

CLINICAL COUNSELING SERVICES

For EAP participants seeking clinical services, our benefit provides a structured and advocacy-based care path that increases the likelihood of optimal health- and productivity-related outcomes, as well as resolution within the program. This process is broken down into four distinct stages.

STAGE 1: Comprehensive clinical assessment

The following are included with Complete

- Telemedicine (phone/video): virtual primary care physician, urgent care physician
- Counseling services (this benefit is limited to eight in person visits per incident)
- · Acute care medications
- Chronic medications

During the initial clinical assessment, which lasts an average of 22 minutes, the case manager conducts a thorough psychosocial evaluation to determine the participant's presenting problem, underlying or secondary problem and problem acuity. Case managers also employ SBIRT (Screening, Brief, Intervention, and Referral to Treatment), an evidence-based assessment technique used to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

If a participant contacts the service with an acute mental health or substance abuse disorder that is not appropriate for treatment with the program, the case manager will work with the participant to locate an appropriate resource within the group health plan or community.

The service also uses the initial clinical assessment as a vehicle to coordinate with a member's other health management components, such as health coaching or telemedicine. Case managers are cross trained to identify, prioritize and refer members with comorbid physical health conditions to the proper treatment channels.

The initial assessment is the catalyst that drives successful outcomes from the counseling service. By providing the highest level of guidance, care and support on the first call into the program, the service optimizes the participant experience and increases the likelihood of resolution withing the program.

STAGE 2: Referral and affiliated education

After conducting the initial assessment, the case manager will make a strategic referral to a local network clinician who meets the following criteria:

- Specialty matches presenting concern
- · Proximity to participant's home or office
- Available within 72 hours for routine requests (24 hours for urgent request, 6 house for emergency requests)
- Participates in the members' benefit plan network
- Verified willing ness to accept new appointments

Unlike many counseling programs standard process for making referrals, our benefit does not simply send a list of network counselors and expect the participant to call for availability and scheduling. Our advocacy-base referral process eliminate "failed referrals" and ensures that participants receive the help they need, when they need it. Case managers even offer to schedule the first appointment to further ensure that the participant receives the support necessary to address his or her concern.

STAGE 3: Short-term counseling

After the first two stages are complete, the participant is referred to a local clinician for resolution-driven face-to-face counseling. The nationwide network of over 20,000 counselors are state-licensed professionals with a minimum of five years clinical experience.

The clinician will spend the first counseling session evaluating the member. Subsequent sessions are used to facilitate treatment. To increase the likelihood of resolution within the program, the case manager will review treatment progress with the affiliate clinician throughout the course of care. The service also guarantees a network match of at least 99% for every client, ensuring that counseling participants will have excellent access to resources.

STAGE 4: Clinical follow-up

This service practices "true" case management by following up with both the participant and the affiliate clinician after counseling sessions with the framework of the benefit have been exhausted. Although this follow-up typically leads to case closure and resolution, sometimes a referral to the medical plan or a community-based resource may be in order. Under the latter two circumstances, the case manage will offer to schedule a three-way call with the external provider – then follow up a second time to ensure he or she received the proper guidance from the post counseling referral.

The service also reconnects with the participant 30, 60 and 90 days after closure to measure health and productivity outcomes, gauge satisfaction with the program and identify any new opportunities for the counseling program to address a need.

LEGAL CONSULTATION

Legal consultation service provides clients with a cost-effective way to help members who have legal concerns. The following components are included:

- Unlimited Access. Members can access the service an unlimited number of times for unique issues.
- Free In-Person Legal Consultation. Members have access to a free 30-minute face-to-face consultation with one of over 22,000 experienced attorneys across the country.
- Free Telephonic Legal Advice. Service provides immediate, free telephonic legal advice with an experienced private practice attorney from the member's home state.

FINANCIAL CONSULTATION

The financial consultation component provides members and their family access to seasoned financial professionals (CFPs) and experienced accountants (CPAs) when needs arise. The following services are included:

- Financial Consultation Hotline. Financial counselors can address questions regarding financial management, including debt reduction, home buying, budgeting, college planning and bankruptcy prevention. In addition, Certified Financial Planners are available to answer questions about financial planning and long-term goal setting.
- Debt Management Planning. Members can learn how to work with creditors to build repayment plans for unsecured debt.
- Bankruptcy Prevention. Specialists ensure that members understand the ramifications of bankruptcy filing and help them determine which other options are more appropriate.
- Housing Education. Financial counselors help members prepare for a home purchase. They can also outline
 options for keeping their home in times of financial distress.

IDENTITY THEFT RECOVERY

Identity theft recovery services provide members with telephonic access to an identity recovery professional who will help them assess their situation, create an immediate action plan, and provide them with the knowledge and tools to implement that plan most effectively.

DEPENDENT CARE REFERRALS

Benefit provides participants with an experienced team of specialists who offer guidance and referrals in areas such as childcare, elder care, back-up care, adoption, summer camps and education.

The dependent care resource and referral services available go well beyond simply locating available providers. The process begins with a thorough consultation and assessment by a work life consultant, which often helps participants identify questions that they had not yet considered. Each participant receives personalized attention and consultation on all aspects of their work life needs. During each step, the referrals are reviewed for detail, scope, and applicability to the original request. All referrals are provided to the participant within two business days.

DAILY LIVING [CONVENIENCE] AND CONCIERGE REFERRALS

In addition to expert referrals to dependent care services, this benefit provides participants with guidance and information to resources like home improvement, volunteer opportunities, entertainment services, pet care, automotive repair, relocation, wellness, travel, plumbers and handymen, cleaning services and much more.