Telligen®
Health & Well-Being

Services Overview

Telligen HWB



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Table of Contents

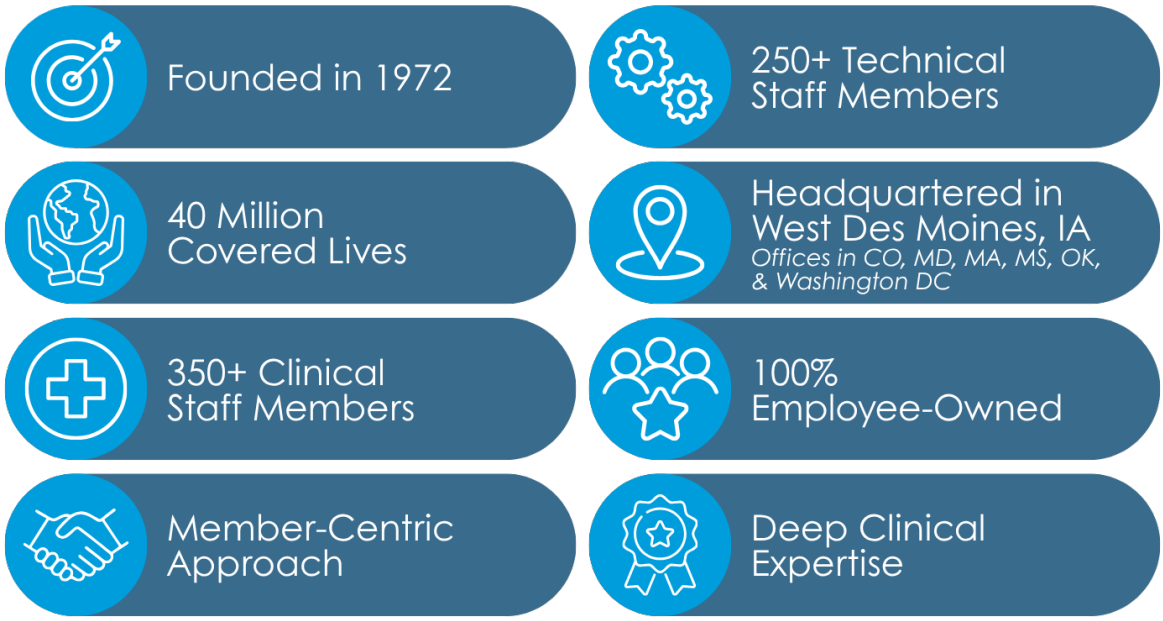
About Telligen 1
Utilization Management (UM) 3
Case Management (CM) 5
    Oncology Case Management 6
Chronic Conditions Management (CCM) 8
    Collaboration Between UM, CM, and CCM 9
At-Risk Overview 10
Wellness + Connect App 11
Maternity Management 13
Pricing Ranges 14

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About Telligen

Telligen Health & Well-Being has been dedicated to transforming lives through a uniquely integrated platform that combines our proprietary Qualitrac technology with over 50 years of healthcare expertise, enabling us to provide seamless coordination across the entire care continuum while maintaining industry-leading engagement rates and client satisfaction scores. We differentiate ourselves through our integrated, member-centric approach that combines advanced technology with deep clinical expertise, enabling us to deliver seamless care coordination and personalized support across the entire healthcare continuum. Our commitment to exceptional service delivery is underscored by our 100% employee-owned structure, which fosters a culture of accountability, innovation, and long-term client partnerships. We ensure that members receive the right care at the right time, optimizing healthcare spending and improving health outcomes.

Telligen Corporate Overview



Stability and Confidence Across Program Operations

With over two decades of experience serving the union and public sector marketplace, we have developed specialized expertise in navigating the unique governance structures, member demographics, and regulatory requirements that distinguish Taft-Hartley plans and other public sector clients from commercial health programs.

