



KEY HEALTHY

partners™

FREQUENTLY ASKED QUESTIONS

1) How long has this product been available?

Key Healthy Partners™ (KHP) was first introduced in 2007 by Key Benefit Administrators (KBA). Founded in 1979, KBA is one of the country's largest independently owned third party administrators with more than 500,000 members under management.

2) How have renewals been performing?

Looking across our book of business:

10% of clients enjoyed rate decreases

13% of clients performed well enough to receive premium refunds

Over the last three years, renewals have been priced below trend.

3) What kind of timing do you need for a smooth start up?

If we have all eligibility in house 10 business days prior to the effective date, we can deliver ID cards before the start of the plan year.

4) Describe your bundled approach:

This is a bundled product so we do all of the work for you, offering you the component providers such as labs, pharmacies and the like. We also provide the contract and contract language.

5) What should I be thinking of if I want to return to the fully insured marketplace?

We think that once you have enjoyed what KHP has to offer you will not want to return to the traditional marketplace. But if you want to seek competitive quotes at renewal, you would ask for fully insured quotes the way you always do—your broker or consultant will assist you in completing medical applications and they will send them to the various markets along with your request for plan design. Because we will have provided you with claim data all year long, you may also have the opportunity to provide that information.

6) What is the lag time for claim payments?

The average claim lag period is 29 calendar days from the date of service until the provider/member receive payment. Our contract is structured so that you have six months after the close of the policy year to capture all claim activity. We have not had a claim exceed that time frame.

7) Describe your flexibility:

You get to select from a variety of plan designs to meet your needs. Deductibles, copays, co-insurance and Rx choices are chosen to fit your budget. For those with a high deductible, you can choose to embed the deductible or not.

Additional frequently asked questions on reverse.

8) Additional products and services:

Inclusive in this plan for every group is COBRA and HIPAA administration. We do offer a variety of complementary products as well. This allows you to limit the number of vendors with whom you work with. Flexible Spending Accounts, additional wellness services and screenings, gap plans and supplementary products such as life, dental and vision are available.

9) Compliance services include:

Inclusive within the plan is on-going product compliance from our on-staff legal counsel when it comes to healthcare reform, HIPAA, COBRA and any other compliance challenges faced by the Key Healthy Partners™ Program.

10) Describe your future plans for enhancements:

Typically our clients tell us what they would like to see next. We are upgrading our computer capabilities for greater connectivity and ease of administration. We are always seeking new network partners with robust services and competitive pricing.

11) Current networks:

- PHCS
- Healthspan
- First Health
- CIGNA
- MMO
- Healthsmart
- Sagamore
- Encore
- Ohio Health Choice
- MultiPlan
- First Choice of Midwest
- Encircle
- HealthEOS
- Healthlink
- Nevada Preferred Network



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Contact **Key Benefit Administrators** today for more information:
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