maintaining delivery excellence.

**Partnership:** The State of Arkansas deserves to partner with a business advisor that brings together experience, technology, service, and passion to deliver the right mix of solution options to its organization. ConnectYourCare is that partner. We will commit a seasoned team to support your needs. Your **dedicated client service manager**, Corinne Richardson, will be your primary contact for day-to-day account activity, issue resolution, general inquiries and operational support, as well as other backup support team members. Corinne will manage the State's plans to ensure satisfaction, profitability and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.

The State of Arkansas' team will further be comprised of an Implementation Manager, Account Executive, Project Analysts and other members of your **Complete Care Team** which will be fully operational and ready to support The State of Arkansas in the transition.

We offer a **designated Implementation Manager for all services** – so there is no “silo effect” or interdepartmental information transfer needed.

In addition, we are able to provide a customized suite of multi-media print and email communications to grow product adoption, enrollment and retention at every stage of the proposed business solution. These communications were designed to drive participation by highlighting real health care account benefits. The State of Arkansas can leverage our integrated **360° Connect program** designed to simplify things for you, engage your employees, and drive account enrollment through uniquely tailored strategic communication services.

We are already integrated with the majority of business partners currently working with The State of Arkansas and are able to develop a real-time interface with any additional vendor The State of Arkansas chooses, both now and in the future. **We envision a smooth transition to the ConnectYourCare platform.**

We have offered an **aggressive pricing** strategy, yet we will still not compromise service and remain aligned to meet the States goals.

Additionally, to demonstrate our commitment and confidence to deliver, **we have placed significant fees at risk** and are willing to provide a rate guarantee for up to 7 years to ensure our partnership begins on solid footing.

### **Shared values. Shared contribution. Member Engagement.**

The State of Arkansas and ConnectYourCare share the values of innovation and responsibility. Together, we will provide the State of Arkansas's employees with flexible, innovative and engaging HSA and FSA programs, creating responsible and empowered healthcare consumers for the long term.

We appreciate that the State of Arkansas must use a variety of technologies to deploy these programs. This is key to reaching highly mobile and increasingly dispersed employee populations. We also appreciate that the strategic use of technology – and creative approaches to program delivery and communications – allows for maximum reach. We will partner with the State of Arkansas to create multi-media communications to educate and engage members.

Our goals are aligned. We will meet and exceed all of your business requirements and provide the greatest possible savings. We have the demonstrated experience to quickly and efficiently convert and implement clients like the State of Arkansas with the least amount of disruption to you and your participants. Our response highlights how our mission as an organization underpins our customer-centric and service-focused approach – both for employees and plan sponsors.

Thank you again for allowing ConnectYourCare the opportunity to provide The State of Arkansas with a proposal to administer your HSA, FSA, and COBRA Administration Services. The attached proposal fully illustrates our ability and intention to deliver the requirements outlined in the Technical Proposal Packet and the RFP. We will diligently perform any and all responsibilities under the contract, including providing its CDH services in a compliant manner. We appreciate your consideration and look forward to continued discussions.

Regards,

**John M. Dean**

Senior Vice President, Sales

Direct: 404-975-3719

Email: [John.Dean@ConnectYourCare.com](mailto:John.Dean@ConnectYourCare.com)



# Proposal Signature Page

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	ConnectYourCare, LLC		
Address:	307 International Circle, Suite 200		
City:	Hunt Valley	State:	MD Zip Code: 21030
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit <input checked="" type="checkbox"/> Other: LLC		
Minority Designation: <i>See Minority Business Policy</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran		
	AR Minority Certification #:		Service Disabled Veteran Certification #:
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	John Dean	Title:	CYC Senior Vice President, Sales
Phone:	(404) 975-3719	Alternate Phone:	
Email:	John.Dean@ConnectYourCare.com		
CONFIRMATION OF REDACTED COPY			
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.			
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

**Authorized Signature:**  \_\_\_\_\_

**Title:** Reese Feuerman, Chief Financial Officer

*Use Ink Only. (Please see "Original" for ink signatures.)*

**Date:** April 4, 2018

# Conflict of Interest Affidavit

- This *Conflict of Interest Affidavit* is for the Prospective Contractor's disclosure of any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) as described and required in the RFP, Section 2.24.
- Per Section 2.24 of the RFP, this *Conflict of Interest Affidavit* will not be scored as part of the RFP evaluation. However, submission of this signed *Conflict of Interest Affidavit* along with the required disclosures if any, as stated in the RFP Section 2.24 is a Proposal Submission Requirement.
- Do not include additional information if not pertinent to the itemized request.
- Should the Prospective Contractor have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) disclosures to make, the Prospective Contractor **shall** submit an additional document, as an attachment to this *Conflict of Interest Affidavit*, explaining the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).
- The Prospective Contractor **shall** include all information necessary to fully communicate the nature of the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) including proposed mitigation measures.

Check the appropriate box below:

- Per Section 2.24 of the RFP, my company does not have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) to disclose at this time.
- See the attachment to this *Conflict of Interest Affidavit* disclosing my company's actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).

By signature below, the Prospective Contractor certifies that it meets the disclosure requirements as stated in Section of the RFP to the best of its knowledge, and **shall** continue to meet disclosure requirements as stated in Section 2.24 of the RFP throughout the life of the contract.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

Authorized Signature:  \_\_\_\_\_

Title: Chief Financial Officer

*Use Ink Only. (Please see "Original" for ink signatures.)*

Date: April 4, 2018

# Proposed Subcontractors Form

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

Type or Print the following information:

Subcontractor's Company Name	Street Address	City, State, ZIP
First Data Resources/First Data Corporation	5565 Glenridge Connector NE, Suite 2000	Atlanta, GA 30342
Devenir	8500 Normandale Lake Blvd, Suite 2160	Minneapolis, MN 55437
Florida Capital Bank	10151 Deerwood Park Blvd 100, Suite 200-A	Jacksonville, FL 32256
LanguageLine	One Lower Ragsdale Drive, Building 2	Monterey, CA 93940
Melken Solutions	11875 High Tech Ave., Suite 202	Orlando, FL 32817
MITEC Solutions, Inc.	6005 East Executive Drive	Westland, MI 48185
Rackspace	1 Fanatical Place	Windcrest, TX 78218
RevSpring	105 Montgomery Ave	Oaks, PA 19456
Softlinx	100 Riverpark Drive, North	Reading, MA 01864
NTT Data Services	7950 Legacy Drive, Suite 900	Plano, TX 75024

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**



**STATE OF ARKANSAS**  
**OFFICE OF STATE PROCUREMENT**  
1509 West 7th Street, Room 300  
Little Rock, Arkansas 72201-4222

**ADDENDUM 1**

TO: Vendors Addressed  
FROM: Angela Allman, Buyer  
DATE: March 7, 2018  
SUBJECT: SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services

---

The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

**REPLACEMENT PRICE SHEET**

- Delete the Official Bid Price Sheet and replace with the Revised Official Price Sheet dated 3/7/2018.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at [angela.allman@dfa.arkansas.gov](mailto:angela.allman@dfa.arkansas.gov) or (501) 371-6156.

**Company:** ConnectYourCare

**Signature:**  \_\_\_\_\_

**Date:** April 4, 2018



**STATE OF ARKANSAS**  
**OFFICE OF STATE PROCUREMENT**  
 1509 West 7th Street, Room 300  
 Little Rock, Arkansas 72201-4222

## ADDENDUM 2

TO: Vendors Addressed  
 FROM: Angela Allman, Procurement Official  
 DATE: March 20, 2018  
 SUBJECT: SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services

---

The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other – Replace Official Bid Price Sheet

### ADDITIONAL SPECIFICATIONS

- Add the following to Section 2.2 *Background and Current Environment*:
  - O. For the last twelve (12) month period, the average employee turnover rate for ASE and PSE was 15.71%.
  - P. Currently, the State of Arkansas pays the administration and management fees for the ARCap, HSA, and COBRA Programs except for those administration and management fees specified in 2.9.I. This is not anticipated to change throughout the life of the resultant contract.
  - Q. Current average balance for FSA is \$1,075.10.
  - R. For the last twelve (12) month period, the average HSA contribution amount by an ASE Member and PSE Member was \$1,767.00 and \$2,401.00 respectively.
  - S. Currently, 486 ASE Members provide no contribution amounts to their HSAs. The number of PSE Members providing no contribution to their HSAs is not available.
  - T. For the last twelve (12) month period, approximately 1% of HSA dollars were invested.
- Add the following to Section 2.5 *General Program Requirements* Item D:
  - 1. EBD anticipates working closely with the Contractor during all phases of implementation. However, EBD reserves the right to have the final determination and approval regarding enrollment information and the method of enrollment.
- Add the following to Section 4.1 *Payment and Invoice Provisions* Item H:
  - 1. For each separate monthly invoice, the Contractor **shall** provide a line item detail showing the amount invoiced applicable to COBRA Members, the amount invoiced applicable to FSA Members, and the amount invoiced applicable to HSA Members.

**CHANGE OF SPECIFICATIONS**

- Delete Section 1.26 and replace with the following:  
The Prospective Contractor's solution **must** comply with the State's shared Technical Architecture Program which is a set of policies and standards that can be viewed at: <http://www.dis.arkansas.gov/policies-standards>. Only those standards which are fully promulgated or have been approved by the Governor's Office apply to this solution.
- Delete from 2.5 General Program Requirements Item M and replace with the following:  
M. The Contractor **shall** routinely review (e.g during weekly/monthly meetings) the overall effectiveness of the Program(s). Based on such a review, the Contractor **shall** provide EBD with consultation and recommendations which may include, but not be limited to, such topics as any administrative adjustments that may be needed, changes to Plan and/or Program design that may result in increased participation in HDHPs, HSAs, and FSAs, and other relevant consultations and recommendations.
- Delete from Section 2.12 Eligibility and Testing Item A and replace with the following:  
A. The Contractor **shall** utilize HSA Eligibility and Nondiscrimination testing processes as required by applicable federal law(s).
- Delete from Section 2.16 Claims Processing and Payments Item D – No replacement
- Delete from Section 2.16 Claims Processing and Payments Item E and replace with the following:  
E. The Contractor **shall** correctly pay all claims and **shall** correctly issue claims payments to Members via check or direct deposit as elected by the Member.
- Delete from Section 2.21 Compliance, Privacy, and Security Requirements, Item B and replace with:  
B. Any of the Contractor's employees or representatives accessing EBD's task system or any of the State of Arkansas's employee's, Plan Participant's, or Member's PHI (Protected Health Information) **shall** complete and sign EBD's System Confidentiality Agreement at EBD's request which may be prior to the start of the Implementation Period, or prior to accessing any employee, Plan Participant or Member information. EBD's sample System Confidentiality Agreement is posted as Attachment C to this RFP.


**REPLACEMENT PRICE SHEET**

- Delete the Revised Official Bid Price Sheet dated 3/7/18 and replace with the Revised Official Price Sheet dated 3/20/2018.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at [angela.allman@dfa.arkansas.gov](mailto:angela.allman@dfa.arkansas.gov) or (501) 371-6156.

Company: ConnectYourCare

Signature:  \_\_\_\_\_

Date: April 4, 2018

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_  
 Yes  No

TAXPAYER ID NAME: ConnectYourCare, LLC  
 IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Dean FIRST NAME: John M.I.: \_\_\_\_\_

ADDRESS: 307 International Circle, Suite 200

CITY: Hunt Valley STATE: MD ZIP CODE: 21030 COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies



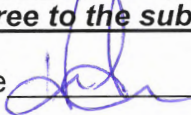
## Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
  
2. I will include the following language as a part of any agreement with a subcontractor: *\* see appendix*  

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
  
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

<b><u>I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.</u></b>			
Signature 	Title <u>General Counsel</u>	Date <u>3/28/2018</u>	
Vendor Contact Person <u>John Dean</u>	Title <u>Vice President, Sales</u>	Phone No. <u>(404) 975-3719</u>	

<i>Agency use only</i>				
Agency Number _____	Agency Name _____	Agency Contact Person _____	Contact Phone No. _____	Contract or Grant No. _____



307 International Circle, Suite 200  
Hunt Valley, MD 21030  
(410) 891-1000

[ConnectYourCare.com](http://ConnectYourCare.com)

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### Appendix to Contract Grant and Disclosure and Certification Form

At the time of proposal submission, ConnectYourCare does not have the required language identified in Section 2 as a part of its current subcontracts, and as such, can make a good faith effort to amend such subcontracts and provide requested subcontractor copies of the Contract and Grant Disclosure and Certification Form at the time of award.

# 101 ConnectYourCare EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities for all individuals, employment decisions at CYC will be based solely on merit, qualifications, compliance with CYC's expectations and policies, job performance and abilities. CYC does not discriminate in employment opportunities or practices on the basis of race, creed, color, religion, sex, national origin, nationality, ancestry, age, disability or status as a disabled veteran or veteran of the Vietnam era, pregnancy, sexual orientation, gender identity or expression, marital status, status with regard to public assistance, veteran status, citizenship or membership in any other legally protected class.

It is the policy of CYC to:

- Recruit, hire, train and promote persons in all job classifications without regard to race,
- creed, color, religion, sex, national origin, nationality, ancestry, age, disability or status as a
- disabled veteran or veteran of the Vietnam era, pregnancy, sexual orientation, gender identity or
- expression, marital status, status with regard to public assistance, veteran status, citizenship or
- membership in any other legally protected class.
- Base decisions on employment to further the principle of equal employment opportunity.
- Ensure that promotion decisions are in accord with principles of equal employment opportunity by
- imposing only valid requirements for promotional opportunities.
- Strive to achieve a balanced work force through affirmative action.
- Foster a climate where diversity and inclusion is recognized and valued as a source of enrichment, innovation and opportunity.

CYC will make reasonable accommodations in accordance with the law for qualified individuals with known disabilities, unless doing so would result in an undue hardship. We are committed to equal employment opportunity in all areas of employment action, including recruitment, selection, job assignment, promotion, compensation, discipline, termination, layoff and return from layoff and access to benefits and training.

If you have any questions or concerns about any type of discrimination in the workplace, you must bring these issues to the attention of your immediate supervisor or HR. You can raise concerns and make reports without fear of reprisal. All employees are responsible for understanding, adhering to and strictly enforcing this policy. Anyone found to be engaging in any type of violation of this policy will be subject to disciplinary action, up to and including termination of employment.

# Report for ConnectYourCare web portal

Report Creator: Alesia Tomuts, March 2, 2018

Evaluation Commissioner: ConnectYourCare

## Summary of the evaluation findings

This report describes the conformance of the [www.connectyourcare.com](http://www.connectyourcare.com) (<http://www.connectyourcare.com>) Web site with W3C's Web Content Accessibility Guidelines (WCAG) 2.0

Based on this evaluation, the Web site meets WCAG 2.0 conformance Level AA

## Scope of the evaluation

<b>Website name</b>	ConnectYourCare
<b>Scope of the website</b>	ConnectYourCare is a web and mobile app-based consumer directed healthcare platform located at <a href="http://www.connectyourcare.com">www.connectyourcare.com</a> ( <a href="http://www.connectyourcare.com">http://www.connectyourcare.com</a> )
<b>Conformance target</b>	Level AA
<b>Additional evaluation requirements</b>	
<b>Accessibility support baseline</b>	macOS Firefox browser, Chrome browser, Safari browser Safari with VoiceOver, Chrome with VoiceOver
<b>Relied upon technologies</b>	<ul style="list-style-type: none"><li>• HTML5</li><li>• CSS</li><li>• DOM</li></ul>

## Overview of audit results

Results of Level AA

Principle	Level A	Level AA
<b>1. Perceivable</b>	9 / 9	5 / 5
<b>2. Operable</b>	9 / 9	3 / 3
<b>3. Understandable</b>	5 / 5	5 / 5
<b>4. Robust</b>	2 / 2	0 / 0
<b>Total</b>	25 / 25	13 / 13

# Detailed audit results

## Principle 1 Perceivable

### 1.1 Text Alternatives

#### 1.1.1 Non-text Content: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 1.2 Time-based Media

#### 1.2.1 Audio-only and Video-only (Prerecorded): (Level A)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.2 Captions (Prerecorded): (Level A)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.3 Audio Description or Media Alternative (Prerecorded): (Level A)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.4 Captions (Live): (Level AA)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 1.2.5 Audio Description (Prerecorded): (Level AA)

Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 1.3 Adaptable

#### 1.3.1 Info and Relationships: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** Information and the structure can be followed when the information is presented in text

### 1.3.2 Meaningful Sequence: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The structure can be followed when the information is presented in a text

### 1.3.3 Sensory Characteristics: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The website has not components that rely solely on sensory characteristic.

## 1.4 Distinguishable

### 1.4.1 Use of Color: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The website doesn't use color to convey information.

### 1.4.2 Audio Control: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 1.4.3 Contrast (Minimum): (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 1.4.4 Resize text: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The text can be resized

### 1.4.5 Images of Text: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** No any images of text are presented

## Principle 2 Operable

### 2.1 Keyboard Accessible

#### 2.1.1 Keyboard: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All functionality can be accessible using tab

#### 2.1.2 No Keyboard Trap: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 2.2 Enough Time

#### 2.2.1 Timing Adjustable: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The user is warned before time expires.

#### 2.2.2 Pause, Stop, Hide: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

### 2.3 Seizures

#### 2.3.1 Three Flashes or Below Threshold: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 2.4 Navigable

#### 2.4.1 Bypass Blocks: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** Skip to Content link is available

#### 2.4.2 Page Titled: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All the pages contain titles that specify the content



#### 2.4.3 Focus Order: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The website can be navigated sequentially



#### 2.4.4 Link Purpose (In Context): (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** All text links in the website are useful to the user to know the purpose of the link.



#### 2.4.5 Multiple Ways: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** –



#### 2.4.6 Headings and Labels: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The headings and labels are descriptives.



#### 2.4.7 Focus Visible: (Level AA)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The Focus is visible

## Principle 3 Understandable

### 3.1 Readable



#### 3.1.1 Language of Page: (Level A)

Results for the entire sample:

**Outcome:** Passed

**Findings:** The language of the pages is specified

#### 3.1.2 Language of Parts: (Level AA)





Results for the entire sample:

**Outcome:** Not present

**Findings:** –

## 3.2 Predictable

### 3.2.1 On Focus: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** There is no change of context when components receive focus

### 3.2.2 On Input: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** There is no change of context on any input

### 3.2.3 Consistent Navigation: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The navigation through the website is consistent

### 3.2.4 Consistent Identification: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All similar components have the same appearance

## 3.3 Input Assistance

### 3.3.1 Error Identification: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** If input error is detected, it is described to the user in text

### 3.3.2 Labels or Instructions: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All input fields have labels

### 3.3.3 Error Suggestion: (Level AA)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 3.3.4 Error Prevention (Legal, Financial, Data): (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission

## Principle 4 Robust

### 4.1 Compatible

#### 4.1.1 Parsing: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 4.1.2 Name, Role, Value: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

## Related WCAG 2.0 resources

- [Web Content Accessibility Guidelines \(WCAG\) 2.0](http://www.w3.org/WAI/intro/wcag) (<http://www.w3.org/WAI/intro/wcag>)  
Overview: [www.w3.org/WAI/intro/wcag](http://www.w3.org/WAI/intro/wcag)
- [How to Meet WCAG 2.0 Quick Reference](http://www.w3.org/WAI/WCAG20/quickref/) (<http://www.w3.org/WAI/WCAG20/quickref/>)  
[www.w3.org/WAI/WCAG20/quickref/](http://www.w3.org/WAI/WCAG20/quickref/)
- [WCAG 2.0 Evaluation Methodology \(WCAG-EM\)](http://www.w3.org/WAI/eval/conformance) (<http://www.w3.org/WAI/eval/conformance>)  
Overview: [www.w3.org/WAI/eval/conformance](http://www.w3.org/WAI/eval/conformance)

# Report for ConnectYourCare mobile app

Report Creator: Alesia Tomuts, March 6, 2018

Evaluation Commissioner: ConnectYourCare

## Summary of the evaluation findings

This report describes the conformance of the [www.connectyourcare.com](http://www.connectyourcare.com) (<http://www.connectyourcare.com>) mobile app with W3C's Web Content Accessibility Guidelines (WCAG) 2.0

Based on this evaluation, the mobile app meets WCAG 2.0 conformance Level AA

## Scope of the evaluation

App name	ConnectYourCare
Scope of the app	Web content of the mobile version of the ConnectYourCare healthcare platform located at <a href="http://www.connectyourcare.com">www.connectyourcare.com</a> ( <a href="http://www.connectyourcare.com">http://www.connectyourcare.com</a> )
Conformance target	Level AA
Additional evaluation requirements	
Accessibility support baseline	IOS 11 with Voice Over

## Overview of audit results

Results of Level AA

Principle	Level A	Level AA
1. Perceivable	9 / 9	5 / 5
2. Operable	9 / 9	3 / 3
3. Understandable	5 / 5	5 / 5
4. Robust	2 / 2	0 / 0
Total	25 / 25	13 / 13

## Detailed audit results

### Principle 1 Perceivable

#### 1.1 Text Alternatives

##### 1.1.1 Non-text Content: (Level A)

Results for the entire sample:

Outcome: Passed

Findings: –



#### 1.2 Time-based Media

##### 1.2.1 Audio-only and Video-only (Prerecorded): (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.2 Captions (Prerecorded): (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.3 Audio Description or Media Alternative (Prerecorded): (Level A)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.4 Captions (Live): (Level AA)

Results for the entire sample:

Outcome: Not present

Findings: –



##### 1.2.5 Audio Description (Prerecorded): (Level AA)

Results for the entire sample:

Outcome: Not present

Findings: –



#### 1.3 Adaptable

##### 1.3.1 Info and Relationships: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** Information and the structure can be followed.

### 1.3.2 Meaningful Sequence: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The structure on the screens can be followed

### 1.3.3 Sensory Characteristics: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The app has no components that rely solely on sensory characteristic.

## 1.4 Distinguishable

### 1.4.1 Use of Color: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** App doesn't use solely color to convey information.

### 1.4.2 Audio Control: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** -

### 1.4.3 Contrast (Minimum): (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** -

### 1.4.4 Resize text: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The app could be resized with standard Zoom In tool

### 1.4.5 Images of Text: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** No any images of text are presented

## Principle 2 Operable

### 2.1 Keyboard Accessible

#### 2.1.1 Keyboard: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All functionality can be accessible by swipes with Voice over

#### 2.1.2 No Keyboard Trap: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** -

### 2.2 Enough Time

#### 2.2.1 Timing Adjustable: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** -

#### 2.2.2 Pause, Stop, Hide: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** -

### 2.3 Seizures

#### 2.3.1 Three Flashes or Below Threshold: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** -

### 2.4 Navigable

#### 2.4.1 Bypass Blocks: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 2.4.2 Page Titled: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 2.4.3 Focus Order: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The app can be navigated sequentially

#### 2.4.4 Link Purpose (In Context): (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All text links in the app are useful to the user

#### 2.4.5 Multiple Ways: (Level AA)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 2.4.6 Headings and Labels: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The headings and labels are descriptives.

#### 2.4.7 Focus Visible: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The Focus is visible

## Principle 3 Understandable

### 3.1 Readable

#### 3.1.1 Language of Page: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 3.1.2 Language of Parts: (Level AA)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 3.2 Predictable

#### 3.2.1 On Focus: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

#### 3.2.2 On Input: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** –

#### 3.2.3 Consistent Navigation: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** The navigation through the app is consistent

#### 3.2.4 Consistent Identification: (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All similar components have the same appearance

### 3.3 Input Assistance

#### 3.3.1 Error Identification: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** If input error is detected, it is described to the user in text

### 3.3.2 Labels or Instructions: (Level A)



Results for the entire sample:

**Outcome:** Passed

**Findings:** All input fields have labels

### 3.3.3 Error Suggestion: (Level AA)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

### 3.3.4 Error Prevention (Legal, Financial, Data): (Level AA)



Results for the entire sample:

**Outcome:** Passed

**Findings:** A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission

## Principle 4 Robust

### 4.1 Compatible

#### 4.1.1 Parsing: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

#### 4.1.2 Name, Role, Value: (Level A)



Results for the entire sample:

**Outcome:** Not present

**Findings:** –

## Sample of audited web pages

### Related WCAG 2.0 resources

- [Web Content Accessibility Guidelines \(WCAG\) 2.0](http://www.w3.org/WAI/intro/wcag) (<http://www.w3.org/WAI/intro/wcag>)  
Overview: [www.w3.org/WAI/intro/wcag](http://www.w3.org/WAI/intro/wcag)
- [How to Meet WCAG 2.0 Quick Reference](http://www.w3.org/WAI/WCAG20/quickref/) (<http://www.w3.org/WAI/WCAG20/quickref/>)  
[www.w3.org/WAI/WCAG20/quickref/](http://www.w3.org/WAI/WCAG20/quickref/)
- [WCAG 2.0 Evaluation Methodology \(WCAG-EM\)](http://www.w3.org/WAI/eval/conformance) (<http://www.w3.org/WAI/eval/conformance>)  
Overview: [www.w3.org/WAI/eval/conformance](http://www.w3.org/WAI/eval/conformance)

# Technical Proposal Response – Information for Evaluation

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
<b>E.1 VENDOR QUALIFICATIONS AND CORPORATE STRUCTURE</b>	
<p><b>A. Provide a statement of differentiation that distinguishes the products and services your company provides from other companies providing the same or similar services and provide the following information:</b></p> <p>Founded in 2002, we are one of the nation’s largest servicers of health savings accounts and a recognized expert in the administration of all consumer-directed health care accounts, including: HSAs, FSAs, HRAs, Dependent Care FSAs, COBRA and those specialized for health care in retirement. As the solution of choice for employers of all size, many banks and numerous health plans, we provide truly unique capabilities, advanced functionality, ultimate configurability and superior service. We set ourselves apart from our competition in the following ways:</p> <ul style="list-style-type: none"> <li>• HSA On Demand® <ul style="list-style-type: none"> <li>○ Our award-winning product, HSA On Demand® allows employees to access their full year’s contribution, including employee and employer elections, at any time of the year to pay for a medical expense. This provides a safety net and improves employee participation, resulting in financial benefits to the employer in the form of tax and cost savings.</li> </ul> </li> <li>• ClaimsAlly (notional accounts) <ul style="list-style-type: none"> <li>○ Automated, proprietary, optimized technology for FSAs and HRAs</li> <li>○ Skyrockets auto adjudication rates by optimizing health plan claims feed and participant payment card swipes process</li> <li>○ Go-green initiative reduces documentation letters and suspended cards</li> <li>○ Built and maintained using our proprietary, in-house technology</li> <li>○ Automated, hands-free, and seamless to both participants and employer administrators</li> <li>○ Key features include: Smart-matching claims, online repayments, simple communications about claims, seamless employer reporting</li> </ul> </li> <li>• Agile technology <ul style="list-style-type: none"> <li>○ Our continuously improving and highly configurable platform is owned and operated by us and provides greater configurability and control for clients and their participants. Because our system was designed, developed and is managed on an ongoing basis by us, we have the capacity to quickly respond to changes in not only legislative regulations, but also market demands.</li> </ul> </li> <li>• Feature-rich portal</li> </ul>	5 points

- Our online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management.
- We have also designed a Coaching Engine to deliver targeted messaging to participants based on specific needs. Through the Participant Portal, advice will be delivered during key times in a participant's account lifecycle, including: enrollment, the first time filing a claim, if newly eligible for HSA investments, when there is a savings opportunity and more. This automated help guides participants and delivers an industry-leading customer experience.
- Full-featured mobile capabilities
  - CYC Mobile allows participants to manage their health care accounts on the go. Participants can manage their investments, view balances and claims, add a new claim and upload claim documentation with a picture from their smartphone camera directly to the system.
  - We also offer two-way text messaging providing instant access to important account information, such as account balances, claims activity and contribution activity.
- 24x7 live, U.S.-based customer service
  - We provide live, U.S.-based customer service, 24 hours per day, seven days per week, 365 days per year. Our customer care representatives are experts in health care and financial claims processing and trained to answer a wide variety of questions.
  - We would like to invite the State of Arkansas to visit and spend time at our customer service facility, to take part in "cultural training" to expose our service representatives to Arkansas' working environment. In addition to learning more about ConnectYourCare's service model, your representatives can aid and improve the service representatives' understanding of the State of Arkansas and its participants.
- Real-time information
  - The majority of all data is refreshed in real time to provide the highest level of accuracy and customer service. Payment card transactions are processed in real time. Both manual and online claims and reimbursement submissions are processed on a continual basis using a first in, first out approach in real time. Claim status is updated in real time and is visible to participants and customer care representatives.
  - We also have a strategic partnership with First Data for health care payment card processing services. We have invested in a substantial interface with First Data to leverage the advances they have made in auto-substantiation and point-of-service innovations.
- High CIP pass rate (HSA)
  - We utilize industry leading providers for compliance under a customer identification program (CIP) as required by the PATRIOT Act and other regulations. We collect personal information at the time of enrollment to verify each participant's identity. The participant will pass our CIP process when a certain combination of the information gathered matches. We have an industry-leading 98% pass rate on our CIP process.
- Highly customizable options
  - To support account enrollment and encourage participant engagement, we



offer the following unique customization options included in our fees:

- One-color logo on the payment card
  - Dedicated toll-free number
  - Electronic communication materials
  - Client logo on the Participant Portal
  - Customizable interactive voice response (IVR) system welcome message
- We provide many customization options at no additional charge, including customized health care payment cards with the State of Arkansas logo. If requested, we can also place the State of Arkansas logo on every page of the portal.
  - Additional services available for various levels of branding include:
    - Enrollment and ongoing participant communications
    - Dedicated State of Arkansas benefits microsite
    - Multimedia education
    - Transactional correspondence – claims, balance, and payment related letters
    - Care Center interactive voice response (IVR) system welcome message
  - We also offer the State of Arkansas its own microsite, a great tool for communicating with your large participant population:
    - “Home base” for the State of Arkansas employees and their families
    - One-stop for plan information and portal log-in
    - Interactive tools and custom content
    - Easily customized to match the needs of the State of Arkansas’ employees and connect to existing intranet or sites.

Please feel free to visit the microsite ConnectYourCare developed for CVS Health, located at <https://www.connectyourcare.com/m/cvshealth/> and the microsite developed for Arvest Bank, located at [www.connectyourcare.com/m/arvest](http://www.connectyourcare.com/m/arvest).



## Benefits That Help You Save

Save big on all your health care needs.

### A comprehensive way to pay for health care.

**Health Savings Accounts (HSA)** – HSAs save you money on everything from prescriptions to office visits, and it also let you build long-term health savings.

### ConnectYourCare's Expert Service

We are partnering with ConnectYourCare to bring you accounts loaded with benefits:

- > easy to use!
- > online and mobile account access
- > simple way to save money
- > customer service available 24 hours a day, 7 days a week

Home

Health Savings Accounts (HSA)

Eligible Expenses

Frequently Asked Questions

#### Questions?

Contact us 24 hours a day, 7 days a week at 844-400-5723



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### 1. Corporate Structure and Ownership including an organizational chart

Our organization consists of multiple departments typically found in any company including: executive, finance, legal/compliance, HR, operations, IT, client service, sales and marketing. Each department has an experienced executive leader. We closely monitor our staffing and system needs based on our sales pipelines, enrollment forecasts from existing partners and clients, the number and variety of accounts offered by all clients. Our management team monitors call volume and service-level performance to promptly add resources as needed.

Please refer to Exhibit A: CYC Full Organizational Chart included on the Exhibits flash drive submitted with this proposal.

### 2. Number of years your company has been providing services required in the RFP

Our company was founded in August 2002 as the first health care account administrator designed and built from the ground up to service the health care industry's evolution to health care accounts. We have administered flexible spending and health savings accounts for 14 years, and we have offered COBRA administration services for eight years.

### 3. Location of Corporate Office

ConnectYourCare is headquartered in Hunt Valley, Maryland.

### 4. Locations of all Sales/Support Offices specifying which office will be responsible for working with EBD

Many of our sales and support staff – including account and implementation managers, client service team members and sales representatives work remotely from home offices. Our headquarters are located in Hunt Valley, Maryland, and our call center is in St. Petersburg, Florida.

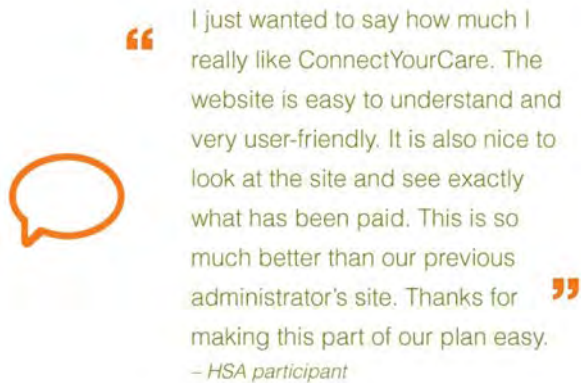
<p><b>5. Information regarding professional/industry association memberships</b></p> <p>ConnectYourCare holds memberships in the following groups:</p> <p>AHIP – America’s Health Insurance Plans</p> <p>ECFC – The Employers Council on Flexible Compensation</p> <p>HSA Council</p> <p>SIGIS – The Special Interest Group for IAS Standards</p> <p>MAHU – Maryland Association of Health Underwriters (individual level, not corporate)</p> <p><b>6. A statement expressing the percentage of your company’s revenue that is derived from providing services similar to those required by the RFP</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare’s proposal to the State of Arkansas.</p> <p><b>7. Total dollar amount of all GPFSA, DCAP, LPFSA and HSA claims processed by your company in calendar year 2016</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare’s proposal to the State of Arkansas.</p> <p><b>8. Audited financial statements for the past three (3) years or other financial documentation that accurately reflects your company’s financial condition. Submit in electronic format only.</b></p> <p>ConnectYourCare is subject to an annual audit of our financial statements, which is performed by Ernst &amp; Young. Please refer to:</p> <p><u>Exhibit B: CYC 2016 Audited Financial,</u></p> <p><u>Exhibit C: CYC 2015 Audited Financial Statement</u> and</p> <p><u>Exhibit D: CYC 2014 Audited Financial Statement</u> included on the Exhibits flash drive submitted with this proposal.</p>	
<p><b>B. Provide an executive summary containing no more than three (3) pages detailing your company’s understanding of the following:</b></p> <ol style="list-style-type: none"> <li><b>1. The services to be provided under any resultant contract</b></li> <li><b>2. The Contractor’s responsibilities under any resultant contract</b></li> <li><b>3. Other information relevant to the services described in the RFP and necessary to fully communicate your company’s understanding of the services to be provided and the responsibilities of the Contractor</b></li> </ol> <p>Confirmed; please refer to <u>Exhibit E: CYC Executive Summary</u> included on the Exhibits flash drive submitted with this proposal.</p>	<p>5 points</p>

**C. List and describe your company’s past experience with projects of similar scope. Specifically list and describe all projects administered and managed by your company that meet the five (5) year experience requirement.**

5 points

With thousands of clients nationwide, ConnectYourCare has significant experience in administering plans to government clients of all sizes – at town, city, county and state levels – often with considerable plan complexity and multiple products.