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Telligen Health & Well-Being

Our proprietary Qualitrac platform facilitates seamless data integration and real-time case management, fostering a collaborative approach between clinicians, providers, and members. By leveraging advanced technology, strong clinical partnerships, and a member-centric approach, we continue to lead the industry in delivering high-value, cost-effective healthcare solutions. Our goal is to help clients reduce healthcare costs while enhancing member outcomes through personalized, data-driven interventions and support.



Our accreditations reflect our commitment to quality and excellence: we are URAC-accredited in Utilization Management, Case Management, and Chronic Care Management, and NCQA-accredited in Case Management and Population Health Programs.

We maintain a culture of responsibility and accountability, continuously striving to exceed expectations and deliver superior support. Our approach is rooted in evidence-based practices and leverages strong clinical partnerships to ensure high-quality, cost-effective care.

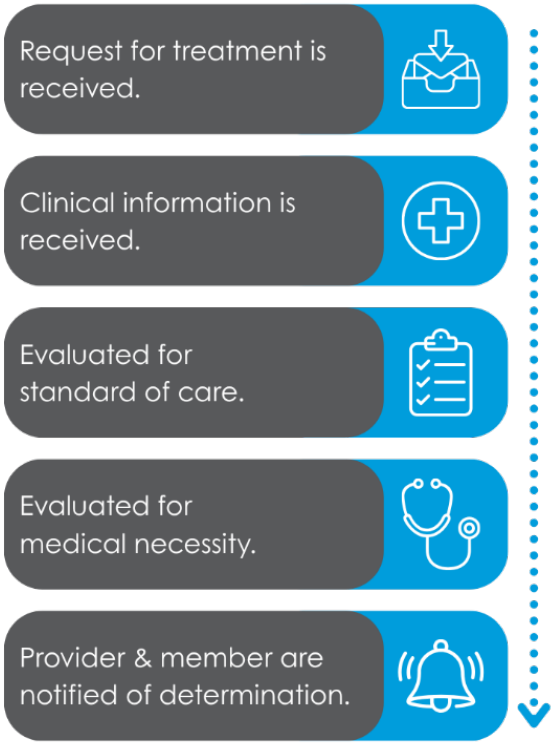
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Utilization Management (UM)

Our utilization management service ensures members receive evidence-based medical care while reducing waste in healthcare spending. The comprehensive program is built on a collaborative process between our clinical nurses and providers, evaluating the medical necessity, appropriateness, and efficiency of healthcare services. We assess every request using clinical information, MCG evidence-based criteria, and physician support to ensure care is delivered at the right time, in the right place, and for the best value. Our services span the full spectrum of care including inpatient and outpatient reviews, behavioral health assessments, discharge planning, and specialty reviews for complex cases.

One of the first steps in our utilization management process involves a comprehensive review of the Summary Plan Description (SPD). We carefully analyze the SPD to understand the coverage parameters, benefit limitations, and authorization requirements that have been established for the member population. This document serves as our reference point because it clearly outlines what services require prior authorization, what clinical criteria must be met for coverage, and where there may be opportunities for cost savings or care optimization within the defined benefit structure.

When members or providers need prior authorization, we make the process as seamless as possible through multiple access points. Our dedicated nurse clinical line operates during core business hours, allowing providers to speak directly with experienced nurses who can provide real-time determinations, with language line interpretation services available for non-English-speaking members. We also offer a provider portal that gives 24/7 accessibility to initiate cases, upload documents, monitor case status, and receive communications and notifications without waiting on hold. Our customer service team doesn't just start the review process - we verify that a review is required, create a case, facilitate transfer to a nurse for clinical expertise, and often get the decision in one call.



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Working with our Utilization Management program empowers our clients to become more savvy healthcare consumers by providing them with transparency into the clinical review process and helping them understand the rationale behind medical necessity decisions. Through our evidence-based approach, members gain valuable insights into appropriate care pathways, alternative treatment options, and the importance of following clinical guidelines, which enables them to make more informed decisions about their healthcare. This enhanced healthcare literacy, combined with our team's focus on identifying gaps in care and connecting members with appropriate resources, ultimately helps your population navigate the complexities of the healthcare system with greater confidence while promoting cost-effective utilization of medical services.

