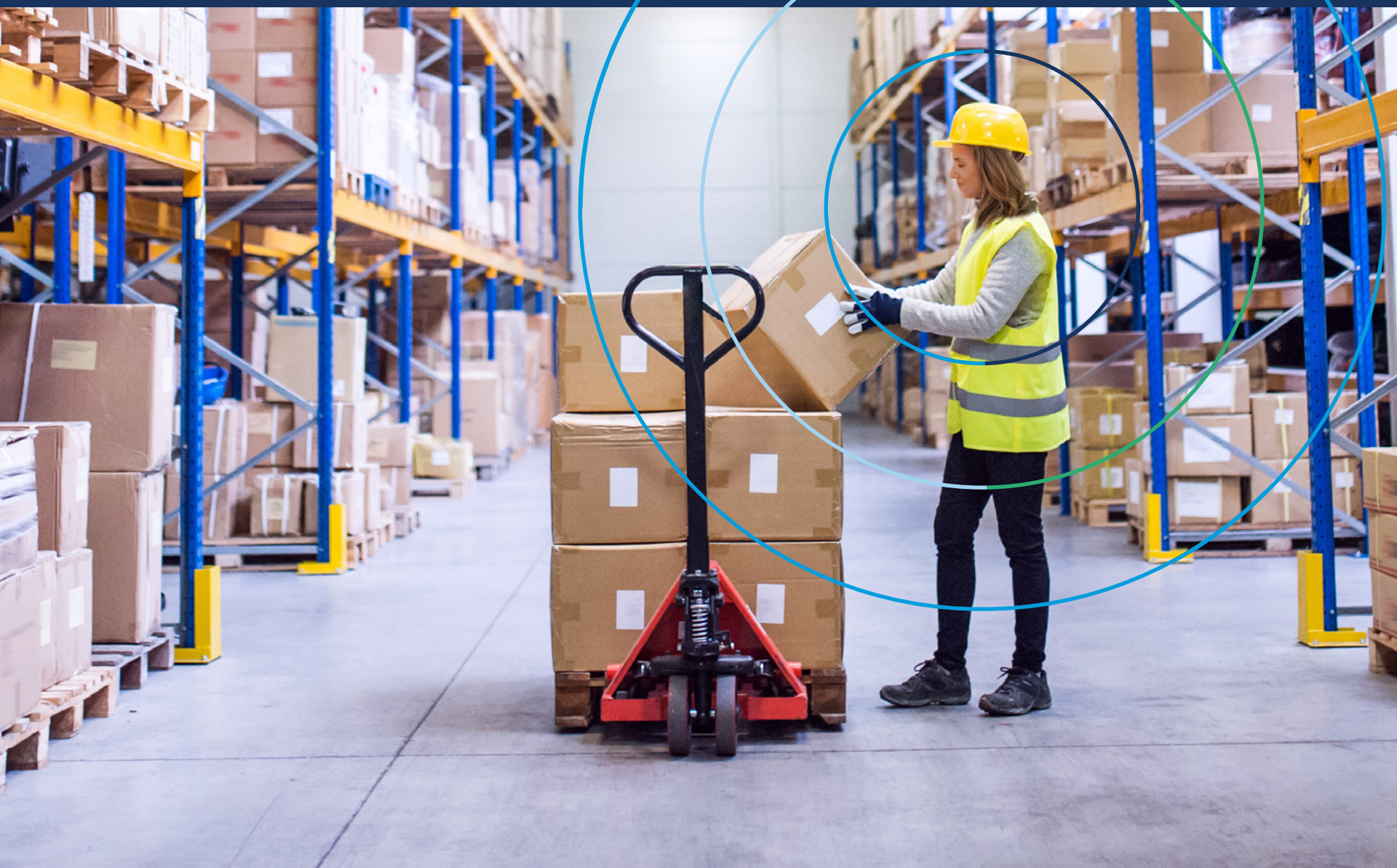


INTEGRATED MANAGED CARE SERVICES



The power of **one**



We make sure injured employees have access to the medical resources they need, listening to their concerns, showing compassion, and being there to help at every turn.