As an example, our client the State of Alabama has over 30,000 benefit-eligible employees and a similar product mix as that requested by the State of Arkansas (FSA, dependent care and COBRA). We would be pleased to offer contact information for the State of Alabama, as they could discuss high overall employer and participant satisfaction, as well as their smooth successful implementation.



In addition, below is a list of de-identified accounts administered and managed by ConnectYourCare, of a similar scope to the services offered in this proposal:

Industry	Benefit-Eligible Employees	Benefit Start Date	Products
Retail	243000	4/1/2012	DCAP; FSA; HSA; COBRA
Insurance	140000	7/1/2013	DCAP; FSA; HSA; COBRA
Agriculture	37300	1/1/2011	DCAP; FSA; HSA; COBRA
Banking	27545	1/1/2014	DCAP; FSA; HRA; HSA
Education	12000	1/1/2014	DCAP; FSA; HSA; LPFSA; COBRA
Major Banks	10368	1/1/2009	DCAP; FSA; HRA; HSA; COBRA
Retail	9500	1/1/2013	DCAP; FSA; HSA; COBRA
Food & Beverage	4960	4/1/2013	FSA; HSA; COBRA
Energy	1530	1/1/2012	FSA; HRA; HSA; COBRA

**D. List and describe the State, Federal, and/or local public entities that your company has provided services for in the past. Include the services provided, the dates your company provided the services, and how this experience provided your company with the capability to work with a geographically diverse population.**

5 points

ConnectYourCare has extensive experience working with large, medium and small government plans with diverse populations, union structures, state, federal and local reporting and regulatory requirements, and unique geographical spreads and employee locations – after our founding in 2002, we began providing FSA, HSA, limited-purpose FSA and dependent care FSA in 2004, and COBRA administrative services in 2010 .We currently provide administrative services to over 80 large governmental clients and more than 250 public sector clients comprised of over 175,000 participants.

Below is a list of de-identified state, federal and other public-sector entities for which ConnectYourCare provides services. Note that for contractual reasons, we cannot provide client names during the proposal process.

Industry	Benefit Start Date	Products
US Municipal Government	7/1/2013	FSA
Government	1/1/2015	DCAP; FSA
US Municipal Government	10/1/2014	DCAP; FSA; HRA
US Municipal Government	1/1/2014	FSA
Government	1/1/2016	DCAP; FSA; HRA
Government	1/1/2010	DCAP; FSA
Government	1/1/2018	FSA
Government	1/1/2018	Commuter; FSA
Government	1/1/2015	COBRA; Commuter; DCAP; FSA; HRA
Government	1/1/2016	FSA
Government	7/1/2014	DCAP; FSA; LPFSA
Government	1/1/2015	DCAP; FSA; HRA; HSA
Government	1/1/2017	FSA; HRA; DCFSA, COBRA

**E. Detail the contract(s) and/or interest(s) held by your company with any operation located outside of the continental United States including a description of the relationship. Detail entities owned by your company or entities your company has a financial interest in (inside or outside the continental United States) that would receive compensation if your company were to be awarded a contract as a result of this RFP and describe the relationship.**

5 points

ConnectYourCare holds no contracts or details with any operation located outside of the United States.

**F. Describe your company’s overall client retention rate over the previous two (2) years for your company’s complete book of business.**

5 points

Approximately 97% of our 2014 clients renewed for the 2015 plan year. Just over 90% of clients renewed in 2016, and 93% of clients renewed in 2017 for the 2018 plan year.

**G. Detail your company’s philosophy, policies, and processes for providing transparent administration to its clients.**

5 points

ConnectYourCare is a customer service organization that leverages state of the art technology. Our overall client service approach is centered around a philosophy of making a profound impact on customer and organizational performance. We offer a tiered client service approach, structured

<p>to address your needs as an employer as well as any participant concerns in order to enhance satisfaction in the short and long-term. Your team will consist of a primary contact, Corinne Richardson, the client service manager, for day-to-day account activity and operational support, as well as other backup support team members. We will ensure that the State of Arkansas has a smooth transition to ConnectYourCare and will work to effectively understand and address your needs. Because providing exceptional customer service is our highest priority, your entire client service team will work together to ensure satisfaction and provide ongoing innovation and resolutions. Please refer to Corinne’s biography in <u>Exhibit F: CYC Biographies</u> included with this proposal.</p> <p>Overall, we remove your administrative burden, emphasize transparency and deliver increased cost savings by providing:</p> <ul style="list-style-type: none"> <li>• Expert, dedicated support from a team of professionals dedicated to clients’ strategic and day-to-day needs</li> <li>• Complete account transparency through detailed online reporting tools</li> <li>• Proven implementation methodology and specialists speed the implementation timeline, accommodate customizations, and earn 100% satisfaction rates</li> <li>• Communication kits to ease implementation, boost enrollment, and increase employee satisfaction rates</li> </ul> <p>Programs that drive higher employee benefits satisfaction rates and increased tax savings</p>	
<p><b>H. Describe your company’s experience coordinating the development, implementation, and management of Program(s) similar in size and scope to those required in this RFP.</b></p> <p>ConnectYourCare offers the State of Arkansas a leading solution and benefit service that is seamless, simple, and offers peace-of-mind, resulting in better adoption, higher satisfaction, and helping to lower costs. At the same time we strive to keep things simple and “no-noise” for the State of Arkansas, our infinitely-scalable platform allows for the flexibility and level of control that the State needs. Our culture of service excellence ensures that both the State and its plan participants will be supported and empowered at every step.</p> <p>We have extensive experience working with large governmental plans and plans with enrollment patterns similar to the State of Arkansas and have been doing so since 2004. We currently provide administrative services to over 80 large governmental clients and more than 250 public sector clients comprised of over 175,000 participants.</p> <p>We’re confident that ConnectYourCare is well-positioned to offer State of Arkansas the precise expertise to meet the program capabilities, customer service excellence and communication needs as outlined in the RFP.</p>	5 points
<p><b>E.2 IMPLEMENTATION</b></p>	
<p><b>A. Describe your company’s proposed implementation process that will provide for a successful implementation by the proposed Administration Services Start Date as stated in the RFP.</b></p> <p>ConnectYourCare has the proven implementation expertise to immediately set up new groups and simplify the entire experience for all. Our implementation methodology provides a designated team, laser focused on quality, following a detailed multi-phase project plan. During the project initiation and requirements phase, we work diligently to understand your needs. We make sure all requirements and business processes are fully understood and documented. We provide project management throughout the project timeline, ensuring all parallel paths are ready and on time. Specific paths include communications, interfaces, cards, configuration, operations and services. Implementation will continue until well after the launch until handoff to Corinne Richardson (the client service manager) is complete, and the State of Arkansas is satisfied. We close each implementation out with a satisfaction survey and review lessons learned during a full team debrief.</p> <p>Please refer to:</p>	5 points

<p><u>Exhibit G: CYC FSA HSA Implementation Timeline for Arkansas</u> and <u>Exhibit H: CYC COBRA Implementation Timeline for Arkansas</u> included on the Exhibits flash drive submitted with this proposal, which assume a standard January 1 start date.</p>	
<p><b>B. Provide a detailed Implementation schedule/timeline. Include all activities required for successful implementation and the timeframes for completing those activities including the following:</b></p> <ol style="list-style-type: none"> <li>1. <b>Data transfer requirements</b></li> <li>2. <b>Suggested methods for timely data migration</b></li> <li>3. <b>Member/Plan Participant education and outreach</b></li> <li>4. <b>Training</b></li> <li>5. <b>Member account transfers</b></li> <li>6. <b>Debit card distribution</b></li> </ol> <p>Please refer to <u>Exhibit G: CYC FSA HSA Sample Implementation Timeline</u> and <u>Exhibit H: CYC COBRA Sample Implementation Timeline</u> included on the Exhibits flash drive submitted with this proposal, for timelines and full details of all major activities typically required for successful implementation.</p> <p>The implementation manager will also produce a dashboard report for each weekly status meeting during implementation, providing a summary of progress against key milestones, the overall status of the project, key outstanding issues and upcoming milestones. This document will provide the State of Arkansas with a solid summary of the overall health of the project, and any key issues. Please refer to <u>Exhibit I: CYC Sample Weekly Status Report</u> included as an exhibit to this proposal.</p>	<p>5 points</p>
<p><b>B. Detail your company’s implementation team members that will attend the initial 1-3 day(s) Implementation meeting(s) in Little Rock, Arkansas. Provide the following for each member of the implementation team:</b></p> <ol style="list-style-type: none"> <li>1. <b>Name</b></li> <li>2. <b>Title</b></li> <li>3. <b>Experience and credentials</b></li> </ol> <p>Matt Malkowski, who works out of Gainesville, TX, will serve as the State of Arkansas’ implementation manager. Matt brings more than nine years of experience in project management. In addition, Matt has managed several successful, high-profile implementations (including public sector clients) for CYC.</p> <p>Matt is responsible for facilitating the employer implementation process by coordinating employer groups and internal operations to support new business setup and design. He will ensure a smooth transition to ConnectYourCare by understanding and minimizing any possible operational impact, working towards ongoing communication and quick problem resolution to ensure a smooth process.</p> <p>Please refer to Matt’s biography included in <u>Exhibit F: CYC Biographies</u>, on the Exhibits flash drive submitted with this proposal, for more details about Matt’s extensive project management experience and professional credentials, including his time as an Army officer.</p> <p><b>Implementation Analyst</b></p> <p>Cassie Heibin is one implementation analyst that will support the State of Arkansas, working diligently to analyze and understand the State of Arkansas’ specific needs. Cassie and other analysts will make sure all requirements and business processes are fully understood and documented, and provide project management throughout the project timeline, ensuring all parallel paths are ready and on time. Specific paths include communications, interfaces, cards, configuration, operations and services. Please see Cassie’s biography included in <u>Exhibit F: CYC Biographies</u>. Note that the full implementation team working with Matt and Cassie will be</p>	<p>5 points</p>

assigned to the State of Arkansas closer to the implementation date.

Implementation continues well after the launch until handoff to the client service manager (Corinne Richardson) is complete and the State of Arkansas is satisfied. We close each implementation out with a satisfaction survey and review lessons learned during a full team debrief.

### **Communications**

As Vice President of Marketing at ConnectYourCare, Alicia Main is responsible for Solutions Marketing and Communications, including competitively positioning products and services, and developing the strategy, sales enablement, content, and communications plans used by all functions to enable the business. Alicia will oversee the development and execution of any standard and customized communications plans for the State of Arkansas.

Since joining ConnectYourCare in 2005, Alicia created and continues to head 360° Connect, a marketing service that drives participant satisfaction, engagement and account growth, ultimately delivering quantifiable increased client and participant tax savings. Since increasing participation is an important goal for the State, Alicia will leverage her experience with other private and public-sector organizations to create a customized plan for the State of Arkansas specifically targeted towards increasing participation. Please refer to Alicia's full biography included in [Exhibit F: CYC Biographies](#).

### **Account Executive**

The State of Arkansas has also been assigned an account executive (AE), Kate Godwin. Kate has over 23 years of experience in the financial services industry with a focus on deposit products. Prior to Kate's role at ConnectYourCare, she held the position of Vice President of Healthcare Initiatives at a top-10 national HSA custodian bank. Kate was responsible for client management, identifying and improving client support channels, creating communication materials, and marketing the HSA product. Kate resides in Atlanta, GA. Kate will act as the State of Arkansas' planning partner to help increase the adoption rate of your plan and will optimize the value of the ConnectYourCare partnership by providing suggestions on how to enhance your plan design, sharing best practices and market and regulatory trends, relaying new product enhancements, and recommending ways to engage employees. Kate is also the current Account Executive for the State of Alabama. Kate will be able to leverage the many similarities between the States as well share best practices to meet Arkansas' goals.

Additionally, Kate will conduct strategic business reviews to review the status of current objectives, as well as short-term and long-term objectives for the plan and PEBA's participants. During these meetings, Kate will present Arkansas-specific program recommendations, prepared through careful planning and analysis, review key data from the prior plan year, identify key opportunities specific to the State of Arkansas and recommend programs to meet PEBA's goals.

Please see Kate's biography in [Exhibit F: CYC Biographies](#).

### **Client Service Manager**

Your client service manager, Corinne Richardson, will be your dedicated primary contact for day-to-day account activity, issue resolution, general inquiries and operational support, as well as other backup support team members. Corinne will manage the State's plans to ensure satisfaction, profitability and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.

Corinne has over ten years' experience in the health reimbursement and savings account field and has been working with ConnectYourCare since 2013. Prior to her current role, she was a Service Delivery Manager for the Account Administrator team, and before that was part of the client resource organization team at ConnectYourCare, where she led and managed our emerging client market. We are confident in Corinne's extensive working knowledge of many areas of the ConnectYourCare system – from both a participant and an employer level – and that she will manage the State of Arkansas' account and communications to ensure the State's satisfaction.

Please refer to Corinne's biography in [Exhibit F: CYC Biographies](#).



**Sales**

The State of Arkansas’ primary contact during the proposal process is John Dean, Senior Vice President of Sales for ConnectYourCare. John heads sales in the Southern region of the United States and has over 20 years of experience in the benefits arena. His expertise includes reimbursement accounts, 401k plans and equity administration.

John also has extensive experience with state, city and county plans, as well as multiple Fortune 500 companies that have selected the ConnectYourCare platform. John will share this experience and provide additional support to the state throughout the partnership.

Please see John’s biography in Exhibit F: CYC Biographies.

**Describe what practices your company has found effective in similar meetings.**

**Our Collaborative Service Model**

ConnectYourCare offers a service model ideally organized to address the State of Arkansas’ needs as an employer and plan sponsor. We have found that when the client services team works as a collaborative, cohesive group to resolve inquiries and issues with employer representatives, we are effectively more responsive to our client’s needs. We’ve brought together a team of tenured and qualified benefits professionals who have many years of client service oversight in the consumer-directed health space and find that a mix of backgrounds is ideal: our team members have well-rounded backgrounds in benefits, HR, payroll, tax, consulting, finance and other applicable services. The State of Arkansas’ entire relationship team will be responsible for the “heavy lifting,” freeing the State to focus on the things that matter most.

**Best-Practices Implementation**

Implementation of the State of Arkansas’ program administration will entail the following:

- Timely review and execution of contracts and ACH authorization.
- Effective communication of the plan to eligible participants during open enrollment and other benefit communications.
- Review and approval of developed communication pieces, including the health care payment card.
- Review and approval of client requirements document.
- User acceptance testing of portal customizations; if applicable.
- Identification of key staff for training purposes.
- Project feedback for mid-implementation project health assessment.
- Project acceptance prior to launch.

Timely processing and delivery of initial and ongoing file interfaces

**Ongoing Collaborative Support, Proactive Data and Plan Improvements**

The client services team will meet weekly – at a minimum – during implementation, to ensure that all parties are kept up to date on the State of Arkansas’ plan designs and preferences. After implementation, this team will continue to meet with the State of Arkansas to discuss any best practices, discoveries, and to solicit process and product improvements.

The client planning process is an ongoing, joint effort which incorporates scheduled meetings, including strategic business reviews and an annual collaborative planning session. We will work with you to determine agenda items based on your needs and requests; topics typically discussed during the collaborative planning session will include:

- Weekly summary report
- Overviews of previous time periods (whether weeks, months, or the previous year)

<ul style="list-style-type: none"> <li>• Status review of the State of Arkansas’ objectives</li> <li>• Industry trend analysis</li> <li>• Short- and long-term objectives for the State’s plan and participants</li> <li>• Next time period plan, and next steps</li> </ul> <p>During these collaborative planning sessions, your client service team will also present State-specific program recommendations, prepared through careful planning and analysis. Your team will review key data from the prior plan year; develop and validate the State’s plan goals for the coming year; identify key opportunities specific to the State; and will recommend any changes or programs that will continue to meet and exceed the State’s goals.</p>	
<p><b>C. Describe your company’s experience with the implementation of projects in similar size and scope. Include timelines, goals, results, pitfalls, risk mitigation, and any other element necessary to fully communicate your company’s implementation experience. Detail the specific information generally requested of clients during these types of implementations.</b></p> <p>ConnectYourCare has implemented a number of large state government entities (including the State of Illinois and the State of Alabama) as well as many city and county groups across the country. Government and municipal entities present some differences in terms of population and financial requirements – such as the relative strictness of reconciliation requirements between funding and claims – but otherwise there is very little difference in terms of implementing and administering large groups. For government groups, we will have additional conversations with that group’s finance team to ensure that all reporting is sufficient to meet any specific needs, in addition to any nonstandard arrangements for funding, claims and contributions.</p> <p>We are also aware that large government groups can have diverse populations, union and non-union, which may have different plan design requirements. ConnectYourCare spends extra time with government administrative teams to speak specifically about their unique population and provide the solutions to ensure that all members are accounted for, all requirements are met, and that both the client and participants are served with the high level of service and administrative excellence that all of our clients have come to expect from ConnectYourCare.</p> <p>Our proprietary solution allows us to be infinitely scalable; our system was designed, developed and is managed on an ongoing basis by us, which gives us the ability to quickly react to changes in not only regulations and legislation, but also market demands and technologies. CYC has built a platform employing industry-leading standard technology designed specifically to handle the complexity and continuing evolution of all tax-advantaged accounts while simultaneously providing tremendous amounts of automation for ease of administration. This allows us to easily onboard clients of any size, customize client programs or add system enhancements.</p>	5 points
<p><b>D. Describe the risks your company anticipates EBD, the Plan, Programs, Members, and Plan Participants may face during the Implementation Period and your company’s plan to mitigate those risks.</b></p> <p>The biggest risk for any implementation is the smooth transfer of funds and administration. We spend several dedicated discussions to walk through the timing, responsibilities and any foreseeable impact to the participant population relative to account transfer, to ensure that all parties understand and agree to all steps required to mitigate or avoid these risks altogether. The largest component of mitigation is a comprehensive project plan, which we will review in detail with the State of Arkansas. Communication to employees and participants is also critical, to avoid surprises and any potential confusion – we provide all clients with effective standard communication materials, but we will also work with clients to develop targeted custom communications.</p> <p>Additionally, setting up inbound and outbound electronic file exchanges can occasionally take longer than expected. ConnectYourCare starts early in the implementation process to begin file discussions and builds in a 90-day typical turnaround time for file setup in the overall implementation project plan. Other challenges may include cooperation of prior vendor providing a list of takeovers with paid-to information and any outstanding payments on a timely basis.</p>	5 points
<p><b>E.3 ARCAP AND HSA ADMINISTRATION</b></p>	

<p><b>A. Provide a detailed description of the contractual relationship with your Custodian/Trustee.</b></p> <p>ConnectYourCare will be responsible for the entire HSA experience. We obtained our non-bank trustee designation and we are not partnering with a bank to offer the HSA services outlined in this proposal. We are pleased to offer our next-generation HSA solution which streamlines banking and investment services, more broadly leverages our payment network and enhances the HSA experience through new client and participant tools, including industry-leading mobile and portal capabilities.</p> <p>By offering our HSA as a non-bank trustee, ConnectYourCare is revolutionizing the market-based HSA experience, providing clients and participants with a fully integrated solution on a single end-to-end proprietary platform.</p>	<p>5 points</p>
<p><b>B. Provide a sample of the following documents in electronic format only (CD or Flash Drive):</b></p> <ol style="list-style-type: none"> <li><b>1. Member Account Application(s)</b> Please refer to <u>Exhibit J: CYC FSA Enrollment Form</u> and <u>Exhibit K: CYC HSA Enrollment Form</u> included on the Exhibits flash drive submitted with this proposal.</li> <li><b>2. Beneficiary Designation Form</b> Please refer to <u>Exhibit L: CYC Beneficiaries Forms</u> included on the Exhibits flash drive submitted with this proposal.</li> <li><b>3. Marketing/Education Material(s)</b> Please refer to <u>Exhibit M: CYC FSA Sample Communications</u> and <u>Exhibit N: CYC HSA Sample Communications</u> included on the Exhibits flash drive submitted with this proposal.</li> <li><b>4. Summary Plan Description, Plan Document, or similar document</b> We would be happy to work jointly with the State of Arkansas on the completion of a summary plan document (SPD) and can provide templates for this purpose. However, we do not author the SPD in its entirety as there are certain eligibility requirements that we may not be aware of, which would require input from the State of Arkansas.  Our standard template provides the majority of the necessary content with the employer responsible for completing the plan-specific details. Please refer to <u>Exhibit O: CYC Sample Summary Plan Description Template</u>, included on the Exhibits flash drive submitted with this proposal.</li> <li><b>5. All other documents/information currently provided to prospective Members for other clients of your company</b> Please refer to <u>Exhibit P: CYC FSA Handbook</u> and <u>Exhibit Q: CYC HSA Handbook</u> included on the Exhibits flash drive submitted with this proposal for a typical overview document provided to participants. In addition, we consistently provide communications to participants to ensure they understand system features and are aware of product enhancements. For example, since our participants who use our mobile technology are more satisfied overall, we send additional communications to those not using the mobile app to educate and encourage usage. For HSAs, we provide helpful tax tips leading up to the tax season. Also, we have designed a Coaching Engine to deliver targeted messaging to participants based on specific needs. Through the Participant Portal, advice will be delivered during key times in a participant's account lifecycle, including: enrollment, the first time filing a claim, if newly eligible for HSA investments, when there is a savings opportunity and more.  We also provide legislative updates, account updates and useful information to employers to distribute throughout the year. The State of Arkansas has the opportunity to communicate specific messages to participants through messages within the Participant Portal. We invite the State of Arkansas to visit the FSA and HSA sections of our web site (at <a href="https://www.connectyourcare.com/">https://www.connectyourcare.com/</a>) for a more robust view of the FSA and HSA tools and communications available.</li> </ol>	<p>5 points</p>

<p><b>C. Describe your company’s processes and capabilities for sending alerts for any rejected, unexpected, and/or unintended funding to a Member’s account and the process for notifying clients upon each occurrence.</b></p> <p>We correspond with participants through several channels, including online through the Participant Portal, email and postal mail. The messages section of the Participant Portal is an electronic notification system to deliver secure, account-specific communications.</p> <p>Messages include: major updates, account information, and documentation-needed notices to participants. Messages can be customized by the State of Arkansas. In addition, we send participants email alerts to notify them of account updates, changes in claim status and reimbursements. The State of Arkansas can elect which email notifications participants receive. Outside of the Participant Portal, participants will also receive mailed notices specific to claims activity, such as requests for receipts or other supporting documents, ineligible claim alerts or notices of adjustments to previously reimbursed claims.</p> <p>Employers can access our standard reporting package at any time through the online HR Command portal. Reports available to the State of Arkansas include:</p> <p>Participant Accounts - Designated by account type, year-to-date participant and employer elections, payroll contributions, claims and fees are displayed.</p> <ul style="list-style-type: none"> <li>• Participation Accounts Utilization and Forfeitures – Employee level data on savings account usage and remaining balances for notional accounts are displayed.</li> <li>• Contribution Invoice Funding Details – Provides a listing of contributions received, processed and rejected for the selected invoices are displayed.</li> <li>• Payroll Reconciliation Details – Contributions received and processed for a selected date range are displayed allowing for reconciliation of employer payroll contributions tied to contribution funding invoices.</li> <li>• Contribution Invoice Discrepancies – Highlights variances between contributions submitted and contributions posted for the selected invoice.</li> <li>• Paid Claims – Claim level details in which clients can view all claims paid within a selected date range.</li> <li>• Rejected Claims Requiring Payback – Details for claims that have been fully or partially rejected that should be paid back to the plan including reject reasons.</li> <li>• Rejected Claims Written Off – Ineligible claims that have been “written off” by the client and should be added to the participant’s taxable income by the client.</li> <li>• Claims Needing Documentation - Provides a listing of all claims requiring documentation for expense verification, including health care payment card claims and reimbursement requests made online or through the mail.</li> <li>• File Error Reports – Provides error details for census demographics, enrollment and contribution records received via file transfers.</li> <li>• Service Level Results – Key performance metrics weighed against Service Level Agreements (SLAs) for a selected date range or time period.</li> </ul> <p>Further, we offer extensive HSA reporting, including information on participant account balances, employer and employee contributions, contribution discrepancies; weekly HSA paid claims detail, contribution funding, contribution rejects, and missed contributions.</p>	<p>5 points</p>
<p><b>D. Describe your company’s accounting and business processes that provides for the correct crediting of Member accounts. Describe issues your company has faced in the past that caused the incorrect crediting of Member accounts and how your company provided for correction and the measures/processes instituted to prevent reoccurrence.</b></p> <p>As enrollment is loaded, our system creates an expected contribution amount pertaining to each payroll period. As contributions are posted to the accounts, our system generates error reports for employers to reconcile; if necessary, we will make updates after the employer reviews. The errors on our standard report are based on enrollment discrepancies, not issues between the expected</p>	<p>5 points</p>

<p>and actual contribution amounts. However, we can provide the required data by comparing the expected and actual amounts if requested by the State of Arkansas.</p> <p>We reconcile daily to mitigate the potential for erroneous deposits. If we have an incorrect bank account number in our system and the bank cannot accept a deposit, we reach out to the client to obtain the correct information.</p> <p>Allocations will be based off the contribution file sent by the State. If we receive a payroll contribution and the participant is not enrolled in the account, the transaction fails, and the State will be notified.</p> <p>Prior to receiving contributions from employers, our system predetermines a list of contribution expectations for each participant, based on the number of participants, election amounts and payment cycle. We use this expectation for internal audit and quality control purposes.</p> <p>For improper claims, we sort for duplicate claims to prevent accidental overpayment or fraudulent payments. To protect against internal fraud, we have an extensive set of controls and operating procedures, including segregation of duties and independent reconciliation of accounts.</p> <p>Further, we have an audit process and related reporting to examine accounts and transactions for suspicious activity regarding account contributions and claims. Our provider pay functionality is fed by the health plan and the health plan passes fraud controls prior to being sent to us. Therefore, we receive clean claims resulting in negligible or nonexistent provider fraud risk.</p>	
<p><b>E. Describe the procedures your company currently has in place for the submission of Member/Plan Participant documentation and information.</b></p> <p>To simplify the claims experience, participants can easily submit documentation with our CYC Mobile application or online upload on the Participant Portal. Alternatively, participants may send in documentation with a cover sheet by fax or U.S. mail. We provide a claim-specific, HIPAA-compliant, barcoded submission form for participants to submit with any supplemental documentation. These documentation submissions are read electronically and attached to the participant's record.</p>	5 points
<p><b>F. Describe how the Affordable Care Act has affected the language in your company's Summary Plan Description, Plan Document, or similar document and include how often your company reviews/ updates such documents.</b></p> <p>ConnectYourCare retains outside counsel at Alston and Bird to assist in drafting our template SPDs and plan documents – these are inclusive of all ACA-mandated provisions. These document templates are also reviewed on an ad hoc basis by our internal counsel, which we leverage for their expertise on a broad spectrum of health care matters, including benefit programs such as health care accounts. They provide guidance and legal advice to us with respect to the impact of pending and new regulations, as introduced, and as may affect the language in our SPD or other documents. Any changes affecting our business and operations, or the State of Arkansas directly, will be communicated to the State by your designated client service team. A detailed explanation on how the changes may or may not affect the plan and participants will be provided.</p>	5 points
<p><b>G. Describe how the interest rate is determined for HSAs administered by your company, such as by a specific mutual fund or money market account, or by the custodian/trustee. Provide the current interest rate paid on your company's HSAs and your Members' average account balance over an annual period.</b></p> <p>The current interest rates applicable to the deposit account range from 0.05% to 0.50%, dependent upon the balance within the account. The interest is credited monthly, on the last business day of the month. The total amount in the liquid account is FDIC-insured.</p>	5 points
<p><b>H. Detail the different fund investments offered by your company for HSAs. Include information regarding the following:</b></p> <p>Please refer to <u>Exhibit R: CYC Basic Proposed HSA Investment Options</u> and <u>Exhibit S: CYC Expanded Proposed HSA Investment Options</u> included with this proposal.</p> <p><b>1. Investment Options</b></p>	5 points

Investment funds are selected using the following criteria:

- Past Performance - This is considered relative to other investments having the same investment objective. Consideration is given to performance rankings over various time frames and consistency of performance.
- Cost - This is relative to other funds with like objectives and investment styles.
- Size of the Proposed Mutual Fund - The fund should have a minimum of \$75 million in assets under management.
- Length of Time - This is dependent upon the length of time the fund has been in existence and under the direction of the current manager (typically no less than three years in either case) and whether or not there have been material changes in the manager's organization and personnel.
- Style Consistency - The fund should have no more than 10% of the portfolio invested in unrelated asset class securities.
- Volatility - This is based upon the historical volatility and downside risk of each proposed investment.
- Compatibility - This is based on how well each proposed investment complements other assets in the program.
- Economic Environment - This is based on the current economic situation.
- Effectiveness - This is based on the likelihood of future investment success, relative to other opportunities.

Underperforming or out-of-favor mutual funds that do not meet two or more due diligence criteria will be placed on a Watch List for a period of six months. At the end of that six-month period, if the fund has failed to meet the due diligence criteria, it may be removed from the eligible investments program and replaced with a fund in that specific asset class that meets the due diligence criteria. Recommendation of replacement from the Investment Advisor and approval by the HSA Investment Committee is also required. Additional mutual funds that meet the due diligence criteria will be added to the program at that time and all investors will be able to invest in the new mutual funds.

We have partnered with a third party, Devenir, for providing registered investment advisor (RIA) services, which includes monitoring investment fund performance. Devenir is widely regarded as the premier RIA service provider in the industry, with products and services targeted specifically for the HSA market.

Our Asset Allocator tool is designed to help the account holder create a balanced portfolio of investments. We help account holders determine a buying methodology based on their personal risk tolerance, health, age and other determining factors.



Additionally, participants can research funds by accessing fund prospectus, fund facts, and Morningstar reports without leaving our secure Participant Portal.

Currently, we offer a basic, combined, and expanded fund list that the State of Arkansas can select from. We are willing to discuss custom fund line-ups if desired by the State. The Investment Center provides the participant with an excellent set of mutual funds across a wide range of asset classes. Participants can manage the funds in their account according to their needs (liquid or long term). The Automatic Investments “sweep” feature makes life easy for participants whereby future contributions can be automatically invested into mutual funds per the simple instructions that members set up in advance and can manage at any time.

## 2. Limitations

### Limitations on Investments

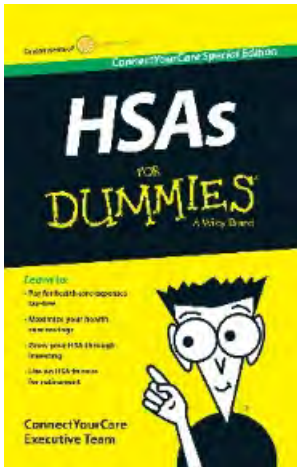
ConnectYourCare recommends a \$1,000 peg balance in the cash or liquid portion of the account before the account holder can invest. While this minimum is configurable by the State of Arkansas, it is recommended as a “best practice” amount.

## 3. Restrictions

There are no restrictions on investing amounts above the peg balance, such as minimum buy or sell orders.

## 4. Communication material(s)

ConnectYourCare provides robust communications materials online. Our HSA Academy contains the tools and resources participants need to make the most of their accounts, including educational videos and complementary electronic copies of [FSAs for Dummies](#) and [HSAs for Dummies](#). Funds lists, fund fact sheets, Morningstar reports, prospectuses, and investment tools such as investment calculators and other guides are also available.



• Boost your HSA IQ with quick videos.  
 • Don't be fooled by common HSA misconceptions. Wise up with Myth Busters.

**Up Your HSA Game**

Think you're already an HSA genius? **Test Your HSA IQ**

**Tools**  
 HSA BANK FORMS  
 Account Closing  
 Designation/Beneficiaries  
 Excess Contribution Removal  
 Investment Account Closing  
 IRA/HSA Transfer  
 Transfer Rollover

**CALCULATORS**  
 HSA Growth Estimator  
 HSA Investment Allocation Planner

**MISC. FORMS**  
 Letter of Medical Necessity  
 Account Refund Form

**COST SAVINGS TOOLS**  
 CostShift Health

**Learning Resources**  
**ACCOUNT EDUCATION**  
 Getting Started with Your Health Savings Account

**VIDEOS & DEMOS**  
 Health Savings Account (HSA) Overview  
 HSA Tax Savings Simplified

**GUIDES & TIPS**  
 HSA Brochure  
 HSAs for Dummies  
 HSA Do's and Don'ts

**Herramientas y recursos de aprendizaje en español**  
**MATERIAL DE REFERENCIA**  
 Bienvenido a Connect Your Care

**VIDEOS Y CALCULADORAS**  
 Información general sobre las HSA  
 Ejercicios de compromiso de la HSA

**GUÍAS**  
 Esquema de HSA  
 HSA: ¿Qué es?  
 HSA: Do's and Don'ts  
 HSA Tax Savings

Please refer to Exhibit M: FSA Sample Communications,

Exhibit N: CYC HSA Sample Communications,

Exhibit P: CYC FSA Handbook,

Exhibit Q: HSA Handbook,

Exhibit T: CYC Portal Tools and Tutorials – FSA and

Exhibit U: CYC Portal Tools and Tutorials – HSA included with this proposal.

**5. Custom investment options, pre-established investment models, or other options**

Employers can request a custom investment slate. We will research each fund requested to ensure it's available for HSA programs, open for new investors, and does not have a prohibitive investment minimum.

Our investment offering also includes target date funds for participants interested in pre-established investment models. Participants are also provided investment guidance to help them determine what types of investments they may want to consider given their risk tolerance and other factors.

