



EXPRESSION OF INTENT TO IMPLEMENT
APTA- HEALTH PROGRAM

Hardin County ("Plan Sponsor") expresses its intent to implement Apta- Health's care coordination and navigation services in its benefit plan on the terms outlined herein. The goal of this document is to document the Plan Sponsor's initial decisions on the key elements and implications of Apta-Health's services based on a proposal submitted to Plan Sponsor ("Proposal").

- 1. Anticipated Effective Date: 7/1/19
2. Approximate number of covered employees: Members:
3. Employee Education Meetings and Communications. Anticipated start date of meetings and communications:
4. Locations Included. The Apta-Health program will be implemented and meetings conducted for: All Locations (please specify) Some Locations (please specify)

5. Implementation Fee. Confirm that a non-refundable implementation Fee of \$4,500 will be billed and 100% payment is expected at the beginning of implementation. If stop loss is uncompetitive or unable to be secured... The \$4,500.00 would be refunded in whole if the stop loss or program is not competitive with current rates: Date:

6. Existing Wellness. Do you have any health management programs in place that Apta-Health will be involved in managing and administering, such as bio metric screenings, and health risk assessments? Yes No
If yes, please ensure that all materials related to this program are provided to Apta Health prior to the Initial Implementation meeting.

7. Wellness concurrent with implementation. Are you planning on implementing any health management programs or doing screenings and/or health risk assessments concurrent with implementation of Apta-Health (please see above for specific examples of health management programs)? Yes No
If yes, details will be discussed at the Initial Implementation meeting.

8. Contracting. Please identify the primary contact within your organization for finalizing the Apta-Health program contract:

Expression of Intent: ("Plan Sponsor")

Name _____

Title _____

Phone number _____

Email: _____

On behalf of Plan Sponsor

On behalf of Apta-Health

Its: _____

Its: _____

Date: _____

Date: _____

***Notes:**

- 9. a) For prospective clients that are **currently fully insured** - this assumes a 12/15 specific and a 12/12 aggregate stop loss contract, if max claims liability plus stop loss premiums, network access, and third party admin fees are more than 5% above the fully insured renewal premiums**then client is not obligated to implement the Apta-Health program. If stop loss is secured and competitive and client does not move forward with implementation, then Apta-Health will be paid 50% of the implementation fee as a stop loss marketing fee.

- 10. b) For prospective clients that are **currently self-insured** - this assumes mirroring the current contract terms, both specific and aggregate, and if max claims liability plus stop loss premiums, network access, and third party admin fees are more than the self-insured renewal**, then client is not obligated to implement the Apta-Health program. If stop loss is secured, and competitive, and client does not move forward with implementation, then Apta-Health will be paid 50% of the implementation fee as a stop loss marketing fee.

All renewal information used for refunds must be documented from information provided directly from the **initial incumbent carrier renewal and other additional vendors illustrating premiums, network access, administrative services fees (ASO) or third party admin (TPA) fees. We will not accept spreadsheets or illustrations provided by other entities (group, broker, outside consultant, etc.) The initial renewal will be the only quote used in the comparison and needs to be supplied before a quote is shared to protect from having our quote used to assist in the renewal negotiations.