Our utilization review nurses are trained not only to apply MCG evidence-based standards of care guidelines but also to use critical thinking skills to evaluate the total treatment plan and the member's progress. When our nurse reviewers or nurse case managers recognize potential member issues, special discharge needs, or treatment inconsistencies, our standard practice is to convene an internal care conference that includes the utilization nurse, the case manager, a member of the management team, and our medical director. These collaborative discussions allow us to anticipate provider requests, identify required services and available resources, and establish a physician-guided communication plan with all treating providers to ensure coordinated, optimal care for our members.



*UM member satisfaction surveys are sent exclusively to members who received a denial

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Case Management (CM)

We deliver case management services as a collaborative process including comprehensive health assessments, planning, facilitation, care coordination, evaluation, and advocacy for services that meet members' unique needs. Our approach is built on the proven ability to engage members through personalized communication that develops high levels of trust while demonstrating our role as their dedicated advocate throughout their healthcare journey. We collaborate closely with physicians and family members to help members achieve their health goals and drive better outcomes while laying the groundwork for effective long-term self-management of their conditions.

We identify members for case management through a multi-faceted approach that combines data analytics, clinical triggers, and referrals from various touchpoints throughout the healthcare journey. Our identification process begins with predictive modeling and claims data analysis that helps us flag members who may benefit from case management. Additionally, we receive referrals directly from health plan partners, providers, discharge planners, and through our own utilization management reviews when our clinical team recognizes that a member could benefit from more intensive care coordination and support services.

In early 2025, our data analytics platform flagged Ms. Rodriguez, a 65-year-old client with COPD, as high-risk due to three emergency room visits within two months. Rather than waiting for another crisis, the Telligen team immediately scheduled a comprehensive member meeting to assess her living situation and care gaps. We discovered she was managing multiple inhalers incorrectly and lacked understanding of her condition's warning signs.

Working in partnership with her PCP, we developed an evidence-based intervention plan that included medication education, symptom monitoring protocols, and environmental modifications to her home. A dedicated care navigator was assigned to supplement her PCP's care, conducting weekly check-ins and providing real-time support between medical appointments.

Over the following six months, Ms. Rodriguez had **zero** ER visits and reported feeling more confident managing her condition. By proactively addressing the root causes through data-driven insights and coordinated clinical partnerships, HWB not only improved Ms. Rodriguez's quality of life but also generated significant cost savings by preventing unnecessary hospitalizations.

Each member works with a dedicated nurse case manager to establish meaningful relationships that keep communication open, honest, and member-centered throughout the care coordination process. We recognize that immediately following a health crisis or new diagnosis, patients experience a multitude of physical and emotional responses including questions about why this happened, how their life will change, what treatment will entail, how they will afford care, and who will help support them through recovery. Our nurse case managers are present to answer these critical questions while building relationships that take members beyond initial crisis management toward sustainable self-management of their conditions.

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Our case managers conduct comprehensive assessments reviewing the member's treatment plan while identifying gaps in care and evaluating potential social determinants of health concerns that may present barriers to successful recovery. Common gaps we address include financial sufficiency, health literacy, language barriers, cultural beliefs, transportation access, primary care provider relationships, access to quality nutrition, and support system adequacy. We work collaboratively with members to establish initial plans addressing these gaps while scheduling follow-up appointments and introducing members to our mobile coaching application that maintains clear dialogue and provides additional connection points between scheduled contacts.

The members' needs and outcomes that can be positively impacted are constantly reevaluated and addressed by case managers throughout the engagement process to ensure our interventions remain relevant and effective as circumstances evolve.



Oncology Case Management

Telligen's oncology case management program provides comprehensive, personalized support for members diagnosed with cancer who are undergoing active treatment. We assign one dedicated case manager to work with each member throughout their entire cancer experience, ensuring continuity of care and building a trusted relationship that helps reduce anxiety and provides consistent support for both the member and their family.

