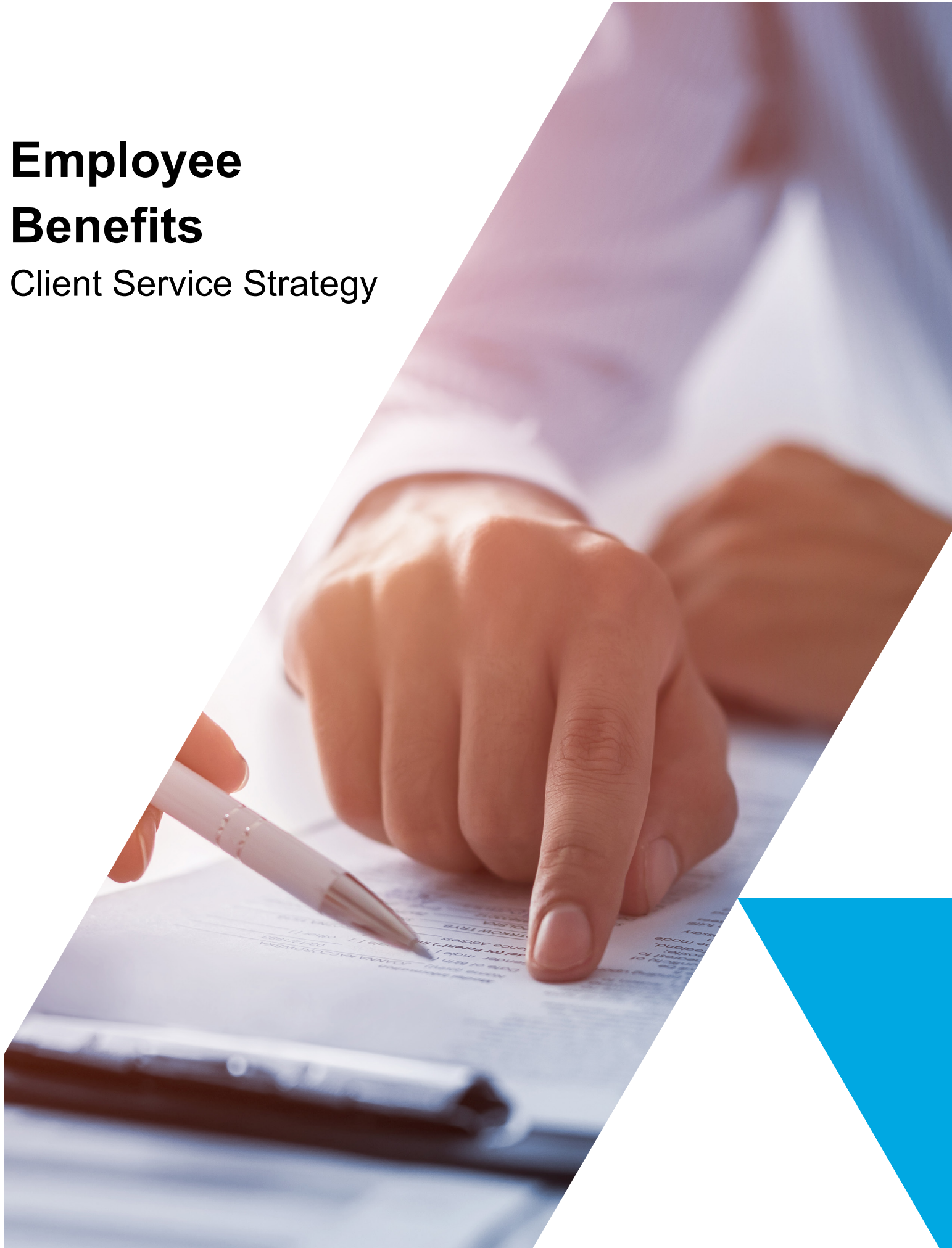


# Employee Benefits

Client Service Strategy



The purpose of this plan is to illustrate our commitment to support your organization's unique benefits needs. By clarifying both parties' expectations, our desire is to promote and sustain a trusted business partnership. Our service approach is comprised of the following:

## Strategic Planning

Are there any threats or challenging goals in the coming 12-18 months? Why do these matter?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Strategic Planning		Time Frame	Notes
<input type="checkbox"/>	Benefit's Vision and Strategic Plan		
<input type="checkbox"/>	Benefit Planning <ul style="list-style-type: none"> <li>– Fully-insured specialty Rx &amp; Coalitions</li> <li>– Enhanced Telemedicine</li> <li>– Direct Primary Care</li> <li>– Captives</li> <li>– Enhanced Musculoskeletal Benefits</li> <li>– Population Health</li> </ul>		
<input type="checkbox"/>	Employee Consumerism Education		
<input type="checkbox"/>	Facilitate Third Party Administration Relationships (FSA/HRA/HS A, COBRA, Flex Administration)		
<input type="checkbox"/>	Rx Contract Analysis		
<input type="checkbox"/>	Alternative Funding Feasibility Analysis		
<input type="checkbox"/>	Actionable Overspending Analysis		
<input type="checkbox"/>	Retirement Benefit Solutions		
<input type="checkbox"/>	Assist/Participate in Collective Bargaining Unit Negotiations		
<input type="checkbox"/>	"Zero" Cost Solutions (i.e. Zero Card, Rx N' Go)		
<input type="checkbox"/>	Client Interactions: <ul style="list-style-type: none"> <li>– Strategy Meetings &amp; Performance Guarantee Review</li> <li>– News and Updates</li> <li>– Executive Team Support</li> </ul>		