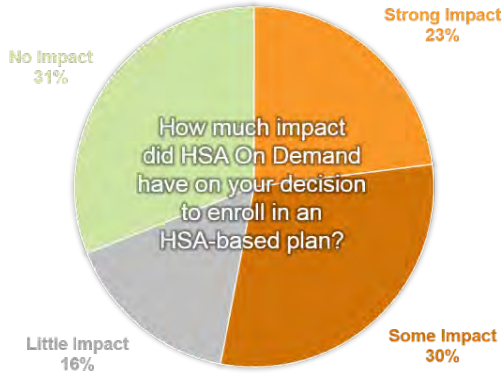


<p><b>I. Describe your company's options for allowing the Member to select multiple custodians and how the services your company provides for comprehensive HSA administration is affected by the Member's selection of multiple custodians.</b></p> <p>Individuals are allowed to have multiple HSAs; members may have an HSA with ConnectYourCare, and with other providers. Each HSA will issue separate tax reporting, so the member will be responsible for combining the information together at tax time. The member will also be responsible for monitoring the maximum HSA contribution limit if contributions are being made to more than one HSA.</p>	<p>5 points</p>
<p><b>J. Detail how many actively managed accounts your company currently supports. Do not include any account totals for the custodian or other administrators using the same administration system.</b></p> <p>ConnectYourCare currently supports 10,408 HSA clients, totaling 566,621 participant accounts.</p>	<p>5 points</p>
<p><b>K. Describe your company's method of handling liability to an HSA Member for miscommunication or erroneous information from your company regarding the Member's HSA.</b></p> <p>ConnectYourCare's contract states that the employer and participants have 90 days to notify us of errors, which we will correct at no charge and at our liability. After 90 days, we will attempt to correct any error brought to our attention, but we cannot accept liability at that point.</p>	<p>5 points</p>
<p><b>E.4 COBRA ADMINISTRATION</b></p>	
<p><b>A. Provide a detailed statement expressing your company's understanding of what it means to provide COBRA administrative services as required in the RFP.</b></p> <p>Our comprehensive COBRA solution includes everything from account management to first-rate participant communications.</p> <p>Features and benefits include:</p> <ul style="list-style-type: none"> <li>• <b>Complete administration.</b> From communications to reporting, our comprehensive solution ensures both you and your COBRA participants are completely covered.</li> <li>• <b>Expert guidance.</b> Depend on our experts for compliance and other COBRA-related questions.</li> <li>• <b>Participant communications.</b> We provide all required COBRA communications and can assist with other notices for HR compliance.</li> <li>• <b>Online participant portal.</b> Participants can quickly and easily review payments, documents, coverage level, and manage dependents online.</li> <li>• <b>Toll-free COBRA customer service line.</b> Participants have access to live representatives during from 7am to 7pm Central time.</li> <li>• <b>Total electronic record retention and retrieval.</b> All activity, including communications, notices, payments and more, are tracked, documented and available online.</li> <li>• <b>Simplified implementation process.</b> Skilled, dedicated experts, and a proven process ensure data accuracy and compliant COBRA administration.</li> <li>• <b>Enrollment ease.</b> Scheduled file feeds automate enrollment. For emergency notification of qualifying events, employers have a user-friendly online wizard to quickly and easily notify ConnectYourCare.</li> <li>• <b>Online access to real-time reporting.</b> Information is available at any time, ensuring data accuracy and providing simple checks and balances.</li> <li>• <b>Premium collection and remittance.</b> We collect all COBRA participant payments, and manage, track and remit premiums to clients monthly with necessary backup to audit and pay carrier bills.</li> </ul> <p>Most recently, we've enhanced COBRA to offer the following advantages.</p> <ul style="list-style-type: none"> <li>• Real-time processing of event submitted via the web</li> </ul>	<p>5 points</p>

<ul style="list-style-type: none"> <li>• An enhanced user experience for employees, including: <ul style="list-style-type: none"> <li>○ Monthly invoices vs. annual coupon books</li> <li>○ Ability to make credit card payments either one time or on a recurring basis</li> </ul> </li> </ul>	
<p><b>B. Describe your company’s most noteworthy qualifications for providing COBRA administrative services. Specifically highlight your company’s qualifications that distinguish you from your competitors.</b></p> <p>We are a one-stop shop for HSA, FSA, HRA and COBRA administration. When we manage the full spectrum of this kind of administration, COBRA transition occurs seamlessly. We provide a single lead implementation manager for all services, to facilitate coordination through a single point of contact. Our COBRA, FSA, HSA and HRA customer service teams work from the same call center, and many of our COBRA staff has as much as 20 years’ previous experience with COBRA.</p> <p>Specifically, in regard to COBRA, we differentiate ourselves by providing multiple payment options and being able to modify standard setups to meet the needs of a wider range of employer plan designs and business rules. This has proved particularly valuable to many of our public sector and government clients, who frequently require more customized arrangements.</p> <p>Our largest COBRA client, Genesis, has approximately 30,000 benefit-eligible employees and we encourage you to speak with them. We look forward to further conversations with the State of Arkansas and more opportunities to demonstrate our qualifications, our best-in-class services and what distinguishes us from the competition.</p>	5 points
<b>E.5 ADMINISTRATION SYSTEM</b>	
<p><b>A. Describe your company’s system used to provide the services specified in the RFP and include the following:</b></p> <p><b>1. The length of time the system has been in full operation</b></p> <p>ConnectYourCare developed our proprietary platform specifically for processing all health care account types and transactions, including FSA and HSA accounts. Our system has been operational since 2004.</p> <p>We have been offering COBRA administration services since 2010. In 2017, we moved our COBRA administration system to WEX Health, in order to gain process efficiencies and offer several advantages including real-time processing of events submitted via the web, as well as an enhanced user experience. WEX Health has been simplifying healthcare account administration since 2000.</p> <p><b>2. The capabilities the system has for providing a single sign-on / Trusted Link between necessary applications</b></p> <p>Our system and the WEX system both support single sign-on (SSO) integration through a shared key, secure Web service. This allows all clients to securely log in to our online portals from other linked websites. This SSO integration can be supported through integration with the State of Arkansas’ intranet site or the secure website of other third-party vendors.</p> <p><b>3. The capabilities for accepting electronic transfer of eligibility</b></p> <p>Our market-leading proprietary platform was developed with the understanding that interface capability is critical, whereby ConnectYourCare plays the singular role of data aggregator. The result is a scalable, secure and accurate interface solution. We can configure data adapters to map files when they deviate from our standard format. Our team is both flexible and experienced when it comes to transferring and receiving data. We have the ability to receive data at any frequency desired by the State of Arkansas.</p> <p>By default, COBRA information flows through the employer through notifications at least weekly of eligibility changes to ensure they are updated with appropriate carriers. This allows employers to leverage existing process to manage their overall population. If direct carrier notification is desired, the State of Arkansas will need to provide carrier contact information and facilitate initial contact. We will then work directly with carriers on file format, content and frequency to best suit</p>	5 points

the State.	
<p><b>B. Provide a sample login or detailed color printed screenshots with a description of layout and purpose of single secure website/portal.</b></p> <p>Please refer to <a href="#">Exhibit V: CYC Participant Portal Screenshots</a> and <a href="#">Exhibit W: CYC Employer Portal Screenshots</a> included on the Exhibits flash drive submitted with this proposal.</p> <p>In addition, we invite the State of Arkansas to watch a video demo of our employer dashboard, HR Command, at <a href="http://www.connectyourcare.com/video-library/er-dashdemo/">http://www.connectyourcare.com/video-library/er-dashdemo/</a> and the recorded demo of the Participant Portal at <a href="http://connectyourcare.com/video-library/portal-demo/">http://connectyourcare.com/video-library/portal-demo/</a>.</p>	5 points
<p><b>C. Describe the major system conversions occurring within your company within the past two (2) years and any major system conversions planned to occur in the future.</b></p> <p>While there are currently no planned system conversions or changes at this time, ConnectYourCare maintains a regular release schedule; we are constantly maintaining, innovating, and adjusting our system to meet the needs of our clients. While regular updates and releases are scheduled every four months, minor updates are made more frequently as needed, usually monthly. We have found that this incremental release schedule continuously improves the user experience, as the platform can adapt and transform with minimal disruption or downtime, or any sweeping changes that might produce participant confusion.</p> <p>As part of our commitment to providing best-in-class account administration, we continuously evaluate how to improve our products and processes. Any future enhancements will increase operational efficiency and automation, ensure compliance, improve participant education and understanding of accounts, drive increased adoption rates, enhance current products to broaden payment capabilities and enable us to add new and innovative plan design options.</p>	5 points
<p><b>D. Describe your company’s process for clients to request enhancements to your company’s administration system and website based on non-standard benefit design and provide the average turnaround time for system and website changes or enhancements.</b></p> <p>ConnectYourCare constantly evaluates and seeks feedback about our system and service features to identify opportunities for increased efficiency, satisfaction, and overall value to employers and participants. We receive guidance from our client advisory board, which is comprised of strategic partners providing critical input on numerous topics, including our long-term product roadmap. The function of this client advisory board is to advise and make non-binding recommendations to our executive leadership and product teams on technological innovations, strategic innovations, and additional programmatic enhancements for the overall member experience.</p> <p>We would like to offer the State of Arkansas a seat on our Client Advisory Board and would welcome the States’ presence and feedback. The client advisory board is currently comprised of 40 client members, and we welcome the opportunity to have the State of Arkansas represented on this board.</p> <p>One example resulting partly from feedback from the advisory board is ConnectYourCare’s award-winning HSA On Demand® product, a ground-breaking innovation eliminating a major barrier in adoption of HSAs and corresponding HDHPs. HSA On Demand® allows employees to access their full year’s contribution, including employee and employer elections, at any time of the year to pay for a medical expense.</p>	5 points

## HSA ON DEMAND INFLUENCE



n= 1,115; Source: Fall 2016 CYC Participant Survey

HSA On Demand participants are satisfied with the solution. For non-full replacement plans, 53% noted that HSA On Demand influenced their decision to choose an HSA plan.

In addition, clients such as the State of Arkansas can, at any time, communicate system enhancement requests through their account manager, whose responsibility it is to represent the State of Arkansas' requests and present them during ConnectYourCare's monthly product roadmap meeting.

Our product roadmap is an 18- to 24-month list of system enhancements to improve client support. The turnaround for implementing requests, either for a single client or in the form of a system upgrade, will depend on the nature of the request. Enhancements that are already in consideration for the product roadmap – or those with a great likelihood of reusability or benefit to other clients – will often be created at no cost.

**E. Describe the method your company uses to gather data necessary for non-discrimination testing including a sample of the forms provided for public sector use and the frequency of reporting. Detail any other testing available.**

5 points

ConnectYourCare will provide Internal Revenue Code Section 105, 125, and 129 nondiscrimination testing and can perform preliminary and year-end testing. While we recommend semi-annual testing, we will clarify the State of Arkansas' needs in terms of frequency during the information-gathering phase of the implementation process.

To complete the test, we require an electronically formatted census file from the State of Arkansas, and we also require basic plan design information such as waiting periods, benefits classes of employees covered, etc. We will share the results with the State.

Please refer to Exhibit X: CYC File Interface Guide included on the Exhibits flash drive submitted with this proposal.

**F. Describe the process by which your company educates and disseminates information to clients regarding legislative and regulatory changes to its clients and how your company incorporates these changes into its administration system. Include samples of such client communications.**

5 points

We leverage internal legal counsel for their expertise on a broad spectrum of health care matters, including benefit programs such as health care accounts. They provide guidance and legal advice to us with respect to the impact of pending and new regulations, as introduced. We also retain external assistance from Alston and Bird, and Groom Law for further legislative and regulatory counsel.

Any legislative changes affecting our business and operations will be communicated to the State of Arkansas by your designated client service team. A detailed explanation on how the changes may or may not affect the plan and participants will be provided.

Your client service team will work directly with you in developing a communication strategy that will provide updates to notify and educate your participants based on any changes that may occur. In addition to communication campaigns, we conduct employer webcasts to review changing legislation and the potential impact on employers and participants. Please see our most recent "Legislative Landscape" series webinar, entitled: "Navigating Consumer Directed Health Care in a New Era" from February 2017 or our Legislative Year in Review and 2018 Outlook from December 2017. <https://www.connectyourcare.com/news-and-events/webinars/>.

And our monthly legislative focus update:

<http://www2.connectyourcare.com/legislative-update-aug-2017>

<http://www2.connectyourcare.com/2017-dec-legislative>

**Legislative & Regulatory News**  
Keeping you up to date with important news and regulations

See below for important legal and regulatory updates including contribution limits, health care reform, and other updates.

Note: Content provided is not intended as legal or tax advice.

- + HSA Limits
- + FSA Limits
- + American Health Care Act
- + New HSA Eligibility for Veterans
- + FSA Rollover Option
- + HRAs under PPACA
- + FSAs under PPACA
- + PCORI Fees for Health Accounts
- + Use of Pre-Tax Dollars for Medical Needs of Same-Sex Spouses
- + Dependent Care FSA Contribution Limits
- + Pre-Tax Parking and Transportation Limits
- + Mileage for Medical Visits

**Health Benefits Webinars**  
As a thought leader in the industry, we provide CDH answers you need

Learn more:

**Legislative Landscape Series: The Legislative Year in Review and What to Look For in 2018**  
December 7, 2017 | 1 gm, 85'

Join Roy Ramthun, President and Founder of HSA Consulting Services, and Harrison Stone, ConnectYourCare's General Counsel, as they dive into the numerous policy changes of the past year and what's ahead for 2018.

- Get the latest updates on PPACA's impact on Health Savings Accounts (HSAs), Flexible Spending Accounts (FSAs), and Health Reimbursement Arrangements (HRAs), and learn whether Flexible Spending Accounts (FSAs) could save a major change.
- Understand how to get ahead of legislative decisions that may have significant impact on future plan designs and important employer-to-employee communications.

Don't miss this key webinar—register now and learn how to navigate the 2018 legislative landscape.

[Register Now](#)

**Connect Your Care**  
**Legislative Landscape Newsletter**  
December 2017

To keep you informed, the ConnectYourCare team created this monthly Legislative Landscape Newsletter that highlights the most important CDH political news that impacts you.

**Health Care Legislative Landscape Webinar: A Year in Review... And What's Ahead**

**Upcoming Webinar: The Legislative Year in Review, and What to Look for in 2018**  
On Thursday, December 7, join Roy Ramthun, President and Founder of HSA Consulting Services, and Harrison Stone, ConnectYourCare's General Counsel, as they dive into the proposed policy changes of the past year and what's ahead for 2018.  
[Read More](#)

**Senate passes sweeping tax overhaul**  
The Senate narrowly passed a massive tax overhaul early Saturday morning, putting Republicans on the cusp of revamping the U.S. tax system for the first time in more than three decades.  
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**Fiduciary rule delayed to July 1, 2019**  
Although some supporters of the fiduciary rule have argued that the Department has no authority to issue such a delay, the Treasury Department is confident of its authority to grant an 18-month delay.  
[Read More](#)

**Marketplace confusion and skinny plans**  
The high cost of health insurance has opened a door for lower-cost alternatives. But experts and regulators warn consumers to be cautious when considering such 'skinny plans'.  
[Read More](#)

<p><b>G. Provide a copy of your company's most recent IT Audit including an auditor opinion, auditor testing, and the results.</b></p> <p>ConnectYourCare undergoes an annual SOC audit by a third-party organization. Our most recent audit concluded in August of 2017, which covered the period of December 1, 2016 through June 30, 2017. Please refer to <a href="#">Exhibit Y: CYC Service Organization Control 2 Report</a>.</p>	5 points
<p><b>H. Describe how your company ensures that all payments are in accordance with the approved benefit design.</b></p> <p>ConnectYourCare complies with all applicable federal and state laws governing every aspect of our business. For example, we comply with regulations dictated by the Office of Civil Rights, Treasury Department and the Department of Health and Human Services. As instructed by our clients, we also act in accordance with client plan documents.</p> <p>We maintain compliance with applicable information security and data protection laws including the Health Insurance Portability and Accountability Act of 1996 and all state information security and data breach laws. We also ensure the proper management of our payment card data in accordance with the Payment Card Industry (PCI) Data Security Standard (DSS).</p> <p>For HSA, all withdrawals are allowed pursuant to Treasury Department guidelines. HSA account holders are individually responsible for determining and reporting nonqualified withdrawals and paying any tax penalties associated with nonqualified expenses. While we do not identify, review or report this information, ConnectYourCare welcomes the opportunity to work with the State of Arkansas during the implementation process to make this a focal point of participant communications.</p>	5 points
<b>E.6 CUSTOMER SERVICE</b>	
<p><b>A. Describe your company's capabilities, to track, record, archive, retrieve, and report on customer services calls. Include information regarding the following:</b></p> <p>We digitally record the entire population of calls coming in to our customer service center. The calls are stored at the customer service center where they are answered and are generally kept for 180 days. The recorded calls may be kept longer if specifically required by the State of Arkansas and stipulated in your contract. The site management teams and select members of corporate staff can retrieve a random sampling of these calls daily for quality, compliance and analytical purposes.</p> <p>If the State of Arkansas asks us to retrieve a call, we do so at no additional charge, subject to compliance with HIPAA regulations. Calls can be played during a conference call, or the audio files can be posted to a secure file sharing site. All callers are notified their calls may be recorded for quality purposes.</p> <p>Our reporting dashboard provides real-time insight into plans by providing various statistics – in addition to claims data, debit card usage, enrollment numbers and Web activity, these reports also include call center metrics.</p> <ol style="list-style-type: none"> <li><b>1. Average Hold Times</b> Participants calling ConnectYourCare's customer service line experience a 10-second or shorter hold time before speaking to a representative.</li> <li><b>2. Average Abandonment Rates</b> 0.53%</li> <li><b>3. Average time for call to be answered</b> 8 seconds.</li> <li><b>4. Initial Call Resolution Rate</b> 93%</li> </ol>	5 points
<p><b>B. Describe your customer service call escalation procedure.</b></p> <p>Inquiries related to FSA, HSA and COBRA can be complex, and accuracy is of high</p>	5 points

<p>importance. If a customer care representative is unable to immediately solve a difficult problem, the issue is escalated for research and resolution.</p> <p>We have a tiered customer service model that enables us to respond quickly, efficiently and effectively to any participant or client issues and contingencies on an ongoing basis. If, at any point, a customer care representative requires additional assistance when responding to a participant call, they will contact our call center research team, call center team lead, associate supervisor, supervisor or manager immediately. In the unlikely event that no one is available to address the escalation on the spot, a callback is prioritized and made within 24 hours. Contact is maintained, and updates are made to the original caller until resolution.</p> <p>When client service managers are alerted of an escalated issue, they send email notification to our internal ticketing system alerting the ConnectYourCare parties necessary to take immediate action and achieve quick resolution. Issues that may arise at the employer level will incite an issues-tracking program. This program manages and monitors our internal standards of response and resolution of issues. The State of Arkansas' client service manager, Corinne Richardson, will acknowledge the issue within 24 hours (or one business day) of initial notification. Corinne will then provide a status update within two business days, which includes root cause analysis and corrective action as information is available. Updates will continue daily or weekly as indicated until full resolution is achieved</p> <p>All calls are recorded and stored for retrieval in the event of a service related issue, an audit, or for training purposes.</p>	
<p><b>C. Detail the average tenure and turnover rate of your customer service staff.</b></p> <p>The average length of service for our customer care representatives is five years. The turnover rate for customer service staff in 2016 was less than 10%.</p>	5 points
<p><b>D. Describe the following as they pertain to your company's customer service staff:</b></p> <ol style="list-style-type: none"> <li><b>1. Types of Pre-employment screenings administered</b> <p>All employees undergo pre-employment screening including a reference check, background check, criminal record check, college degree or professional license verification (if appropriate), and 10-panel drug screening. We may request a credit check on specific individuals, if needed. Background checks are performed by a third-party vendor and are initiated once an employment offer is made and accepted.</p> </li> <li><b>2. Criminal Background Checks required</b> <p>An applicant's full criminal history is checked at the federal, state and county level in all locations where the candidate lived, worked and went to school in the past seven years. Criminal history is also checked for the state and county where the candidate would be working for ConnectYourCare. These checks are not only performed for the name given at the time the application is submitted, but also any other names developed during the screening process (e.g. maiden name, alias).</p> </li> <li><b>3. Types and frequency of all training administered</b> <p>The training curriculum for customer care representatives is completed in three parts. The first part details system training; all potential employees are given a computer skills test prior to employment. Customer care representatives are then trained on the systems used, any internet and intranet skills and client-specific computer skills. The second phase entails customer service skills and the third part of training is specific to the products and clients representatives will represent.</p> <p>We maintain a comprehensive training program to deliver a strong customer service experience to participants. After completing the training curriculum, representatives are equipped to answer questions on account information, claims payments, general tax and investment topics, as well as provide other services including password reset, provide the username to the participant and handle requests for a new or an additional health care payment card. Our representatives are experts in health care and financial claims processing and will be educated on all facets of the State of Arkansas' program.</p> <p>Representatives are available to help walk participants through the online health education</p> </li> </ol>	5 points

and wellness tools to facilitate participant comfort for future use. To ensure up-to-date education and training, we integrate plan and administration resources and manuals into the adjudication system and update them as needed to reflect changes in tax law, regulations or Internal Revenue Service (IRS) pronouncements. We communicate legislative changes affecting health care accounts directly to all representatives and review the changes in department meetings and ongoing training sessions. System enhancement training is provided on an on-going basis. The Customer Care Center online knowledge base system is updated weekly with changes for the representatives to utilize for reference.

As part of the implementation process, your client service team will build out and provide plan-specific training to the customer care representative unit in advance of live processing; this ensures a familiarity and understanding of the programs offered. In addition, we encourage State of Arkansas representatives to spend time in the call center to conduct culture training to expose the representatives to the State of Arkansas' corporate culture and improve their understanding of the State of Arkansas and its participants.

An associate's degree and customer service industry experience is preferred for representatives. All representatives are thoroughly screened and trained on our product offerings and undergo security awareness training including the concepts of confidentiality, integrity and availability of data, corporate security policies, information protection standards and privacy awareness. In addition, all participants must take part in HIPAA compliance training every six months. Our representatives receive a weighted balanced score card which focuses on the following metrics; call quality, attendance, schedule adherence and productivity.

**E. Provide information pertaining to how your company staffs its customer service department. At a minimum include information on the following:**

**1. Number of employees per shift**

ConnectYourCare staffs at least 8 employees per shift. This is subject to change depending on several criteria that are actively monitored – please see #5, below.

**2. Number of shifts**

Approximately 20 general shifts daily.

**3. Staff available during 11:00 a.m.-1:00 p.m. CST**

Approximately 126 employees are available at any given time. Note that for notional accounts, participants may call 24 hours a day, 365 days a year for live customer service assistance. Our COBRA customer service center is open from 7 am – 7 pm, Central Time.

**4. Office location**

Our call center is located in St. Petersburg, Florida.

**5. Ratio of customer service staff per 1000 Members**

ConnectYourCare actively monitors staffing levels against call volume to ensure the right ratios are in place at any given time to best serve our clients. We closely monitor staffing and system needs based on several criteria including sales pipelines, enrollment forecasts from existing clients and partners, and the number of accounts and variety of accounts offered by all clients. Workforce management analysts monitor call volume and service level performance on a real-time basis, so additional customer service and support staff can be added as needed. Calls are monitored in real time allowing us to accurately track peak hours and high-volume days, and we staff accordingly. Staffing is dependent on call forecasts and can be quickly adjusted should any trends impact call volumes.

ConnectYourCare's call center handled a total of 875,760 calls last year – the ratio of customer service staff per total calls is 1:6,950. Depending on the time of year, we have found that between 43-57% of callers opt to self-serve via the IVR option. Our customer care center has historically performed in line with market-based metrics with an average speed to answer of less than 30 seconds and abandonment rate below 5%.

Due to our rapid growth and feedback from our largest partners we made changes to our customer care center capability in January 2016, that resulted in improved "average speed to answer" numbers as well as decreased abandonment rates throughout the course of the

5 points



<p>following two years. By the end of 2017, our average speed of answered calls was down to <b>8 seconds</b>.</p> <p>Our most recent survey results show that 93.6% of our clients are “satisfied” or “highly satisfied” with our overall performance, and 95.2% are “loyal” based on overall satisfaction, ConnectYourCare’s integrity and their likelihood to renew.</p> <p>Additionally, 89% of participants are “satisfied” or “highly satisfied” with our overall performance and 90% are satisfied with our claims process.</p>	
<p><b>F. Provide detailed information regarding the customer service team that will have direct contact with Members/Plan Participants. Describe the customer service assistance and the year-end tax filing forms that will be provided to Members including:</b></p> <ol style="list-style-type: none"> <li><b>1. Tax Form 8889</b></li> <li><b>2. 1099-SA</b></li> <li><b>3. 5498-SA</b></li> </ol> <p>We provide live, U.S.-based customer service, 24 hours per day, 365 days per year (at no additional charge) from our call center in St. Petersburg, FL. We staff our call center with ConnectYourCare employees – including call center supervisors, team leads, and customer care representatives, who form the direct contact with participants.</p> <p>Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. They are trained to answer a wide variety of questions including those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional payment cards and resetting passwords.</p> <p>Calls that come ConnectYourCare’s customer service center that are more appropriately answered by another vendor will be warm- transferred; representatives will stay on the line to identify themselves and the caller before transferring the call to the desired partner. If the stated or actual wait time of the third party is more than two minutes, our customer care representative will inform the caller and offer to either cold transfer or provide the direct phone number. All of our customer care representatives are trained on all types of calls that may be transferred, and have quick access to the necessary contact information.</p> <p>Customer care representatives can also advise on Form 8889, Form 5498-SA, Form 1099-SA and Form W-2. They can also consult with participants on the deadlines to make contributions for the previous tax year and tax consequences if funds are used for ineligible expenses. ConnectYourCare will provide all the necessary tax reporting forms to participants. Form 1099-SA will be issued each January to participants who made distributions from their HSA during the tax year and Form 5498-SA will be issued each May. Additionally, participants will be mailed annual HSA-tax related forms and instructions. Although every participant will receive a hard copy version of their tax forms, if the participant elects electronic statements, they will also be able to download the tax information through the online portal.</p>	<p>5 points</p>
<p><b>G. Describe your company’s abilities in and experience with providing comprehensive customer service to clients.</b></p> <p>Our company was founded in August 2002 as the first health care account administrator designed and built from the ground up to service the health care industry’s evolution to health care accounts. Since 2004, we have proven our status as a leading administrator of flexible spending accounts, health savings accounts and health reimbursement arrangements – largely through our long commitment to service excellence, to both employers and participants.</p> <p>ConnectYourCare focuses on the overall employee and employer experience related to consumer-directed healthcare and other account-based programs, striving to make it as easy as possible, so you and your employees can focus on enjoying life. We have domain expertise and best practices with accounts, as well as related capabilities, including benefits administration</p>	<p>5 points</p>

and enrollment, payments processing and data analytics, and continue to look for ways to advance these areas so they lead the market and our clients and employees can see immediate value.

We have a culture of service excellence, with everyone focused on delivering the best possible experience to clients and employees. Each week, the executive team listens to calls from member employees to understand how to provide better service and what tools to develop that will result in a positive, more efficient outcome. This extends to the way we partner with clients to develop solutions to meet their unique needs. We learn and grow with our clients to help them meet their strategies and goals and address the needs of their employees.

### **Client Service**

Our overall client service approach is centered around a philosophy of making a profound impact on customer and organizational performance. We offer a tiered client service approach, structured to address your needs as an employer as well as any participant concerns to enhance satisfaction in the short and long-term. Your team will consist of a primary contact, the client service manager (Corinne Richardson), for day-to-day account activity and operational support, as well as other backup support team members. We will ensure the State of Arkansas has a smooth transition to ConnectYourCare and will work to effectively understand and address your needs. Because providing exceptional customer service is our highest priority, your entire client service team will work together to ensure satisfaction and provide ongoing innovation and resolutions.

### **Customer Service**

We maintain a comprehensive training program to deliver a strong customer service experience to participants. After completing the training curriculum, representatives are equipped to answer questions on account information, claims payments, general tax and investment topics, as well as provide other services including password reset, provide the username to the participant and handle requests for a new or an additional health care payment card. Our representatives are experts in health care and financial claims processing and will be educated on all facets of the State's program.

Representatives are available to help walk participants through the online health education and wellness tools to facilitate participant comfort for future use. To ensure up-to-date education and training, we integrate plan and administration resources and manuals into the adjudication system and update them as needed to reflect changes in tax law, regulations or Internal Revenue Service (IRS) pronouncements. We communicate legislative changes affecting health care accounts directly to all representatives and review the changes in department meetings and ongoing training sessions. System enhancement training is provided on an on-going basis. The Customer Care Center online knowledge base system is updated weekly with changes for the representatives to utilize for reference.

As part of the implementation process, your client service team will build out and provide plan-specific training to the customer care representative unit in advance of live processing; this ensures a familiarity and understanding of the programs offered. In addition, as previously stated, we invite the State's representatives to spend time in the call center to conduct culture training to expose the representatives to the State of Arkansas' working culture and to improve their understanding of the State and its participants.

An associate's degree and customer service industry experience is preferred for representatives. All representatives are thoroughly screened and trained on our product offerings and undergo security awareness training including the concepts of confidentiality, integrity and availability of data, corporate security policies, information protection standards and privacy awareness. In addition, all participants must take part in HIPAA compliance training every six months. Our representatives receive a weighted balanced score card which focuses on the following metrics; call quality, attendance, schedule adherence and productivity.

After completing the training curriculum, representatives are equipped to answer questions on account information, claims payments, general tax and investment topics, as well as provide other services including password reset, provide the username to the participant and handle requests for a new or an additional health care payment card. Our representatives are experts

<p>in health care and financial claims processing and will be educated on all facets of the State of Arkansas' program.</p> <p>Representatives are available to help walk participants through the online health education and wellness tools to facilitate participant comfort for future use. To ensure up-to-date education and training, we integrate plan and administration resources and manuals into the adjudication system and update them as needed to reflect changes in tax law, regulations or Internal Revenue Service (IRS) pronouncements. We communicate legislative changes affecting health care accounts directly to all representatives and review the changes in department meetings and ongoing training sessions. System enhancement training and the knowledge base system used by representatives are provided on an ongoing basis.</p>	
<p><b>H. Describe your company's phone system's automated functionality including what information is accessible to Members.</b></p> <p>For notional accounts, our interactive voice response (IVR) system is available 24 hours per day, 365 days per year and contains helpful information, including participant account balance. Via the IVR system, participants can report their payment card as lost or stolen, receive password resets and username information. We maintain the IVR system in real-time and there is no limit on the number of transactions that can be processed.</p> <p>Due to the complexity of COBRA, information is not available through an IVR system for COBRA administration. Participants can speak to a COBRA-specific customer care representative during service hours (7 am – 7 pm, Central time), though the majority of the customer service team, available 24/7, can answer many of the more general COBRA inquiries. Participants can also access the Participant Portal or mobile app for real-time updates. Live representatives are able to assist continuants with detailed account information, walk them through payment options, and create issue resolution processes if needed. We find that discussion, more than just information, is key in resolving COBRA continuant issues.</p>	<p>5 points</p>
<p><b>E.7 EDUCATION AND ENROLLMENT SERVICES</b></p>	
<p><b>A. Describe the procedures your company uses to increase employee participation levels for programs similar to the ARCap and HSA Programs. At a minimum, provide the following information:</b></p> <p><b>1. Your company's use of mass mailings, targeted marketing, and individual meetings with employees to increase participation.</b></p> <p>With over 26,000 current participants, maintaining consistent and effective benefits communication might seem like a challenge. We know that communication is an integral aspect of enrollment and ensuring employees are educated about their health account options. Therefore, we created 360° Connect – a complete and integrated program designed to simplify things for you, engage your employees and drive account enrollment through uniquely tailored strategic communication services.</p> <p>Through 360° Connect, we will partner with your human resources team to use feedback and data to determine the most effective mix of communication activities and channels. Throughout the lifecycle of the program, we constantly monitor activities to understand what is happening and where improvements can be made to ensure your employees are making the right choices for themselves and their families.</p> <p>With 360° Connect, we can work with the State of Arkansas to tailor a multi-channel benefit communication plan, including video, print and digital media – all focused on the critical component of making it relevant to the audience. From enrollment guides to tax information, we ensure all materials are themed properly and appropriately written in order to be easy to understand. We recognize it's important to make information clear and easy to navigate by using terminology employees are familiar with. By truly getting to know the intricacies of your employee population, we will design and implement communications and tools to exceed plan participation and increase employee engagement.</p> <p>We are committed to helping the State of Arkansas with benefits team training sessions and will staff enrollment meetings as needed, to help educate participants about their benefits and the exciting ways they can manage their CDH accounts, including our</p>	<p>5 points</p>

<p>mobile application and Participant Portal. Please refer to <u>Exhibit Z: CYC 360 Connect Case Studies</u> for more in-depth examples of recent successes in our top-tier account management services and customized strategic communications initiatives. We're confident these programs help clients such as the State of Arkansas to realize increased engagement and greater satisfaction with their accounts.</p> <p><b>2. In electronic format (such as a CD or flash drive) provide samples of your company's Member communication pieces used to communicate the advantages and benefits of participation in a Health Savings Account and Flexible Spending Account.</b></p> <p>Please refer to:</p> <p><u>Exhibit M: CYC FSA Sample Communications</u>, and</p> <p><u>Exhibit N: CYC HSA Sample Communications</u>, included on the Exhibits flash drive submitted with this proposal.</p>	
<p><b>B. Provide details regarding the increase in participation levels other clients of your company have experienced for similar Programs and how those increases were realized. Provide the projected increases in participation over the next three (3) years for the ARCap and HSA Programs using similar strategies.</b></p> <p>We will partner closely with the State of Arkansas to identify your goals and deliver a communications program that meets those goals by specifically tailoring our solutions to your unique needs. We are pleased to have delivered enrollment increases of 25-30% by creating engaging and interactive programs that educate and simplify account advantages.</p> <p>For example, we worked with one large government client to create a messaging series that specifically addressed the employee pain points; as a direct result, we helped them realize a 24% increase in their FSA enrollment.</p> <p>We also developed a robust communication program for a manufacturing client, including a rewards program that incited employees for watching an educational video. That client realized a 60% enrollment rate in its first year of offering HSAs as an option.</p> <p>Sonic Automotive, a large automotive retailer, was experiencing low participation – citing employee concerns that ConnectYourCare was able to turn around. A combination of the unique features of HSA On Demand®, plus a strategic communications program to re-educate the organization, enabled Sonic Automotive to achieve a 30% uptick in HSA enrollment. Please feel free to view the entire Sonic client testimonial video at <a href="https://youtu.be/CDg-6gO1GpQ">https://youtu.be/CDg-6gO1GpQ</a>.</p> <p>For the State of Arkansas, we would begin our consultative and custom approach by evaluating your communication goals, current strategies, employee pain points, and results of past approaches. From there, we would build a plan leveraging our exclusive tools, like HSA &amp; FSA Academy and FSAs and HSAs For Dummies®. We would also be able to project the enrollment lift we expect to bring to your organization, keeping in mind that 25-30% is typical under our full program.</p>	<p>5 points</p>
<p><b>C. Describe your company's education and enrollment process in detail. At a minimum include the following in your response:</b></p> <p><b>1. Staff responsible for processing and completing enrollments including their experience and qualifications</b></p> <p>We have extensive experience working with large governmental plans and plans with enrollment patterns similar to the State of Arkansas and have been doing so since 2004. We currently provide administrative services to over 80 large governmental clients and more than 250 public sector clients comprised of over 175,000 participants.</p> <p>Alicia Main, Vice President of Marketing, will oversee the development and execution of any standard and customized communications plans for the State of Arkansas. Please refer to Alicia's full biography for more details about her experience and qualifications in <u>Exhibit F: CYC Biographies</u>, included with this proposal.</p> <p><b>2. Brochures, benefit election and other forms, and/or other information used in the enrollment process. Provide the information in electronic format only such as a CD</b></p>	<p>5 points</p>

or flash drive.

