Training Guide (Product Team):

Benefit change implementation process

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Department	**Product Team, ILH**

Document History

Last Updated	Updated By	Version #	Description of Change
11/11/2020	Aignéis Hitchen	0.1	Document created
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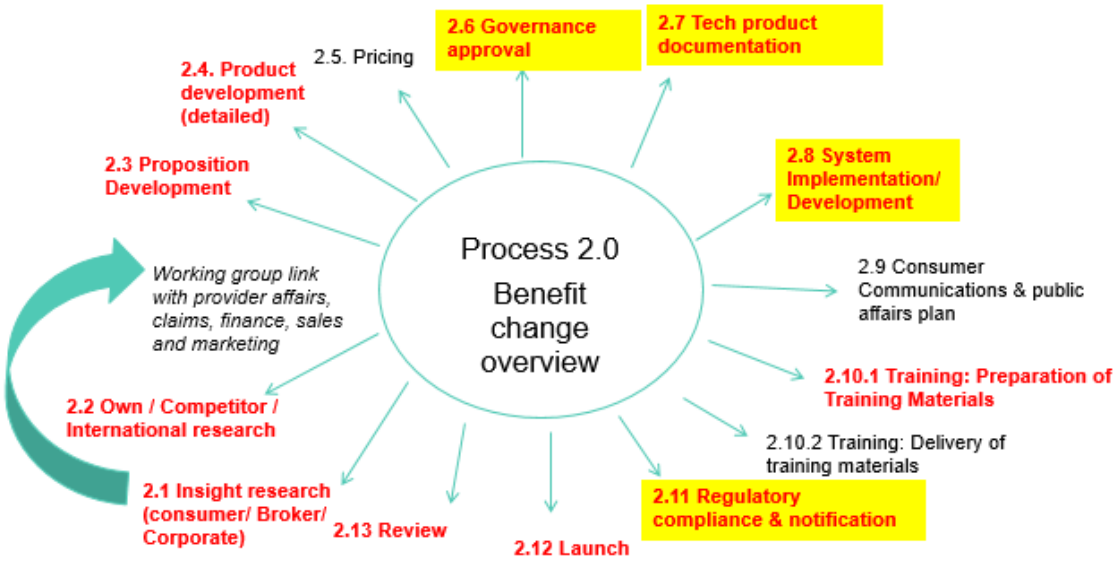
Contents

Overview

Throughout the year, there will be on average 3 to 4 change periods, where new plans may be launched, changes to existing plans (benefits and/or contribution changes), membership handbook wording changes and so on. The steps involved in making these changes are outlined in the process document "Process 2.0 Benefit Change Process Steps 2019 v0.13 (not sent)" contained in Appendix A.

The following graphic illustrates the key area of the benefit change process:



The purpose of this document is to provide a more detailed breakdown of the following steps in the above process:

1. Governance approval (step 2.6)
2. Tech product documentation (step 2.7)
3. System Implementation/Development (step 2.8)
4. Regulatory compliance & notification (step 2.11)

This document is for use by the Product Team for both initial training purposes and for ongoing reference/referral.

1. Governance Approval (Step 2.6)

a. Governance Approval

- PPC committee sign off is required for all benefit changes in advance of implementation. Sign off will be confirmed by Head of Product & Pricing following PPC meeting.
- Sign off required 7 - 10 weeks before go live date (depending on volume changes)

b. Implementation kick off Issue applicable implementation spreadsheets to IT/Change

- First notification to IT is through JIRA. Must detail the type of changes (for example, new plans for product launch or Jan21 changes for period of change, may have to outline both, i.e. if new plans launching and other changes being implemented.

- Raising JIRA tickets:
  - Create
  - Project: ILH Change Requests (ILHCR)
  - Issue Type: ILH Change Request
  - Summary: Main change being requested, e.g. New benefit and benefit changes 01Jan21.
  - Description: Brief high-level description of requested changes, what documents are being attached. Can tag people here using '@' symbol.
  - Business unit: ILH
  - Attachment: Spreadsheets such as new benefits and contributions/ plan benefit assignments.
  - Create
  - Will be emailed once actioned and can view tickets on JIRA profile. Can add comments but not edit original request.