One platform.
One team.
One goal.

Using the power of one to improve outcomes for injured employees.

When an employee is injured on the job, there are multiple requirements, details and steps for the employer, the employee and their medical providers to complete. It can be overwhelming.

That's why we believe in the power of one. One technology platform, one team and one goal — all designed to streamline the process and help injured employees return to work and life as quickly and safely as possible.

And while we focus on our goal, we never forget that at the center of all we do is a person facing an injury or illness. Our efforts must support not just valuable employees, but individuals with their own needs, concerns and hopes. When an employee is injured, they may be feeling uncertain about their job, their ability to pay bills, their health and their future. We treat them with respect and offer a helping hand during a time of need.

Sedgwick's integrated managed care services provide a personal connection with the injured employee, beginning with the first conversation and continuing throughout their recovery. Our outcome-focused approach includes identifying top-performing providers, supporting the claims process, and using clinicians, physicians, pharmacists and other specialists to help as injured employees recover.



Clinical solutions

- Clinical consultation/nurse triage with telemedicine option
- Telephonic case management and surgery nurse services
- Field case management and crisis care program
- Utilization review
- Physician advisor/peer review
- Pharmacy solutions
 - Pharmacy utilization review
 - Complex pharmacy management
 - Pharmacy benefit management
- Behavioral health
- Return to work management
 - Transitional work placement
 - Vocational services

Bill review and networks

- Medical bill review
- Medical networks
 - PPO, MCO and specialty
 - State certified options including MPN and HCN
 - Provider benchmarking
- Ancillary care
 - Audiology/hearing aids
 - Dental
 - Diagnostic imaging
 - Durable medical equipment
 - Home/vehicle modifications
 - Home health
 - Orthotics and prosthetics
 - Post-acute care coordination
 - Translation and language
 - Transportation
- Physical medicine and rehabilitation
 - TelePT
- Pharmacy benefit management

One connection. When an injured individual reaches out to Sedgwick, our clinical consultation/nurse triage experts ensure they are quickly linked with the right care, valuable support and resources to help them stay engaged throughout the process.





Clinical consultation/nurse triage

Our 24/7/365 clinical consultation/nurse triage solution helps employees receive safe, appropriate care right from the start. Sedgwick's registered nurses evaluate injuries, answer questions, offer reassurance, and provide care instructions at the time of injury. Our triage nurses use evidence-based guidelines to recommend either first aid/self-care, telemedicine or in-person care with a local provider associated with the highest quality treatment outcomes.

The results:

28%

lower average incurred costs

12%

fewer claims with lost time



Telephonic case management

As advocates for injured employees, our telephonic nurse case managers become an integral part of the claims team to help expedite care, build relationships with the employees and encourage them to be active participants in their recovery. Our experienced case managers are highly skilled in monitoring and consulting to guide occupational injury care. Our nurses work alongside the claims examiners to deploy specific strategies to mitigate costs and promote safe, appropriate care.

Savings results:

\$7,500

average indemnity savings per case

14%

lower average medical incurred



Surgery nurse services

Our surgery nurses help injured employees facing surgery to be better prepared physically and mentally, and to confidently steer themselves toward a faster recovery. They focus on building relationships, setting expectations and create a customized program prior to surgery to help set the injured employee up for success. An experienced surgery nurse proactively engages the employee with a pre-habilitation/rehabilitation model designed to prepare their mind and body before surgery to improve the outcome and recovery.

Average results:

15%

fewer physical therapy visits

27%

fewer temporary total disability days



Field case management

We provide field case management services for injuries that are more severe or complex. Our case managers accompany injured employees to medical appointments, complete return to work assessments, and discuss treatment and disability guidelines with providers. This in-person collaborative approach leads to the development of reasonable recovery goals, more effective treatment plans and faster return to work.