Please refer to:

Exhibit J: FSA Enrollment Form,

Exhibit K: HSA Enrollment Form, and

Exhibit AA: COBRA Open Enrollment Announcement Sample included on the Exhibits flash drive submitted with this proposal.

**3. Education and training materials designed and produced by your company and used in the past to educate your company's clients, Members, Plan Participants, and other applicable designated parties. Provide this information in electronic format only such as on a CD or flash drive.**

We have developed a robust suite of communication materials and tools designed to educate the State of Arkansas and its participants prior to and during open enrollment, as well as throughout the plan year. We provide those communications in electronic format for the State to post on benefits websites, send as email, or print and distribute to participants.

**Save time with CYC Mobile.**

CYC Mobile, our secure mobile app, saves you time by delivering important account information on the go. Download it today!

- ✓ View account balances & payments
- ✓ Request a payment
- ✓ View FAQs or tap to call Customer Service
- ✓ Receive important account alerts
- ✓ Take a photo of your receipt and upload it directly to the system

*"I really like the mobile app. It's convenient and easy to understand my account!"*

— Shannon, HSA Participant

You can also access your account details online at: [ConnectYourCare.com](http://ConnectYourCare.com)

**Enjoy savings that mean something.**

Because HSA contributions are set aside before taxes are taken from your paycheck, the amount of income you pay taxes on is reduced and you **save money.**

A typical HSA participant can save \$490\* a year!

**How it works:**

Assume an employee earns \$35,000 a year and has \$1,500 in eligible expenses.

	With HSA	No HSA
Annual pay	\$35,000	\$35,000
Pre-tax HSA contribution	-\$1,500	-\$0
Taxable income	=\$33,500	=\$35,000
Federal income and Social Security taxes	-\$7,362	-\$7,852
After-tax dollars spent on eligible expenses	-\$0	-\$1,500
Spendable income	=\$26,138	=\$25,048
Potential Tax Savings with an HSA	\$490	\$0

**Your HSA is Yours Forever**

Your HSA never expires. Unused funds roll over and accumulate year to year. And, because your HSA is owned by you, your account stays with you - even if you change health plans or companies.

\*Simple tax savings for a single employee with no dependents; actual savings may vary based on your individual tax situation. Consult a tax professional for more information.

**HSA's are the smart choice...**

...because you don't have money to throw away.

**Dummies Text**

Make the best use of your money with HSAs For Dummies®.

**Health Savings Accounts**

**ARBenefits**

**Save on health expenses today and in the future!**

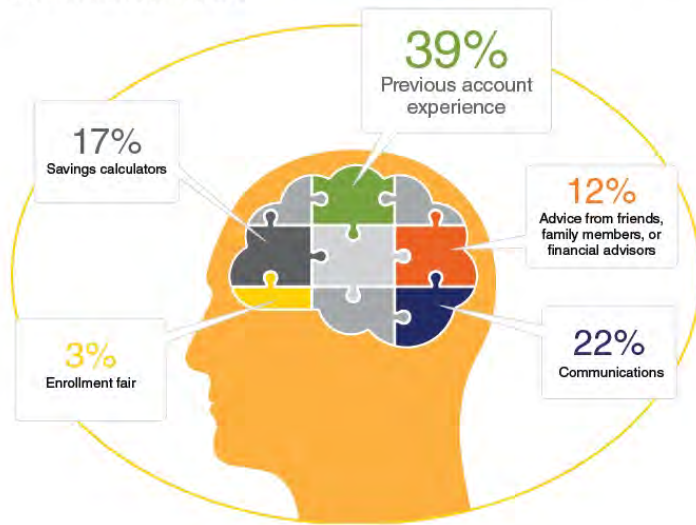
Enroll in an HSA

Learn more about HSA tax savings with a short video. Use the QR code or visit [ConnectYourCare.com/HSA/savings](http://ConnectYourCare.com/HSA/savings)



## Employees learn a lot from experience

When deciding whether to enroll in a tax-advantaged account, employees say the most valuable resources are:



Here are a few examples of meeting styles we provide:

- **Presentation-style meetings.** ConnectYourCare has vast expertise in supporting clients through in-person presentation style meetings. These types of meetings tend to have the greatest impact on employers who have a large population of in-office employees and groups who actively promote and incent the employee base to attend. ConnectYourCare can conduct the meetings, or we can provide Train-the-Trainer meetings in which we will fully prep the benefits team with all the information and resources necessary to educate participants, including talking points and presentation materials. Advantages of in-person meetings include the face-to-face interaction and the ability for employees to ask questions. Disadvantages include the difficulty of encouraging employee attendance, but our model provides resources for employees to access outside of meeting hours.
- **Benefit fair meetings.** ConnectYourCare has had great success setting up interactive displays and knowledgeable representation to educate and inform employees, as well as answering any questions. In addition, ConnectYourCare representatives point employees to numerous resources and tools for self-research, to answer additional questions and conduct assessment tools with online calculators and our “FSA Academy” outside of the open enrollment meeting hours. Advantages of benefit fairs include in-person interaction with ConnectYourCare experts. Disadvantages include the difficulty of encouraging employee attendance, as well as the amount of logistics and resources involved in planning these events. Further, we are logistically not able to touch as many employees as we are in a virtual meeting.

**FSA ACADEMY**

The tools and resources you need to make the most of your account.

Videos

- FSA 101: Flexible Spending Account Overview
- FSA 201: What's an FSA Right for You?
- FSA 301: HSA, FSA, TFS, TFS, TFS, TFS

Think You're an FSA Genius?

Test your knowledge with our quick quiz

EMPLOYEES CDH BENEFITS FOR EMPLOYERS ADVISORS/PARTNERS AYUDA ESPAÑOLA

Our Products Tools Communications News & Events About Us

## Employee FSA Savings Calculator

A Flexible Spending Account (FSA) can help your money go a lot further.

See how much you can save on eligible health and day care expenses.

STEP 1 STEP 2 STEP 3

### Step One: Input Spending on Eligible Expenses

**Estimate My Health Care FSA Expenses**

A Health Care FSA covers medical, dental and vision expenses that you would otherwise pay out of pocket.

Enter Annual Health Care FSA Contribution: \$

[Not sure? Estimate Your Annual Expenses](#)

**Estimate My Dependent Care FSA Expenses**

A Dependent Care FSA covers the cost of most types of caregivers who watch your dependents while you work.

Enter Annual Dependent Care FSA Contribution: \$

[Not sure? Estimate Your Annual Expenses](#)

- Virtual meetings.** ConnectYourCare is experienced as well in supporting virtual meetings of all types; whether via an online virtual open enrollment show platform, prescheduled webinars, or prerecorded on-demand webinars. We have been extremely pleased with these results for our clients with both large in-house and remote office employees. During these sessions, ConnectYourCare conducts a thorough evaluation of the benefits being offered, opens up the floor for questions, and provides employees with the same additional resources and tools for self-research after the sessions that are part of the 360° Connect Communications Program. Advantages of benefit fairs include the ability to touch many more employees than in benefit fair meetings, the ability for employees to access from the comfort of their own desktops, and the ability to promote resources available at home and after hours.

## Health Benefits Webinars

As a thought leader in the industry, we provide CDH answers you need

**Latest Webinar:**

**Legislative Landscape Series: The Legislative Year in Review and What to Look For in 2018**

December 7, 2017 | 1 p.m. EST

Join Roy Ramthun, President and Founder of HSA Consulting Services, and Harrison Stone, ConnectYourCare's General Counsel, as they dive into the proposed policy changes of the past year and what's ahead for 2018.

- Get the latest updates on President Trump's Executive Health Care Order, breaking legislative health care proposals, the Cadillac Tax, and how tax reform may impact the future of health care accounts
- Review efforts to expand the reach of Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs), and learn whether Flexible Spending Accounts (FSAs) could see any major changes
- Understand how to get ahead of legislative decisions that may have a significant impact on future plan designs and important employer-to-employee communications

Don't miss this timely webinar—Register now and learn how to navigate the 2018 legislative landscape.

[Register Now](#)

The success of these programs largely depends upon the strategy, pre-planning, and promotion of the enrollment program, and ConnectYourCare is committed to partnering with the State of Arkansas to ensure all objectives and goals are properly achieved.



**E. Describe the Member self-service capabilities offered by your company including any internet based / online methods of enrollment.**

5 points

FSA and HSA

Our online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management. The Participant Portal allows account holders to:

View real-time account balances and transactions

- View real-time claims status
- Submit requests for reimbursement, including the ability to submit up to five claims at once
- Upload required documentation for eligible expenses
- Send payments directly to providers using Online Bill Pay
- Enter claims and supporting documents to HSA Save-It! for future payment or reimbursement
- Sign up for mobile alerts and text messaging
- Set up or change personal bank account information for direct deposit
- Read employer or participant specific messages
- Access a robust suite of health education and wellness tools from WebMD
- View educational videos, tax savings calculators, lists of eligible expenses, FAQ documents and other useful information and tools in the Help Center
- Request additional health care payment cards or report a card as lost or stolen
- View and manage HSA investments
- Single sign-on capability to access supplemental account information

Our website portal and mobile application were designed by professional gaming developers with a unique skillset towards user behavior and optimal experience. It was then beta-tested by several Fortune 10 companies (including Amazon, Citibank and Microsoft, where we were able to leverage their usability labs). We use an action-based navigational system, with the most popular and important actions taken by participants on the main page of the site – this also includes all of the account overview information at-a-glance, so participants can view critical account information without a single click. With an intuitive design, participants can quickly navigate to primary account screens with just one click, process claims in a snap, and monitor transactions with a click of a button. Additionally, our site has built in alerts allowing participants to quickly access account notifications as soon as they log in to the Participant Portal.

In addition to the Participant Portal, participants can use CYC Mobile – our full-featured mobile application for iPhone, Android and iPad mobile devices – to take pictures of receipts and other supporting documents and submit them. We also offer two-way text messaging to instantly access important account information on the go and will soon be featuring Optical Character Recognition (OCR) capabilities in an upcoming release. OCR is essentially the electronic conversion of images of typed, handwritten or printed text into electronic text, whether from a scanned document or photo of a document. This technology digitizes text into a universal format, and it enables our app to scan documentation for key claims information; the participant can then confirm or edit the information, making documentation on the go even easier. This feature will be implemented on or before January 1, 2019.

Please view our Participant Portal video demo (at <http://connectyourcare.com/video-library/portal-demo/>) to see the portal in action.

COBRA

COBRA participants have access to their own participant portal via the web, where they can view and interact with the following information:

- Benefit History:
  - Continued Benefits
  - Amounts and Due dates
  - Summary of Payments
  - Summary of Events
- Elections
  - Enter new transactions
  - Add/edit dependents
  - Status of transactions
  - Summary of transactions
- Personal Information
  - Self & Family Members
  - Change demographics
- Payment
  - Balance
  - ACH Set up
  - Future payments

Note that all enrollment information, including enrollment changes, comes directly to ConnectYourCare from employers or from HRIS vendors, whether by file feed or manually online.

**E.8 CLAIMS ADMINISTRATION**

**A. Provide a detailed description of your company’s claims submission process and claims adjudication software systems. Include information regarding automated and manual checks for non-eligible expenses.**

Auto-Substantiation

Unlike most health care account vendors, we developed our own proprietary claims platform for processing all health care account transactions. The platform is owned and operated by us and provides immeasurable versatility and control for clients and participants.

Our system was designed to administer the complexity of health care accounts like FSAs and HSAs. We auto-substantiate claims using the following Treasury Department and Internal Revenue Service (IRS) approved methods:

- Payment card purchases at supermarkets, grocery stores, department stores, wholesale clubs and other merchants that can identify eligible items at checkout through the use of Inventory Information Approval Systems (IIAS)
- Recurring claims where the participant submits documentation the first time and subsequent claims are automatically substantiated based on logic in the system.
- Match of pharmacy benefit manager (PBM) transactions
- Claims feeds (medical, pharmacy, dental and vision) from health plans and third party administrators
- Copays and multiples of copays

For employer groups that opt in to claims feeds, ConnectYourCare offers ClaimsAlly™, our

5 points

automated and proprietary technology for notional accounts that boosts auto-substantiation even after the point of service sale – up to an 85% improvement in previously adjudicated claims. We use smart technology to prioritize and pool eligible claims and match them to unsubstantiated claims. This process makes the claims process easier and more satisfying for participants, reduces documentation requests, and reduces the employer burden.

Note that pursuant to Treasury Department regulations, substantiation is not required for health savings account claims.

#### Paying Claims Online

Our website portal and mobile application were designed by professional gaming developers with a unique skillset towards user behavior and optimal experience. It was then tested by several Fortune 10 companies and harnesses the latest technology. We use an action-based navigational system, with the most popular and important actions taken by participants on the main page of the site – this also includes all of the account overview information at-a-glance, so participants can view critical account information without a single click. With an intuitive design, participants can quickly navigate to primary account screens with just one click, process claims in a snap, and monitor transactions with a click of a button. Additionally, our site has built in alerts allowing participants to quickly access account notifications as soon as they log in to the Participant Portal.

To submit a claim online, participants simply log in to the Participant Portal and enter the claim center. Once in the claim center, participants record all pertinent claim information and then upload the requisite claim documentation. The documentation and claim is immediately visible to participants, customer care representatives and claims processors.

In addition to solely submitting claims online, participants can hold claims for future reimbursement within the un-submitted claims section on the Participant Portal. Participants can quickly and easily set up recurring claims that are automatically created according to the participant's timing preference.

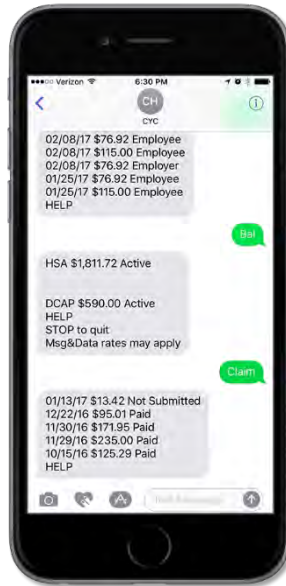
#### Mobile Application

In addition to the Participant Portal, participants can use CYC Mobile – our full-featured mobile application for iPhone, Android and iPod mobile devices – to take pictures of receipts and other supporting documents and submit them. We also offer two-way text messaging to instantly access important account information on the go and will soon be featuring optical character recognition (OCR) capabilities in an upcoming release. OCR is essentially the electronic conversion of images of typed, handwritten or printed text into electronic text, whether from a scanned document or photo of a document. This technology digitizes text into a universal format, and it enables our app to scan documentation for key claims information; the participant can then confirm or edit the information, making documentation on the go even easier. This feature will be implemented on or before January 1, 2019. Participants can take a photo of a receipt with their iOS, Android and iPod mobile device and upload it directly to our system.

Additional mobile features include the ability for participants to send a text message to receive account balance updates and options to choose notifications by text after their payment card is swiped or a claim has been approved for reimbursement.



*myCYC mobile Claims Status*



*Automated text claims status*

### Paying Claims Manually

To submit a manual claim, participants may log in to the Participant Portal, enter their claim information and print a claim-specific, HIPAA-compliant, barcoded submission form. The participant then mails, scans or faxes the submission form and all supplemental documentation to us. If the participant does not have access to the internet, they can call the customer service center to request a claim form to be mailed to them or they can request a form from their employer.

### Dependent Care Claims

For their convenience, participants have two methods available to pay for dependent care (DCFSA) expenses. With our new **Dependent Care On Demand feature**, participants may use their ConnectYourCare payment card for eligible expense. Dependent care FSA funds are accelerated to be available up front, and the account is later repaid through future contributions. Or, participants may also pay out of pocket and use our online Participant Portal, or myCYC mobile app, to quickly and easily file a claim for reimbursement.

### Ineligible Expenses

The Treasury Department substantiation requirements stipulate all health care retailers have an Inventory Information Approval System (IIAS) in place. With this system, participants will only have access to account funds if used for qualified expenses. If a merchant does not have this system in place, the card is denied at the point of service and the participant is required to pay for the expense out of pocket and subsequently submit a request for reimbursement. If the card has been used for an ineligible purchase, the participant is required to reimburse the plan for the ineligible amount.

If a participant submits a claim for an ineligible expense, they will need to repay the account. This can be done by using the funds toward a future manual reimbursement or by submitting substitute documentation for an eligible expense to override the ineligible expense.

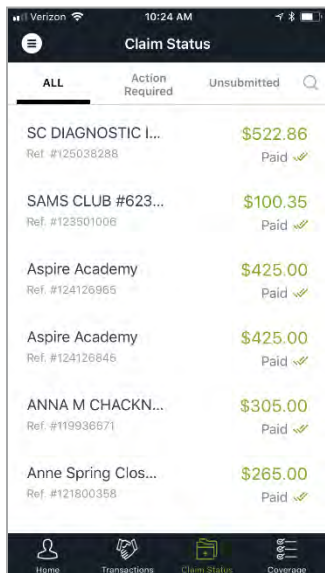
<p><b>B. Provide a flowchart to demonstrate the processing of each type of account based claim (HSA, GPFSA, LPFSA, DCAP, COBRA). Indicate each manual or computer system interface from the time a claim is received until it is paid, rejected, or denied. Describe each step on the flowchart including the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Any sorting or batching conventions</b></li> <li><b>2. Method of establishing inventory</b></li> <li><b>3. Assignment of claim numbers</b></li> <li><b>4. Initial inspection for completeness</b></li> </ol> <p>Please refer to <u>Exhibit DD: CYC Claims Processing Flow</u> included on the Exhibits flash drive submitted with this proposal.</p>	5 points
<p><b>C. Provide the location of the facility where claims are processed and paid. Describe your company's system for monitoring claims administration performance.</b></p> <p>We work with partners to perform claims adjudication and mailroom services 24 hours per day. This dual approach results in some of the fastest claims turnaround times in the industry. Our claims managers are located in Hunt Valley, MD, at our headquarters. Claims processing offices are located in Orlando, FL and Westland, MI.</p> <p>Quality is unequivocally treated as the single most important factor over quantity. Regular emphasis is made to adjudication teams to focus on maintaining quality standards exceeding service level agreement levels. We conduct random samplings of claims, including claims initiated through the payment card. We monitor account balances daily to ensure synchronization between the card processor system and our system. We also routinely synchronize non-monetary card settings to match our system. And, in order to instill a performance driven-culture in all levels our organization, we also offer incentives for claim adjudicators.</p> <p>Claim queues and reports are monitored to ensure processing occurs in a timely fashion and we have established service level agreements surrounding claims processing times. We've garnered a strong track record of client satisfaction for processing claims. In fact, our most recent survey results indicate that 90.7% of our clients are satisfied with our claims process.</p> <p>In addition to reviewing for accuracy and quality control, we can review the activity or history associated with a particular claim.</p>	5 points
<p><b>D. Provide a detailed description of the ways Members can electronically store receipts and supporting documentation on-line to support distributions from their HSA. At a minimum, include the following information:</b></p> <ol style="list-style-type: none"> <li><b>1. The length of time images are stored in your company's system</b></li> <li><b>2. A description of how and when images are archived</b></li> <li><b>3. A description of how Members would access the archived documentation</b></li> </ol> <p>We offer participants the convenience of capitalizing on HSA Save-It! housed on the Participant Portal, for no additional fee. Participants can use this feature to save and store receipts and EOBs. These documents are retained on the platform indefinitely and can be easily accessed online at any time for audit purposes or to validate previously submitted claims. HSA Save-It! is a fantastic record keeping tool to help track eligible expenses a participant paid using personal funds and allows them to easily reimburse themselves from their HSA. Participants can also store receipts and record related withdrawals as they are made. Our platform records all account activity in real time, and because we use a single database, data is updated across all access points (for participants, employers and our customer care representatives) at the same time.</p> <p>All claim details are electronically scanned and stored in the participant portal in real time, and archived indefinitely. Health plan claims include details such as the date of service, provider information, amount and reimbursement details.</p>	5 points

<p><b>E. Detail the percentage of claims related Member complaints received by your company during 2016. At a minimum include the following information:</b></p> <p><b>1. Average length of time between receipt of complaint and response</b></p> <p>Claim-based tickets that are generated from call center claims consistently exceed our standard – while we guarantee a five-business-day turnaround time to fully resolve issues, we typically turn requests around within 24-48 hours, and most claims-based escalations are resolved within an hour or two of being submitted.</p> <p><b>2. Top three (3) types of complaints</b></p> <p>Most requests are for data transfers, minor system-based issues, and questions regarding standard document requirements.</p> <p><b>3. Steps taken for resolution</b></p> <p>ConnectYourCare tracks all tickets together at the claims data level; our claims adjudicators process with a consistently high 99% rate of accuracy. We perform an ongoing audit of claims for accuracy and quality assurance, including claims initiated with the payment card; any claims outside our specific quality criteria are reviewed with the claims team to develop process improvements. Moreover, claims adjudicated by recently hired processors are targeted to ensure accuracy and to guarantee all quality standards are met. Audits are performed post-disbursement. In the event an audit uncovers claims processing inaccuracies, claims are reprocessed to achieve 100% accuracy.</p> <p>Ongoing coaching is provided to claims adjudicators. We audit a random sampling of claims in order to assess accuracy every day; errors are compiled into a Pareto analysis report to determine any root causes. We then run subsequent reports to detect error trends and determine whether additional training is needed. The claims manager conducts refresher trainings surrounding any findings.</p> <p>If an adjudicator fails to meet accuracy standards, we set the audit percentage higher and closely monitor individual performance. We evaluate examiners on a grading scale of one to five with a rating below three enacting a performance improvement plan and invoking a 100% audit of all claims managed by that adjudicator. If the examiners fail to improve their performance grade, their employment is terminated. We treat quality as the single most important factor over quantity. We place regular emphasis on adjudication teams to focus on maintaining quality standards exceeding service level agreement levels.</p>	<p>5 points</p>
<p><b>F. Provide a detailed description of how Members may view claim detail information and an accurate, real-time account balance using the following methods:</b></p> <p><b>1. Member website/online</b></p> <p><u>FSA and HSA</u></p> <p>The online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management. The Participant Portal allows account holders to:</p> <ul style="list-style-type: none"> <li>• View real-time account balances and transactions</li> <li>• View real-time claims status</li> <li>• Submit requests for reimbursement, including the ability to submit up to five claims at once</li> <li>• Upload required documentation for eligible expenses</li> <li>• Send payments directly to providers using Online Bill Pay</li> <li>• Enter claims and supporting documents to HSA Save-It! for future payment or</li> </ul>	<p>5 points</p>

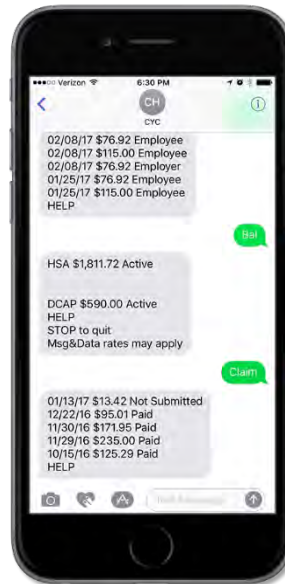
## reimbursement

- Sign up for mobile alerts and text messaging
- Set up or change personal bank account information for direct deposit
- Read employer or participant specific messages
- Access a robust suite of health education and wellness tools from WebMD
- View educational videos, tax savings calculators, lists of eligible expenses, FAQ documents and other useful information and tools in the Help Center
- Request additional health care payment cards or report a card as lost or stolen
- View and manage HSA investments
- Single sign-on capability to access supplemental account information

In addition to the Participant Portal, participants can use CYC Mobile – our full-featured mobile application for iPhone, Android and iPod mobile devices – to take pictures of receipts and other supporting documents and submit them. We also offer two-way text messaging to instantly access important account information on the go.



*myCYC mobile Claims Status*



*Automated text claims status*

Please view our Participant Portal video demo (at <http://connectyourcare.com/video-library/portal-demo/>) to see the portal in action.

## COBRA

COBRA participants have access to their own participant portal via the web, where they can view and interact with the following information:

- Benefit History:
  - Continued Benefits
  - Amounts and Due dates
  - Summary of Payments
  - Summary of Events
- Elections
  - Enter new transactions

<ul style="list-style-type: none"> <li>○ Add/edit dependents</li> <li>○ Status of transactions</li> <li>○ Summary of transactions</li> <li>● Personal Information <ul style="list-style-type: none"> <li>○ Self &amp; Family Members</li> <li>○ Change demographics</li> </ul> </li> <li>● Payment <ul style="list-style-type: none"> <li>○ Balance</li> <li>○ ACH Set up</li> <li>○ Future payment</li> </ul> </li> </ul> <p><b>2. Automated phone system/IVR</b></p> <p>For FSA and HSA, our interactive voice response (IVR) system is available 24 hours per day, 365 days per year and contains helpful information, including participant account balance. Via the IVR system, participants can report their payment card as lost or stolen, receive password resets and username information. We maintain the IVR system in real-time and there is no limit on the number of transactions that can be processed.</p> <p>Due to the complexity of COBRA, information is not available for this account type through an IVR system. Participants will speak to a live customer care representative during service hours or they can access the Participant Portal or mobile app for real-time updates.</p> <p><b>3. Customer Service</b></p> <p><u>FSA and HSA</u></p> <p>We provide live, U.S.-based customer service, 24 hours per day, 365 days per year (at no additional charge). We staff our call center with ConnectYourCare employees – including call center supervisors, team leads, and customer care representatives.</p> <p>Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. They are trained to answer a wide variety of questions including those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional payment cards and resetting passwords. We encourage our clients to be closely involved with customer care representative training. The State of Arkansas is invited to spend time at the call center to provide orientation and cultural training during implementation.</p> <p><u>COBRA</u></p> <p>Our COBRA customer service center fields inquiries from participants regarding any COBRA-related notice he/she receives. They assist callers with questions about annual enrollment and/or qualifying event elections. Calls may include questions about plan rates, payments, due dates, and/or COBRA duration and regulations. Our COBRA customer service center is open from 7 am – 7 pm, Central Time.</p>	
<p><b>G. Provide the percentage of claims suspended for any reason in 2016. Provide the top three (3) reasons for suspension.</b></p> <p>Card suspensions typically average around 2%. This number is expected to decrease as participants become more comfortable with the multiple methods to supply documentation. Additionally, once a participant registers for mobile alerts, we send a text message reminding them to keep their receipts every time the health care payment card is swiped. In order to diminish the likelihood of a health care payment card being suspended, we also send frequent emails, post communications in the Participant Portal and send paper communications reminding participants that a receipt is needed.</p>	<p>5 points</p>



<p>The top three reasons for card suspension are:</p> <ol style="list-style-type: none"> <li>1. Insufficient data/Evidence of benefits (Required for dental claims with estimated/implied insurance)</li> <li>2. Missing claim detail (Description of service)</li> <li>3. Missing claim detail (Multiple, itemized statement needed)</li> </ol>	
<p><b>H. Provide a detailed description of the different ways a Member can submit a claim. At a minimum, include information regarding the following methods:</b></p> <ol style="list-style-type: none"> <li><b>1. Mobile Application (i.e. iPhone, iPad, or Android applications)</b>  Participants can enter claim information on their iPhone, iPad or Android mobile device using our full-featured smartphone application, CYC Mobile.   We also offer two-way text messaging to instantly access important account information on the go and will soon be featuring optical character recognition (OCR) capabilities in an upcoming release. OCR is essentially the electronic conversion of images of typed, handwritten or printed text into electronic text, whether from a scanned document or photo of a document. This technology digitizes text into a universal format, and it enables our app to scan and directly upload documentation for key claims information; the participant can then confirm or edit the information, making documentation on the go even easier. Participants can also complete forms using images taken by the phone's camera. This feature will be implemented on or before January 1, 2019.</li> <li><b>2. Website</b>  Our online Participant Portal provides comprehensive, real-time account information for participants, enabling them to take control of all aspects of their health care accounts easily and efficiently. Whether checking an account balance, submitting documents for substantiation or learning more about how to maximize the benefits of their account, the Participant Portal simplifies all aspects of account management.   To submit a claim online, participants simply log in to the Participant Portal and enter the claim center. Once in the claim center, participants record all pertinent claim information and then upload the requisite claim documentation. The documentation and claim are immediately visible to participants, customer care representatives and claims processors.</li> <li><b>3. Fax and/or paper</b>  Participants can use a paper claim form and scan, fax, or send it to ConnectYourCare by U.S. mail. We provide a claim-specific, HIPAA-compliant, barcoded submission form for participants to submit with any supplemental documentation.</li> </ol>	5 points
<p><b>I. Provide a detailed description of the methods used to process pending claims, including the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Follow-up with Members in order to obtain information applicable to claims</b>  For transactions that cannot be substantiated, we post a pending claim notice in the claims section of the Participant Portal. In addition, three notifications are sent to participants when documentation is required. We send the first communication 90 days after the card swipe to allow eligible claims to match and auto-substantiate. The second communication is sent 90 days after that, and the third communication occurs 90 days after the second. Fifteen days after the third contact, the payment card will be suspended (total of 285 days after the swipe). Email communications are the default method for this communication.   Participants who opt in to free text alerts in the portal will also receive a text message immediately following a card swipe to alert them that documentation may be needed.</li> <li><b>2. Screening of claims to avoid payment duplication</b>  We prevent duplication of claims by comparing elements, such as date of service and claim amount, within the system. If we find a duplicate claim was submitted by the participant, the system alerts the claim adjudicator and provides a visual of the potential duplicate,</li> </ol>	5 points

provoking immediate action.

We also have duplicate logic for claims received on a file. Our system looks at the transaction or claim ID number, subscriber SSN, date of service, patient name and transaction amount. If the system identifies a duplicate claim on the file transfer, the claim will not be posted to the participant's account.

**3. Procedures to assure consistency of claims payment in accordance with the Plan**

We currently interface with numerous health plans, financial institutions, third-party administrators, payroll and human resources information systems (HRIS), enrollment platforms and a wide variety of content providers. We utilize "real time" web services and "right time" batch processes to ensure timely and accurate access to participant information. We have developed extensive integration tools with many partners who have less flexibility in programming their data exchange formats to ensure smooth interface of claims, enrollment and employer specific data.

With claims received by file from the insurance company or carrier, we configure the system to determine how to use the claims feed for that specific group. Often, the information will be used to substantiation of payment card transactions. For claims received by file that are to be used for payment, there are three decisions that the State of Arkansas needs to make during set up:

1. Expenses eligible for reimbursement – We can set up the system to reimburse the deductible, coinsurance, copayments or total participant liability.
2. Payment recipient – Payment can be sent to either the participant, the provider or the participant may dictate who should receive payment.
3. Triggering payment - All claims are automatically substantiated when loaded. There are two main triggering options available for these claims.
  - i. Autopay: Claims are automatically approved and queued for reimbursement to the participant or provider, as the account balance permits.
  - ii. Click-to-Pay: Claims are posted in the Participant Portal for the participant to take action on individually. Reimbursements are either issued to the provider or participant. The participant can designate the payee on a claim by claim basis.
4. We will also provide ongoing reporting to determine any discrepancies in census, enrollment and contribution data. We will compare our data file against the State of Arkansas' data file and provide details of any differences. The State of Arkansas will then review any discrepancies and advises their designated client services manager of corrections, which will then be updated.

**J. Based on your company's experience, describe the best method to facilitate the collection of funds from a large employer in order for your company to pay claims. Describe your company's process for issuing claims payments to Members and the turnaround time for claims to be processed and paid.**

We set up a required minimum funding (RMF) account with each employer to cover claim payments, typically equal to four percent of the annual elections of participants prior to the start of the plan year. Clients receive employer weekly funding requests (EWFR) electronically, communicating the weekly funding required to fund the account and maintain the four percent funding level; funds are pulled by ACH to replenish the account.

We can also set up a banking arrangement with a reduced required minimum funding, if the State of Arkansas prefers to fund on a daily basis.

Payments are processed daily regardless of check or automatic deposit methods. Claims adjudicated by midnight are reimbursed the next business day. Automated clearing house (ACH) reimbursements are typically posted within two business days and reimbursement checks are generally received within seven to 10 business days.

We can process checks at any frequency chosen, including daily, weekly, biweekly, monthly, etc.