The following documents must be prepared and issued to IT to enable system implementation of signed off benefit changes:

- New benefits/contributions spreadsheet
- Plan Benefit Assignment spreadsheet
- All PSS reasons spreadsheet
- Plan PSS Reason Assignment spreadsheet
- IPID Dynamic Text spreadsheet

These documents are issued to IT 1-2 days post PPC sign off.

c. Governance – Appoint PM

- Appoint Project Manager and Project Team (This step is only required where launch involves new system development or the launch of a new product type not previously launched by ILH)
- Due 7-10 weeks before go live date

d. Governance - Schedule Kick Off Meeting

- Schedule planning meeting with project team. (Note: where PM not required, this task will be completed by IT with Product)
- Due 7 -10 weeks before go live date

e. Governance - Agree Project Plan

- Walkthrough timelines *(Note: where PM not required, this task will be completed by IT with Product)*
- Agree all activities and weekly/daily stand ups (depending on volume of products to be launched) *(Note: where PM not required, this task will be completed by IT with Product)*

2. Tech product documentation (Step 2.7)

a. Product Implementation Document

- Implementation Pack Developed: Briefing document, Overview of new product(s) / changed products
- Implementation pack circulated to Project Team
- Commence Pre Launch Validation check spreadsheet
- Due 7-10 weeks i.e. 2 day post PPC (depending on volume of new products to be launched)

b. Membership handbook

Refer to separate Membership handbook process document.

c. Product funnel

- Create new version of Product Funnel to reflect all changes
- Second pair of eyes review of Product Funnel
- Due 7 weeks before go live

The Product Funnel is saved in the Product drive: AeHealthteam(\\iehibgc1) (W:)/ 2017 P&PTeam/ Product Suite/ Product Funnell.

It is a spreadsheet which shows all plans, their prices from highest to lowest, their level of cover per list of selected benefits which colour coded to reflect their different level of cover. Product team must check when implementing new plans/ changing benefits on existing plans that they do not upset the product architecture in the funnel, i.e. a plan priced lower than another must have a justifiable reason for being priced lower. This entails going through each plan and ensuring there are justifiable reasons for where it sits in the product funnel. If priced above a plan, there must be cover on the new/ changed plan that is not on the one beneath. If priced lower than another plan, the plan it is priced lower than must have benefits the new plan does not. For example: if a plan costs €1234 and is under two other plans priced €1240 and €1245, the plan costing €1234 must have less cover in some aspect to justify the others being a higher price.

Each benefit is ranked in a colour based on the level of cover the plan has for this benefit:

1 Full or best cover
2 Partial cover –Medium
3 Partial cover –Lower medium
4 Partial cover –Low
5 No cover

Therefore, the top of the funnel will be more densely green, the middle a mix of amber and purple, and the bottom more densely red.

d. Web Update

Following completion of testing all Tables of Cover, Membership Handbooks, Hospital Lists, Waiting Period and Terms & Conditions documents must be updated on web.

- Cut & paste TOCs from signed off test packs into PDFs & forward to Web Team to update on web effective from go live date of changes.
- Confirm with Web Team that hospital lists, Waiting Period and Terms & Conditions documents plus handbook and any other required documents (e.g. "Lists" or Claims Forms) are live on web
- Due 1 week before go live

e. Fact Find

- Review FactFind (FF) decision tree spreadsheet and draft update if required (7 weeks before go live)
- Log JIRA ticket for required changes
- Forward FF updates to FF review group for sign off
- Review Group challenge/sign off on FF changes
- Senior Manager sign off on FF changes
- Key signed off FF changes into OH Live UAT (completed by IT)
- Review and sign off on outputs from FF UAT
- Key signed off FF changes into OH Live Production (completed by IT)
- Review and sign off on outputs from FF Production

f. Next Best Plan

- Review Next Best Plan (NBP) spreadsheet and amend top renewing plans and recommendations where required (due 7 weeks to go live)
- Workshop NBP recommendations with Sales, Renewals, Marketing, Compliance, Product & Pricin
- Sign off on NBP changes
- Circulate to business for implementation (renewals update scripting, pricing update NBP calculator, compliance sign off on scripting) (Due 5 weeks to go live)

