

Health Plan Mastery: Regain Control, Reduce Costs

The Benefits Brief: Insights that Fit Your Schedule

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Cottingham & Butler

Before We Begin

- All attendees are in “LISTEN ONLY” mode.
- All questions are taken offline.
- A recorded copy of the webinar and slides will be made available to all attendees.
- Reach out to BJ McAndrew, your host, and he will follow up with you after today’s session.

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Funding Health Insurance



Considerations:

- ☐ Risk
- ☐ Cash Flow
- ☐ Company Size
- ☐ Flexibility

Fully Insured

Risk: Low

Cash Flow: Level premiums each month.

Size of Company:
Small – Large

Flexibility: Minimal

Risk and Premiums

- **Flat monthly premium** paid to carrier.
- Carrier **assumes all financial risk** and pays for any claims incurred.

Rates:

- **Employers with fewer than 50 employees**
 - Rates are typically **age-banded** and **community-rated**.
- **Employers with 50 or more employees**
 - Rates are underwritten based on employee demographics and claims history.

Plan Designs:

- Off the shelf.

Renewals:

- Good Year: “moderate” or “decent”
- Bad Year: “Bad”



Split-Funded

Risk: Lower fixed costs, higher level of risk than Fully Insured.

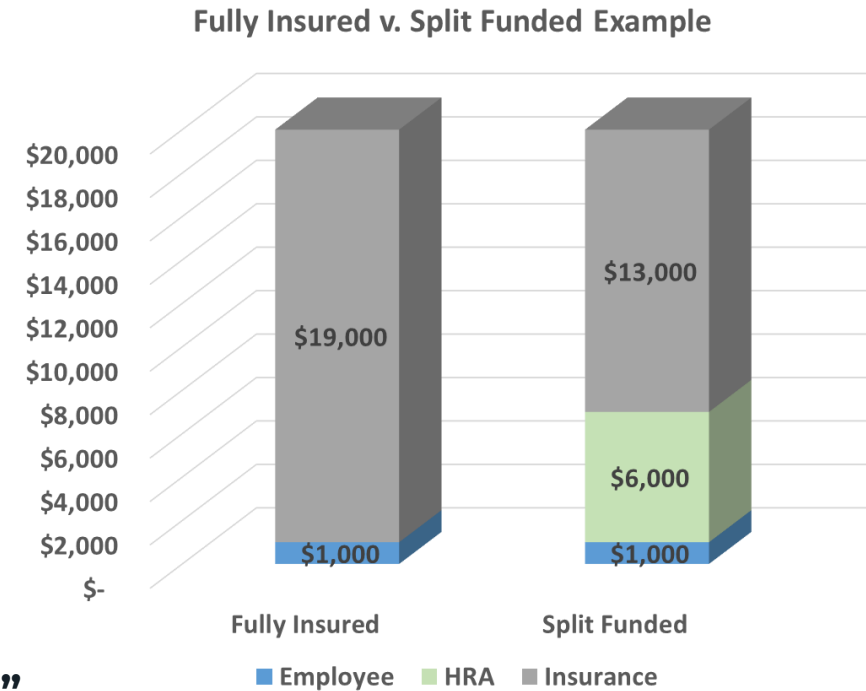
Cash Flow: Level premiums, with Health Reimbursement claim fluctuality.

Size of Company: Small – Large

Flexibility: More flexible than Fully Insured

Program Highlights:

- Purchase **Fully Insured** plan(s) from carrier with a **higher** deductible
- Employer provides **lower** deductible than purchased to employees
- Employer **pays for claims** between the employee-facing deductible, and the actual deductible purchased **“corridor”**.



Why consider split-funding?