5 points

<p><b>K. Describe how your company manages deductions for Members who are utilizing the Family and Medical Leave Act (FMLA) and/or Leave Without Pay (LWOP).</b></p> <p>We can administer payments for non-payroll populations, such as people on long-term leave of absence, with no cost difference. ConnectYourCare will identify the event type and time period, and employers send enrollment change data as usual, reflecting any type of changes.</p> <p>If an employee continues to make or earn contributions during his or her leave of absence, the State of Arkansas will simply continue to report those contributions to us as for any other active employee. If an employee stops contributions during a leave and makes catch-up contributions upon an employee's return, the State of Arkansas can report the higher, catch-up amounts as those are made. Coverage is not automatically stopped during a leave of absence. Employers will need to send an enrollment change reflecting any change or cancellation of coverage.</p>	5 points
<p><b>L. Describe your company's capabilities of processing a large number of claims and the turnaround time typically experienced. Include a description of any time-saving technological approaches used by your company and the number of claims processed by your company in 2016.</b></p> <p>Unlike most health care account vendors, we developed our own proprietary claims platform for processing all health care account transactions. The platform is owned and operated by us and provides immeasurable versatility and control for clients and participants. The platform is regularly updated and enhanced following monthly information technology releases, making sure we are perpetually improving programs and maintaining our position at the forefront of health care account technology. This degree of innovation and nimbleness would not be possible if we used a third-party software program.</p> <p>We auto-substantiate claims using the Treasury Department and Internal Revenue Service (IRS) approved methods. We recommend using the health care payment card whenever possible, as it is the most convenient way for participants to access account funds. Yielding high auto substantiation rates, the health care payment card delivers a positive participant experience.</p> <p>Only 3.38% of our payment card transactions required additional substantiation, and claims submitted on a health plan file feed (and not with the payment card) are auto-adjudicated at a rate of 100%. Any manual claims submitted require sufficient documentation, pursuant to Treasury Department and Internal Revenue Service regulations.</p> <p>ConnectYourCare guarantees that 95% of claims will be processed within three business days and 98% of claims will be processed within five business days. In 2016, we processed 15,416,082 claims, with over 99% processed within five business days. In 2017, we processed 20,293,071 claims, with greater than 98% processed within five business days.</p>	5 points
<p><b>M. Describe how your company administers a claims grace period.</b></p> <p>We can administer the FSA grace period allowing participants additional time to exhaust funds from the prior plan year. For each participant, we keep the prior year's FSA balance in a separate account, to remain active through the grace period. Payment card transactions or claim requests incurred with dates of service during the grace period are paid with the prior year's funds.</p>	5 points
<p><b>N. Describe your company's preferred approach of requesting supporting documentation from a Member. Include suggestions for final collection from employee payroll with the understanding that EBD considers payroll adjustment/deduction the collection method of last resort.</b></p> <p>ConnectYourCare has built our proprietary platform with the goal of making things as easy as possible for participants – to that end, we do not encourage any particular “preferred” approach but empower the participant to choose the method that works best for them.</p> <p>Claim documentation is required in circumstances where transactions are not automatically substantiated. The main reasons for requesting additional documentation include: lack of itemized statements, the type of service is not listed or the date of service is not provided.</p> <p>If a participant submits a claim for an ineligible expense, they will need to repay the account. This can be done by using the funds toward a future manual reimbursement or by submitting substitute</p>	5 points

<p>documentation for an eligible expense to override the ineligible expense.</p> <p>To simplify their experience, participants can easily submit documentation with our CYC Mobile application or online upload on the Participant Portal. Alternatively, participants may send in documentation with a cover sheet by fax or U.S. mail. We provide a claim-specific, HIPAA-compliant, barcoded submission form for participants to submit with any supplemental documentation.</p> <p>In addition, with ClaimsAlly™, we now offer an enhancement for end-of-year claims. Members will begin the plan year with a clean slate regarding documentation owed and suspended cards. They will begin the new plan year with an active card. Cards that were suspended in the prior year will become active at the earliest opportunity in the next plan year:</p> <ul style="list-style-type: none"> <li>• After the participant takes care of the unsubstantiated claim, or</li> <li>• After the prior year account balance reaches \$0, or</li> <li>• After the grace period ends</li> </ul> <p>We continue to follow up for substantiation, but we do not suspend cards for swipes from a prior plan year. In addition, the member received communications that indicate that his/her card has been reactivated and is advised that swipes from the prior year requires documentation/repayment or else may be reported on a W-2 as income.</p> <p>Please refer to <a href="#">Exhibit EE: CYC ClaimsAlly Overview</a> included on the Exhibits flash drive submitted with this proposal for further details about this proprietary technology.</p>	
<b>E.9 KEY PERSONELL AND STAFFING</b>	
<p><b>A. Provide the credentials including a resume of the dedicated account manager your company will assign to the EBD account. Detail the authorizations, job description, and responsibilities the dedicated account manager will have while managing the EBD account.</b></p> <p><b>If the dedicated account manager is not currently known, detail the credentials your company will require of a dedicated account manager and the authorizations, job description, and responsibilities your company will assign to a dedicated account manager for the EBD account if your company is awarded a contract.</b></p> <p><b>Client Service Manager</b></p> <p>Your client service manager, Corinne Richardson, will be your dedicated primary contact for day-to-day account activity, issue resolution, general inquiries and operational support. Corinne will manage the State’s plans to ensure satisfaction, and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.</p> <p>Corinne has over ten years’ experience in the health reimbursement and savings account field and has been working with ConnectYourCare since 2013. Prior to her current role, she was a Service Delivery Manager for the Account Administrator team, and before that was part of the client resource organization team at ConnectYourCare, where she led and managed our emerging client market. We are confident in Corinne’s extensive working knowledge of many areas of the ConnectYourCare system – from both a participant and an employer level – and that she will manage the State of Arkansas’ account and communications to ensure the State’s satisfaction. Please refer to Corinne’s biography included in <a href="#">Exhibit F: CYC Biographies</a>.</p>	5 points
<p><b>B. Describe the types and levels of other support staff, such as in the areas of eligibility/Membership, cash disbursement, etc. Provide the location of the support staff by function to be assigned to the EBD account.</b></p> <p><b>Implementation</b></p> <p>Matt Malkowski, who works out of Gainesville, TX, will serve as the State of Arkansas’ implementation manager. Matt brings more than nine years of experience in project management. In addition, Matt has managed several successful, high-profile implementations (including public sector clients) for CYC.</p> <p>Matt is responsible for facilitating the employer implementation process by coordinating employer</p>	5 points

groups and internal operations to support new business setup and design. He will ensure a smooth transition to ConnectYourCare by understanding and minimizing any possible operational impact, working towards ongoing communication and quick problem resolution to ensure a smooth process.

Please refer to Matt's biography in [Exhibit F: CYC Biographies](#), for more details about Matt's extensive project management experience and professional credentials, including his time as an Army officer.

### **Implementation Analyst**

Cassie Heibin, who works from our corporate headquarters in Maryland, is one implementation analyst that will support the State of Arkansas, working diligently to analyze and understand the State of Arkansas' specific needs. Cassie and other analysts will make sure all requirements and business processes are fully understood and documented, and provide project management throughout the project timeline, ensuring all parallel paths are ready and on time. Specific paths include communications, interfaces, cards, configuration, operations and services. Please see Cassie's biography included in [Exhibit F: CYC Biographies](#). Note that the full implementation team working with Matt and Cassie will be assigned to the State of Arkansas closer to the implementation date.

Implementation continues well after the launch until handoff to the client service manager (Corinne Richardson) is complete and the State of Arkansas is satisfied. We close each implementation out with a satisfaction survey and review lessons learned during a full team debrief.

### **Communications**

As Vice President of Marketing at ConnectYourCare, Alicia Main is responsible for Solutions Marketing and Communications, including competitively positioning products and services, and developing the strategy, sales enablement, content, and communications plans used by all functions to enable the business. Alicia works from our Hunt Valley, MD headquarters and will oversee the development and execution of any standard and customized communications plans for the State of Arkansas.

Since joining ConnectYourCare in 2005, Alicia created and continues to head 360° Connect, a marketing service that drives participant satisfaction, engagement and account growth, ultimately delivering quantifiable increased client and participant tax savings. Since increasing participation is an important goal for the State, Alicia will leverage her experience with other private and public-sector organizations to create a customized plan for the State of Arkansas specifically targeted towards increasing participation. Please refer to Alicia's biography, included in [Exhibit F: CYC Biographies](#).

### **Account Executive**

The State of Arkansas has also been assigned an account executive (AE), Kate Godwin, who resides in Atlanta, GA. Kate has over 23 years of experience in the financial services industry with a focus on deposit products. Prior to Kate's role at ConnectYourCare, she held the position of Vice President of Healthcare Initiatives at a top-10 national HSA custodian bank. Kate was responsible for client management, identifying and improving client support channels, creating communication materials, and marketing the HSA product.

Kate will act as the State of Arkansas' planning partner to help increase the adoption rate of your plan and will optimize the value of the ConnectYourCare partnership by providing suggestions on how to enhance your plan design, sharing best practices and market and regulatory trends, relaying new product enhancements, and recommending ways to engage employees. Kate is also the current Account Executive for the State of Alabama. Kate will be able to leverage the many similarities between the States as well share best practices to meet Arkansas' goals.

Additionally, Kate will conduct strategic business reviews to review the status of current objectives, as well as short-term and long-term objectives for the plan and PEBA's participants. During these meetings, Kate will present Arkansas-specific program recommendations, prepared through careful planning and analysis, review key data from the prior plan year, identify key opportunities specific to the State of Arkansas and recommend programs to meet PEBA's goals.

Please see Kate's biography included in [Exhibit F: CYC Biographies](#).

### **Sales**

<p>The State of Arkansas' primary contact during the proposal process is John Dean, Senior Vice President of Sales for ConnectYourCare. John heads sales in the Southern region of the United States and has over 20 years of experience in the benefits arena. His expertise includes reimbursement accounts, 401k plans and equity administration.</p> <p>John also has extensive experience with state, city and county plans, as well as multiple Fortune 500 companies that have selected the ConnectYourCare platform. John will share this experience and provide additional support to the state throughout the partnership.</p> <p>Please see John's biography included in <u>Exhibit F: CYC Biographies</u>.</p> <p><b>Call Center – St. Petersburg, FL</b></p> <p>ConnectYourCare provides live, 24/7/365 U.S.-based customer service for FSA, HSA and COBRA. We staff our call center with ConnectYourCare employees – including call center supervisors, team leads, and customer care representatives. Additionally, we are finalizing plans to open a second U.S.- based call center in the western time zone during 2018.</p> <p>Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. They are trained to answer a wide variety of questions including those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional payment cards and resetting passwords.</p> <p><b>Claims Processing – Hunt Valley, MD, Westland, MI and Orlando, FL</b></p> <p>Our claims process is managed from our corporate location in Hunt Valley, MD, and claims adjudication is performed 24 hours per day. We partner with Melken Solutions, which provides secure scanning or claim-related mail for electronic processing from Orlando, FL, and MITEC Solutions, which provides claim processing and adjudication services in Westland, MI. This approach results in some of the fastest claims turnaround times in the industry.</p> <p>We are completely responsible and liable for the performance of any subcontracted third party and our agreement with subcontractors is governed by our physical and information security guidelines. Personal health care information accessed by subcontractors is done so in accordance with strict security requirements and all applicable laws, including HIPAA and HITECH.</p>	
<p><b>C. Detail the staff your company has available to administer and manage the EBD account. Detail the years of experience your company's senior staff has in administering and managing projects similar to this RFP.</b></p> <p>Our client service team is comprised of tenured and qualified benefits professionals who have many years of client service oversight in the consumer-directed health care space. In addition, team members have well rounded backgrounds in benefits, human resources, payroll, tax, consulting, finance and other applicable services.</p> <p>Our overall client service approach is centered around a philosophy of making a profound impact on customer and organizational performance. We offer a tiered client service approach, structured to address your needs as an employer as well as any participant concerns in order to enhance satisfaction in the short and long-term.</p> <p>Your team will consist of a primary contact, the client service manager (Corinne Richardson), for day-to-day account activity and operational support, as well as other backup support team members. Please refer to <u>Exhibit FF: CYC Client Service Team Structure</u> included as an exhibit to this proposal, for an overview of the teams committed to delivering a superior plan and service experience to the State of Arkansas. In addition, <u>Exhibit F: CYC Biographies</u> provides a more detailed look at the experience and commitment that key individual team members will bring to the successful administration of the State's plans.</p> <p>We will ensure that the State of Arkansas has a smooth transition to ConnectYourCare and will work to effectively understand and address your needs. Because providing exceptional customer service is our highest priority, your entire client service team will work together to ensure satisfaction and provide ongoing innovation and resolutions.</p>	<p>5 points</p>

<p><b>D. Describe the staff member(s) responsible for operations, claims, accounting, and privacy/security information. Include the following for the staff member(s) responsible for each department.</b></p> <ol style="list-style-type: none"> <li>1. <b>Name</b></li> <li>2. <b>Title</b></li> <li>3. <b>Experience and credentials</b></li> </ol> <p><b><u>Operations</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Tim Sand</li> <li>2. <b>Title:</b> Chief Operating Officer</li> <li>3. <b>Experience and credentials:</b> Tim oversees the operations of the company, including customer care center, claims processing, card operations, COBRA operations, client services and account management. An industry veteran with 25 years' experience, Tim brings extensive experience in technology, implementations, call center administration, operations management and sales and technology partnerships to support sales growth and product strategy.</li> </ol> <p><b><u>Claims</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Pete Caporale</li> <li>2. <b>Title:</b> Vice President of Operations</li> <li>3. <b>Experience and credentials:</b> As Vice President of Business Transformation, Pete Caporale leads the implementation, claims, COBRA, and debit card operations teams at ConnectYourCare. Pete brings more nearly 20 years of health administration experience in implementations, operations, technology, and customer service functions.</li> </ol> <p><b><u>Accounting (Finance Division)</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Michelle Stevens</li> <li>2. <b>Title:</b> Vice President of Finance</li> <li>3. <b>Experience and credentials:</b> Michelle Stevens has over 15 years of experience in finance reporting with a strong emphasis on analyzing business performance. Michelle works closely with the chief financial officer to develop company financial strategies, and manages bank operations and client funds flow to ensure proper controls are in place and as efficient as possible.</li> </ol> <p><b><u>Privacy/Security Information (IT Division)</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Name:</b> Steve Lawlor</li> <li>2. <b>Title:</b> Director of Information Security and Desktop Operations</li> <li>3. <b>Experience and credentials:</b> CISSP, CISA. Steve is an experienced IT leader focused on security in healthcare and financial services, with seasoned technical leadership gained over the course of 17 acquisitions and 13 data center consolidations. Well-versed in both on-premise and cloud security and infrastructure.</li> </ol> <p>Please refer to <u>Exhibit A: CYC Full Organizational Chart</u> included on the Exhibits flash drive submitted with this proposal.</p>	5 points
<b>E.10 PAYROLL PROCESSING AND DOCUMENTATION SUBMISSION</b>	
<p><b>A. Provide a detailed description of your company's procedures used to process various and multiple payroll files to reconcile established deductions/elections in a timely manner. Include the processes used for files received electronically and in paper format.</b></p> <p>We typically receive three electronic files from clients:</p>	5 points

<ul style="list-style-type: none"> <li>• Census files detail participant demographic information.</li> <li>• Enrollment files comprise the account type(s) each participant has elected to participate in.</li> <li>• Contributions files are similar to payroll deduction files, including both participant and employer contribution amounts for each account type.</li> </ul> <p>During the setup process, the State of Arkansas will assign designated administrative and financial contacts for access to the employer dashboard, HR Command. This enables management of employer and participant data. These contacts can provide real-time, immediate updates by logging on to HR Command and submitting any additions, terminations or changes through the portal. Alternatively, these changes can be communicated in a weekly electronic file noting all expected changes. Largely for security concerns, we do not process this sensitive information in paper format.</p> <p>We can receive data through secure file transfer or securely emailed Excel spreadsheets. Alternatively, the State of Arkansas can enter data online via HR Command. Our system is extremely versatile and can accept a wide variety of file formats for census, enrollment, and contribution information.</p> <p>We do not stipulate a date enrollment data is required to be sent; albeit, for timely payment card production and distribution, the State of Arkansas should deliver open enrollment data at least two weeks prior to the plan begin date.</p> <p>For ongoing account maintenance, we typically receive file updates from the employer group or designated partner on a weekly, biweekly, semimonthly, or monthly basis. We can accept a full file feed or changes-only file on a regular basis.</p>	
<p><b>B. Provide a detailed description of your company’s proposed procedures to provide payroll interface for the transfer of information to and from the Arkansas Administrative Statewide Information System (AASIS).</b></p> <p>Our market-leading proprietary platform was developed with the understanding that interface capability is critical, whereby CYC plays the singular role of data aggregator. The result is a scalable, secure and accurate interface solution.</p> <p>We currently interface with numerous health plans, financial institutions, HSA trustees, third-party administrators, payroll and human resources information systems (HRIS), enrollment platforms and a wide variety of content providers. During the implementation process, we will work with the State of Arkansas’ HRIS/payroll system to automate and test the flow of ongoing data well in advance of your "go live" date.</p> <p>We utilize "real time" web services and "right time" batch processes to ensure timely and accurate access to participant information. We have developed extensive integration tools with many partners who have less flexibility in programming their data exchange formats to ensure smooth interface of claims, enrollment and employer-specific data. We can configure data adapters to map files when they deviate from our standard format. Our team is both flexible and experienced when it comes to transferring and receiving data, and we can receive data at any frequency desired by the State of Arkansas. Our system has the capability to notify the employer when a census, enrollment or contribution file loads to our secure file transfer protocol (SFTP) site.</p>	5 points
<p><b>E.11 REPORTING</b></p>	
<p><b>A. Provide a specific list, description, and a sample package of your company’s standard reports including the frequency of report generation. Provide sample reports in electronic format only such as a CD or flash drive.</b></p> <p>The State of Arkansas can access our standard reporting package online, at any time, via ConnectYourCare’s employer dashboard, HR Command. All information is updated and available in real time, 24 hours per day, 365 days per year.</p> <p>Standard reports available include:</p> <ul style="list-style-type: none"> <li>• Participant Account Balances – Year-to-date participant and employer elections and</li> </ul>	5 points



<p>contributions, claims, fees and balances by account type</p> <ul style="list-style-type: none"> <li>• Weekly Claims Detail – Account claims activity by participant or dependent for a designated week</li> <li>• Claims Needing Documentation – Claims requested online via the employer portal, HR Command categorized as pending due to lack of participant documentation, such as for a FSA, limited-purpose or dependent care reimbursement account.</li> <li>• Rejected Claims Requiring Refunds – Payment card transactions authorized at the point of sale but rejected after substantiation review and therefore requiring refunds</li> <li>• Paid Claims – Claim amounts paid out by account and by participant for a designated month</li> <li>• Participant Contribution Report – Listing of contributions for a particular participant</li> <li>• Contribution Discrepancy Report – Contribution details necessary to reconcile a specific Contribution Funding Request</li> <li>• Rejected Claims Write Off – Displays participants' ineligible claims that have been written off</li> <li>• Contribution Reject Report – The Contribution Reject Report provides a listing of any record from the Contribution file that has not loaded due to a lack of census or enrollment records. The rejected records displayed on the Contribution Reject Report can be resubmitted through this report. This report is available by request only.</li> <li>• Contribution Funding Details Report – Provides details on contribution funding</li> <li>• Savings Account Forfeitures – Displays the forfeiture amount by participant for accounts that were automatically closed after the run-out period expires</li> <li>• CYC Insights – our cloud-based, big-data reporting and analytics platform that enables exceptional transparency for smarter plan administration. The system offers a number of enhanced features for benefits executives.</li> </ul> <p>Reports can be generated for a specific period by designating a specific date range to run against our standard online reports.</p> <p>Please refer to <a href="#">Exhibit GG: CYC Standard Employer Reports Overview</a> and <a href="#">Exhibit HH: CYC COBRA Reports</a> included with this proposal.</p>	
<p><b>B. Provide a detailed description of the process for clients to request reports not currently available and the estimated time until receipt by the client.</b></p> <p>Our sophisticated platform supports both standard and ad hoc reports. The State of Arkansas can use our standard reports, combined with the appropriate efficacious filters, to meet a wide variety of, reporting needs for FSA, HSA and COBRA.</p> <p>It is extremely rare that the online and ad hoc reporting would not meet your needs, however, the State of Arkansas can request customized reports through your client service manager, Corinne Richardson. With ease, we can fashion custom reports on any data stored in our system. Customized reports can be delivered on a one-time basis, or if likely to be a reusable request, we may incorporate the customized report into our standard reporting package.</p> <p>The turnaround time for developing and delivering customized reports will depend largely upon the nature and scope of the request. We look forward to further discussions with the State of Arkansas to determine your specific reporting needs.</p>	5 points
<p><b>C. Describe your company’s process for handling a client’s request for ad hoc reports. Include the turnaround time for receipt of report by the client.</b></p> <p>Ad hoc reporting is available at any time, online. ConnectYourCare’s platform can deliver custom reports to the State of Arkansas based on any data stored in our system. In the event that standard and ad hoc reporting does not meet the State of Arkansas’ needs, we can develop a custom report on a one-time basis, or, it likely to be reusable in the future, we may incorporate the custom request into our standard reporting package. Turnaround times will depend upon the nature and scope of the</p>	5 points

particular request.	
<p><b>D. Describe the process clients use to request additional information or clarification of the data contained in a report. Include the turnaround time for providing the requested information to clients.</b></p> <p>The client service manager assigned to serve the State of Arkansas, Corinne Richardson, will be your primary point of contact with ConnectYourCare and will be responsible for assisting with day-to-day account and operational support, including the coordination of any requests for clarification or further information contained in standard or ad hoc reporting. Client service managers (or other designated client services team members in the event of an absence) are immediately responsive during normal business hours, and turnaround times will vary depending on the nature of the question or issue.</p> <p>When Corinne is alerted of an escalated issue, she will send email notification to our internal ticketing system alerting the ConnectYourCare parties necessary to take immediate action and achieve quick resolution. Issues that may arise at the employer level will incite an issues-tracking program. This program manages and monitors our internal standards of response and resolution of issues. Corinne will acknowledge the issue within 24 hours (or one business day) of initial notification. She will then provide a status update within two business days, which includes root cause analysis and corrective action as information is available. Updates will continue daily or weekly as indicated until full resolution is achieved, which is typically within 48 hours (or two business days).</p>	5 points
<b>E.12 COMPLIANCE, PRIVACY, AND SECURITY</b>	
<p><b>A. In electronic format (CD or flash drive) provide a copy of your company's emergency operations plan. At a minimum include the following:</b></p> <ol style="list-style-type: none"> <li><b>1. A detailed disaster recovery plan</b></li> <li><b>2. A detailed business continuity plan</b></li> </ol> <p>Please refer to <u>Exhibit II: CYC Business Continuity Plan</u>, included on the Exhibits flash drive submitted with this proposal, which outlines ConnectYourCare's business continuity, disaster recovery and other emergency operational details.</p>	5 points
<p><b>B. In electronic format only (CD or flash drive), provide copies of your company's privacy, security, and breach notification policies and procedures.</b></p> <p>Please refer to <u>Exhibit JJ: CYC Privacy Policy End User Agreement</u> included on the Exhibits flash drive submitted with this proposal.</p> <p>We have a highly structured security response process in place. ConnectYourCare follows the NIST 800-61 Computer Security Incident Handling Guide in the event of a security incident. Major phases of this procedure include:</p> <p><u>Detection and Analysis – Determine if an incident has occurred.</u></p> <ul style="list-style-type: none"> <li>• Analyze and research the information</li> <li>• As soon as the handler believes an incident has occurred, begin documenting the investigation and gathering evidence</li> <li>• Prioritize the handling of the incident based on relevant factors (risk, impact, etc)</li> <li>• Report the incident to the appropriate personnel</li> </ul> <p><u>Containment, Eradication, and Recovery –</u></p> <ul style="list-style-type: none"> <li>• Acquire, preserve and secure, and document evidence</li> <li>• Contain the incident</li> <li>• Eradicate the incident</li> <li>• Recover, confirm that affected systems are functioning normally, monitor thoroughly</li> </ul>	5 points

<p><u>Post-Incident Activity</u></p> <ul style="list-style-type: none"> <li>• Create a follow-up report</li> <li>• Hold lessons learned meeting for major incidents</li> </ul> <p>Breach notifications to clients are done in accordance with contractual agreements and will be coordinated by the assigned client service manager.</p>	
<p><b>C. Provide a detailed explanation of insurance, bonding, and guarantees offered by your company in the event of issues caused by loss of operations due to an emergency or disaster.</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</p> <p>Please note that our limits meet or exceed the requests made by the State of Arkansas in 2.3 (D). We have included performance guarantees as <u>Exhibit KK: CYC SOAR Standard Performance Guarantees</u> and <u>Exhibit LL: CYC COBRA Performance Guarantees</u>.</p>	5 points
<p><b>D. Provide a detailed description of any breaches, complaints, or grievances regarding protected health information (e.g., security or privacy) for your company's complete book of business. At a minimum include the following:</b></p> <ol style="list-style-type: none"> <li>1. Event date and description</li> <li>2. Resolution or ongoing details</li> </ol> <p>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</p>	5 points
<p><b>E. Provide a detailed description of any event where your company's employee(s) willfully committed acts that compromised Member information including any that did not involve personal health information.</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</p>	5 points
<p><b>F. Provide information regarding the Cyber Liability Insurance carried by your company.</b></p> <p>This information is proprietary and has been redacted from this version of ConnectYourCare's proposal to the State of Arkansas.</p>	5 points
<p><b>G. Provide a detailed description of your company's HIPAA policies and procedures.</b></p> <p>ConnectYourCare is committed to maintaining the privacy, confidentiality, and integrity of the confidential data belonging to our clients and participants. We have dedicated significant corporate resources to complying with HIPAA's Security Rule and subsequent HITECH standards. To this end, our company:</p> <ul style="list-style-type: none"> <li>• Requires employees and contractors to successfully complete and attend HIPAA and security awareness training at the time of on-boarding and thereafter, annually;</li> <li>• Executes regular reviews and updates of security policies to ensure compliance with laws and regulations, industry best practices, and technology enhancements;</li> <li>• Arranges for routine security audits to ensure compliance with security policies and standards;</li> <li>• Conducts regular security scans of servers and networks to detect and remediate vulnerabilities; and</li> <li>• Performs regular evaluations of the company's information security-related policies and procedures to ensure that they meet the requirements of the HIPAA Security Rule.</li> </ul> <p>On a continuing basis, we monitor legislative and regulatory changes and developments to the laws</p>	5 points

<p>and regulations governing the privacy and security of the confidential data we collect and maintain. As necessary, we implement the appropriate controls to ensure compliance with these laws and regulations.</p> <p>During new employee orientation, all full-time employees and contractors are required to successfully complete HIPAA and security awareness training. Regulatory and contractual requirements are addressed as well as security roles and responsibilities, violation reporting, information confidentiality, proper use of information system facilities, virus protection and password usage. Following initial training, employees are required to complete HIPAA and security awareness training on an annual basis. In addition to employee training, we undergo annual SOC 2 audits and are PCI compliant.</p>	
<p><b>H. Provide a detailed description of your company’s internal security policies, procedures, practices, and the system utilities used to protect Member social security numbers and other elements of personal information from your company’s employees who do not have a valid “need to know”.</b></p> <p>All employees undergo security awareness training, which includes concepts of confidentiality, integrity and availability of data, corporate security policies, information protection standards and privacy awareness.</p> <p>Access to protected health information (PHI) and other sensitive participant information is strictly limited to those employees who require it for performing necessary services and administration on behalf of our clients.</p> <p>Additionally, we apply industry standard techniques to ensure the security and privacy of information provided by clients and participants, including:</p> <ul style="list-style-type: none"> <li>• We encrypt all transmissions between clients’ browsers and our web server. Secure sockets layer (SSL) 128-bit encryption is used for capable browsers; SSL 40-bit encryption is used for browsers with 40-bit capacity.</li> <li>• Automatic user session termination at the expiration of a defined time period.</li> <li>• Assignment and selection of unique user names and passwords provides restricted access to our administration system.</li> <li>• Protocol isolation of the database from the web servers.</li> <li>• Redundant firewalls ensure system network isolation from unauthorized requests.</li> <li>• We ensure industry standard disaster recovery procedures and file security procedures.</li> </ul> <p>Nontechnical solutions to protect PHI are also utilized. For example, no PHI is printed or shared through email and monitor filters are used so that customer information cannot be viewed over a user’s shoulder.</p>	5 points
<p><b>I. Provide a detailed description of training provided to your company’s employees/staff including Internal Revenue Code Sections, ADA, HIPAA and other regulatory issues/laws.</b></p> <p>HIPAA and security awareness training are required to be completed by all workforce members, both employees and contractors, during the on-boarding process. Thereafter, all members of the ConnectYourCare workforce are required to complete annual HIPAA and security awareness training.</p> <p>Our training addresses topics identified by contractual or regulatory requirements as well as password usage, security roles and responsibilities, virus protection, violation reporting, information confidentiality, and correct use of information system facilities. Regulatory and contractual requirements are addressed as well as security roles and responsibilities, violation reporting, information confidentiality, proper use of information system facilities, virus protection and password usage.</p>	5 points
<p><b>J. Describe the method your company uses to remove or mask a Member’s social security number from any printed report, letter, or other form of communication.</b></p> <p>ConnectYourCare does not use Social Security numbers on paper statements, reports, letters</p>	5 points

<p>or other printed communications. Please refer to <u>Exhibit MM: CYC Participant Statement Samples</u> included on the Exhibits flash drive submitted with this proposal, for examples of statements and reports from the online portal, the mobile application, text alerts and paper statements.</p> <p>Note that employers occasionally request ad hoc participant data, which may include personal health information (PHI) such as a social security number or claim information. Because of this, we will automatically secure any outbound emails containing the keywords “PHI” or “Confidential” in the subject line. There is an additional layer of security that searches for nine, 15-, or 16-digit strings of numbers in the subject, body or attachments of a message. All messages meeting these criteria are encrypted. No sensitive information or PHI is sent in emails outside of our boundary without being encrypted. Users are instructed on how to encrypt emails using our secure email server. We also scan outgoing content for sensitive data and redirect it to the secure server when found.</p> <p>All standard reports are available online via the employer portal, HR Command, to minimize the amount of data being sent over email.</p> <p>Our platform and the employer portal, HR Command, allows for tiered levels of access, and the State of Arkansas controls and authorizes the relative access levels within your benefits team. Access is role-based, meaning that the State of Arkansas determines the relative authority levels and access to different areas of the site, depending on an individual State employee’s “need to know” according to job function. All authorized staff must authenticate to systems to be granted the access designated by the State of Arkansas.</p>	
<p><b>K. Explain how your company will monitor and control unauthorized attempts to access EBD files.</b></p> <p>Our platform ensures system security through several measured and controlled methods. Our platform is role-based and authority levels and access to different aspects of the system are based on these roles. We use native Windows system options to control Windows passwords. When attempting to log on to the network, a user must authenticate by using a valid user ID and password of a minimum of eight characters in length. Users are forced to change passwords regularly and a history of the previous four passwords is kept confirming that passwords are not reused. User access is temporarily disabled after four consecutive unsuccessful logon attempts. This method of authentication is identical to the method of gaining access to sensitive applications and data stored in the midrange environment. All access requests must be authorized by the appropriate level of management before being granted. The ability to modify access is limited to system administrators and designated users.</p> <p>We use the following components to ensure secured access:</p> <ul style="list-style-type: none"> <li>• Each user is assigned a unique user code.</li> <li>• Terminated employees’ access is disabled.</li> <li>• After a period of terminal inactivity, users are disconnected from the system.</li> <li>• Passwords are developed according to industry-accepted security best practices.</li> <li>• One-way encryption protects passwords in the security database.</li> <li>• Participant profiles are linked with user code to allow access based on client and function.</li> <li>• Written client approval is required for external vendors with access to client information.</li> </ul> <p>Client data is kept confidential and used solely for the administration of health care accounts. Internet-accessible systems have hardened operating systems and are located in a firewall-protected DMZ, isolated from both the internet and our internal network. In addition, commercial host intrusion detection software has been deployed on DMZ systems as an additional security measure. Critical files are monitored for unauthorized alteration or changes.</p> <p>Note that ConnectYourCare provisions and manages access to its own users, employer users, and member users both on its own platform, and on the WEX platform.</p>	<p>5 points</p>

<p><b>L. Describe the intrusion detection and monitoring tools your company utilizes. Include information regarding the frequency your company conducts penetration testing and vulnerability scans.</b></p> <p><u>FSA and HSA</u></p> <p>Commercial, market leading, enterprise-level intrusion detection software is installed on the network level and on the host level for Web servers. We have several measures in place to detect security breaches. Commercial firewalls and are deployed at all public network access points to appropriately restrict transmission control protocol/internet protocol (TCP/IP) traffic. Our internal TCP/IP address space is not advertised to the internet and all outside requests for information are blocked. Commercial network intrusion detection systems are in place to monitor inbound and outbound traffic for attack patterns and to alert security personnel when appropriate. We conduct internal security reviews, penetration testing and regular vulnerability scans throughout the year against our internet points of presence to ensure no vulnerabilities exist. Systems and procedures are tested throughout the year by various auditing firms and we are PCI compliant.</p> <p><u>COBRA</u></p> <p>For the COBRA system, WEX Health employs several layers of security for network intrusion detection systems. Security testing is conducted to find potential vulnerabilities and then prioritize remediation of the identified findings. WEX performs vulnerability and penetration testing, dynamic and static testing, as well as functional testing by internal quality assurance teams. WEX Health is currently SOC2 Type 2, PCI DSS, HIPAA, and SOX compliant.</p>	<p>5 points</p>
<p><b>E.13 DEBIT CARD</b></p>	
<p><b>A. Provide a detailed description of the connection between your company's card administration platform and claims administration software.</b></p> <p>Unlike most health care account vendors, we developed our own proprietary claims platform for processing all health care account transactions – this means that no connection is required, as the card and claims systems and all related information is delivered to and from a single source. This platform is owned and operated by ConnectYourCare and provides immeasurable versatility and control for both clients and participants.</p> <p>Further, the online participant portal, interactive voice response (IVR) system, and customer service application accessed by customer care representatives are multiple components of this single, proprietary application. When an update is made – e.g., payment card swipe, documentation submitted, claim status changed – it is reflected immediately across the entire platform. (CDH)</p>	<p>5 points</p>
<p><b>B. Provide a detailed description of any connection with any merchant who currently supports an IIAS.</b></p> <p>Our payment card technology is compliant with Inventory Information Approval System (IIAS) regulations limiting health care payment card transactions to qualified merchants, such as physicians, pharmacies, dental and vision providers and other retailers who have implemented the controls required by IIAS.</p> <p>The Treasury Department substantiation requirements stipulate all health care retailers have an IIAS in place. With this system, participants will only have access to account funds if used for qualified expenses. If a merchant does not have this system in place, the card is denied at the point of service and the participant is required to pay for the expense out of pocket and subsequently submit a request for reimbursement. If the card has been used for an ineligible purchase, the participant is required to reimburse the plan for the ineligible amount.</p> <p>We communicate appropriate card use in our welcome kit and enrollment guides. We also keep an updated list of IIAS-compliant merchants on our public website and as part of the frequently asked questions on the online Participant Portal.</p> <p>Note that while HSA funds can be used for nonqualified, nonmedical expenses, we restrict payment card use to qualified health care locations based on merchant category codes (MCCs). Within these qualified locations, the participant may use their health care payment card for any product or service.</p>	<p>5 points</p>

<p>MCCs can be activated or deactivated based on plan design and preference. We communicate appropriate card use in our welcome kit and enrollment guides. We also keep an updated list of Inventory Information Approval System (IIAS) compliant merchants on our public website and as part of the frequently asked questions on the online Participant Portal.</p>	
<p><b>C. Provide a detailed description of how your debit card administration system utilizes email for efficient and cost effective Member communication.</b></p> <p>ConnectYourCare provides electronic marketing collateral to grow product adoption, enrollment and retention at every stage of the proposed business solution, while keeping administrative burdens as low as possible for our clients. We offer a complete electronic consumer engagement kit to accelerate savings and delivering efficient ongoing execution. As a result, we are able to report measurable cost savings and high satisfaction.</p> <p>We have developed a suite of multi-media print and email communications designed to drive participation by highlighting real health care account benefits. The State of Arkansas can leverage our communications to support participant engagement and drive enrollment.</p> <p>Participant communications include:</p> <ul style="list-style-type: none"> <li>• Communication timelines</li> <li>• Newsletters</li> <li>• Email campaigns</li> <li>• Direct mail campaigns</li> <li>• Open enrollment presentations</li> <li>• Enrollment guides and forms</li> <li>• Account overviews</li> <li>• Sample account-eligible expenses</li> <li>• Frequently asked questions (FAQ)</li> <li>• Savings calculators</li> </ul> <p>Since participants average four online Participant Portal logons per month, we have integrated a messages section option by adding an inbox to deliver secure, account-specific communications including any major updates, account information and documentation-required notices.</p> <p>We believe in putting materials at participants' fingertips with a "right place, right time" approach. To this end, we developed a Help Center in the Participant Portal providing access to valuable account education and interactive tools with the click of a mouse. We will work with the State of Arkansas to develop any desired customized messaging.</p>	<p>5 points</p>
<p><b>D. Provide a detailed description how email notifications are provided to the Members regarding the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Status of debit card transactions</b> <p>We send participants email alerts to notify them of any account updates. Participants can also check the status of their debit card transactions online, at any time. This information is updated in real time across our entire platform, including the mobile application and with the information accessible by customer care representatives.</p> </li> <li><b>2. With specific identification dealing with auto-substantiation</b> <p>Standard email notifications include the full details of debit card transactions, whether they are substantiated or currently pending, as well as all changes in claim status and reimbursements. This information is also available online, at any time.</p> </li> <li><b>3. Claims submission requirements</b> <p>For transactions that cannot be substantiated, we post a pending claim notice in the claims section of the Participant Portal and send three notifications to the participant in the event</p> </li> </ol>	<p>5 points</p>