3. System Implementation/Development (Step 2.8)

The following implementation documents must be prepared by the Product Team for IT to enable changes to be reflected in OH Live:

a) New Benefits and Contributions spreadsheet
b) New PSS Reasons spreadsheet (where applicable)
c) Plan Assignment Spreadsheet
d) PSS Assignment Spreadsheet
e) IPID dynamic text spreadsheet

a. New Benefits and Contributions spreadsheet

This spreadsheet must be created for any new benefit and/or contribution required for existing or new products. It details all information required by IT to key the new benefit and/or contribution into OH Live, in particular benefit wording and claims rules which enable OH live to auto adjudicate claims. Refer to Appendix B (*New Benefits and Contributions 01Jan21 v0.1 (sent)*). This is an example of a New Benefits and Contributions spreadsheet that was sent to IT for changes

implemented in January 2021 and included new plans being launched (BeneFit Access 300 and BeneFit Access 500). This spreadsheet contains three tabs.

i. **Tab 1:** Ben Wording Changes: Details of name change to existing benefits. Included here if not a new benefit and just a change to existing benefit, for example change for benefit code HMB2 Home birth grant in aid to home birth.

ii. **Tab 2:** BAU Changes: This is where any new benefits or contributions for change implementation period are noted. If existing benefit and new contribution, contribution goes in amber. If new benefit, benefit and contribution go in amber. Rules for claims must also be included in this.

   a. Rules for claims must include a rule for every part of the benefit contribution. Can use master list in Implementation AMK/ New Benefits and Contributions/ New Benefits and Contributions all as 01Oct20 AH v0.1 (or most recent version) to find similar benefit ruling. ***E.g.*** New contribution which was added for benefit code SHO (Semi-private room in high tech hospital):

   - **Benefit code:** SHO
   - **Benefit name:** Semi Private Room
   - **Type of hospital:** High tech
   - **Type of payment to:** Provider
   - **Type of Adjudication:** Manual
   - **Benefit Activity Version:** 21 (Can be seen on OH live; if last version is 20, this will be version 21)
   - **Period from:** 01/01/2021
   - **Benefit Contribution:** Covered (Beacon only) subject to €200 excess per claim. Mater Private and Blackrock Clinic 45% cover subject to €500 excess per claim
   - **Effective at renewal:** Yes
   - **Subject to excess:** No (This refers to outpatient excess, not inpatient)
   - **Poolable:** Always no
   - **Footnote:** N/A
   - **Benefit rule code:** These can be found in master list/ on OH live (Settings/ Index Manager/ Claims/ Type of Benefit Rule)

Benefit Rule Code	Type of Benefit Rule
37	Listed Hospitals Only
53	Excess applies per claim
37	Listed Hospitals Only
37	Listed Hospitals Only
4	% of Cost
53	Excess applies per claim

   - **Type of Benefit Rule:** All parts of benefit contributions have different claims rules which apply. The claims rules which apply for this specific benefit are the following, but when creating these, must check the master list of all new benefits and contributions and claims rules on OH live and ensure all relevant rules are accounted for. In this example:

- ✓ **Listed Hospitals Only**- this applies here as Beacon, Blackrock Clinic and Mater Private Dublin are called out specifically and have different rules.
- ✓ **Excess applies per claim**- Called out twice as there are two: €200 for Beacon and €500 for Blackrock and Mater Private Dublin.
- ✓ **% of Cost**- applies to 45% cover in Blackrock and Mater Private Dublin.

