



COST CONTAINMENT AND DISEASE MANAGEMENT. AWAC® is a computer-driven, physician-monitored system that can screen pre-certification, claims and prescription drug data from R H Administrators system. Using over 40,000 physician-produced algorithms, the software actually identifies at-risk claimants before they become catastrophic -- often on a claim as small as \$30. By detecting these cases early, R H Administrators can help utilize appropriate resources and assure optimum care at negotiated prices.



Benefits Link provides employers as well as employees secure access to R H Administrators state-of-the-art benefit management information system via the Internet.



Benefits Link allows direct access to select benefit administration modules listed below:

Billing. Retrieve monthly invoice, get summary and/or invoice detail. Paste summary and/or detail to spreadsheets for analysis.

Eligibility. Query and retrieve employee and/or dependent information.

Claim History. Access Claim History (chronology) as well as EOB's, (Explanation of Benefits) information.

Reports. Retrieve reports over the Internet.

Document Library. Retrieve Forms, SPD's, Manual Enrollment, etc.

Security. Security control for online access to select modules.

24/7 CLIENT SERVICE. Plan members and providers have 24/7 toll-free telephone access to R H Administrators automated system to obtain claim status, flex spending account information, year-to-date deductible data and out-of-pocket information. All information is updated minute-by-minute. Our fax-back system provides access to eligibility and plan coverage information 24/7 for your convenience.

CLAIMS HANDLING. The cornerstone of R H Administrators state-of-the-art information platform is LuminX, a sophisticated, artificial intelligence software system that determines eligibility based on a 500-plus checklist before claims are paid. This ensures the appropriate services are reimbursed for eligible employees – at the appropriate fees. The system also coordinates “reasonable and customary charges” by physicians and other providers automatically. Knowledgeable benefit analysts who receive continual training and information on payment techniques process claims in-house.

Self-funded clients are in control. A separate bank account is set up which claim payments are made. A holding account (interest bearing by non-corporate clients) is set up to place funds previously paid to a fully insured carrier. A second account is set up as a -0- balance account, in which R H Administrators and/or clients may have signature authority. Claims are processed, you are notified of the amount, funds are transferred. Claims clear again and -0- the account.

Checks are printed from R H Administrators in-house micro printing system. All banking information, including account numbers and routing data is automatically inserted on blank check stock. An Explanation of Benefits (E.O.B) is inserted along with the check detailing how the benefits were paid. Checks are distributed from R H Administrators fulfillment center.





THE R H ADMINISTRATOR DIFFERENCE.

R H Administrators, Inc., is an independent, professional benefit administrator with over twenty-five years experience overseeing health insurance and health related claims.

The Texas based firm offers an integrated network of services including: group health and life, group health and dental claim administration, premium accounting and administration, preferred provider network management, plan design, stop-loss placement, and fully insured programs for clients nationwide. We are insured, bonded and have met all licensing requirements by the State of Texas.

Rick Holder, founder and president, infuses R H Administrators with visionary strategy, state-of-the-art technology and his warm-hearted, straight-talking approach. He has served the Texas Professional Benefit Administrators Association in Austin, Texas as a board member for eight consecutive years – the longest tenure of any board member in its history.

Pam Holder, vice president, is the driving force of the R H Administrator's operations. She is responsible for strategic planning, finance and business development. She leads a team of highly trained analyst dedicated to customer service. Before joining R H Administrators, Pam held an administrative position in the healthcare industry.

R H Administrators integrates information, technology and expertise to empower clients. Our technology transcends physical location providing accurate, real-time answers for plan members and employers. Our knowledgeable staff can draft plan documents, certificate filing with the proper authority, prepare summary plan descriptions (benefit booklets), conduct on-site meetings explaining plan benefits, provide claim forms, I.D. cards, change forms as well as assist you with billing, collecting, accounting and remitting premiums to the carrier.

Protect your workforce and your peace of mind with R H Administrators. We have the tools, technology and expertise to build the plan that is right for you.

R H Administrators, Inc., -- Superior Plans, Superior Service.

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STOP LOSS COVERAGE. Stop loss coverage is designed to reimburse the employer for medical expense payments (under a self-funded plan) that exceed specific limits during a coverage period. Individual and Aggregate Stop Loss coverage is offered to protect the employer against large individual claims and unexpected high claim activity.

INDIVIDUAL STOP LOSS (ISL). The insurer will reimburse the employee the amount by which specific losses exceed the individual stop loss amount during the coverage period. Specific losses are the total amount of eligible expenses incurred and paid by the employer for any one person covered under the employer's plan. ISL reimbursements are made immediately after satisfactory proof of payment is received.

AGGREGATE STOP LOSS (ASL). The insurer will reimburse the employer the amount by which aggregate losses exceed the aggregate attachment point during the coverage period. Aggregate losses are the total amount of eligible expenses incurred and paid for all persons covered under the employer's benefit plan, excluding any amounts reimbursed under the ISL.



D2HawkeyeExplorer is a total health plan management software solution. Our software's processing and reporting engine integrates medical claims, pharmacy claims, eligibility data, wellness and medical management data, and all associated financial data into one comprehensive data set.

Reports generated by D2HawkeyeExplorer provide the following types of information to you and your clients:

- ▶ Trend analysis by employer group and business units.
- ▶ Details on cost and utilization drivers.
- ▶ Performance measures for vendors and providers.
- ▶ Opportunities for care management and disease management.

Other unique attributes of the software include:

- ▶ Seamless blending of medical, prescription drug, and case management datasets.
- ▶ Instant drill-down capabilities from any database hierarchy.
- ▶ Web-based interface (ASP model).

D2Hawkeye Explorer Allows You To:

- ▶ Generate comprehensive reports by employer group or business unit.
- ▶ Identify a plan's cost and utilization drivers.
- ▶ Develop health care strategies that incorporate wellness and disease management initiatives.
- ▶ Target emerging high-risk members before they become large cases.
- ▶ Uncover specific care management or disease management opportunities.
- ▶ Analyze spending trends for all major cost categories.
- ▶ Measure vendor performance.
- ▶ Review costs at a member level, unit level, and group level.
- ▶ Assist in measurement of ROI associated with care management and disease management.
- ▶ Improve upon plan and benefit design.

EMPLOYERS CHALLENGE. Employers face many difficult challenges in today's business arena including providing quality healthcare benefits at an affordable price with predictable inflation trends. Rising health care cost can be attributed to:

- ❖ Medical care costs have increased faster than the general cost of living, due to technological advances and consumer demands.
- ❖ Federal and state governments have limited benefits paid under Medicare and Medicaid, shifting billions of dollars in risks and exposure from the public and private sector.
- ❖ Because of the Baby Boom of the 1940s and early 1950s, the U.S. workforce is aging, which results in higher utilization of health care. This trend is not expected to level off in the near future.
- ❖ Federal and state mandates for group health policies causes higher utilization and increased premiums.

R H Administrators builds dynamic, self-funded plans tailor-made to fit your workforce. You will have greater control over cash resources and offer coverage options that reflect the needs of your employees and save money. Our solution gives you the flexibility that simply does not exist with traditionally funded insurance programs.

Protect your workforce and your peace of mind with R H Administrators. We have the tools, technology and expertise to build the plan that is right for you.