<p>that any further documentation is required to process a claim.</p> <p>Email communications are the default method for this communication. Participants who opt in to free text alerts in the online portal will also receive a text message immediately following a card swipe to alert them that documentation may be needed.</p> <p><b>4. Debit card status</b></p> <p>Debit card transactions are communicated by email, as well as available online. Additionally, once a participant registers for mobile alerts, we send a text message reminding them to keep their receipts every time the health care payment card is swiped. In order to reduce the likelihood of a health care payment card being suspended, we also send frequent emails, post communications in the Participant Portal and send paper communications reminding participants that a receipt is needed.</p>	
<p><b>E. Describe in detail your company's method of communicating the following to Members:</b></p> <p><b>1. Process of using the debit card</b></p> <p>Participants receive a card package prior to the start of the plan year. This package includes a one-page overview with an attached payment card. In support of our green initiatives, this card package limits wasted paper, and directs participants to our easy-to-use online portal for more information. Please refer to <u>Exhibit NN: CYC Debit Card Communication</u> on the Exhibits flash drive submitted with this proposal.</p> <p><b>2. Receiving and understanding email notifications</b></p> <p>We correspond with participants through several channels, including online through the Participant Portal, and by email and postal mail. The "Messages" section of the Participant Portal is an electronic notification system to deliver secure, account-specific communications. Messages can be customized by the State of Arkansas, and include major updates, account information, and documentation-needed notices to participants.</p> <p>In addition, we send participants email alerts to notify them of account updates, changes in claim status and reimbursements. The State of Arkansas can elect which email notifications participants receive.</p> <p>Please refer to <u>Exhibit OO: CYC Sample Participant Emails</u> included on the Exhibits flash drive submitted with this proposal.</p> <p><b>3. How to contact customer service</b></p> <p>We provide enrollment guides for each product offered, as well as welcome kits delivered with the health care payment card. These welcome kits include payment card information, FAQs about claims, program details, contact information and other helpful information.</p> <p>For COBRA, once the data is received from an employer, our system automatically generates all appropriate correspondence which is reviewed and processed for delivery to the qualified beneficiary. All COBRA notifications include contact information for participants.</p> <p>Our dedicated, 24/7/365 toll-free number for the State of Arkansas will also be on every page of the web portal, on the mobile application, and can easily be included on all communication materials.</p>	5 points

<p><b>F. Describe in detail the process (including contact information) Members would follow for questions regarding the following:</b></p> <p><b>1. Charge-backs</b></p> <p>While merchants (by Visa rules) are not permitted to force post a transaction, this is technically a possibility. In the event there is an expense associated with a chargeback, Visa will reach out to the merchant processor and the specific merchant to review the force posts to have the merchant stop this process and practice.</p> <p>ConnectYourCare follows the dispute processing covered under the Code of Federal</p>	5 points
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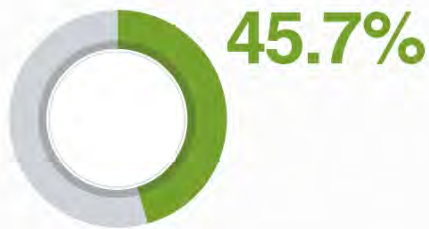


<p>Regulations, Regulation E, to process disputes or chargebacks to merchants for unrecognized or unauthorized charges on cards.</p> <p><b>2. Stolen Cards</b></p> <p>As soon as the participant is aware their health care payment card is lost or stolen, the loss or theft must be reported to us. At that time, the account will be flagged and the payment card rendered inactive. We then initiate the process of sending a replacement card immediately to the participant.</p> <p><b>3. Unauthorized transactions</b></p> <p>Neither the State of Arkansas nor cardholder will be liable for unauthorized charges on cards. We follow the dispute processing covered under the Code of Federal Regulations, Regulation E, to process disputes or chargebacks to merchants for unrecognized or unauthorized charges on cards.</p> <p><b>4. Other non-typical debit card customer service issues</b></p> <p>Participants can contact our U.S.-based customer care representatives at a State of Arkansas dedicated toll-free number, 24 hours a day, 365 days a year. Our customer care representatives are experts in health care and dependent care reimbursement accounts and financial claims processing. Our representatives are trained to answer a wide variety of questions include those regarding claims and reimbursement, qualified expenses, documentation requirements, creating claims online, payment and mailing options, ineligible claims, and general account information inquiries. In addition, our representatives also perform other services, including fulfilling requests for new or additional health care payment cards and resetting passwords.</p> <p>Calls that come ConnectYourCare’s customer service center that are more appropriately answered by another vendor will be warm- transferred; representatives will stay on the line to identify themselves and the caller before transferring the call to the desired partner. All of our customer care representatives are trained on all types of calls that may be transferred and have quick access to the necessary contact information.</p>	
<p><b>G. Provide information on how the debit card may be customized for your company’s clients, including Plan branding.</b></p> <p>We provide customization options at no additional charge, including customized health care payment cards with the ARBenefits logo. If requested, we can also place this logo on every page of the online portal.</p> <p>Please refer to the sample debit cards included with the hard copy submission of this proposal, provided as an example of possible branding options for the State of Arkansas.</p>	5 points
<p><b>H. Provide a sample (front and back) of your standard debit card. An actual plastic card is preferred but printed images are also acceptable.</b></p> <p>ConnectYourCare has provided sample plastic debit cards (a State of Alabama-branded version) with the hard copy submission of this proposal. We look forward to discussing card customization and other options. Please see <a href="#">Exhibit PP: CYC Sample Card Images</a> for more examples, including card front images of AR Benefits and Arvest Bank.</p>	5 points
<p><b>I. Provide a detailed description of all auto-substantiation parameters available to the Plan.</b></p> <p>Our proprietary system was designed to administer the complexity of health care accounts such as FSAs and HSAs. We auto-substantiate claims using the following Treasury Department and Internal Revenue Service (IRS) approved methods:</p> <ul style="list-style-type: none"> <li>• Payment card purchases at supermarkets, grocery stores, department stores, wholesale clubs and other merchants that can identify eligible items at checkout through the use of Inventory Information Approval Systems (IIAS)</li> <li>• Recurring claims where the participant submits documentation the first time and subsequent claims are automatically substantiated based on logic in the system.</li> </ul>	5 points

- Match of pharmacy benefit manager (PBM) transactions
- Claims feeds (medical, pharmacy, dental and vision) from health plans and third-party administrators
- Copays and multiples of copays

For employer groups that opt in to claims feeds, ConnectYourCare offers ClaimsAlly™, our automated and proprietary technology for notional accounts that boosts auto-substantiation even after the point of service sale. We use smart technology to prioritize and pool eligible claims and match them to unsubstantiated claims. This process makes the claims process easier and more satisfying for participants, reduces documentation requests, and reduces the employer burden.

Clients using ClaimsAlly™ have realized significantly higher auto-adjudication rates, fewer suspended cards, reduction of documentation requests, and an overall more satisfied participant base. In our [2018 CDH Account Trends Report](#), our survey revealed 45.7% of FSA respondents listed providing documentation as the number one pain point.



**IRS-required documentation remains number one FSA pain point**

For 45.7% of FSA respondents, the number one change they would like to make to their account would be to decrease the need to submit documentation for eligible expenses. This response was the most frequent selection, in line with last year's concerns.

Note that pursuant to Treasury Department regulations, substantiation is not required for health savings account claims.

**J. Describe your company's process for taking an electronic claims import for medical or pharmacy claims to substantiate debit card transactions or for automatic reimbursement of non-debit card transactions. Include the following information:**

**1. Data file specifications**

We can receive data through secure file transfer or securely emailed Excel spreadsheets. Alternatively, the State of Arkansas can enter data online via the HR Command portal. Our system is extremely versatile and can accept a wide variety of file formats for census, enrollment, and contribution information

We are committed to maintaining the security of our clients' data and support a variety of secure transmission methods compliant with HIPAA security and privacy guidelines. We require an ASCII file format with fixed width or delimited files. We have the tremendous ability to configure data adapters to files should they deviate from our requisite format; our data adapters translate the file to the format our system understands.

We support the following file transfer protocols:

5 points

- Internet File Transfer Protocol – We support an Internet file transfer protocol (FTP) process using PGP encryption.
- Secure FTP – We support a Secure FTP client and server. We support all the secure protocols, including sFTP (SSH), FTPs (SSL), and HTTPs.

We can receive data through secure file transfers, including SFTP, FTPS or FTP with PGP encryption. We can also accept data sent in an Excel spreadsheet, transmitted through secure email. The State of Arkansas may also upload files directly to HR Command online. Our system is exceedingly versatile and can accept a wide variety of file formats for census, enrollment and contribution information. We suggest that the State of Arkansas encrypts the data during the transmission process to ensure a secure transfer.

For COBRA, in order to ensure a smooth transition, we provide clients with a client setup form along with gathering of data, takeover data, and the outgoing vendor with file specifications to provide the initial details for populating the COBRA system at implementation.

**2. Timing issues**

We do not stipulate a date enrollment data is required to be sent; albeit, for timely payment card production and distribution, the State of Arkansas should deliver open enrollment data at least two weeks prior to the plan begin date. For ongoing account maintenance, we typically receive file updates from the employer group or designated partner on a weekly, biweekly, semimonthly, or monthly basis. We can accept a full file feed or changes-only file on a regular basis.

We have no limitations regarding the frequency for receiving census and enrollment data. Payroll contribution file frequency typically corresponds to the employer’s payroll schedule; yet our adaptability allows us to accept contribution files that are not dictated by a payroll calendar. By offering the one of the most configurable platforms in the market, employer contacts may, alternatively, provide immediate updates to notional accounts by logging on to HR Command.

For COBRA, information flows by default through the employer through notifications at least weekly of eligibility changes to ensure they are updated with appropriate carriers. This allows employers to leverage existing process to manage their overall population. If direct carrier notification is desired, the employer must provide carrier contact information and facilitate initial contact. We will then work directly with carriers on file format, content and frequency to best suit the product and company.

**3. Eligibility concerns**

We can accept either a changes-only or full file feed from the State of Arkansas, or its vendor partner, on a regular basis or on an ad hoc, off-cycle file, if needed. In lieu of the file, or to help manage ad hoc changes to notional accounts immediately, clients can use the online employer dashboard, HR Command, to make ad hoc contributions, manage additions or terminations and make participant data changes – including eligibility – in real time.

For **COBRA**, the State of Arkansas can notify us about qualifying events either through a file import or via the dedicated online COBRA portal for employers.

**4. Other relevant information**

We have been receiving medical carrier claims files since 2008. We can work with any variety of health plan options and have the capacity and expertise to configure health plan claim feeds to facilitate the transfer of claims data into our system for auto-adjudication purposes and faster claims payment times. We configure data adapters to carrier files should the vendor’s layout deviate from our requisite format. As a result of our versatility and extensive experience working with multiple carriers, we are confident we can coordinate the acceptance of file feeds during the implementation process.

**K. Describe your company’s recommended process to facilitate claims offset for non-substantiated debit card transactions and the options available within your company’s**

<p><b>administration system to deviate from the recommended process.</b></p> <p>If a health care payment card is temporarily suspended at the end of the plan year due to unsubstantiated claims, the payment card is reactivated when substantiation is submitted and the transaction clears.</p> <p>In addition, with ClaimsAlly™, we now offer an enhancement for end-of-year claims. Members will begin the plan year with a clean slate regarding documentation owed and suspended cards. They will begin the new plan year with an active card. Cards that were suspended in the prior year will become active at the earliest opportunity in the next plan year:</p> <ul style="list-style-type: none"> <li>• After the participant takes care of the unsubstantiated claim, or</li> <li>• After the prior year account balance reaches \$0, or</li> <li>• After the grace period ends</li> </ul> <p>We continue to follow up for substantiation, but we do not suspend cards for swipes from a prior plan year. In addition, the member received communications that indicate that his/her card has been reactivated and is advised that swipes from the prior year requires documentation/repayment or else may be reported on a W-2 as income.</p> <p>Please refer to <a href="#">Exhibit EE: CYC ClaimsAlly Overview</a> included on the Exhibits flash drive submitted with this proposal for further details about this proprietary technology.</p>	<p>5 points</p>
<p><b>L. Provide details regarding the reasons your company’s debit cards have been offline at any time within the past two (2) years. Include the length of time the debit cards were offline for each occurrence.</b></p> <p>ConnectYourCare has had no reported system outage in the past two years.</p> <p>There are many layers of system redundancy for card processing. We guarantee an annual average 99.5% system availability of the point of sale adjudication system. Note that this guarantee excludes systems downtime attributed to regularly scheduled systems maintenance or systems downtime attributed to telecommunications failure or other circumstances outside our control. We have never failed to meet this performance standard, and routinely report a 100% uptime.</p>	<p>5 points</p>

CONSOLIDATED FINANCIAL STATEMENTS

ConnectYourCare, Inc. and Subsidiary  
Years Ended December 31, 2016 and 2015  
With Report of Independent Auditors

(Redacted)



Ernst & Young LLP  
621 East Pratt Street  
Baltimore, MD 21202

Tel: +1 410 539 7940  
Fax: +1 410 783 3832  
ey.com

## Report of Independent Auditors

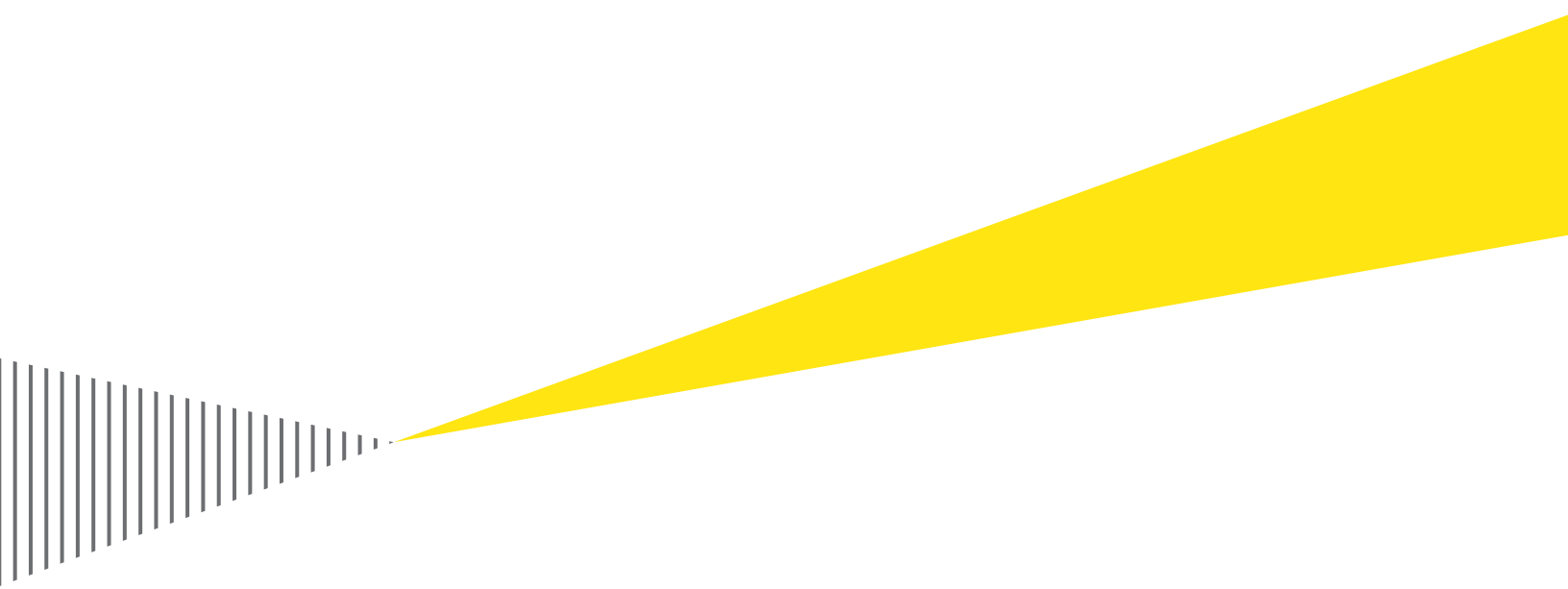
(Redacted)

CONSOLIDATED FINANCIAL STATEMENTS

ConnectYourCare, Inc. and Subsidiary  
Years Ended December 31, 2014 and 2013  
With Report of Independent Auditors

Ernst & Young LLP

(Redacted)



# Executive Summary

ConnectYourCare is pleased to present the enclosed proposal response for HSA, FSA, and COBRA administration for The State of Arkansas. The State of Arkansas is seeking to increase employee participation, enhance employee communications while at the same time reduce costs – we appreciate the opportunity to present this proposal and highlight why ConnectYourCare is the optimal choice.

ConnectYourCare is uniquely qualified to provide platform flexibility, product innovations, administrative simplicity, and outstanding client and employee support for The State of Arkansas, and we'd like to earn your business. Our Chief Marketing Officer Trisha Paine will be the State of Arkansas' executive sponsor. Trisha has over 20 years of marketing experience and oversees marketing and communications. Trisha will be a great resource as we work with the State to increase employee participation.

Our Chief Operating Officer, Tim Sand, will serve as The State of Arkansas' second point of executive contact. Tim has over 25 years of experience and oversees our call center operations, claims processing, vendor management, client services, and account management.

In reviewing your request for proposal, we are confident that ConnectYourCare is uniquely suited to deliver on your current needs, as well as having the adaptability and expertise to scale our service to meet any future benefit changes. As with our other large public-sector clients, we will deliver all this while keeping in mind the bottom line – providing a superior State of Arkansas employee experience. We have evolved into the industry leader and innovator in the HSA/FSA/COBRA market by combining the industry's best technology platform with the people, processes and partners required to deliver top-notch programs.

**Experience:** With multiple states, cities, counties and municipalities nationwide leveraging our platform, we understand the unique needs of a public entity. Since we built our technology from the ground up, we also can easily adapt to unique needs the State requires. In addition, we will be able to leverage the experiences of existing clients in a similar situation to provide best practices for the state to consider.

As an example, The State of Alabama is an existing client in a similar situation as the State of Arkansas. The State of Alabama offers FSA, HRA, and COBRA/FSA through ConnectYourCare, while offering a Blue Cross/Blue Shield network to multiple internal agencies throughout the state.

**Innovation:** Innovation is at the foundation of ConnectYourCare's business philosophy, and the industry-leading strides we've made will drive the State of Arkansas' participation and ease of use through:

- **Our member portal** – developed in our Usability Lab with our partner Microsoft, also available in Spanish
- **HSA On Demand®** – ConnectYourCare's proprietary, award winning acceleration of benefit tool
- **CYC Mobile** – the industry's leading mobile app, and like our portal, available in Spanish
- **HSA Save-It!** – a unique electronic filing cabinet, for those “shoebox” savers in your population
- **Proprietary Data Adapter Tool** – we can receive vendor-specific feeds and can configure a data adapter to receive and convert data to our requisite format
- Our **integrated investment platform** supporting a custom slate of mutual funds – all easily accessible from the portal or mobile device for trades/sweeps



- Our **ongoing investment in research, development** and education to remain an industry leader and innovator
- **Industry-leading auto-substantiation** rates on FSA, and with our newest innovation *ClaimsAlly*, we will see even greater substantiation rates
- We have developed our **entire healthcare account platform in-house** giving us the most sophisticated, flexible and efficient technology of any HSA/FSA administrator

ConnectYourCare is the **only administrator that has extensive experience administering HSA On Demand®**, our unique contribution acceleration program that protects employees in the event of a large claim early in the year. This program has been the key to many companies' successful migration from more traditional plans to a HDHP with an HSA. **This award-winning tool will be available to the State of Arkansas at no additional cost.**

**Service:** Innovation and technology are key, of course. But without exceptional service and delivery, they're not enough on their own. That's why ConnectYourCare goes beyond technology to provide a partnering relationship with the advice and services needed for success – a partnership that matches employer and employee needs with demonstrated service levels and at levels well over industry standards and our competition. Year over year, our commitment to service is rewarded with exceptional satisfaction ratings including:

- **Participant: 92% overall satisfaction, 93% claims satisfaction**
- **Employer: 90% overall satisfaction, 93% likelihood of renewing**

**Quality:** ConnectYourCare demands quality in every product or process we create. That's why we strategically invested in moving our call center in-house and our claims service to 100% onshore in order to achieve the high-level of quality our clients deserve – **24/7/365, live U.S.-based service**. We are also extremely proud of our strong CIP process and high acceptance rate utilizing a secure document upload and other easy to use methods.

We have a corporate quality initiative and a dedicated quality department to ensure every aspect of our solution runs smoothly and efficiently. Quality controls provide us visibility into clients' daily actions and guarantee our immediate awareness to an event or issue. Our dashboards like **HR Command** for partners and clients display real-time activity and measurements of client data critical to maintaining delivery excellence.

**Partnership:** The State of Arkansas deserves to partner with a business advisor that brings together experience, technology, service, and passion to deliver the right mix of solution options to its organization. ConnectYourCare is that partner. We will commit a seasoned team to support your needs. Your **dedicated client service manager**, Corinne Richardson, will be your primary contact for day-to-day account activity, issue resolution, general inquiries and operational support, as well as other backup support team members. Corinne will manage the State's plans to ensure satisfaction, profitability and will effectively deliver any plan, legislative or other communications to the State of Arkansas as needed.

The State of Arkansas' team will further be comprised of an Implementation Manager, Account Executive, Project Analysts and other members of your **Complete Care Team** which will be fully operational and ready to support The State of Arkansas in the transition.

We offer a **designated Implementation Manager for all services** – so there is no “silo effect” or interdepartmental information transfer needed.

In addition, we are able to provide a customized suite of multi-media print and email communications to grow product adoption, enrollment and retention at every stage of the proposed business solution. These communications were designed to drive participation by highlighting real health care account benefits. The State of Arkansas can leverage our integrated **360° Connect program** designed to simplify things for you, engage your employees, and drive account enrollment through uniquely tailored strategic communication services.

We are already integrated with the majority of business partners currently working with The State of Arkansas and are able to develop a real-time interface with any additional vendor The State of Arkansas chooses, both now and in the future. **We envision a smooth transition to the ConnectYourCare platform.**

We have offered an **aggressive pricing** strategy, yet we will still not compromise service and remain aligned to meet the States goals.

Additionally, to demonstrate our commitment and confidence to deliver, **we have placed significant fees at risk** and are willing to provide a rate guarantee for up to 7 years to ensure our partnership begins on solid footing.

### **Shared values. Shared contribution. Member Engagement.**

The State of Arkansas and ConnectYourCare share the values of innovation and responsibility. Together, we will provide the State of Arkansas's employees with flexible, innovative and engaging HSA and FSA programs, creating responsible and empowered healthcare consumers for the long term.

We appreciate that the State of Arkansas must use a variety of technologies to deploy these programs. This is key to reaching highly mobile and increasingly dispersed employee populations. We also appreciate that the strategic use of technology – and creative approaches to program delivery and communications – allows for maximum reach. We will partner with the State of Arkansas to create multi-media communications to educate and engage members.

Our goals are aligned. We will meet and exceed all of your business requirements and provide the greatest possible savings. We have the demonstrated experience to quickly and efficiently convert and implement clients like the State of Arkansas with the least amount of disruption to you and your participants. Our response highlights how our mission as an organization underpins our customer-centric and service-focused approach – both for employees and plan sponsors.

Thank you again for allowing ConnectYourCare the opportunity to provide The State of Arkansas with a proposal to administer your HSA, FSA, and COBRA Administration Services. The attached proposal fully illustrates our ability and intention to deliver the requirements outlined in the Technical Proposal Packet and the RFP. We will diligently perform any and all responsibilities under the contract, including providing its CDH services in a compliant manner. We appreciate your consideration and look forward to continued discussions.

Regards,

**John M. Dean**

Senior Vice President, Sales

Direct: 404-975-3719

Email: [John.Dean@ConnectYourCare.com](mailto:John.Dean@ConnectYourCare.com)

# Alicia Main, Vice President, Marketing

As Vice President of Marketing at ConnectYourCare, Alicia Main is responsible for Solutions Marketing and Communications, including competitively positioning products and services, and developing the strategy, sales enablement, content, and communications plans used by all functions to enable the business.

Since joining ConnectYourCare in 2005, Alicia created and continues to head 360° Connect, a marketing service that drives participant satisfaction, engagement and account growth, ultimately delivering quantifiable increased client and participant tax savings.

Alicia also is an expert in helping ConnectYourCare's strategic partners go to market quickly with a complete suite of branded sales and marketing tools. Alicia leads the marketing team in supporting the branding and communication needs of health plan partners, banks, and large employers.

Prior to joining ConnectYourCare, Alicia was a research marketing manager at Best Practices, LLC, where she assisted some of the world's top pharmaceutical, technology and financial services companies achieve operational excellence in the areas of marketing, operations, and customer service for. Prior to that, Alicia was a journalist and wrote for a number of publications.

In her personal time, Alicia serves as Treasurer and executive board member on the Friends of the Light House. She is committed to the mission of rebuilding lives with service and compassion by providing shelter, preventing homelessness and empowering people as they work to become self-sufficient. Alicia also enjoys traveling and has spent time in India, Thailand and Europe. She thinks that a global perspective adds critical insight and helps cultivate new ideas.



### Educational Background

- B.A., Journalism and Mass Communications, University of North Carolina, Chapel Hill

## Matt Malkowski, Implementation Manager

Matt Malkowski, an Implementation Manager at ConnectYourCare, has been with the company since 2015.

Matt is responsible for facilitating the employer implementation process by coordinating employer groups and internal operations to support new business set-up and design. Matt will ensure the State of Arkansas has a smooth transition to ConnectYourCare by understanding and minimizing operational impact. Ongoing communication and quick problem resolution are valuable tools in this process that Matt will deploy.

Matt has more than nine years of experience in Project Management, and has excelled during his time at ConnectYourCare, having managed multiple high-profile, successful implementations to date, including government entities.

Prior to his current role, Matt served as an Army Officer for eight years, working as a department logistics manager, executive manager/company commander, and platoon leader, both in the United States and abroad. He also flew the heavy-lift Chinook helicopter throughout his time in the Army.

Matt resides in Dallas, Texas. Outside of work, Matt enjoys spending time with his wife, kids, and pets. He particularly enjoys going for family walks around the neighborhood and to the park to fly his stunt kite. When the weather is not as nice, he enjoys watching NCAA football, basketball, and hockey. Matt also enjoys traveling and fishing when the opportunity arises.



### Educational Background

- Bachelor of Science, Commercial Aviation, University of North Dakota
- Six Sigma Green Belt Fundamentals
- US Army Captain, Company Commander, Logistics Manager

## Cassie Heibein, Implementation Analyst

Cassie Heibein, an Implementation Analyst at ConnectYourCare (CYC), has been with the company since 2016. She is responsible for overall project documentation and system setup. Cassie strives to secure employers a smooth transition to CYC by understanding and minimizing operational impact, while ensuring quality assurance initiatives are managed properly for the client. Cassie was the Implementation Analyst for the successful State of Alabama implementation.

For the past seven years, Cassie has worked in client services. Prior to CYC, Cassie worked as a Project Manager at Attendee Interactive, managing dozens of simultaneous projects and the successful implementation of first-of-a-kind software.

Outside of work, Cassie enjoys spending time with her fiancé and their dog, Sara. She also enjoys hiking and traveling, including trips to watch the Carolina Panthers play at a different stadium every year.



### Educational Background

- Bachelors in Communication from the University of Maryland, College Park
- Masters in Management with Project Management specialization from the University of Maryland, University College

# Corinne Richardson, Client Service Manager

Corinne Richardson is a Client Service Manager at ConnectYourCare and will be dedicated to The State of Arkansas. As a Client Service Manager, Corinne is responsible for supporting employer programs and providing ongoing day-to-day management of employer accounts. She will work closely with The State of Arkansas to ensure that all of States needs are met, from participation in initial account set-up to employee communications and ongoing account changes.

Corinne has 10 years experience in the health reimbursement and savings account field and has been working with ConnectYourCare since 2013. Prior to her current role, she was a Service Delivery Manager for the Account Administrator team and has extensive knowledge of the ConnectYourCare system from a participant and Employer level. She was also part of the Client Resource Organization team at ConnectYourCare where she led and managed our emerging client market.

Prior to working at ConnectYourCare, Corinne worked for a Third Party Administrator in their Flexible Spending Account department for over six years.

Outside of work, Corinne enjoys spending time with her husband and son. She also enjoys working on her garden, hiking and sports.



### Roles at ConnectYourCare

- Evaluating employer needs
- Assisting in consultative employer plan design
- Providing ongoing employer support
- Supporting product and service enhancements

# Kate Godwin, Account Executive

Kate Godwin, an Account Executive at ConnectYourCare, is responsible for overall strategic relationships with employer and partner clients. Kate works with clients to identify opportunities to enhance the services being delivered to employers and plan participants. Additionally, she provides operational service support including Quarterly Program Review and Performance Guarantee reporting, issues escalation and other activities as needed to ensure that ConnectYourCare exceeds the service experience expectation of our clients.

Kate has over 23 years of experience in the financial services industry with a focus on deposit products. Prior to Kate's role at ConnectYourCare, she held the position of Vice President of Healthcare Initiatives at a top-10 national HSA custodian bank. Kate was responsible for client management, identifying and improving client support channels, creating communication materials, and marketing the HSA product.

Kate has been married for over 20 years and has two kids. She actively volunteers in the community and has been a Cub Scout den leader for the past four years. In her spare time, Kate enjoys camping and writing children's books.



### Certification Background

- Management Certification from American Institute of Banking

## John Dean, Senior Vice President, Sales

John Dean is the Senior Vice President of Sales for ConnectYourCare and heads up the Southern Region. John has over 20 years of experience in the benefits arena. His expertise includes Reimbursement Accounts, 401k plans, and Equity Administration.

John also has extensive experience with states, cities, counties, and multiple Fortune 500 companies that have selected ConnectYourCare as their partner. John will share this experience and provide additional support to the State of Arkansas throughout the partnership

Prior to joining ConnectYourCare, John held leadership and direct sales positions at AonHewitt, E\*TRADE, and Paychex.

In his spare time John loves to spend time with his family and coach his three children in various sports.



### Educational Background

- Bachelor of Arts, Communications, University of North Carolina at Greensboro

### Financial Licenses

- Series 7 and 63
- Certified Equity Expert
- CE Licensed Instructor (multiple states)



# Trisha Paine, Chief Marketing Officer

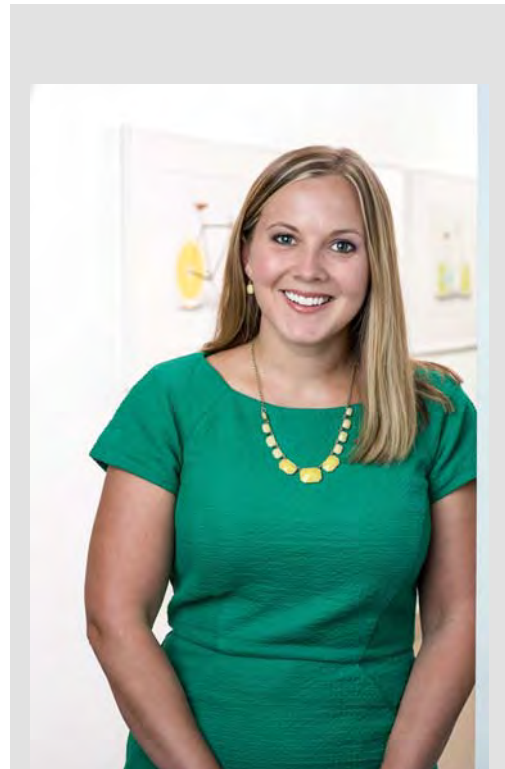
Trisha Paine is the Chief Marketing Officer at ConnectYourCare—leading the company's overall go-to-market strategy, execution, and driving market positioning, market share and participant growth.

With more than 16 years of experience, Trisha brings a breadth of knowledge in product, industry, partner and inbound marketing, and will be developing and implementing a fully integrated marketing strategy for all of ConnectYourCare's product categories and consumer channels.

Prior to joining ConnectYourCare in 2016, Trisha had a long career at SafeNet, Inc. a subsidiary of Gemalto. Trisha held roles of increasing responsibility in her 10 year tenure, most recently as the Vice President of Marketing for the Identity and Data Protection business. Under her leadership, she led the marketing team in developing highly successful marketing programs, and together they drove thought leadership via social media, public relations, and analyst relations communication channels.

Prior to Gemalto, Trisha held marketing roles at AK Tube, LLC, and Black and Decker while living in Ohio.

In her spare time, she enjoys spending time with her husband and three children, going to the beach, running, and attending Ravens and Orioles games.



### Educational Background

- MBA from the University of Toledo, Ohio
- JD with Intellectual Property Certificate from the University of Toledo, Ohio
- B.S. in Business Administration and Marketing, Salisbury University, Maryland

# Tim Sand, Chief Operating Officer

As COO of ConnectYourCare, Tim oversees the operations of the company, including customer care center, claims processing, card operations, COBRA operations, client services and account management.

An industry veteran with 25 years' experience, Tim brings extensive experience in operations management, technology, implementations, call centers, account management and product strategy.

Prior to ConnectYourCare, Tim served as the Health and Welfare Operations Leader for Towers Watson, overseeing the BenefitConnect platform and shared service teams.

Prior to Towers Watson, Tim worked at AON Hewitt for 22 years where he held several leadership positions, including leading the operations of the Core Benefits Administration platform, a key member of the initial private healthcare exchange, and the global HR BPO team.

Tim is a graduate of The Ohio State University where he holds a BS in Industrial and Systems Engineering with an emphasis in Operations Management and Process Engineering.

When not working, Tim enjoys skiing with his family and is an avid triathlete.