b. Various other rules can apply. A full list of current rules and their corresponding codes can be found OH live in Settings tab/ Index manager/ Claim/ Type of Benefit rule. Other categories such as provider reference, percentage amount, amount (e.g. of excess), visits (if capped) and priority (order) can be seen on spreadsheet which must be filled out with rules. Once these have been set up, can be viewed on OH live under each benefit contribution.

iii. **Tab 3:** BeneFit 300 500: This has the new benefits and contributions for new plans BeneFit Acess 300 and BeneFit Access 500. Filled out in same was as Tab 2 for any new benefits and contributions on the new plans.

The new benefits and contributions spreadsheet must be forwarded to the Claims Team for review and sign off (to ensure the claims rules will pay the benefits as we expect) prior to sending to IT.

b. New PSS Reasons spreadsheet (where applicable)

The Product Suitability Statement (PSS) sets out the reasons why a particular product is suitable for a member. These reasons are stored in OH Live in a similar way to benefits and there are generally 4 reasons assigned per plan. Examples of reasons include:

Main PSS Heading	PSS Reason
HSP-2	50% cover for a Semi Private Room and Day Case procedures in a Private Hospital
PBH1-2	60% cover for Day Case procedures in Private and High Tech Hospitals

See Appendix D for list of all PSS reasons stored on OH live as at Dec 2020.

I. Setting up new PSS reason:

a. If there is a new benefit on the plan which is to be highlighted in the PSS reasons and has not been set up as a PSS before, this must be highlighted in the spreadsheet and sent to be added. The new plan is added to this spreadsheet with PSS reasons and codes. The plan code (e.g. SHG), plan name, PSS code, and PSS reason must then be added into this spreadsheet, highlighted in amber, and numbered in the order they will appear (i.e. 1,2,3,4).

b. To set up the new PSS on the system, this will be done by IT once they receive the new PSS reason spreadsheet. IT will set it up in production in OH live. Product must review any new PSS reasons by going to OH live/ Index Manager/ Misc/ Product Suitability Reason/ Filter 'Status' to 'Setup' Once reviewed, click on 'Setup' in the PSS reason and click Setup Complete. This will activate the PSS reason. Confirm with IT that this has been actioned.

c. Plan Assignment Spreadsheet

The Plan Assignment Spreadsheet details what benefit/benefit contribution changes are required at plan level and is required by IT to assign/key these changes into OH Live.

See Appendix C (*Aehealthteam(\\iehibgc1)(W:)/ 2017 P&P Team/ Implementation AMK/ 2021/ Plan Benefit Assignment 01Jan21 v0.1 (not sent)*) as an example:

- **Plan name:** E.g. 4D Health 1
- **Plan level:** E.g. 2
- **Dactivity from:** Date of product/ changes being implemented, i.e. 01/01/2021
- **Product type:** E.g. Hospital care, Personalised Packages, Member Benefit
- **Benefit Group:** E.g. Hospital Cover, You Extra, Laser Eye Surgery
- **Benefit number:** Where it will display on table of cover
- **Type of hospital:** E.g. Public/ Private/ High-tech
- **Existing Benefit Contribution**
- **New Contribution Description**
- **Renewal:** Is this change effective at renewal? Always yes
- **Payment to:** Provider or member will be specified here. For inpatient generally will be provider, i.e. hospital cover. For outpatient and D2D will be member. Some instances such as scans in approved centres will be direct payment to the provider. Check this off other plans or with someone when updating this.
- **Subject to excess:** Refers to outpatient excess, if put in wrong could go under wrong section on benefits table so ensure this is correct. May need to be updated to include outpatient in wording.
- **Poolable:** This will generally be no. Potentially could be removed as not really something that is done.
- **Display on document:** Generally, a plan will set out what is covered as opposed to what is not. Any exceptions from the norm or what may be expected to be covered must also be noted (for example, where hospital list 1 is covered but Blackrock Clinic and Mater Private Dublin are actually not covered, the plan will read 'Beacon only'). Plans will not have a list of every item not covered, however, in some cases it is necessary. This includes hospital cover that is not included. Scans such as MRIs, CT scans and Pet CT scans in non-approved centres not having cover are also displayed on plans. Most other benefits not covered on plan will not be displayed on documentation, i.e. this can be marked 'no'.
- **Footnote:** Where lists and links to member benefits, schedule of benefits etc. are required, footnotes are updated here. Example: 'As per specified list' in contribution description = Medical and surgical appliances.