The results:

\$7,700

average savings per full case

\$1,700

average savings per task case



Crisis care

Our crisis care program provides 24/7 resources to assist employers and claims professionals with violent workplace events, catastrophic injuries and complex clinical situations. One call to our crisis care hotline provides access to a crisis care nurse, who will deploy the appropriate resources including mental health experts, field case managers, physician advisors and specialized medical equipment experts.

Our program also includes access to our international case management team that can help employees who need medical care anywhere in the world. Through our large network, we can quickly identify a local provider, coordinate medical evaluations, and arrange transportation, emergency medical evacuations and repatriations.



COLLABORATIVE CARE



Utilization review

When an employee is injured, it is critical that they receive appropriate care as soon as possible. Our utilization review nurses can promptly evaluate treatment requests against evidence-based guidelines to make sure your employees get safe, suitable care without waiting. Our utilization review services are accredited by the Utilization Review Accreditation Commission, demonstrating our commitment to improving outcomes, and meeting regulatory requirements and national standards. Benefits include:

- Lower medical expenses by reviewing treatment requests before the onset of care
- Education and training of medical providers to ensure consistent application of utilization protocols
- Channeling to in-network providers to increase network penetration
- 5:1 average return on investment

If the requested treatment falls outside of the medical guidelines, the nurse will engage a physician advisor who will consult with the treating provider on alternative strategies and clarify return to work goals.



Physician advisor/peer review

Our physician advisor network provides additional medical oversight and helps employers control claim costs. We offer nationwide coverage through a network of top-performing, actively practicing physicians who are licensed and credentialed.



Behavioral health

Our behavioral health specialists serve as patient advocates and provide the expert assistance needed to identify and address psychosocial barriers to ease the return to work process. Our specialists offer clinical expertise, guidance and support for injured employees and those with mental stress claims. They can also help identify additional problems within a claim that need to be addressed. Behavioral health specialists can make an impact on claims involving trauma, mass casualty and catastrophic incidents, assaults and robberies, or when psychosocial flags are noted such as drug abuse, financial difficulties, family or relationship challenges, stress or fear about returning to work.



Return to work management

We create customized return to work programs to meet each client's needs. Our experts focus on the work environment and the injured employee's functional abilities rather than limitations. Key services include early return to work intervention for non-complex medical claims and case management. We also provide additional services to support the return to work process such as evaluating existing return to work policies and reviewing functional job descriptions to identify opportunities for accommodations.

Average results:

93.4%

success rate returning injured employees to the workplace after 24 months

60%

reduction in indemnity incurred



Transitional work placement

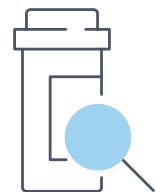
We offer transitional work placement as an alternative solution for employers that are unable to provide modified duty positions for injured employees. Our return to work specialists identify temporary work opportunities with not-for-profit organizations in the employee's community and oversee the transitional duty process. The program helps employees stay productive and active during their recovery and employers see a reduction in lost time and medical costs.



Vocational services

Sedgwick provides in person and virtual vocational services to help employees injured on the job to return to work or find suitable positions with other employers. Our experienced colleagues offer a wide range of services from vocational evaluations, career exploration and computer training to job placement and development programs.





Pharmacy solutions

Our pharmacy utilization review and complex pharmacy management solutions work together to control costs and discontinue inappropriate and long-term drug use. Our specialty pharmacy nurses, pharmacists and doctors provide pharmacy utilization review services at the point of sale and work to ensure prescribing patterns are in line with evidence-based guidelines. Our complex pharmacy management team identifies adverse drug trends, develops medication plan strategies, and can view and address all in network and out of network pharmacy transactions. Our program is restoring lives by helping injured employees achieve a safe, healthy recovery through intervention, weaning, pain management support and drug safety education.

In addition, our experts ensure regulatory changes, guidelines and other innovations specific to pharmacy care are integrated within the larger program. Our pharmacy benefit management solution combines an automated claim-specific formulary, utilization edits and aggressive workers' compensation discounts.