### **Educational Background**

- B.S., Industrial and Systems Engineering, Ohio State University

State of Arkansas Project Plan 2019

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
0		<b>State of Arkansas Project Plan 2019</b>	<b>173 days</b>	<b>Mon 7/2/18</b>	<b>Wed 2/27/19</b>	
1		<b>Contracting</b>	<b>33 days</b>	<b>Mon 7/2/18</b>	<b>Wed 8/15/18</b>	
2		CYC selected as CDH Partner	1 day	Mon 7/2/18	Mon 7/2/18	Client
3		<b>Contracts</b>	<b>32 days</b>	<b>Tue 7/3/18</b>	<b>Wed 8/15/18</b>	
4		Contract negotiations	30 days	Tue 7/3/18	Mon 8/13/18	Sales,Client
5		Execute Administrative Services Agreement	1 day	Tue 8/14/18	Tue 8/14/18	Client,Legal
6		Execute Business Associates Agreement	1 day	Tue 8/14/18	Tue 8/14/18	Client,Legal
7		Contract Execution Complete	1 day	Wed 8/15/18	Wed 8/15/18	Client
8		<b>Team Definition</b>	<b>4 days</b>	<b>Wed 7/4/18</b>	<b>Mon 7/9/18</b>	
9		Assign Client Service Manager	1 day	Wed 7/4/18	Wed 7/4/18	Director of AM
10		Assign Implementation Manager	1 day	Wed 7/4/18	Wed 7/4/18	Director of IM
11		Assign Account Executive	1 day	Wed 7/4/18	Wed 7/4/18	Director of AM
12		<b>Internal Sales Handoff Meeting</b>	<b>1 day</b>	<b>Thu 7/5/18</b>	<b>Thu 7/5/18</b>	
13		Discussion of nonstandard or custom items	1 day	Thu 7/5/18	Thu 7/5/18	Sales,IM
14		<b>Create Project Plan</b>	<b>3 days</b>	<b>Thu 7/5/18</b>	<b>Mon 7/9/18</b>	
15		Create folder structure	3 days	Thu 7/5/18	Mon 7/9/18	IM
16		Create Plan Scope Document	3 days	Thu 7/5/18	Mon 7/9/18	IM
17		Create readiness ticket	3 days	Thu 7/5/18	Mon 7/9/18	IM
18		Schedule Kickoff Meeting	1 day	Fri 7/6/18	Fri 7/6/18	IM
19						
20		<b>Project Initiation</b>	<b>6 days</b>	<b>Mon 7/16/18</b>	<b>Mon 7/23/18</b>	
21		Execute Implementation Kickoff Meeting	1 day	Mon 7/16/18	Mon 7/16/18	IM,Client,Sales
22		Review & Approve Project Milestones	5 days	Tue 7/17/18	Mon 7/23/18	IM,Client
23		Define regular meeting schedule	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
24						
25		<b>Project Definition and Planning</b>	<b>30 days</b>	<b>Tue 7/17/18</b>	<b>Mon 8/27/18</b>	
26		<b>Create Plan Scope Document</b>	<b>6 days</b>	<b>Tue 7/17/18</b>	<b>Tue 7/24/18</b>	
27		<b>Client Team</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
28		Document client team names, titles, email addresses & ph #'s	5 days	Tue 7/17/18	Mon 7/23/18	
29						
30		<b>Company Information</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
31		Open enrollment period	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
32		Plan year	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
33		Total benefit eligible employees	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
34		Estimated # of accounts	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
35		EIN	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
36		Corporate address	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
37		<b>General Plan Review</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
38		Billing entities	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
39		Reimbursement frequency	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
40		Required Minimum Funding (RMF)	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
41		EWFR timing	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
42		Funding (push/pull)	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
43		Payment card threshold amount	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client

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ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
43		Clean slate?	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
44		Account stacking order	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
45		Account termination rule	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
46		SSO	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
47		Initial communications	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
48		Custom IVR	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
49		Custom website?	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
50		Document General Plan Review	5 days	Tue 7/17/18	Mon 7/23/18	IM
51		<b>Medical FSA Plan Review</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
52		Grace period	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
53		<b>Run out</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
54		Prior year run-out administered by prior year vendor	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
55		Rollover	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
56		Minimum and maximum election	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
57		Payment card decision	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
58		Deductible impacts LPFSA?	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
59		Spouse HSA enrollment impact LPFSA?	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
60		Employer contributions?	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
61		Document Medical LPFSA Plan Requirements	5 days	Tue 7/17/18	Mon 7/23/18	IM
62		<b>Dependent Care Plan Review (DCAP)</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
63		Grace period	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
64		Run out	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
65		Minimum and maximum election	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
66		Employer contributions	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
67		Spend down	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
68		Prior year administration	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
69		Document Dependent Care Plan Requirements	5 days	Tue 7/17/18	Mon 7/23/18	IM
70		<b>Health Savings Account Plan Review (HSA)</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
71		Employer funding	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
72		HSA On Demand	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
73		Employee payroll contribution?	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
74		HSA custodian Information	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
75		Prior HSA administrator/custodian	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
76		Employer contribution funding	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
77		Document HSA Plan Requirements	5 days	Tue 7/17/18	Mon 7/23/18	IM
78		<b>Plan Scope Document Review</b>	<b>6 days</b>	<b>Tue 7/17/18</b>	<b>Tue 7/24/18</b>	
79		Review complete Plan Scope Document	5 days	Tue 7/17/18	Mon 7/23/18	Client
80		Approve Plan Scope Document	1 day	Tue 7/24/18	Tue 7/24/18	Client
81						
82		<b>Enrollment Communications</b>	<b>27 days</b>	<b>Tue 7/17/18</b>	<b>Wed 8/22/18</b>	
83		<b>Standard Account Enrollment Communications</b>	<b>6 days</b>	<b>Tue 7/17/18</b>	<b>Tue 7/24/18</b>	
84		Provide sample enrollment email	1 day	Tue 7/17/18	Tue 7/17/18	IM
85		Provide sample non-carded welcome letter	1 day	Tue 7/17/18	Tue 7/17/18	IM
86		Review enrollment communications	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client

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ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
87		Document enrollment communication plan	5 days	Wed 7/18/18	Tue 7/24/18	IM
88		<b>Custom Open Enrollment Communications</b>	<b>22 days</b>	<b>Tue 7/24/18</b>	<b>Wed 8/22/18</b>	
89		Employee Communications Overview Meeting	1 day	Tue 7/24/18	Tue 7/24/18	Marketing
90		Microsite Development	5 days	Wed 7/25/18	Tue 7/31/18	Marketing
91		Create Communications Plan	10 days	Wed 8/1/18	Tue 8/14/18	Marketing
92		Review Communications Plan	5 days	Wed 8/15/18	Tue 8/21/18	Client
93		Approve Communications Plan	1 day	Wed 8/22/18	Wed 8/22/18	Client
94		<b>Debit Card Package</b>	<b>17 days</b>	<b>Tue 7/17/18</b>	<b>Wed 8/8/18</b>	
95		Provide sample debit card kit	1 day	Tue 7/17/18	Tue 7/17/18	IM
96		Determine if standard card or custom card	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
97		Determine card quantity in initial mailing	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
98		Determine digital card or pre-printed cards (pre-printed HSA Bank must be ordered)	1 day	Wed 7/18/18	Wed 7/18/18	IM
99		Request logo and specs	1 day	Tue 7/17/18	Tue 7/17/18	IM
100		Receive logo and specs	5 days	Tue 7/17/18	Mon 7/23/18	Client
101		Mock up card front	5 days	Tue 7/24/18	Mon 7/30/18	Marketing
102		Mock up card back	5 days	Tue 7/24/18	Mon 7/30/18	Marketing
103		Review card mock ups	5 days	Tue 7/31/18	Mon 8/6/18	Client
104		Approve Payment Card Mockups	2 days	Tue 8/7/18	Wed 8/8/18	Client
105						
106		<b>Client Requirements Document</b>	<b>11 days</b>	<b>Tue 7/17/18</b>	<b>Tue 7/31/18</b>	
107		<b>Overview of Accounts</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
108		Review product offerings	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
109		Document variances in plan design	5 days	Tue 7/17/18	Mon 7/23/18	IM
110		<b>HSA Custodian Information</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
111		HSA Eligibility	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
112		HSA Restrictions to LPFSAs and HRAs	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
113		Required Demographic Information	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
114		Customer Identification Process (CIP)	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
115		Welcome Kit	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
116		Returned Welcome Kits	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
117		Transfer of Assets	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
118		HSA Terms and Conditions	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
119		HSA Accounts Opened in Error	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
120		HSA Contribution Reversals	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
121		Additional HSA Contributions	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
122		HSA Withdrawals	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
123		HSA Investments	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
124		HSA Statements	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
125		HSA Tax Forms	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
126		Service Fees	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
127		Document HSA Custodian Practices	5 days	Tue 7/17/18	Mon 7/23/18	IM
128		<b>Payment Card Information</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	

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ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
129		Examples of eligible expenses	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
130		Review payment card functionality	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
131		<b>Review Changes in Member Status</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
132		Termination Process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
133		Rehire Process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
134		Mid-Year Cancellation	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
135		Notional Account COBRA/DB Elections	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
136		Document account status change processes	5 days	Tue 7/17/18	Mon 7/23/18	IM
137		<b>Claim Processing Definition</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
138		<b>Auto-Substantiation of Claims</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
139		Auto-substantiation in Stores (IIAS)	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
140		Auto-substantiation from carrier claim feeds	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
141		Pooling	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
142		Auto-substantiation using Co-pays	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
143		Auto-substantiation for Recurring Claims	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
144		Document auto-substantiation process	5 days	Tue 7/17/18	Mon 7/23/18	IM
145		Manual Claims	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
146		<b>Ineligible Expenses</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
147		Document standard timeline for unsubstantiated claims	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
148		Claims appeal process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
149		Payment Card Threshold Amount	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
150		Online Claims Repayment	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
151		End-of-Year Clean Slate	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
152		Document ineligible expenses process	5 days	Tue 7/17/18	Mon 7/23/18	IM
153		Cards without Auto-substantiation	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
154		Document claim process for each plan type	5 days	Tue 7/17/18	Mon 7/23/18	IM
155		<b>DCAP Spend Down</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
156		Review DCAP spend down	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
157		Document DCAP spend down decision	5 days	Tue 7/17/18	Mon 7/23/18	IM
158		<b>Participant Touchpoints</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
159		<b>IVR</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
160		Confirm IVR script	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
161		<b>Customer Service</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
162		Define customer service training	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
163		Customer service hours	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
164		Document IVR and Customer Service	5 days	Tue 7/17/18	Mon 7/23/18	IM
165		<b>FSA eStatements</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
166		Review LPFSA eStatements	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
167		Document frequency	5 days	Tue 7/17/18	Mon 7/23/18	IM
168		<b>HSA Statements</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
169		Review HSA statements	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
170		Document frequency and applicable fees	1 day	Tue 7/17/18	Tue 7/17/18	IM
171		<b>Correspondence</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	

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ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
172		<b>Postal Correspondence</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
173		Review postal correspondence templates	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
174		<b>Email Correspondence</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
175		Review email correspondence templates	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
176		Document correspondence	5 days	Tue 7/17/18	Mon 7/23/18	IM
177		Review Message Center	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
178		<b>Employee Health Education Tools</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
179		Review Health Education Tools	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
180		Document Tools Selected	5 days	Tue 7/17/18	Mon 7/23/18	IM
181		<b>Portal</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
182		<b>Portal Branding</b>	<b>1 day</b>	<b>Tue 7/17/18</b>	<b>Tue 7/17/18</b>	
183		Review logo requirements	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
184		<b>Employer Dashboard</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
185		Review dashboard functionality	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
186		Review administrative access levels	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
187		Document contacts to receive administrative access	5 days	Tue 7/17/18	Mon 7/23/18	IM
188		<b>Review Funding Processes</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
189		<b>Required Minimum Funding (RMF)</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
190		Review RMF process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
191		Document push/pull and RMF amount	5 days	Tue 7/17/18	Mon 7/23/18	IM
192		<b>Employer Weekly Funding Request (EWFR)</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
193		Review EWFR process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
194		Confirm day of week for funding request, push/pull decision & additional finance funding notifications	5 days	Tue 7/17/18	Mon 7/23/18	IM
195		<b>Contribution Funding Report (CFR)</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
196		Review CFR process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
197		Document push/pull decision	5 days	Tue 7/17/18	Mon 7/23/18	IM
198		<b>Commuter Transit Funding Process</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
199		Review commuter funding process	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
200		Document commuter funding process	5 days	Tue 7/17/18	Mon 7/23/18	IM
201		<b>Administrative Fee Billing</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
202		Review administrative fee billing	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
203		Document push/pull decision & additional funding notifications	5 days	Tue 7/17/18	Mon 7/23/18	IM
204		<b>Interfaces</b>	<b>5 days</b>	<b>Tue 7/17/18</b>	<b>Mon 7/23/18</b>	
205		Review interface file information	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
206		Document interface file decisions	5 days	Tue 7/17/18	Mon 7/23/18	IM
207		<b>Requirements Document Review</b>	<b>6 days</b>	<b>Tue 7/24/18</b>	<b>Tue 7/31/18</b>	
208		Review complete Requirements Document	5 days	Tue 7/24/18	Mon 7/30/18	Client
209		Approve Requirements Document	1 day	Tue 7/31/18	Tue 7/31/18	Client
210						
211		<b>Custom Offerings</b>	<b>13 days</b>	<b>Wed 7/25/18</b>	<b>Fri 8/10/18</b>	
212		<b>Review custom offering or process one</b>	<b>13 days</b>	<b>Wed 7/25/18</b>	<b>Fri 8/10/18</b>	
213		Discuss custom offering/process	5 days	Wed 7/25/18	Tue 7/31/18	IM,Client

State of Arkansas Project Plan 2019

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
214		Document custom offering/process	2 days	Wed 8/1/18	Thu 8/2/18	IM
215		Review custom offering/process	5 days	Fri 8/3/18	Thu 8/9/18	IM,Client
216		Approve custom offering/process	1 day	Fri 8/10/18	Fri 8/10/18	Client,IM
217		<b>Review custom offering or process two</b>	<b>13 days</b>	<b>Wed 7/25/18</b>	<b>Fri 8/10/18</b>	
218		Discuss custom offering/process	5 days	Wed 7/25/18	Tue 7/31/18	IM,Client
219		Document custom offering/process	2 days	Wed 8/1/18	Thu 8/2/18	IM
220		Review custom offering/process	5 days	Fri 8/3/18	Thu 8/9/18	IM,Client
221		Approve custom offering/process	1 day	Fri 8/10/18	Fri 8/10/18	Client,IM
222						
223		<b>Technical Requirements</b>	<b>30 days</b>	<b>Tue 7/17/18</b>	<b>Mon 8/27/18</b>	
224		Schedule Initial Interface Call	1 day	Tue 7/17/18	Tue 7/17/18	IM
225		Send Interface Guides	1 day	Tue 7/17/18	Tue 7/17/18	IM
226		Hold Initial Interface Breakout Call	1 day	Fri 7/27/18	Fri 7/27/18	IM,IDT,Client
227		<b>Census, Enrollment and Payroll Feeds (Q&amp;A Follow Up)</b>	<b>1 day</b>	<b>Mon 7/30/18</b>	<b>Mon 7/30/18</b>	
228		Review Census File	1 day	Mon 7/30/18	Mon 7/30/18	Client
229		Review Enrollment File	1 day	Mon 7/30/18	Mon 7/30/18	Client
230		Review Payroll Contribution File	1 day	Mon 7/30/18	Mon 7/30/18	Client
231		<b>Data Adapter Required?</b>	<b>21 days</b>	<b>Mon 7/30/18</b>	<b>Mon 8/27/18</b>	
232		Confirm if data adaptor is required	1 day	Mon 7/30/18	Mon 7/30/18	IM,IDT,Client
233		Document data adaptor requirements	15 days	Tue 7/31/18	Mon 8/20/18	IDT
234		UAT (Data Adapter)	5 days	Tue 8/21/18	Mon 8/27/18	IDT
235		Single Sign-on from benefits/health plan website to CYC	1 day	Tue 7/17/18	Tue 7/17/18	IM,Client
236		Create QA test plan	5 days	Mon 7/30/18	Fri 8/3/18	IM,IDT,Client
237		Document interface requirements	5 days	Mon 8/6/18	Fri 8/10/18	IDT,IM
238						
239		<b>Execution</b>	<b>117 days</b>	<b>Mon 7/9/18</b>	<b>Tue 12/18/18</b>	
240						
241		<b>Execute Custom Communications Plan</b>	<b>38 days</b>	<b>Mon 7/9/18</b>	<b>Wed 8/29/18</b>	
242		Collect Logo (B&W and Color)	5 days	Tue 7/17/18	Mon 7/23/18	IM
243		Complete Draft Communications Document	1 day	Wed 8/15/18	Wed 8/15/18	Marketing
244		Finalize Documents	5 days	Thu 8/16/18	Wed 8/22/18	Marketing
245		Communications Signoff	1 day	Thu 8/23/18	Thu 8/23/18	Client
246		Execute Custom Communications Plan	10 days	Fri 8/24/18	Thu 9/6/18	Client,Marketing
247						
248		<b>Payment Card</b>	<b>69 days</b>	<b>Wed 8/1/18</b>	<b>Mon 11/5/18</b>	
249		Set up custom PRIN	5 days	Wed 8/1/18	Tue 8/7/18	FDR
250		Submit mock-ups to FDR	5 days	Thu 8/9/18	Wed 8/15/18	FDR
251		Develop proofs	1 day	Thu 8/16/18	Thu 8/16/18	FDR
252		Get card approvals (bank, VISA)	15 days	Fri 8/17/18	Thu 9/6/18	FDR
253		Physical Card Proofs Provided	1 day	Fri 9/7/18	Fri 9/7/18	FDR
254		Approve Physical Proof	1 day	Mon 9/10/18	Mon 9/10/18	IM
255		Produce cards	30 days	Tue 9/11/18	Mon 10/22/18	FDR
256						
257		<b>Configure Group in Test Environment</b>	<b>5 days</b>	<b>Mon 10/1/18</b>	<b>Fri 10/5/18</b>	



State of Arkansas Project Plan 2019

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
258		Complete Configuration in CYC Test	5 days	Mon 10/1/18	Fri 10/5/18	IM
259		Welcome Enrollment Emails (OFF in MO)	1 day	Mon 10/1/18	Mon 10/1/18	IM
260						
261		<b>Establish Connectivity and Encryption</b>	<b>36 days</b>	<b>Sat 9/1/18</b>	<b>Fri 10/19/18</b>	
262		Establish TLS Encryption?	10 days	Mon 9/3/18	Fri 9/14/18	IM
263		SFTP Connectivity Request Entered	1 day	Mon 9/3/18	Mon 9/3/18	IDT
264		Create SFTP Account	10 days	Tue 9/4/18	Mon 9/17/18	IDT
265		Verify SFTP Client Access and Decryption	5 days	Tue 9/18/18	Mon 9/24/18	IDT,IM,Client
266						
267		<b>Claims Feeds</b>	<b>59 days</b>	<b>Wed 9/26/18</b>	<b>Mon 12/17/18</b>	
268		<b>Claims Pooling</b>	<b>2 days</b>	<b>Fri 11/2/18</b>	<b>Mon 11/5/18</b>	
269		Confirm client qualifies for pooling based on checklist	1 day	Fri 11/2/18	Fri 11/2/18	IM
270		Enter Implementation ticket requesting pooling	1 day	Mon 11/5/18	Mon 11/5/18	IM
271		<b>Claims Feed #1</b>	<b>59 days</b>	<b>Wed 9/26/18</b>	<b>Mon 12/17/18</b>	
272		Initial Contact to Carrier	5 days	Wed 9/26/18	Tue 10/2/18	IM
273		Confirm Cost to Client	1 day	Wed 10/3/18	Wed 10/3/18	IM
274		Receive NDA	1 day	Thu 10/4/18	Thu 10/4/18	IM
275		Sign Non-Disclosure Agreements with Carrier	10 days	Fri 10/5/18	Thu 10/18/18	CYC,Carrier
276		Carrier Meeting - determine file format, adj method	10 days	Fri 10/19/18	Thu 11/1/18	CYC,Carrier
277		Complete Connectivity Request for SFTP	5 days	Fri 11/2/18	Thu 11/8/18	IDT
278		<b>Data Adaptor Required?</b>	<b>11 days</b>	<b>Fri 11/9/18</b>	<b>Fri 11/23/18</b>	
279		Submit Adaptor Request	1 day	Fri 11/9/18	Fri 11/9/18	IM
280		Scope/Requirements Document	10 days	Mon 11/12/18	Fri 11/23/18	IDT
281		Cost to Client (Data Adaptor)?	1 day	Mon 11/12/18	Mon 11/12/18	IM
282		Receive test file	1 day	Fri 11/23/18	Fri 11/23/18	CYC
283		Verify results of test file	5 days	Mon 12/10/18	Fri 12/14/18	CYC
284		Claims Feed 1 Testing Complete	1 day	Mon 12/17/18	Mon 12/17/18	CYC
285		<b>Claims Feed #2</b>	<b>59 days</b>	<b>Wed 9/26/18</b>	<b>Mon 12/17/18</b>	
286		Initial Contact to Carrier	5 days	Wed 9/26/18	Tue 10/2/18	IM
287		Confirm Cost to Client	1 day	Wed 10/3/18	Wed 10/3/18	IM
288		Receive NDA	1 day	Thu 10/4/18	Thu 10/4/18	IM
289		Sign Non-Disclosure Agreements with Carrier	10 days	Fri 10/5/18	Thu 10/18/18	CYC,Carrier
290		Carrier Meeting - determine file format, adj method	10 days	Fri 10/19/18	Thu 11/1/18	CYC,Carrier
291		Complete Connectivity Request for SFTP	5 days	Fri 11/2/18	Thu 11/8/18	IDT
292		<b>Data Adaptor Required?</b>	<b>11 days</b>	<b>Fri 11/9/18</b>	<b>Fri 11/23/18</b>	
293		Submit Adaptor Request	1 day	Fri 11/9/18	Fri 11/9/18	IM
294		Scope/Requirements Document	10 days	Mon 11/12/18	Fri 11/23/18	IDT
295		Cost to Client (Data Adaptor)?	1 day	Mon 11/12/18	Mon 11/12/18	IM
296		Receive test file	1 day	Fri 11/23/18	Fri 11/23/18	CYC
297		Verify results of test file	5 days	Mon 12/10/18	Fri 12/14/18	CYC
298		Claims Feed 2 Testing Complete	1 day	Mon 12/17/18	Mon 12/17/18	CYC
299		<b>Claims Feed #3</b>	<b>59 days</b>	<b>Wed 9/26/18</b>	<b>Mon 12/17/18</b>	
300		Initial Contact to Carrier	5 days	Wed 9/26/18	Tue 10/2/18	IM
301		Confirm Cost to Client	1 day	Wed 10/3/18	Wed 10/3/18	IM

State of Arkansas Project Plan 2019

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
302		Receive NDA	1 day	Thu 10/4/18	Thu 10/4/18	IM
303		Sign Non-Disclosure Agreements with Carrier	10 days	Fri 10/5/18	Thu 10/18/18	CYC,Carrier
304		Carrier Meeting - determine file format, adj method	10 days	Fri 10/19/18	Thu 11/1/18	CYC,Carrier
305		Complete Connectivity Request for SFTP	5 days	Fri 11/2/18	Thu 11/8/18	IDT
306		<b>Data Adaptor Required?</b>	<b>11 days</b>	<b>Fri 11/9/18</b>	<b>Fri 11/23/18</b>	
307		Submit Adaptor Request	1 day	Fri 11/9/18	Fri 11/9/18	IM
308		Scope/Requirements Document	10 days	Mon 11/12/18	Fri 11/23/18	IDT
309		Cost to Client (Data Adaptor)?	1 day	Mon 11/12/18	Mon 11/12/18	IM
310		Receive test file	1 day	Fri 11/23/18	Fri 11/23/18	CYC
311		Verify results of test file	5 days	Mon 12/10/18	Fri 12/14/18	CYC
312		Claims Feed 3 Testing Complete	1 day	Mon 12/17/18	Mon 12/17/18	CYC
313						
314		<b>IT Development</b>	<b>52 days</b>	<b>Mon 8/13/18</b>	<b>Tue 10/23/18</b>	
315		<b>Project #1</b>	<b>52 days</b>	<b>Mon 8/13/18</b>	<b>Tue 10/23/18</b>	
316		Business Analyst Assigned	1 day	Mon 8/13/18	Mon 8/13/18	CYC
317		Scope/Requirements	20 days	Tue 8/14/18	Mon 9/10/18	BA
318		Development/Unit Testing	15 days	Tue 9/11/18	Mon 10/1/18	BA
319		UAT	15 days	Tue 10/2/18	Mon 10/22/18	BA
320		Update Released	1 day	Tue 10/23/18	Tue 10/23/18	CYC
321		<b>Project #2</b>	<b>52 days</b>	<b>Mon 8/13/18</b>	<b>Tue 10/23/18</b>	
322		Business Analyst Assigned	1 day	Mon 8/13/18	Mon 8/13/18	CYC
323		Scope/Requirements	20 days	Tue 8/14/18	Mon 9/10/18	BA
324		Development/Unit Testing	15 days	Tue 9/11/18	Mon 10/1/18	BA
325		UAT	15 days	Tue 10/2/18	Mon 10/22/18	BA
326		Update Released	1 day	Tue 10/23/18	Tue 10/23/18	CYC
327						
328		<b>SSO Development</b>	<b>36 days</b>	<b>Sat 9/15/18</b>	<b>Fri 11/2/18</b>	
329		SSO Configuration (Client/Vendor to CYC)	15 days	Mon 9/17/18	Fri 10/5/18	CYC Prod
330		Employer Ready To Test SSO	5 days	Mon 10/22/18	Fri 10/26/18	Client
331		Verify Employer SSO Connected to test account	5 days	Mon 10/29/18	Fri 11/2/18	CYC Prod
332		Update Employer Configuration - PartnerID for SSO	1 day	Mon 11/5/18	Mon 11/5/18	IM
333						
334		<b>Test Interfaces and Contributions</b>	<b>21 days</b>	<b>Thu 11/1/18</b>	<b>Thu 11/29/18</b>	
335		<b>Receive &amp; Verify Interface Test Files</b>	<b>5 days</b>	<b>Thu 11/1/18</b>	<b>Wed 11/7/18</b>	
336		Receive & Verify Test Census File	5 days	Thu 11/1/18	Wed 11/7/18	IDT
337		Receive & Verify Test Enrollment File	5 days	Thu 11/1/18	Wed 11/7/18	IDT
338		Receive & Verify Test Contribution File	5 days	Thu 11/1/18	Wed 11/7/18	IDT
339		Scenario Testing & Ongoing Test Files	15 days	Thu 11/8/18	Wed 11/28/18	IDT
340		Interface Testing Complete	1 day	Thu 11/29/18	Thu 11/29/18	IDT,Client
341						
342		<b>Production Setup</b>	<b>28 days</b>	<b>Thu 11/1/18</b>	<b>Mon 12/10/18</b>	
343		Receive signed ACH form	1 day	Thu 11/1/18	Thu 11/1/18	Client,IM
344		Configure Employer In Production	5 days	Fri 11/2/18	Thu 11/8/18	IM
345		<b>Audit Employer Setup</b>	<b>5 days</b>	<b>Mon 12/3/18</b>	<b>Fri 12/7/18</b>	

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ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
346		IM Audit	5 days	Mon 12/3/18	Fri 12/7/18	IM
347		Power Audit	5 days	Mon 12/3/18	Fri 12/7/18	IM
348		Card Audit	5 days	Mon 12/3/18	Fri 12/7/18	FDR
349		Finance Audit	5 days	Mon 12/3/18	Fri 12/7/18	Finance
350		Notify Customer Service Employer Setup Is Complete	1 day	Mon 12/10/18	Mon 12/10/18	IM
351		Confirm IVR Configured	1 day	Mon 12/10/18	Mon 12/10/18	IM
352		Microsite - Login Link added prior to Go Live	1 day	Mon 12/3/18	Mon 12/3/18	
353		Custom customer service email configured	1 day	Thu 11/15/18	Thu 11/15/18	IM
354						
355		<b>Open Enrollment</b>	<b>10 days</b>	<b>Fri 11/9/18</b>	<b>Thu 11/22/18</b>	
356		Open Enrollment Period	10 days	Wed 11/14/18	Tue 11/27/18	Client
357						
358						
359		<b>Launch</b>	<b>86 days</b>	<b>Mon 9/3/18</b>	<b>Mon 12/31/18</b>	
360		Plan Start Date	1 day	Tue 1/1/19	Tue 1/1/19	
361		Notify Account Administrators of Go-Live	1 day	Wed 12/5/18	Wed 12/5/18	IM
362		Production Readiness Meetings Begin	1 day	Wed 11/28/18	Wed 11/28/18	CYC
363		<b>Pre1/1 Signoffs</b>	<b>54 days</b>	<b>Mon 9/24/18</b>	<b>Thu 12/6/18</b>	
364		Call Center Pre1/1 Signoff	1 day	Tue 12/11/18	Tue 12/11/18	IM,Call Center
365		Claims Pre1/1 Signoff	1 day	Mon 12/10/18	Mon 12/10/18	IM,Claims
366		Finance Pre1/1 Signoff	1 day	Mon 12/10/18	Mon 12/10/18	IM,Finance
367		Service Team Pre1/1 Signoff	1 day	Thu 12/6/18	Thu 12/6/18	CSM,IM
368		Dev Pre1/1 Signoff	1 day	Mon 12/3/18	Mon 12/3/18	BA,IM
369		<b>Go Live Meeting (Reminders)</b>	<b>5 days</b>	<b>Thu 11/29/18</b>	<b>Wed 12/5/18</b>	
370		Employer IM Meeting: EDI Topics	1 day	Thu 11/29/18	Thu 11/29/18	IM,Client
371		Finance & ER Meeting: ACH and Minimum Funding	1 day	Thu 11/29/18	Thu 11/29/18	IM,Client
372		Verify client has provided bank with CYC information so debits don't reject	5 days	Thu 11/29/18	Wed 12/5/18	IM,Client
373		Verify CS notes are entered and accurate	1 day	Tue 12/4/18	Tue 12/4/18	CSM
374		Capacity reservation needed?	1 day	Mon 9/3/18	Mon 9/3/18	IM,FDR
375		Receive/Load OE Census and Enrollment Files	2 days	Mon 12/10/18	Tue 12/11/18	Analyst
376		Send employee welcome email (optional)	1 day	Mon 12/10/18	Mon 12/10/18	CYC
377		Confirm Enrollment #'s	1 day	Wed 12/12/18	Wed 12/12/18	IM
378		Confirm RMF Pulled/Pushed	2 days	Wed 12/19/18	Thu 12/20/18	IM
379		CYC send accounts to FDR	2 days	Wed 12/12/18	Thu 12/13/18	CYC
380		Payment Cards Mail	1 day	Wed 12/19/18	Wed 12/19/18	FDR
381		Setup HR Admin/Financial access and System Authorization	2 days	Wed 12/12/18	Thu 12/13/18	IM
382		First Contribution File Received	10 days	Wed 1/9/19	Tue 1/22/19	IM
383						
384		<b>Balance Transfer (Notional)</b>	<b>15 days</b>	<b>Wed 1/2/19</b>	<b>Tue 1/22/19</b>	
385		Black Out Period with Prior Administrator	7 days	Wed 1/2/19	Thu 1/10/19	Prior Administrator
386		Schedule BalanceTransfer Load with Interface Team	1 day	Fri 1/11/19	Fri 1/11/19	Client,IDT
387		Receive Balance Files From Prior Admin	1 day	Fri 1/11/19	Fri 1/11/19	IDT,Prior Administrator

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ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
388		Load Balances	5 days	Mon 1/14/19	Fri 1/18/19	IDT
389		Analyze Balance Transfer	2 days	Mon 1/21/19	Tue 1/22/19	IDT
390						
391		<b>Post Implementation Review</b>	<b>36 days</b>	<b>Wed 1/9/19</b>	<b>Wed 2/27/19</b>	
392		<b>25 Day Processing Period</b>	<b>25 days</b>	<b>Wed 1/9/19</b>	<b>Tue 2/12/19</b>	
393		Communicate Activity Summary (Accounts, Claims, etc...)	25 days	Wed 1/9/19	Tue 2/12/19	IM
394		Confirm HSAs funded	1 day	Wed 1/9/19	Wed 1/9/19	IM, Finance
395		Customer service email redirected to CYC Ops box	3 days	Wed 1/9/19	Fri 1/11/19	IM
396		<b>Prod verification for files in and out</b>	<b>25 days</b>	<b>Wed 1/9/19</b>	<b>Tue 2/12/19</b>	
397		1st EWFR	25 days	Wed 1/9/19	Tue 2/12/19	IM
398		1st manual claim processed	25 days	Wed 1/9/19	Tue 2/12/19	IM
399		1st claims feed claim processed	25 days	Wed 1/9/19	Tue 2/12/19	IM
400		1st RIB	25 days	Wed 1/9/19	Tue 2/12/19	IM
401		2nd RIB	25 days	Wed 1/9/19	Tue 2/12/19	IM
402		Review card approval percentage	25 days	Wed 1/9/19	Tue 2/12/19	IM
403		Amendment to original SOW or Project Charter	1 day	Wed 2/13/19	Wed 2/13/19	IM
404		Send Implementation Survey	5 days	Wed 2/13/19	Tue 2/19/19	IM
405		Employer Sign-Off (Lessons Learned, Satisfaction)	1 day	Wed 2/20/19	Wed 2/20/19	IM
406		Transition to Ongoing Support Team	5 days	Thu 2/21/19	Wed 2/27/19	IM, CSM



**State of Arkansas  
COBRA Implementation Timeline  
January 2019**

Milestones	Resource for Milestone	Date(s) to Complete Milestone
<b>SETUP TASKS</b>		
Implementation Kick-off	State of Arkansas / CYC	10/16/18
Send State of Arkansas email confirmation of Implementation Kick-off call. Include COBRA Client Setup form, ACH Authorization Form, Sample Important Notice, Takeover Data Spreadsheet template for Enrolled COBRA participants.	CYC	10/16/18
Complete and Return Client Setup Form, ACH Authorization Form Organizational Breakout, Contacts, if applicable, Benefit Plans and Rates. Client Signature Required	State of Arkansas	10/23/18
Configure State of Arkansas in CYC COBRA system	CYC	10/30/18
Provide test Takeover Data spreadsheet for review	State of Arkansas	11/20/18
Review test Takeover Data and provide feedback	CYC	11/30/18
Send Important Notice – Introduction to CYC	State of Arkansas	12/11/18
Provide Production Takeover Data spreadsheet	State of Arkansas	12/11/18
Generate participant premium invoice	CYC	12/12/18
Provide 2 <sup>nd</sup> Production Takeover Data Spreadsheet (to catch any updates since the last takeover date was provided)	State of Arkansas	12/30/18
Provide final Production Takeover Data Spreadsheet (to catch any updates since the last takeover data was provided and participant cancellations)	State of Arkansas	01/10/2019
GO LIVE DATE	CYC/State of Arkansas	01/01/2019

<b>IMPORT EVENT FILES – OPTIONAL</b>		
Provide Ongoing COBRA Event Import File Specifications	CYC	10/16/18
Send Test Import File	State of Arkansas	TBD
Review and Test Import File	CYC	TBD
Import File into Production*	CYC	TBD

\*Client must use web portal to notify ConnectYourCare of new COBRA events until ongoing files are in production

<b>CARRIER EXPORT FILES – OPTIONAL</b>		
Contact Vendors for Eligibility File Setup	CYC	10/16/18

Send Test Export File	CYC	TBD
Review and Test Export File	CLIENT VENDORS	TBD
Export File into Production*	CYC	TBD

\*CYC will provide emailed eligibility reporting to client vendors until ongoing export files are in production (as requested)

# (Sample) Implementation Summary Report

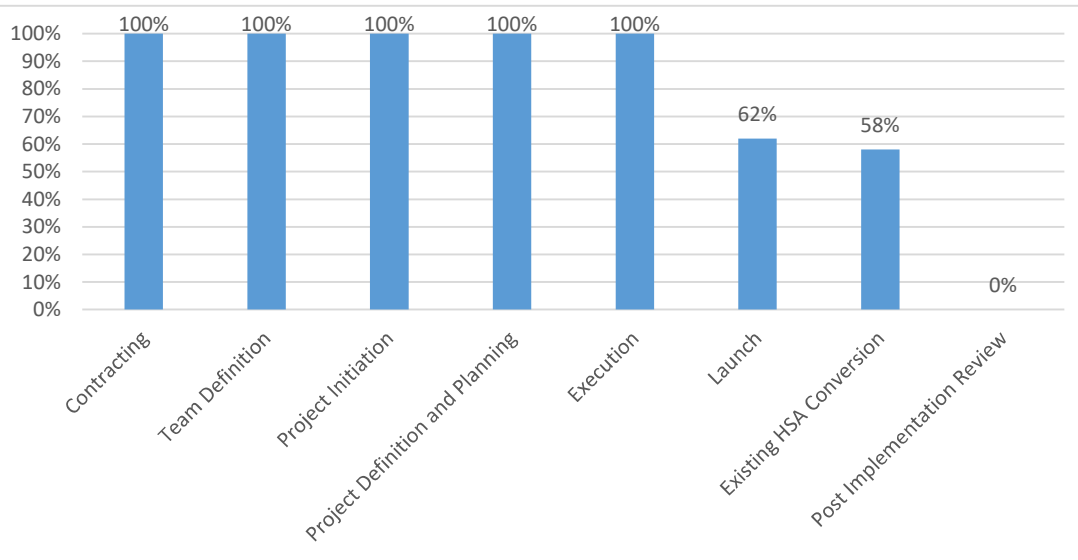
WED 6/21/17 THU 3/29/18

% COMPLETE

80%

% COMPLETE

Status for each major phase of the Implementation



## MILESTONE REPORT

Name	Finish	Days Left
Execute Implementation Kickoff Meeting	Thu 7/20/17	-153
Contract Execution Complete	Mon 8/7/17	-135
Approve Plan Scope Document	Fri 9/8/17	-103
Approve Payment Card Mockups	Thu 9/28/17	-83
Approve Requirements Document	Fri 9/15/17	-96
Employer Sign-Off (Lessons Learned, Satisfaction)	Wed 2/14/18	56
Communications Signoff	Mon 8/7/17	-135
Complete Configuration in CYC Test	Fri 9/22/17	-89
Interface Testing Complete	Mon 10/30/17	-51
Open Enrollment Period	Fri 11/24/17	-26
Claims Feed 2 Testing Complete	Tue 12/5/17	-15
Claims Feed 3 Testing Complete	Tue 12/5/17	-15
Receive/Load OE Census and Enrollment Files	Fri 12/1/17	-19
Commuter Benefit Order Cutoff	Sun 12/10/17	-10
Payment Cards Mail	Sun 12/10/17	-10
Confirm RMF Pulled/Pushed	Mon 12/18/17	-2
Plan Start Date	Mon 1/1/18	12

## LATE MILESTONES

Milestones that are past due.