d. PSS Assignment Spreadsheet

Where new PSS reasons are required and drafted (see section 3b), the PSS assignment spreadsheet must then be updated to reflect what PSS changes are required for what plans (see Appendix E). Changes should be highlighted in Amber so that IT can identify what changes they must make.

a. When at testing stage for new product launches/ changes being implemented, spreadsheets must be updated to say PSS reasons have been checked. For the Plan Benefit

Assignment spreadsheet, Column C of the tab for the current changes, for example 01Jan21, must be updated in green if completed, grey if N/A, i.e. the product launch/ change does not require any new PSS reasons or amber if in progress. This must be done for every plan.

b. The pre-launch validation check must be updated when at testing stage. Columns C, F and J are associated with PSS reasons. When the PSS reasons sheet is updated for the new plan/ changes to existing plan's PSS reasons, column C is updated to green once complete. Columns F and J are to be updated when the PSS reasons have been checked on production in OH live and when they are signed off and activated. This must be done for every plan separately.

c. When the new PSS assignments are set up in production by IT, they must be tested by product to ensure they have all been keyed in correctly.

e. IPID dynamic text spreadsheet

IPIDs must be added to any insurance renewal by banking regulation. They set out a template of what is and is not covered in your insurance plan. Can be found AeHealthteam(\\iehibgc1) (W:)/ 2017 P&PTeam/ IPIDs/ Dynamic Text/ Most recent version. See Appendix F.

Product must create a new version of the IPIDs and add new benefit to this spreadsheet. The document has two tabs.

- Tab 1: Overseas
- Tab 2: Restrictions.

Tab 1 has a list of dynamic texts for IPIDs for plans, which will appear in the 'Where am I covered?' section (see below for details on this). If the changes impact a plan's IPIDs (i.e. change in PSS reasons/ more or less restrictions in cover) they must be added in to the appropriate dynamic text in amber with 'Add' in the column next to the plan name.

Tab 2 has a list of dynamic texts for IPIDs for plans, which will appear in the 'Are there any restrictions on cover?' section (see below for details on this). The new plan must be added to this tab in the same way as detailed for tab 1.

If there is no appropriate text in either tab for the new plan, a new dynamic text must be created. If a change is required to the dynamic text in the IPIDs, such as with Vigo plan launching in February 2021, this must be sent to Pual Clerkin via raising a JIRA ticket.

The headings for IPIDs are as follows:

- **What is insured?**

The PSS reasons are used here.

- **What is not insured?**

These are static.

- **Where am I covered?**
- High-level details of where the member is covered on their plan. Examples include:

- In the Medical Facilities listed on your plan
- Abroad for inpatient Accident and Emergency

- **Are there any restrictions on my cover?**
- Summary of limitations that apply to the plan. Examples include:

• You must be a resident of the Republic of Ireland
• Except in the case of Emergency Care in a Public Hospital, your hospital cover is restricted to those hospitals set out in the hospital list applicable to your plan

This is not a complete list. For full details on your cover please refer to your Table of Cover and Membership Handbook

f. Word version Tables of Cover

Product to update word versions of all Tables of Cover to reflect benefit changes (AEHealthteam:\2017 P&P Team\Tables of Cover). 3 versions of each to be saved: tracked changes, clean and pdf. The pdf version is used to test against system generated version of Table of Cover in testing phase detailed below.

g. Word version Side by Sides - CAAG

Manual word versions of Side by sides must be maintained for each plan. This is a comparison of the plan from one year to the next, which was sent to members to highlight any changes to their cover from their last renewal. Any changes to cover must be highlighted in bold in the 'post-renewal' section. This document has now been replaced with the CAAG document but Product maintain manual versions of Side by Sides to text the CAAG against.