<input type="checkbox"/>	Customer Service Expectations: – Response Time – Routine Issue Resolution – Other		
<input type="checkbox"/>	Population Health Management		
<input type="checkbox"/>	Research Alternate Provider “Narrow” Networks		

HR Solutions		Time Frame	Notes
<input type="checkbox"/>	Employee Hotline		
<input type="checkbox"/>	Seminars / Webinars / GCG Newsletter Series		
<input type="checkbox"/>	ALERAHR Certification Courses		
<input type="checkbox"/>	“Living” Handbook		

Wellbeing		Time Frame	Notes
<input type="checkbox"/>	Strategic Planning and/or Plan Review		
<input type="checkbox"/>	Health Risk Assessments & Biometrics		
<input type="checkbox"/>	Newsletters		
<input type="checkbox"/>	– Campaign(s) – Activity – Holiday Maintenance – Nutrition – Other – Stress Management		
<input type="checkbox"/>	Health Fair		
<input type="checkbox"/>	Committee Participation		
<input type="checkbox"/>	Financial Wellness Support		

Employee Communications		Time Frame	Notes
<input type="checkbox"/>	Open Enrollment Meeting		
<input type="checkbox"/>	Online Benefit Administration		
<input type="checkbox"/>	Brainshark Benefit Presentations (Audio & Video)		
<input type="checkbox"/>	Benefits Transparency & Concierge Services		
<input type="checkbox"/>	Telemedicine		
<input type="checkbox"/>	Decision Support In-Person and Technology		
<input type="checkbox"/>	Customized Open Enrollment Documentation		
<input type="checkbox"/>	Staff Surveys		
<input type="checkbox"/>	Milliman Benchmarking and BPS Review		

Reporting/Analytics and Tools		Time Frame	Notes
<input type="checkbox"/>	Analytics (i.e. Artemis, Deerwalk)		
<input type="checkbox"/>	BPS Review		
<input type="checkbox"/>	Plan Design Calculator		
<input type="checkbox"/>	Renewal Analysis		
<input type="checkbox"/>	Benefits CFO Platform		
<input type="checkbox"/>	CAHP Report		
<input type="checkbox"/>	Actuarial Plan Modeling		

Compliance		Time Frame	Notes
<input type="checkbox"/>	5500 Support		
<input type="checkbox"/>	ACA, Reporting and Annual Notices		
<input type="checkbox"/>	Health & Welfare Compliance Checklist		
<input type="checkbox"/>	COBRA / Flex Administration Review		

GCG Specialized Services		Time Frame	Notes
<input type="checkbox"/>	On-Site / Near-Site Clinics		
<input type="checkbox"/>	Cost-Plus Pricing		
<input type="checkbox"/>	Value-Based Benefit Model		
<input type="checkbox"/>	HERO Underwriting Platform		
<input type="checkbox"/>	Claim Audits		
<input type="checkbox"/>	Dependent Audits		
<input type="checkbox"/>	401(k), 403(b) and Pension Planning		
<input type="checkbox"/>	COBRA and FSA Administration		
<input type="checkbox"/>	Mergers and Acquisitions Support		
<input type="checkbox"/>	Executive Benefits Planning		
<input type="checkbox"/>	Property Casualty Insurance		
<input type="checkbox"/>	Worker's Compensation Coverage and Safety		
<input type="checkbox"/>	Risk Management / Loss Control		
<input type="checkbox"/>	Group Critical Illness & Accident		
<input type="checkbox"/>	Group Long Term Care		



**We're excited to plan the upcoming policy year with you. To make sure it meets or exceeds your expectations, please:**

- Notate those services you feel your organization may benefit by implementing in the upcoming 12 to 18 month period.
- Assign individuals within your organization to "champion" each particular chosen service.
- Let us know immediately if you have any reservations regarding the implementation of a chosen service.
- Give us candid feedback regarding any area which you regard as less than exceptional. We want to ensure a long term relationship and will do anything we can to ensure it.

This document is simply a tool to help us provide you the services you want, when you want them. It also is meant to give immediate feedback if any expectations are not met. Please acknowledge your service selections below so we can immediately make it a part of your upcoming years' service platform.

**Over the last 12 months, please provide feedback regarding:**

Are there any services that have been "game changers" for you, that have created the result you desired?

Are there any services that could be improved, to make them more effective?

For your next benefit year, what does the "ideal" year look like and what needs to be included?

Company Name: \_\_\_\_\_

Plan Year: \_\_\_\_\_

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

Client Name

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

GCG Financial