Our certified oncology case managers conduct holistic reviews of the entire treatment plan in collaboration with providers and treatment teams, ensuring that care aligns with National Comprehensive Cancer Network recommendations and represents the best clinical option for each individual patient. Central to our approach is active coordination with the member's physicians and entire care team, including oncologists, surgeons, radiologists, primary care providers, and specialty consultants, to facilitate seamless communication, prevent care gaps, and ensure all providers are aligned on the treatment strategy. By serving as a liaison between the member and their multidisciplinary team, our case managers help streamline appointments, clarify treatment recommendations, address medication management concerns, and advocate for the member's needs and preferences throughout their cancer journey. We help members navigate complex healthcare systems while working to keep them at home or in outpatient

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settings whenever appropriate, coordinating everything from financial resources to PPO network redirection to maximize their benefits.

Through our integrated approach, we review new or changing chemotherapy and radiation treatments against evidence-based guidelines, promoting optimal care while supporting members through education, advocacy, and coordination with their entire care team. Members are referred to our program through multiple pathways including benefit office referrals, provider referrals, self-referrals, or identification through medical and pharmacy claims, allowing us to connect with them at the right time in their treatment journey.



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Chronic Conditions Management (CCM)

Our chronic condition management program represents a comprehensive approach to supporting members with chronic conditions through personalized, evidence-based interventions. We identify eligible members through predictive modeling and claims data analysis, which allows us to proactively reach out to those who would benefit most from our services. Our clinical team reviews medical and pharmacy claims, lab results, and health risk assessments to pinpoint members with conditions such as diabetes, heart disease, asthma, COPD, and other chronic illnesses that require ongoing management. Additionally, members can be seamlessly transitioned into our chronic conditions management program from case management or utilization management when their acute needs have stabilized but they still require ongoing support for chronic condition management.

Diabetes Chronic Care Management Program

This program will pair you with a **certified nurse case manager** who will create a **customized care plan** based on your needs.

Our plans focus on diabeses self-management education, medication adherence, lifestyle modfications, and coordination with your healthcare team to prevent complications.

You'll recieve *consistent* support through phone consultations and the Connect mobile app to track progress and coordinate care.

Once identified, members are paired with a dedicated nurse care manager who develops individualized care plans tailored to their specific health needs and goals. These care managers work collaboratively with members through regular telephonic outreach, providing education about their conditions, medication management support, and guidance on lifestyle modifications that can improve health outcomes. We focus on helping members understand their treatment plans, navigate the healthcare system, and overcome barriers to care such as transportation issues or medication costs.

Our approach emphasizes member engagement and self-management skills, empowering individuals to take an active role in their health while having consistent clinical support available. Our program generates significant cost savings by preventing complications and unnecessary emergency department visits while simultaneously enhancing member satisfaction and overall quality of life.

CCM
ROI and Outcomes

Return on Investment	Member Satisfaction	Improvement in Blood Glucose
7:1	4.5	41%

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Collaboration Between UM, CM, and CCM

We understand that each member of a population has unique health needs, which is why we offer a spectrum of health solutions tailored to every individual. Through our integrated approach, our clinical teams collaborate seamlessly across these programs, ensuring a unified, member-centric experience that addresses the full spectrum of health needs within a population.



Our Qualitrac platform facilitates real-time information sharing and coordinated care delivery, enabling our nurses, case managers, and health coaches to work together effectively. This holistic approach allows us to identify and address care gaps, optimize resource allocation, and deliver personalized, seamless healthcare support to every member, regardless of their health status.

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At-Risk Overview

Our at-risk services are designed to identify and support individuals who show early signs of health risks, preventing the progression toward chronic illness. We specialize in various at-risk areas including but not limited to weight loss, cholesterol management, disease prevention, hypertension, musculoskeletal and chronic pain, and smoking cessation.