As with Tables of Cover, 3 versions of each to be saved: tracked changes, clean and pdf. The pdf version is used to test against system generated CAAG in testing phase detailed below. To create these (using 01Jan21 changes as an example):

- Go in to Side by Sides folder in shared drive.
- Open plan's most recent version of Side by Side. For January 2021 side by sides, the most recent before this was November 2020 Side by Sides
- Save the November 2020 Side by Side as a new document with tracked changes, i.e. 4D Health 1 Side by Side 01Jan21 with tracked changes
- Compare this to the January 2020 Side by Side to see what changes were implemented at the members last renewal
- Anything that was changed in the January 2020 version does not need to be highlighted as a change on the January 2021 renewal, this must be copied and pasted into the pre-renewal section of the Side by Side and should not be in bold as this has been changed over a year ago
- Where a benefit was removed in the previous Side by Side, this can be deleted from the new Side by Side, i.e. if it was removed on the last renewal
- Any changes such as new benefits/ change in benefit names/ contributions/ removal/ addition of benefits being implemented from the change period, i.e. Jan 2021, must be added to the post-renewal section in bold to highlight the change
- Changes that have been implemented up to the previous Side by Side will be accounted for in most recent Side by Sides, i.e. Nov2020 will account for changes from 01Jan20 to 01Nov20. Other changes that need to be accounted for are 01Jan2021 changes (i.e. the changes being implemented at renewal). These changes can be seen in the 01Jan21 table of cover for the plan and in the Plan Benefit Assignment 01Jan2021 spreadsheet (see

Appendix C). This spreadsheet contains different tabs for previous changes, will be updating most recent tab, i.e. for 01Jan21 changes tab: 01Jan21.

- Once all changes are recorded and checked a clean word document and pdf version of the Side by Sides must be saved into the plans folder, i.e. SidebySides/ 4DHealth1/ 01Jan21
- Personalised packages must be created separately
- While updating these, check these off in the spreadsheet 'Plan Benefit Assignment 01Jan2021 v0.1'/ Tab: 01Jan21/ Column B. Mark these in green when completed, see Tab: Document updates
- When at testing stage for 01Jan21 changes, each Side by Side must be checked and marked off in green in the current Pre-launch validation check spreadsheet, i.e. 01Jan21 for this change period. Must update each cell to 'complete' or 'review comments' if there outstanding issues or actions, then sign, date and add any comments in the comments column

h. Pre-launch validation check

This spreadsheet must be updated when testing tables of cover, side by sides, PSS reasons, IPIDs, creating product versions of tables of cover. Once all of these have been activated in production, must complete this check this. (See Appendix G).

Once renewal invites are generated through UAT and checked, product versions of table of covers must be extracted and updated on the pre-launch validation check list.

i. System testing

- All benefit/contribution/PSS reasons changes for each affected plan to be keyed on Production (IT Team)
- All benefit/contribution/PSS reasons changes for each affected plan to be reviewed and signed off on Production (but not activated) (Product Team)
    - Once IT have updated all benefits and contributions changes in production, these need to be tested by product before they go live.
    - *Example: First change in Plan Benefit Assignment 01Jan21: Changing benefit for a semi private room in a high tech hospital from: Covered (Beacon Only) subject to €200 excess per claim to Covered (Beacon only) subject to €200 excess per claim. Mater Private and Blackrock Clinic 45% cover subject to €500 excess per claim on plan 4D Health 1.*
    - Need to open Plan Benefit Assignment that was sent to IT to put on production in OH live.
    - Need to separately go into each plan on OH live and check all details of Plan Benefit Assignment have been keyed in correctly for every change.
    - Search 4D Health 1 in OH live 'find plan' section
    - Click in to plan and newest version which will be set to 'amendment'
    - In 'Plan Product' click on product type (e.g. Hospital Care) and in 'Benefits' click on Benefit Group (e.g. Hospital Cover)
    - Find 'Semi Private Room' in 'High tech' hospital and check that the benefit contribution has been changed from the existing benefit contribution to the new