Taking critical steps to ensure drug safety

Our pharmacy utilization review nurses receive alerts when requests for potentially inappropriate medications meet pre-determined rules. These specially trained nurses contact the prescribing physician to establish an alternate treatment strategy or engage a pharmacist or pharmacy physician advisor.

The resolution time is less than four hours, ensuring the injured employee has an alternate medication — or a taper and wean strategy — that is safe and appropriate for the injury type.

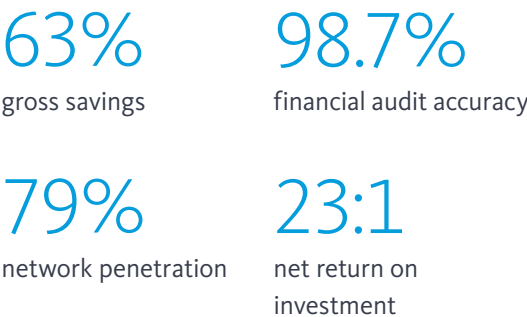
Program results:



Medical bill review

We ensure medical services are billed accurately and pursue all bill reductions and other discounts to make sure we reduce the cost as much as possible. Our dedicated nurses and bill reviewers thoroughly examine notes and records to ensure that the treatments and charges are related to, and appropriate for, the injury. Integration between our bill review, claims and case management platforms allows utilization review decisions to be applied automatically, which increases savings and ensures compliance.

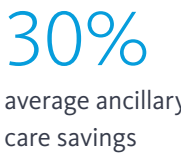
Average bill review results:



Networks

Our preferred provider organization (PPO) network serves a pivotal role in helping clients return injured employees back to health and productivity while minimizing costs. Our network management team continually evaluates the industry for the best providers and network opportunities for our clients. Our robust network includes more than 900,000 providers spanning various locations and specialties nationwide. We also coordinate with several certified state networks and provide oversight for clients.

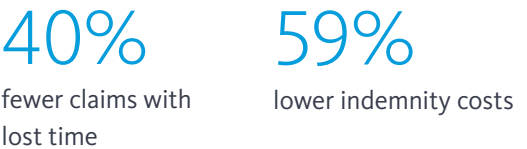
In addition, through our large ancillary care network, we connect injured employees with best-in-class products and services such as audiology, dental, diagnostic imaging, durable medical equipment, home/vehicle modifications, home health/complex care, language/translation, post-acute care coordination, orthotics/prosthetics and transportation.



Provider benchmarking

Sedgwick's five-star provider benchmarking program helps us build superior networks to ensure quality care for injured employees and drive positive results for clients. When possible, employees are matched with local providers with the highest scores. In fact, 78% of them are treated by providers with a five-star rating.

Average results:



Sedgwick's proprietary claims management system is the foundation for our approach to better care and outcomes. Our advanced technology is designed to support and enhance the workflow of examiners and it includes the most flexible, efficient and user-friendly tools in the industry today. The real-time connectivity built into the system allows our examiners and nurses to quickly exchange claims information.



viaOne

Our viaOne suite of tools gives clients full visibility into every aspect of the claims we handle on their behalf. Through a secure website, they have real-time access to their data, and the user-friendly reporting tool provides claims and managed care reports all in one place. The core capabilities of viaOne are designed to make it easy for clients to track and analyze key claims metrics, run standard and custom reports, set alerts and more.



mySedgwick

With mySedgwick, our online self-service tool, clients can see which employees are off work at any time and injured employees can view claim details, easily update information and keep the process moving forward. Employees with workers' compensation claims can search for a provider, see when claim payments are due to them, and view the pharmacy card. Designated users can also access case management and medical bill review details, and report items such as return to work dates.