Name	Finish
------	--------

## MILESTONES UP NEXT

Milestones due in this month.

Name	Finish
------	--------

## COMPLETED MILESTONES

Milestones that are 100% complete.

Name	Finish
Contract Execution Complete	Mon 8/7/17
Execute Implementation Kickoff Meeting	Thu 7/20/17
Approve Plan Scope Document	Fri 9/8/17
Approve Payment Card Mockups	Thu 9/28/17
Approve Requirements Document	Fri 9/15/17
Communications Signoff	Mon 8/7/17

Claims Feed 2 Testing Complete	Tue 12/5/17
Claims Feed 3 Testing Complete	Tue 12/5/17
Interface Testing Complete	Mon 10/30/17
Open Enrollment Period	Fri 11/24/17
Receive/Load OE Census and Enrollment Files	Fri 12/1/17
Commuter Benefit Order Cutoff	Sun 12/10/17
Confirm RMF Pulled/Pushed	Mon 12/18/17
Payment Cards Mail	Sun 12/10/17



## Flexible Spending Account Enrollment Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	<input style="width: 100%;" type="text"/>
Benefits Effective Date (MM/DD/YYYY)	<input style="width: 100%;" type="text"/>

Personal Information	
Employee Name (last name, first name) <input style="width: 100%;" type="text"/>	Social Security Number <input style="width: 100%;" type="text"/>
Street Address (cannot be PO Box) <input style="width: 100%;" type="text"/>	City, State, Zip Code <input style="width: 100%;" type="text"/>
Mailing Address (if different) <input style="width: 100%;" type="text"/>	City, State, Zip Code <input style="width: 100%;" type="text"/>
Day Time Phone Number <input style="width: 100%;" type="text"/>	Email Address <input style="width: 100%;" type="text"/>
Date of Birth (MM/DD/YYYY) <input style="width: 100%;" type="text"/>	Enrollment Status <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Health Flexible Spending Account (FSA)	Dependent Care Assistance Plan (DCAP)
<input type="checkbox"/> Select FSA <input type="checkbox"/> Decline FSA	<input type="checkbox"/> Select DCAP <input type="checkbox"/> Decline DCAP
I. Annual Contribution <input style="width: 100%;" type="text"/> (Not to exceed IRS limits*)	I. Annual Contribution <input style="width: 100%;" type="text"/> (Maximum Contribution: \$5,000)
II. Number of regular pay periods <input style="width: 100%;" type="text"/>	II. Number of regular pay periods <input style="width: 100%;" type="text"/>
III. Contribution per pay period (I divided by II) <input style="width: 100%;" type="text"/>	III. Contribution per pay period (I divided by II) <input style="width: 100%;" type="text"/>

Authorization and Certification	
<p>I understand that:</p> <ul style="list-style-type: none"> <li>• I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.</li> <li>• I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.</li> <li>• I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.</li> <li>• Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details.</li> </ul> <p>I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:</p> <ul style="list-style-type: none"> <li>• The card will only be used for eligible medical and/ or dependent care expenses.</li> <li>• Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.</li> </ul>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

\*Health FSA contributions are limited by the IRS. The limit is per person; a married couple may each contribute up to the specified limit.

# Health Savings Account Enrollment Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	<input type="text"/>
Benefits Effective Date (MM/DD/YYYY)	<input type="text"/>

## Personal Information

Employee Name (last name, first name)	<input type="text"/>	Social Security Number	<input type="text"/>
Street Address (cannot be PO Box)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Day Time Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Date of Birth (MM/DD/YYYY)	<input type="text"/>	Enrollment Status	<input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

## Health Savings Account Qualification

Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account you must meet three criteria:

- 1) You must be covered by a qualified high deductible plan.
- 2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Use Flexible Spending Account or Limited Use Health Reimbursement Arrangement.)
- 3) You cannot be claimed as a dependent on another individual's tax return.

## Health Savings Account (HSA)

<input type="checkbox"/> Select HSA <input type="checkbox"/> Decline HSA	Annual Employer Contribution	<input type="text"/>
I. Annual Employee Contribution (Not to Exceed Contribution Maximums*)		<input type="text"/>
II. Number of regular pay periods		<input type="text"/>
III. Contribution per pay period (I divided by II)		<input type="text"/>

## Authorization and Certification

I accept the terms of the ConnectYourCare HSA enrollment form. I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. I understand the HSA election I have made will remain in place from year-to-year until I notify my employer of a change to my HSA election.
- I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year.

I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.

Employee Signature _____	<input type="text"/>
	Date

\*The total combined amount of both employer and employee contributions cannot exceed IRS maximum contribution limits. For 2017, contributions may not exceed \$3,400 for individual coverage or \$6,750 for family coverage. Individuals age 55 or older can make additional "catch-up" contributions of \$1,000 for 2017.

IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.

## Settings and Preferences

- Personal Information
- Bank Accounts
- Alert Settings
- Beneficiaries**

Listed below are the beneficiaries we currently have on file for you. Previous submissions are not included in this list (prior to September 1, 2013). You may call 866-520-4472 if you have questions regarding the beneficiary designation we currently have on file.

Click "Add/Edit Beneficiaries" to update or change your designation. Any previous designation, including any paper forms, will become invalid when you finalize your update.

If you are naming more than four primary beneficiaries and/or more than four secondary beneficiaries, please complete and return the [UMB Beneficiary Designation Form](#). Please include all beneficiaries on the form as it replaces all beneficiaries previously chosen. Please note that beneficiaries designated by paper form will not appear on the website. Please call 866-520-4472 if you need assistance.

### PRIMARY BENEFICIARIES

[More information about Beneficiaries](#)

Beneficiary's Name	Address	Allocation
Lucas McLaughlin	728 Dooley Branch, Beckershire, LA 63598-2909	

[Add/Edit Beneficiaries](#)

### HERE'S A TIP

If your **spouse is** the designated beneficiary, your HSA will be treated as your spouse's HSA, therefore retaining its tax-free advantages.

If your designated beneficiary resides outside the U.S., please consult your tax advisor for more information.

If your **spouse is not** the designated beneficiary of your HSA:

- The account stops being an HSA, and
- The fair market value of the HSA becomes taxable to the beneficiary

If your **estate** is the beneficiary, the value is included on your final income tax return



## Update Beneficiaries

Enter your beneficiary information below. Any previous designation will become invalid when you finalize your update.

You may call 866-520-4472 if you have questions regarding the beneficiary designation we currently have on file.

### STEP 1

- I am married. I choose to **designate my spouse** as the primary beneficiary.
- I am married. I choose to designate someone **other than my spouse** as my primary beneficiary, and I live in a community property state. Community property states include California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.  
*(This option requires Spousal consent. The consent form will generate when you finalize your request.)*
- I am married. I choose to designate someone **other than my spouse** as a primary beneficiary, and do NOT live in a community property state.  
*(See above for community property states.)*
- I am **not married**. If I get married I must update my beneficiary designation (which may require spousal consent).  
*(Failure to update your beneficiaries may affect your assets disbursements, in accordance with the beneficiary laws in your state.)*

Cancel

Continue



## Update Beneficiaries

**STEP 2** – This option requires Spousal consent. The consent form will generate when you finalize your request.

**Beneficiary Designation** As the named Account Owner of this Health Savings Account (HSA), I have the right to designate to beneficiary or beneficiaries to whom any funds remaining in my HSA upon my death are to be paid and, at any time and from time to time prior to my death, to revoke, alter or amend any such designation previously made. Any such designation must be provided in a format acceptable to the Custodian and must be filed with the Custodian prior to my death. I hereby revoke completely every such designation previously made by me and I direct that, if I die before distribution of my HSA has been completed, the value of my Account shall be distributed to the Primary Beneficiary (ies) named below in the percentage(s) indicated, or in the absence of any percentage, in equal shares. The interest of any Primary Beneficiary who predeceases me shall terminate and the percentage shares of all surviving Primary Beneficiaries shall increase rateably in proportion to the relative sizes of the percentages of such surviving Beneficiaries as originally set forth herein.

### Primary Beneficiary 1

[Show more](#)

#### BENEFICIARY TYPE\*



#### PERCENT ALLOCATION\*

#### FIRST NAME\*



#### MIDDLE NAME

#### LAST NAME\*

#### DATE OF BIRTH



#### SSN / TAX ID

#### ADDRESS 1

#### ADDRESS 2

#### LAST NAME\*

#### CITY

#### STATE



#### ZIP CODE

#### COUNTRY



### Primary Beneficiary 2

[Show more](#)

### Primary Beneficiary 3

[Show more](#)

### Primary Beneficiary 4

[Show more](#)

## **DRAFT Summary Plan Description Template DRAFT**

**IMPORTANT!** This template includes certain features of a Cafeteria Plan that is offered in combination with an employer-sponsored group medical plan election and can reimburse any qualifying medical expense selected by the Employer in the Adoption Agreement as reimbursable under this Cafeteria Plan. It should not be used without review by Your legal counsel and modified as necessary, to reflect Your plan specifics. This document can be modified for your use. Areas typically requiring changes or further information are noted in brackets [ ], though other areas may require attention based on Your actual plan design. The information in this template is not meant as tax or legal advice, and is intended only to serve as a reference in the creation of your Summary Plan Description. You must obtain that advice from Your own legal counsel.

**[ABC COMPANY]**

**SUMMARY PLAN DESCRIPTION  
For The  
Cafeteria Plan  
Health Flexible Spending Account  
Dependent Care Flexible Spending Account  
Health Savings Account Contribution Arrangement**

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## SUMMARY PLAN DESCRIPTION

### GENERAL INFORMATION ABOUT THE PLAN

The Employer is pleased to sponsor an employee benefit program (the “Plan”) as further identified in Appendix III (Adoption Agreement) for eligible employees of the Employer.

This Plan has three components:

- (i) ***The Pre-tax Salary Reduction Component.*** The Pre-tax Salary Reduction Component enables you to make Pre-tax Salary Reductions through this Plan.
- (ii) ***The Flexible Spending Account Component.*** Two expense reimbursement options are offered through this Plan: the Health Flexible Spending Account (“Health FSA”) and the Dependent Care Flexible Spending Account (“Dependent Care FSA”).
- (iii) ***The Health Savings Account Contribution Component.*** Health Savings Account contributions are also made through this Plan.

Each of the components identified above are summarized in this Summary Plan Description (“SPD”). This SPD describes the basic features of the Plan, how it operates, and how you can receive the maximum advantage from it. There are several appendices attached to this SPD. Each appendix is incorporated into and forms an integral part of this SPD. The Plan is also established pursuant to a Plan document into which the SPD has been incorporated. Together, the SPD and the plan document form the official governing document of the Plan. However, if there is a conflict between the official plan document and the SPD, this SPD will govern.

Certain terms in this SPD are capitalized. Capitalized terms reflect important terms that are specifically defined in this SPD or in the Plan Document into which this SPD is incorporated. If a capitalized term is not specifically defined in this SPD, it will have the same meaning given it in the Plan document. You should pay special attention to these terms as they play an important role in defining your rights and responsibilities under this Plan.

Participation in the Plan does not give any Participant the right to be retained in the employ of his or her Employer or any other right not specified in the Plan. If you have any questions regarding your rights and responsibilities under the Plan, you may also contact the Plan Administrator (who is identified in the Adoption Agreement (Appendix III)).

NOTE: Information pertaining specifically to this Plan, (such as the identity of the Plan Administrator, the Third Party Administrator, the plan number, etc.) is set forth in the Adoption Agreement attached to this SPD as Appendix III.

## **PRE-TAX SALARY REDUCTION COMPONENT SUMMARY**

### **Q-1. What is the purpose of the Pre-tax Salary Reduction Component of the Plan?**

The primary purpose of the Pre-tax Salary Reduction Component of the Plan is to allow eligible Employees to elect to reduce their compensation pursuant to an agreement between the Employee and Employer (“Salary Reduction Agreement”) and have the Employer apply that amount towards the cost of the various benefits offered through this Plan (“Benefit Options”) that are chosen by the Employee. The amount of compensation reduced pursuant to the Salary Reduction Agreement and applied by the Employer towards the cost of the Benefit Options is not subject to applicable federal and most state taxes. Such amounts are referred to herein as “Pre-tax Salary Reductions”. The Benefit Options offered through this Plan are identified in the Adoption Agreement (Appendix III). NOTE: You may only use this Plan to pay your share of the cost of the Benefit Options that cover yourself or yourself and your tax dependents as defined in Code Section 152 (except as otherwise defined in Code Section 105 for health plan purposes, Code Section 21 for Dependent Care FSA purposes, and Code Section 223 for health savings account purposes). Note that qualified health plans purchased through an individual market public Exchange will not be eligible to be a Benefit Option under the Plan because they are not “qualified benefits” under Section 125.

This Pre-tax Salary Reduction Component Summary describes the rights and obligations of both you and the Employer with regard to the Pre-tax Salary Reductions that you elect.

### **Q-2. Who can make Pre-tax Salary Reductions through this Plan?**

Each Employee of the Employer who (i) satisfies the Plan’s Eligibility Requirements and (ii) is also eligible to participate in at least one of the Benefit Options will be eligible to make Pre-tax Salary Reductions through this Plan no earlier than the Eligibility Date. No Pre-tax Salary Reduction may be made unless a proper election is made in accordance with the terms of this SPD. The Eligibility Requirements and Eligibility Date are described in the Adoption Agreement (Appendix III). If you are eligible to make Pre-tax Salary Reductions under this Plan, it does not necessarily mean you are eligible to participate in all of the Benefit Options. For details regarding each Benefit Option’s eligibility provisions, please refer to the governing documents for each of the Benefit Options.

### **Q-3. When do I cease to be eligible for the Pre-tax Salary Reduction Component of this Plan?**

You cease to be eligible for the Pre-tax Salary Reduction Component of this Plan on the earliest of the following to occur:

- (i) The date that you no longer satisfy the Eligibility Requirements of this Plan or the eligibility requirements of all of the Benefit Options; or
- (ii) The date that the Plan is either terminated or amended to exclude you or the class of employees of which you are a member.

If you cease to be eligible during the Plan Year, Pre-tax Salary Reductions made through this Plan will *automatically* cease. If, during the same Plan Year, you become eligible again more than 30 days after you stopped being eligible, you may make new Pre-tax Salary Reduction elections in accordance with the terms of this SPD (subject to any other limitations on participation imposed by the governing documents of the Benefit Options). If you become

eligible within 30 days of the date you stopped being eligible, your Pre-tax Salary Reduction elections that were in effect when you stopped being eligible will be reinstated and remain in effect for the remainder of the Plan Year (unless you are allowed to change your election in accordance with the terms of the Plan).

**Q-4. How do I make Pre-tax Salary Reduction elections?**

If you have otherwise satisfied the Eligibility Requirements, you may elect Pre-tax Salary Reductions by completing a Salary Reduction Agreement (sometimes referred to as an “Election Form”) where you agree with the Employer to reduce your compensation before taxes and have the Employer apply that amount towards the cost of the Benefit Options that you choose. You will be provided a Salary Reduction Agreement (or given access to a Salary Reduction Agreement) on or before your Eligibility Date. You must complete the form and submit it in accordance with the instructions provided with your Salary Reduction Agreement during one of the election periods described in Q-6 below. The election that you make under this component of the Plan (whether to make Pre-tax Salary Reductions or not) is generally irrevocable during the Plan Year except as set forth in Q-6 below.

In some cases, the Employer may *require* you to pay your share of the cost of the Benefit Options that you choose with Pre-tax Salary Reductions. If that is the case, you agree to make Pre-tax Salary Reductions equal to your share of the cost of the Benefit Options you choose when you properly enroll in those Benefit Options. NOTE: Although coverage under a Benefit Option may be retroactively effective, the Pre-tax Salary Reduction elections made under this plan are typically effective on a prospective basis only.

You may be required to complete a Salary Reduction Agreement via telephone or voice response technology, electronic communication, or any other method prescribed by the Plan Administrator. In order to utilize a telephone system or other electronic means, you may be required to sign an authorization form authorizing issuance of personal identification number (“PIN”) and allowing such PIN to serve as your electronic signature when utilizing the telephone system or electronic means. The Plan Administrator and all parties involved with Plan administration will be entitled to rely on your directions through use of the PIN as if such directions were issued in writing and signed by you.

**Q-5. What are tax advantages and disadvantages of participating in the Pre-tax Salary Reduction Component of the Plan?**

The Pre-tax Salary Reductions that you elect to make are not subject to federal income and employment taxes and most state taxes. You should consult with qualified tax counsel if you have questions about your tax rights and obligations.

Plan participation will also reduce the amount of your taxable compensation. Accordingly, there could be a decrease in your Social Security benefits and/or other benefits (e.g., pension, disability and life insurance) that are based on taxable compensation.

**Q-6. What are the election periods for making a Pre-tax Salary Reduction Election under the Plan?**

The Plan basically has three election periods: (i) the “Initial Election Period,” (ii) the “Annual Election Period,” and (iii) the “Election Change Period.” The following is a summary of the

Initial Election Period and the Annual Election Period. The Election Change Period is described in Q-8 below.

*What is the Initial Election Period?*

The Initial Election Period is the period following the date that you first satisfy the Eligibility Requirements. The enrollment material provided to you by the Employer (or its designee) will identify the Initial Election Period. If the election that you make during the Initial Election Period effective on the later of your Eligibility Date or the first pay period coinciding with or next following the date that your election is received. The effective date of coverage under the Benefit Options will be effective on the date established in the governing documents of the Benefit Options. **NOTE: The election that you make during the Initial Election Period (whether to make Pre-tax Salary Reduction Elections or not) is effective for the remainder of the Plan Year and generally cannot be changed during the Plan Year unless you experience one of the enumerated events and provide proper notice in accordance with Q-8 below.**

*What is the Annual Election Period?*

The Plan also has an “Annual Election Period” during which you may change your elections for the next Plan Year. The Annual Election Period will be identified in the enrollment material distributed to you prior to the Annual Election Period. The election that you make during the Annual Election Period is effective the first day of the next Plan Year and cannot be changed during the entire Plan Year unless you experience one of the enumerated events and you provide proper notice as set forth in Q-8 below. NOTE: If you fail to make an affirmative election during the Annual Election Period, you may be deemed to have elected to continue your current elections during the next Plan Year. This is called an “Evergreen Election.” If the Plan doesn’t adopt the Evergreen Election rule, you will not be permitted to make Pre-Tax Salary Reductions during the next Plan Year if you don’t make an affirmative election during the Annual Election Period. The Adoption Agreement (Appendix III) will indicate if the Plan has adopted the Evergreen Election rule or not.

**Special Rule for Flexible Spending Account Component elections and Health Savings Account Contribution Component elections: Evergreen Elections do not apply to Flexible Spending Account Component elections and Health Savings Account Contribution Component elections. Consequently, you must make an election each Annual Election Period in order to participate in the Flexible Spending Account Component and/or to contribute to a Health Savings Account offered under the Plan during the next Plan Year.**

The Plan Year is generally a 12-month period. The beginning and ending dates of the Plan Year are described in the Adoption Agreement (Appendix III).

**Q-7. How are Pre-tax Salary Reductions applied by the Employer towards the cost of the Benefit Options I choose?**

When you elect Pre-tax Salary Reductions through this Plan, an amount equal to your share of the annual cost of the Benefit Options that you choose divided by the applicable number of pay periods through the end of the Plan Year is deducted from each paycheck during the Plan Year.

An Employer may choose to pay for a share of the cost of the Benefit Options you choose with nonelective employer contributions (“Employer Contributions”). The amount of Employer Contributions that is applied by the Employer towards the cost of the Benefit Option(s) is subject

to the sole discretion of the Employer and it may be adjusted upward or downward in the Employer's sole discretion at any time. The Employer Contribution amount will be calculated for each Plan Year in a uniform and nondiscriminatory manner and may be based upon your dependent status, commencement or termination date of your employment during the Plan Year, and such other factors that the Employer deems relevant. In no event will any Employer Contribution be disbursed to you in the form of additional, taxable compensation except as otherwise provided in the enrollment material or in the Adoption Agreement (Appendix III).

The Employer may use your discretion to allocate some or all of the Employer contributions to one or more Benefit Options available under the Plan as you see fit. These elective employer contributions are called "Flexible Credits" or "Benefit Credits". The Flexible or Benefit Credit amounts provided by the Employer, if any, and any restrictions on their use, will be set forth in the enrollment material.

**Q-8. Under what circumstances can I change my election during the Plan Year?**

Generally, you cannot change your election under this Plan during the Plan Year. There are, however, a few exceptions.

First, your Pre-tax Salary Reduction elections will automatically terminate if you cease to be eligible for this Plan. Moreover, if coverage under a Benefit Option ends, the corresponding Pre-tax Salary Reductions for that Benefit Option will automatically end.

Second, you may voluntarily change your election during the Plan Year if you satisfy the following conditions:

- (a) You experience a "Change in Status" or "Cost or Coverage" event described below (these are prescribed by Federal law) and
- (b) You provide appropriate notice of the event within the Election Change period described in the Adoption Agreement (Appendix III).

Change in Status and Cost or Coverage events recognized by this particular Plan, and the rules surrounding election changes are described in the Election Change Appendix attached to this SPD.

Third, an election under this Plan may be unilaterally modified by the Employer during the Plan Year if you are a Key Employee or Highly Compensated Individual (as defined by the Internal Revenue Code) as necessary to prevent the Plan from failing the applicable non-discrimination rules set forth in the Code.

**Note: There are special election change rules for Health Savings Account Contribution Component elections made under the Plan. Please refer to the Health Savings Account Contribution Component Summary included in this SPD for a more detailed discussion of those rules.**

**Q-9. What happens to my Pre-tax Salary Reduction elections if I take a leave of absence?**

Your Employer may elect to continue coverage under one or more of the Benefit Options that you chose while you are absent on a paid leave. If so, you will pay your share of the cost of such

coverage that you are required to pay during such a leave by the method normally used during any paid leave (for example, with Pre-tax Salary Reductions).

In the event of unpaid leave (or paid leave where coverage is not required to be continued), you will be permitted to pay your share of the cost of any such Benefit Options that you are permitted to continue during the leave in accordance with the payment options adopted by your Employer. The payment options adopted by the Employer will be established in accordance with the terms of the Plan, Code Section 125, FMLA (to the extent applicable), any other applicable federal or state law(s), and any applicable regulations issued thereunder.

**Q-10. How long will the Pre-tax Salary Reduction Component of this Plan remain in effect?**

The Plan Administrator has the right to modify or terminate the Pre-tax Salary Reduction Component of this Plan at any time and for any reason. Plan amendments and terminations will be conducted in accordance with the terms of the Plan Document.

**Q-11. What happens if I have a dispute about my rights under the Pre-tax Salary Reduction Component of this Plan (e.g. an election change or other issue germane to Pre-tax Contributions)?**

You have the right to a full and fair review process. If you are denied a claim related to Pre-tax Salary Reductions under this Plan, your claim will be reviewed in accordance with the claims review procedures set forth in the Claims Review Procedure Appendix (Appendix I) attached hereto.

## **FLEXIBLE SPENDING COMPONENT SUMMARY**

### **Q-12. What is the Flexible Spending Account Component of the Plan?**

The Plan offers two different reimbursement options: a Health Flexible Spending Account (“Health FSA”) option and a Dependent Care Flexible Spending Account (“Dependent Care FSA”) option. The Health FSA reimburses Eligible Medical Expenses and the Dependent Care FSA reimburses Eligible Day Care Expenses in accordance with the terms of the SPD. Collectively Eligible Medical Expenses and Eligible Day Care Expenses are referred to as “Eligible Expenses.” The Health FSA is intended to qualify as a self-insured medical reimbursement plan subject to Code Section 105 and the regulations issued thereunder and the Dependent Care FSA is intended to qualify as a dependent care assistance plan subject to Code Section 129 and the regulations issued thereunder.

### **Q-13. Who can participate in the Flexible Spending Account Component of the Plan?**

Each Employee who satisfies the Eligibility Requirements identified in the Adoption Agreement (Appendix III) is eligible to participate in the Flexible Spending Account Component no earlier than the Eligibility Date identified in the Adoption Agreement (Appendix III). You must make a proper election in accordance with Q-14 below in order to participate in the Flexible Spending Account Component of the Plan. The effective date of coverage is also identified in Q-14 below.

**For Health FSA Only:** You must be eligible for group health plan coverage sponsored by your Employer to be eligible for the Health FSA option. If you are a participant in the Health FSA option, your Eligible Dependents are also covered. Your Eligible Dependents, for purposes of the Health FSA option, are your Spouse and any other person who qualifies as your dependent under Code Section 105(b). An individual is a “dependent” for purposes of Code Section 105(b) if the individual is a dependent for income tax purposes under Code Section 152 or would otherwise qualify as your dependent under Code Section 152 but for the fact that (i) the individual has income in excess of the exemption amount (applicable to “Qualifying Relatives” as defined in Code Section 152); (ii) you are a dependent of another taxpayer, or (iii) the individual is married and files a joint return with his or her spouse. In addition, a child to whom Section 152(e) applies (i.e. a child of divorced or separated parents) is considered a dependent of both parents for the purpose of the Health FSA without regard to who claims the child as a dependent on his or her tax return, if you have questions regarding the dependent status of an individual, you should contact qualified tax or legal counsel.

### **Q-14. How do I make an election to participate in the Flexible Spending Account Component?**

You become a participant in Flexible Spending Account Component of this Plan by electing the Health FSA option and/or Dependent Care FSA Option during the election periods described in Q-6 of this SPD. Your participation in the Flexible Spending Account Component of this Plan will be effective on the date that you make a timely election or your Eligibility Date, whichever is later. If you wish to participate in either of the options during the next Plan Year, you must make an election to participate in the desired option(s) during the Annual Election Period, even if you do not change your current election. **Evergreen Elections do not apply to Flexible Spending Account component elections.**



If you elect to participate in the Health FSA option, the Employer will establish a notional “Health Care Account”. If you elect to participate in the Dependent Care FSA option, the Employer will establish a national “Dependent Care Account.” Collectively, the Health Care Account and the Dependent Care Account are referred to as “Account(s).” Each Account is established to keep a record of the Pre-tax Salary Reductions (and Employer Contributions, if any) applied towards the cost of your coverage under each option that you elect as well as the reimbursements of Eligible Expenses during the Plan Year. No actual account is established; the Accounts are merely bookkeeping accounts. Benefits under the Health FSA and Dependent Care FSA are paid as needed from the Employer’s general assets except as otherwise set forth in the Adoption Agreement (Appendix III).

**Q-15. When does coverage under a Flexible Spending Account Component option that I elect end?**

Coverage under a Flexible Spending Account Component option ends on the earlier of the following to occur:

- (a) The date that you revoke your election to participate in an option;
- (b) The last day of the Plan Year unless you make an election during the Annual Election Period to continue participation in that option;
- (c) The date that you no longer satisfy the Eligibility Requirements; or
- (d) The date that the Flexible Spending Account Component option is terminated or amended to exclude you or the class of eligible employees of which you are a member.

**FOR HEALTH FSA ONLY:** Coverage for your Eligible Dependents ends on earliest of the following to occur:

- (a) The date your coverage ends;
- (b) The date that your dependents cease to be Eligible Dependents (e.g. you and your spouse divorce);
- (c) The date the Flexible Spending Account Component option is terminated or amended to exclude the individual or the class of Dependents of which the individual is a member from coverage under the Flexible Spending Account Component option.

You (and your covered spouse and/or dependent children) may be entitled to elect COBRA Continuation Coverage under the Health FSA if coverage ends because of a Qualifying Event (as set forth in more detail in Q-27 below).

**Q-16. Can I ever change my Flexible Spending Account Component elections?**

You can change your Flexible Spending Account Component elections in accordance with Q-8 of this SPD.

**Q-17. What is the maximum annual reimbursement amount under the Health FSA option?**

The maximum Salary Reduction contribution that can be made to a Participant’s Health Care Account for any Plan Year shall be \$2,500 (as indexed for inflation for future years) or such lesser amount as is communicated in enrollment materials.

You will be reimbursed up to the annual reimbursement amount you elect plus any Employer Contributions (if any) allocated to your Health Care Account (“Annual Reimbursement Amount”), not to exceed the Maximum Annual Health Care Reimbursement Amount identified in the Adoption Agreement (Appendix III). You may also be required to elect a reimbursement equal to or greater than the Minimum Health Care Reimbursement Amount identified in the Adoption Agreement (Appendix III). You will be required to pay the full cost of coverage (reduced by any Employer Contributions applied to your Health Care Account, if any) with Pre-tax Salary Reductions. Any change in your Health FSA election also will change the Annual Reimbursement Amount for the period of coverage after the election. The Annual Reimbursement Amount after an election change will be determined on a prospective basis by a method determined by the Plan Administrator that is in accordance with applicable law. The Plan Administrator (or its designated claims administrator) will notify you of the applicable method when you make your election change. So long as coverage is effective, the full, Annual Reimbursement Amount you elected, reduced by the amount of previous Health FSA reimbursements received during the Year, will be available at any time during the Plan Year, without regard to the amount of Pre-tax Salary Reductions that have been applied towards the cost of your Health FSA coverage.

**Q-18. What is the maximum annual reimbursement of Eligible Day Care Expenses available under the Dependent Care FSA?**

You will be reimbursed up to the Annual Reimbursement Amount you elect plus any Employer Contribution allocated to your Dependent Cash Account, in any (“Annual Reimbursement Amount”), not to exceed the Maximum Annual Dependent Cash Reimbursement Amount. The annual reimbursement amount you elect cannot exceed the Maximum Annual Dependent Care Reimbursement amount specified in Section 129 of the Internal Revenue Code. The Maximum Annual Dependent Care Reimbursement amount is currently \$5,000 per Plan Year if:

- You are married and file a joint return;
- You are married but your Spouse maintains a separate residence for the last 6 months of the calendar year, you file a separate tax return, and you furnish more than one-half the cost of maintaining those Dependents for whom you are eligible to receive tax-free reimbursements under the Dependent Care FSA; or
- You are single.

If you are married and reside together, but file a separate federal income tax return, the Maximum Annual Dependent Care Reimbursement amount that you may elect is \$2,500. In addition, the amount of reimbursement that you receive on a tax free basis during the Plan Year cannot exceed the lesser of your earned income (as defined in Code Section 32) or your spouse’s earned income.

Your Spouse will be deemed to have earned income of \$250 if you have one Qualifying Individual and \$500 if you have two or more Qualifying Individuals (described below), for each month in which your Spouse is

- (i) Physically or mentally incapable of caring for himself or herself, or
- (ii) A full-time student (as defined by Code Section 21).