contribution description. Check other details, i.e. renewal, payment to, subject to excess, poolable, display on document, footnote are the same as in the Plan Benefit Assignment document. While checking this, have new version of Plan Benefit Assignment document and mark off in green once complete if all is correct, amber if changes are needed and add in comments as to what needs to be changed.

  - This must go back to IT to change before the new amendments can be pushed live. These must be tested again in UAT before they can be launched.

- All benefit/contribution/PSS reasons changes for each affected plan to be moved to UAT for testing (IT Team)
- Quote and Renewal invite generated on UAT (IT Team)
- Quote and Renewal invite tested on UAT – Product Team to check each Table of Cover, Product Suitability Statement, IPID and CAAG against manual word/excel versions maintained by Product
  - Open TOC in most recent form (Table of Cover/ Type of plan e.g. Health/Corporate/Be Fit) and Renewal Invites (Implementation AMK/ 2020/ 01Oct2020/ System Testing/ Renewal Invites 20Aug20/ Renewal Invites 1.1/ Enter member number found with plan being testing VIVC… Found in Excel spreadsheet 'Index File 1.1').
  - Compare both documents and ensure footnotes, level of cover, amounts and type of treatment match the level on the TOC.
  - Update the spreadsheet 'Pre-launch validation check 01Oct20' (Appendix F). If ready to sign off mark to 'completed', if not enter reason in comments and set to 'Review Comments'.
- Sign off on new product documents on UAT (Product Team)
- All plan versions activated on Production (Product Team)
- Extract TOCs from testing packs for HIA and web (Product Team)
  Example for 01 Oct 2020 Changes and Student Health Guard:
  - Open renewal invites document: Implementation AMK/ 2020/ 01Oct2020/ System Testing/ Renewal Invites 20Aug20/ Renewal Invites 1.1/ 01. Index Filev1.1
  - Implementation AMK/ 2020/ 01Oct2020/ Pre-launch validation check 01Oct20 (to check against all plans)
  - Find name of plan and corresponding VIVC number in 02. Index Filev1.1
  - Search for this in Renewal Invites 20Aug20 folder
  - Open this pdf with Adobe acrobat Pro 2017
  - Organize pages and extract pages with table of cover
  - Click 'edit'
  - Remove unnecessary information (i.e. the 2 at top of page) and make amendments (i.e. date may need to be changed)
  - Save in Tables of Cover folder in plans individual folder as e.g. as 'Student Health Guard as at 01Oct20 pv'.
- Complete Pre Launch Validation check spreadsheet (Product Team)
- Due 34 days before go live date (i.e. before renewal invites issue).

4. Regulatory compliance & notification (Step 2.11)

The Health Insurance Authority (HIA) requires that any changes to existing products or the launch of new products must be notified to the HIA 30 calendar days before their effective date. E.g. if ILH are making product changes effective from 1st January 2021, then we must notify the HIA of these changes on 1st December 2020.

Process for notification:

1) The following documents are prepared and saved to:
    i. Tables of Cover for all impacted plans (these must be manually extracted from signed off testing packs)
    ii. Membership Handbooks
    iii. Pricing rate sheets

TOCs for all plans and PP's must be sent, can check this off the pre-launch validation check excel sheet (pv versions for standard plans and normal pdf version for tailored and PPs).

HIA submission of prices must also be sent. This can be found in the HIA submissions folder in product drive as well as emails sent to the HIA notifying them of new plans and changes. For product changes, these emails will inform as to whether changes are applying to new and renewing customers/ new and existing customers/ any exceptions to this.

