



HealthComp is  
now Personify  
Health!

# Welcome to Personify Health

Because health is personal™

Personify Health reflects our commitment to you, placing you front and center as the hero on your own journey. Personalized and connected. Engaging and empowering. Everything you need in one place.

~personify™  
HEALTH

# Meet Personify Health™

formerly HealthComp



We are a third-party administrator (TPA), or a benefits administrator, for employers with self-funded employee health benefits. As a TPA, Personify Health helps your employer administer your health plan by processing members' claims, answering their questions and performing other functions related to health benefits. Find everything you need in one place so you can be the best version of yourself.

To learn more about TPAs and self-funded health plans, go to page 5.

## Our mission

01

**Transform**  
benefits  
administration

02

**Simplify**  
the experience of  
managing your  
benefits

03

**Improve**  
health and  
change lives

# How can Personify Health help you?

Health Benefits are often complex and can be difficult to understand. Personify Health offers concierge-level customer service to make your experience as seamless as possible.

Personify Health will be your one-stop shop for any questions or concerns you have with your health plan.

## Our team can assist you with:

- Your plan status (deductible and out-of-pocket)
- ID cards and explanations of benefits (EOBs)
- Reviewing medical claims
- Finding in-network providers
- Submitting out-of-network claims
- Coordination of benefits and other insurance forms
- Questions regarding benefits

## Connecting with Personify Health is easy



### Self-service online

On our member platform, you can access digital ID cards for you and your family, view claims, find care, and more.



### Live chat

You can also speak with one of our Personal Health Advocates through our Live Chat feature.



### Personal Health Advocates

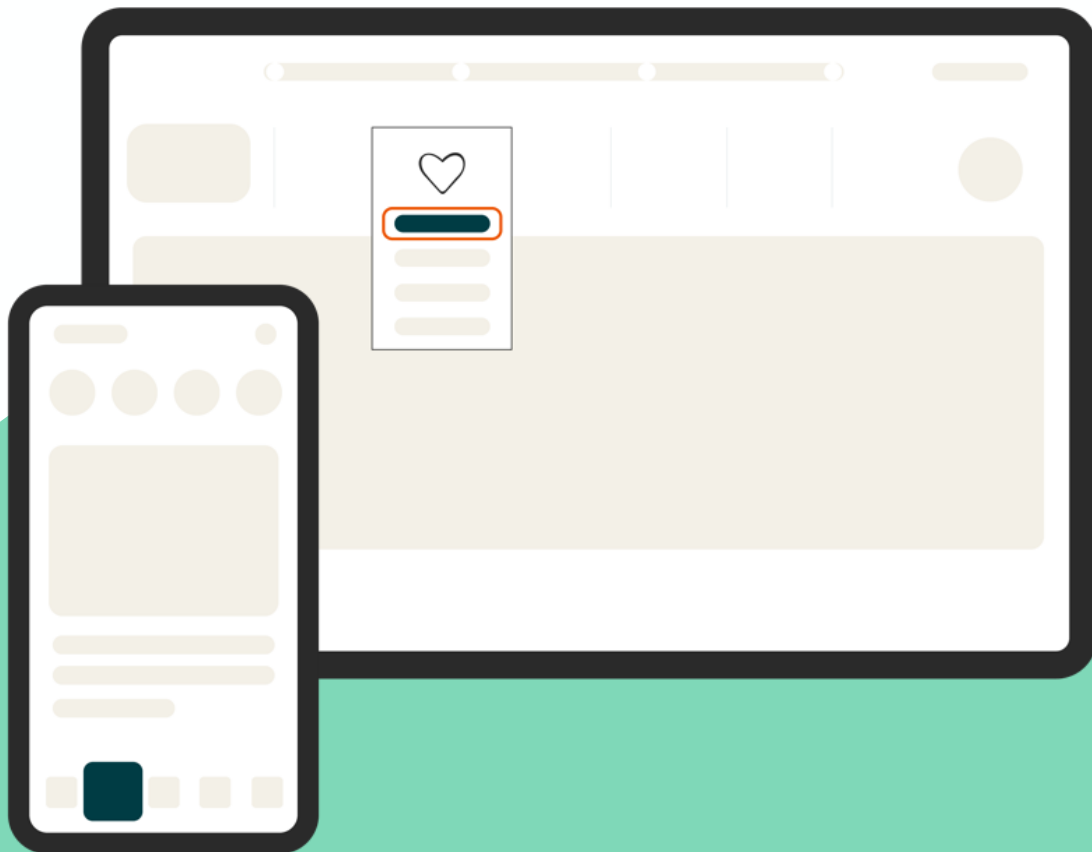
If you have questions about your benefits, you can call the phone number on your ID card. A Personal Health Advocate will help you get the answers you need.

# Access your benefits anywhere, anytime.

Our member platform is designed to make your healthcare experience seamless and empower you to take an active role in managing your benefits. Whether you sign in on the web or through our mobile app, you'll have a single point of access to your health plan. You can register for an account once you've enrolled in a health plan.

## Member platform features:

- View your plan status (deductible and out-of-pocket)
- Access digital versions of your ID cards and EOBs
- Review medical claims
- Find in-network providers
- Submit out-of-network claims and Other Insurance forms



# About Self-Funding

## What is Self-Funding?

A Self-Funded, or Self-Insured plan, is one in which the employer assumes the financial risk for providing health care benefits to its employees. In practical terms, Self-Insured employers pay for claims out-of-pocket as they are presented instead of paying a pre-determined premium to an insurance carrier for a Fully Insured plan. Typically, a self-insured employer will set up a special trust fund to earmark money (corporate and employee contributions) to pay incurred claims.

## What is a TPA?

A third-party administrator (TPA) acts as a benefits administrator for employers with self-funded employee health benefits. In this role, the TPA helps employers administer their health plans by processing members' claims, answering members' questions, and performing other functions related to health benefits, such as providing access to an online benefits portal.

## Why do employers choose to self-fund their health plans?

There are several reasons why employers choose the self-insurance option, including:

- The employer can customize the plan to meet the specific health care needs of its workforce, as opposed to purchasing a “one-size-fits-all” insurance policy.
- The employer does not have to pre-pay for coverage, thereby providing for improved cash flow.
- The employer is not subject to conflicting state health insurance regulations/benefit mandates, as self-insured health plans are regulated under federal law (ERISA).
- The employer is free to contract with the providers or provider networks that are best-suited to meet the health care needs of its employees.