1. **Lower fixed costs, more risk.**
2. **Take advantage of bad math.**

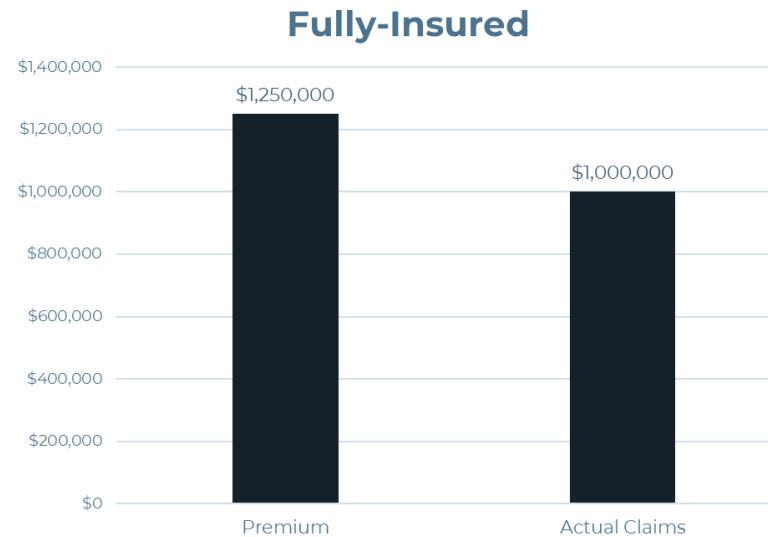
Level Funded

Risk: Higher level of risk than Fully Insured.

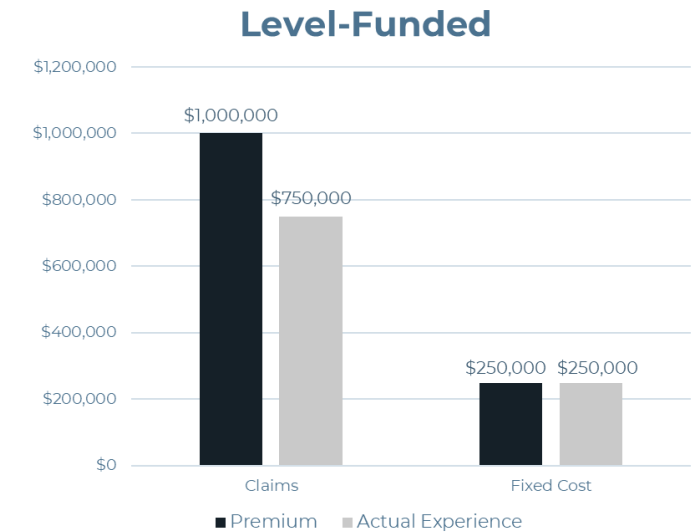
Cash Flow: Level monthly premiums

Size of Company:
Small – Midsize

Flexibility: Similar to Fully Insured



No Premium Return



Up to \$250K Return

Program Details:

- **Underwritten** by the carrier
- Maximum claims projections are calculated – **final rates** are built on **max claims** and **fixed costs**.
- **Premiums are level**, and **carrier pays for claims** throughout the year.
- **Potential Return:** if claims experience was **less than the “Max Claims” projection**, some of the **excess funds are returned**.
- **Other Key Consideration:** **CLAIMS DATA**

Self-Funded

Risk: Higher risk, lower fixed costs.

Cash Flow: Lower fixed costs, more cash flow volatility.

Size of Company: Generally, 75+ employees.

Flexibility: Flexible plan design, control.

Self-Funded 101:

1. Transfer large claims to Stop-Loss Carrier.
2. Pay for your claims up to a certain limit (specific deductible).

Stop-Loss Insurance:

Specific Deductible: Purchase a deductible on each person enrolled on the plan – *example, \$50,000 specific deductible. Protects from Large Claim.*

Aggregate Deductible: protects from large *frequency* in claims.

Stop-Loss Protection:

- **No New Laser w/ Rate Cap Provision:** Typical cost of +5-6% premium w/40-55% rate cap
- **Transplant Carve-out:** Move the claim risk away from traditional stop loss
- **Gene Therapy Carve-out:** Move the claim risk away from traditional stop loss
- **High-cost Specialty Drug Carve-out:** Move the claim risk away from traditional stop loss

Self-Funded, Stop Loss Captive

What is a Stop-Loss Captive?

- Aims to **remove volatility** from the stop-loss market.
- **Shared stop loss risk** with **other employers** in the pool.

Types of Stop Loss Captives:

1. **High-Performance Captive:** rigorously managed cost protection management.
2. **Aggregating Cell:** bring in large number of employers to increase purchase power.



What's Next?

Micro-Strategy Series Dates:

- ❑ November 4th, 11:30 CST
- ❑ December 2nd, 11:30 CST

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On Demand:

The Benefits Brief | Micro-Strategy Sessions

Upcoming Topics

- **Proactively Manage Pharmacy Spend**
- **Choose Wisely—Steering to High-Value, Cost-Effective Providers**