5. Abbreviations and notes

a. Abbreviations

- CAAG: Changes at a glance
- FF: Fact find - Similar to NBP but for new members
- IPID: Insurance product Information Document
- Modular: Yes/No = Has PP's/ has no PP's respectively
- NBP: Next Best Plan (shows upgrade/ downgrade options for plans when member wants to make changes such as increasing cover/ reducing costs).
- PP: Personalised Package (for tailored plans)
- PPC: Product Pricing Committee
- SAI: Society of Actuaries Ireland
- TOC: Tables of Cover

- YOY: Year on Year
- PPPM: Product Pricing Providers and Marketing
- UAT: User Acceptance Testing*
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- MI: Management Information (data)
- CGF: Contract Governance Forum

b. Notes

- ***Note:** Generally, when making product changes we will test them in a "test environment" of OH Live rather than in the "live environment" of OH Live so that we can correct any errors we pick up on before the changes are "live".
- ***Note:** File v0.1 (sent) is saved to show what version is being worked on i.e. if it has been sent to others to work on. If updated or changed must be saved under new version.

c. Changes for next opportunity

There is a spreadsheet which has all details of what changes are going to be look at/ made at the next implementation of changes, whether they are high/ medium/ low priority, whether they are going to have a pricing impact etc. This document can be found in the shared drive/ 2017 P&P Team / Implementation AMK/ Changes for Next Opportunity (most recent version). This is continually updated and edited by product. Headings are as follows:

Tab 1: Proposed changes

- **Plan Name**: Name of plan/ plans that the change will apply to, i.e. if changing a benefit name need to extract all plans the benefit is on from OH live (details on this process later in the document)
- **Change:** Details of the change and why it is being proposed
- **HIA Notification required:** If HIA need to be notified in advance of this change
- **Proposed Date of Change**
- **Impact on Pricing:** Need to go through with pricing team to see if there will be an impact
- **JIRA:** IT are notified of changes through JIRA
- **PPC Sign Off:** New benefits and plans need PPC sign off before launching
- **Status**
- **Implementation Date**
- **Reason**
- **New Benefit / contribution spreadsheet updated**
- **Assignment Spreadsheet updated?**
- **Notes:** If any action is taken/ to be taken, by whom and what date

Tab 2: Implemented changes

- **Plan Name**
- **Change:** Details of the change and why it is being proposed
- **Proposed Date of Change**

- **JIRA**
- **Status**
- **Implementation date**

Tab 3: No longer required

- If not required to make proposed change, must be updated here

Other tabs will be added depending on what changes are being made.

For example, if changing a benefit such as Child counselling, a tab will be added for this which will have each plan the benefit is on, plan codes, contribution and product type.

- This must be done for each benefit code, the details are extracted from OH live.
- Search 'child counselling' on OH live. This will bring up any benefit for child counselling, i.e. CHC and CHC2.
- Go in to each contribution and export the list of plans on each benefit with that contribution.
- Can click 'export' and will copy these to an excel spreadsheet. Copy this into the 'child counselling' tab in the changes at next opportunity sheet.
- This will be done the same for other benefits that are being changed, these lists of benefits and contributions will be sent to IT when implementing the change.

6. Appendices

Appendix A: Benefit change process document

Process 2.0 Benefit Change Process Steps

Appendix B: New Benefits and Contributions spreadsheet example

New Benefits and Contributions all as 0´

Appendix C: Plan Benefit Assignment spreadsheet example

Plan Benefit Assignment 01Jan202

Appendix D: All PSS Reasons spreadsheet example

All PSS Reasons 01Dec20 v0.1 (sent).xl

Appendix E: PSS Reasons assignment spreadsheet example

Plan PSS Reason Assignment 01Jan21

Appendix F: IPID Dynamic Text spreadsheet example

IPID Dynamic Text Jan21 v0.1 (sent).xlsx

Appendix G: Pre-launch validation check list example

Pre-launch validation check 01Oct20.xlsx