Combining claims expertise with AI technology improves results

Sedgwick's artificial intelligence (AI) care guidance model combines modern technology with human intervention to seamlessly deliver timely, quality care to injured and ill workers. The tool rapidly reviews structured and unstructured data — including free form notes, medical bills and clinical documentation — to identify claims that could benefit from the involvement of a skilled clinician. By recognizing subtle patterns that might otherwise be overlooked, the system detects the early warning signs of claim severity and facilitates prompt case management referrals. Results for claims in our AI care guidance pilot program include significantly reduced lost work time and incurred medical expenses.



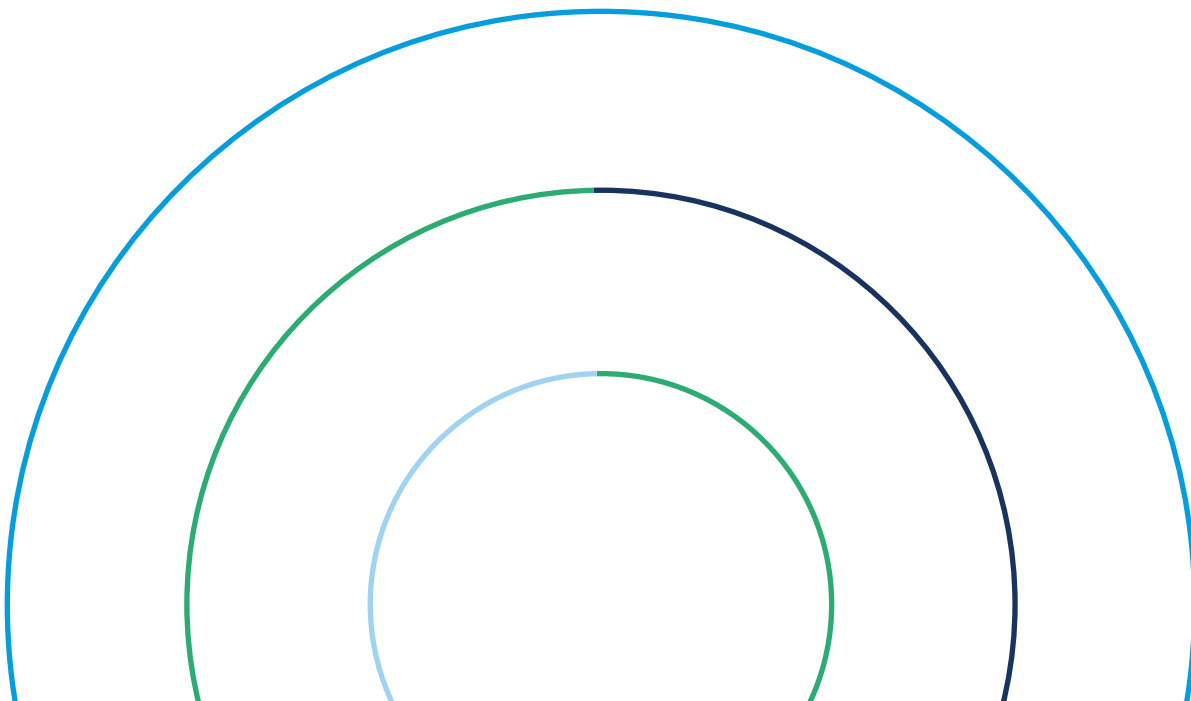
Supportive, collaborative care focused on the individual is good for employees' well-being and has proven to be effective in improving outcomes. We've seen the results of our integrated approach and we believe you will, too.

Every day, thousands of people turn to Sedgwick when faced with a life-changing moment. They work for global brands that want to provide the best coverage for the people they value most. They are big and small business owners who need to get things back on track. And they are employees and consumers who need to know that they're protected. When those people contact us, we're going to do what we do best. We're going to take care of them when they need it most, helping them get back on their feet, back on the road, back to business as usual — because caring counts.

Moving from an unbundled program to an integrated claims and managed care program under one administrator reduces claim costs. Average results for clients include:

8%
reduction in medical spend per claim

12%
reduction in indemnity spend per claim





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