Our approach begins with advanced data analytics to identify participants at elevated risk. Using both claims data and biometric information, we pinpoint individuals with three or more risk factors for developing chronic conditions that could benefit from support. Once identified, we invite these individuals into personalized coaching programs tailored to their specific health risks, goals, and lifestyles. Our health coaches work closely with participants to create actionable health plans and provide ongoing support and education.

One of our standout programs is the "RevUP! Your Lifestyle Program," specifically designed for individuals prescribed GLP-1 medications. This 12-session initiative focuses on dietary improvements, physical activity, and moderate weight loss. It addresses the side effects of GLP-1 medications and promotes sustainable lifestyle changes, ensuring participants not only manage their current health but also reduce the risk of future chronic illnesses.



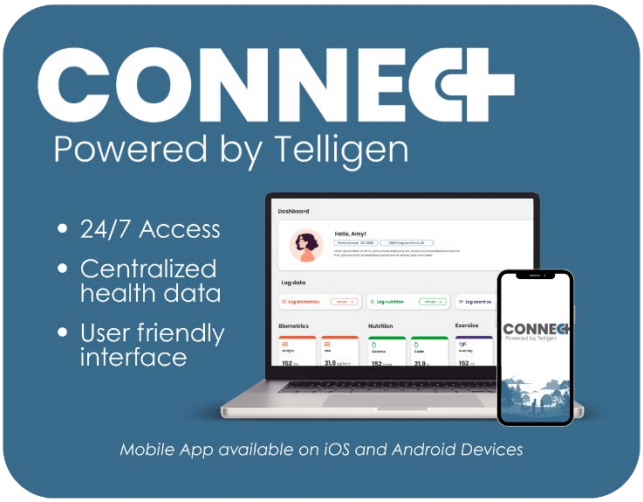
Participants in our at-risk programs engage in a variety of activities, including scheduled coaching calls, peer group lifestyle change groups, check-in assessments, educational video modules, and real-time chat with coaches via our platform. Our coaches spend an average of three hours annually with each member across approximately eight touchpoints, which represents significantly more engagement time than traditional at-risk programs that typically provide only seventy minutes per year.

By offering these comprehensive at-risk services, benefit leadership teams can expect to see improved health outcomes, reduced healthcare costs, and higher member satisfaction. Our proactive approach not only helps participants manage their health more effectively but also contributes to a healthier workforce.

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Wellness + Connect App

Telligen's wellness solution serves as the engagement foundation for supporting members across the entire health spectrum, from those who are healthy and want to stay that way, to those showing early warning signs of health concerns.



Central to our wellness program is the Connect by Telligen platform, which includes both a member web portal and mobile app available for iOS and Android devices. Through Connect, members gain 24/7 access to a centralized, user-friendly environment where they can track their nutrition, monitor fitness activities, log biometric data, access mindfulness resources, and sync data from their personal devices including Fitbit, Apple Watch, and Garmin wearables. The platform goes far beyond passive tracking by enabling real-time secure messaging with health coaches, allowing members to ask questions, share progress, and receive personalized guidance without the barriers of phone tag or scheduling constraints. Members can create and monitor personalized action plans within the app, set health goals aligned with their specific needs, and track their progress over time with visual dashboards that make health data meaningful and actionable – all from their mobile device or computer.

Our wellness program leverages Connect to deliver dynamic, engaging experiences that keep members motivated and connected to their health. Through the platform, we facilitate personal wellness challenges that encourage healthy competition and community building, host educational webinars that members can access on-demand, offer guided meditation sessions, and coordinate team-based competitions that foster peer support and accountability.

What truly distinguishes our wellness program is how seamlessly Connect integrates with our Spectrum of Health, allowing us to identify emerging health risks early and facilitate warm handoffs to more intensive services when needed. The platform supports our holistic approach to wellness by considering physical, emotional, financial, and social factors when assessing each member's overall health, enabling us to provide tailored interventions and resources that meet members exactly where they are.

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Through consistent communication via the portal, including monthly wellness emails, educational content, and personalized outreach, we maintain continuous engagement that helps members progress through their health journey. This comprehensive approach, supported by Connect's robust functionality and our commitment to relationship-based care, consistently delivers high member satisfaction scores while creating a positive, health-oriented culture that extends across entire populations.

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Maternity Management

The Maternity Management program provides comprehensive support for expecting members from early pregnancy through postpartum care, ensuring the healthiest possible outcomes for both mother and baby. We begin by identifying pregnant members through claims data, physician referrals, and self-referrals, then pair each participant with a dedicated maternity nurse who has extensive clinical experience in prenatal and postpartum care.

Throughout the pregnancy journey, our nurses conduct regular touchpoints to provide personalized education on prenatal health, nutrition, warning signs, and preparation for delivery, while also creating customized action plans that address each member's unique needs and risk factors. We focus on reducing complications such as preterm births, low birth weight babies, and NICU admissions by ensuring members receive appropriate prenatal care, attend all recommended appointments, and understand how to manage any pregnancy-related conditions. We provide detailed reporting on program engagement, clinical outcomes including delivery statistics and birth weights, and population health trends, giving you complete visibility into how this preventive intervention is supporting your workforce and helping to contain costs associated with high-risk pregnancies and complicated deliveries.

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Pricing Ranges

Telligen can provide pricing under several models, but we typically price on a PEPM basis with tiered pricing that applies discounts according to the participant volumes. Our model includes a standard wellness platform package with a PEPM price, implementation fees that are stepped down by participant volume, and add-ons priced per participant.

Our wellness platform is provided at no additional charge when bundled with our coaching services. We believe wellness technology is most effective when paired with human engagement, which is why we do not offer the wellness platform as a standalone service. For clients who wish to optimize their existing wellness strategy or need guidance on wellness program design without adding coaching services, we offer wellness consulting services on a fee-for-service basis. Additional add-on services are discussed and will be priced upon request.

Other than member population, pricing variables include dependent eligibility, dependent ratio, incentive structure administration and programs selected. The rates below are estimates/ranges that are finalized during contracting based on services. The rates are representative and assume the programs would be available to employees and their dependents. Alternative rates are available for programs only available to employees or with lower/higher dependency factors. Our pricing ranges are summarized in the table below.

Title	**Cost PEPM 0-500**	**Cost PEPM 501-2500**	**Cost PEPM 2501-5000**	**Cost PEPM 5001+**
Wellness Program	$1.20	$1.10	$1.00	$0.80
Utilization Management	$2.40-$3.60	$2.40-$3.60	$2.40-$3.60	$2.40-$3.60
Case Management	$1.90-$3.00	$1.90-$3.00	$1.90-$3.00	$1.90-$3.00
Disease Management Coaching	$2.10	$1.90	$1.80	$1.50
Maternity Management	$0.82	$0.72	$0.62	$0.52
At-Risk Coaching	$1.30	$1.25	$1.15	$1.05
One-time Implementation Fee	$10,000	$5,000	N/A	N/A
Individual Programs	**Cost Per Participant**	**Cost Per Participant**	**Cost Per Participant**	**Cost Per Participant**
Biometric Testing	$65.00 per participant*	$65.00 per participant*	$65.00 per participant*	$65.00 per participant*
Other Offered Programs	**Cost Per Hour**	**Cost Per hour**	**Cost Per hour**	**Cost Per hour**
On-site events and programming	$150.00/hr. plus travel expenses	$150.00/hr. plus travel expenses	$150.00/hr. plus travel expenses	$150.00/hr. plus travel expenses
Live web-based events	$150.00/hr	$150.00/h	$150.00/hr	$150.00/hr.
Custom reporting	$150.00/hr	$150.00/hr	$150.00/hr	$150.00/hr
Diabetes Prevention Program/Weight Loss Program	$399/participant	$399/participant	$399/participant	$399/participant

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