

A photograph of three people in an office setting, overlaid with a semi-transparent blue and green geometric pattern. A woman on the left is gesturing while talking to a man in the center, who is also gesturing. A woman on the right is looking towards them. The background shows office desks and windows.

Keys to Proactively Manage Your Company's Benefit Plan

PRESENTED BY

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BNHRC

Bloomington-Normal
Human Resource Council

Michael Engelhardt



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Vice President, Benefits Consulting
Alera Group
Downers Grove & St. Louis (MO)

Michael has been a benefits consultant for 30+ years, and with “Alera” for 10+ years. Throughout his career, he’s focused on extracting value from the healthcare system. Approaches taken include:

- **Direct Contracting** (Hospital & Specialty Medicine)
- **Near-Site Clinics**
- **Identifying Alternative Sources for Expensive Prescription Drugs**
- **Medical Stop-Loss Captives**
- **Referenced-based Pricing**

Michael is involved in all aspects of negotiations, plan architecture, contribution strategy, carrier selection, employee communication, and ongoing support.

His clients appreciate his high attention to detail, responsiveness to issues or questions, and his ability to provide reliable data to make informed decisions. Michael’s creative and progressive ideas have helped many employers save millions of dollars while maintaining a rich benefit offering.

Meet Alera Group

161+

Offices

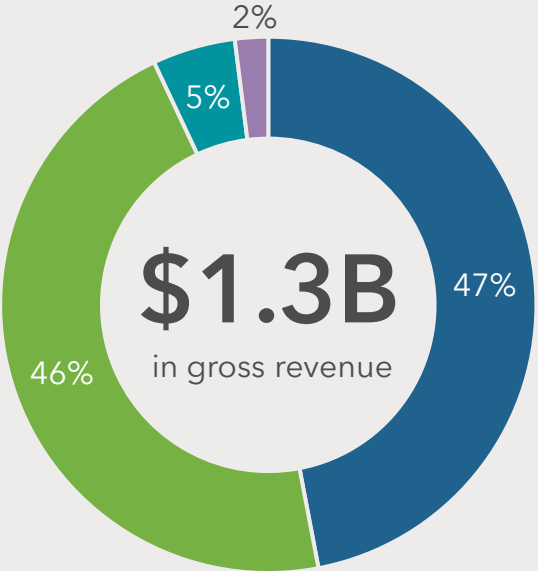
4,200+

Employees

16th

Largest Broker in the United States

"Top 100 Brokers of U.S. Business"
by Business Insurance | July / August 2023



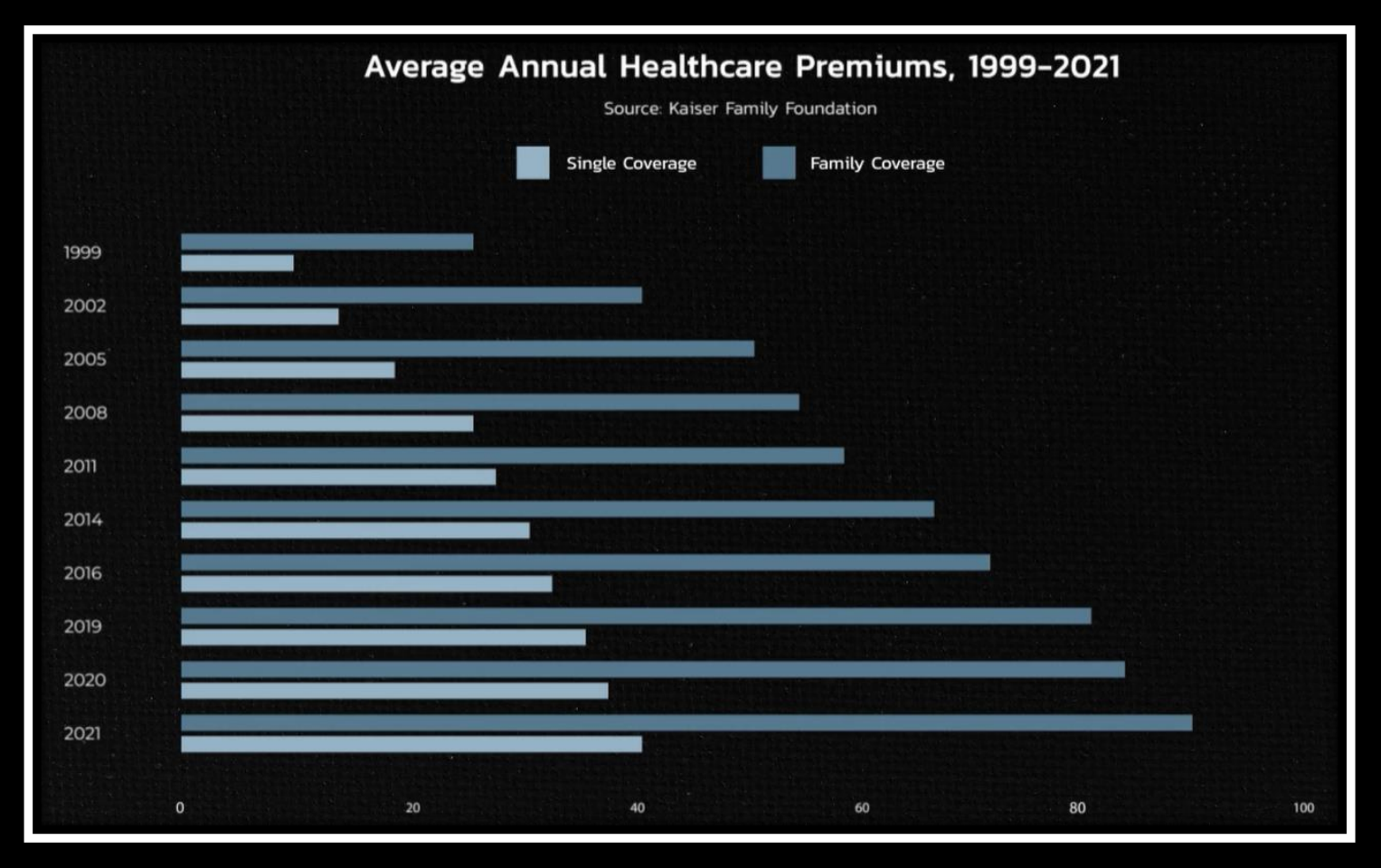
REVENUE DISTRIBUTION

- Property and Casualty
- Employee Benefits
- Wealth and Retirement Plan Services
- Human Capital Management

Why are we here?

- ✓ **Attract & Retain Top Talent**
- ✓ **Improve Employee Health, Morale, & Productivity**
- ✓ **Reduce Healthcare Costs**
- ✓ **Reduce Absenteeism & Turnover**
- ✓ **New Fiduciary Liability**
- ✓ ***"It's Not Personal, It's Just Healthcare."* - Watch**

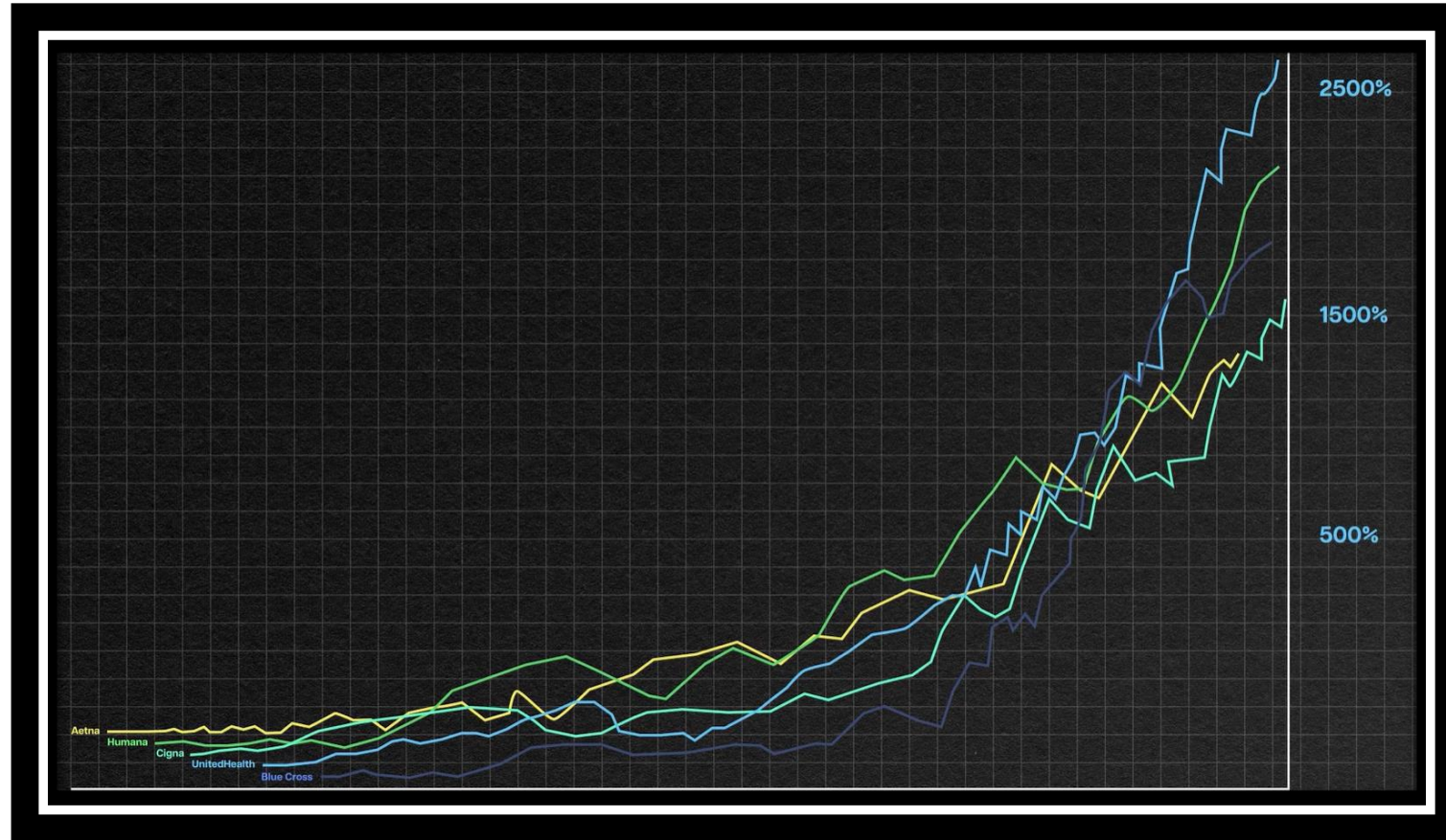
Why are we here?

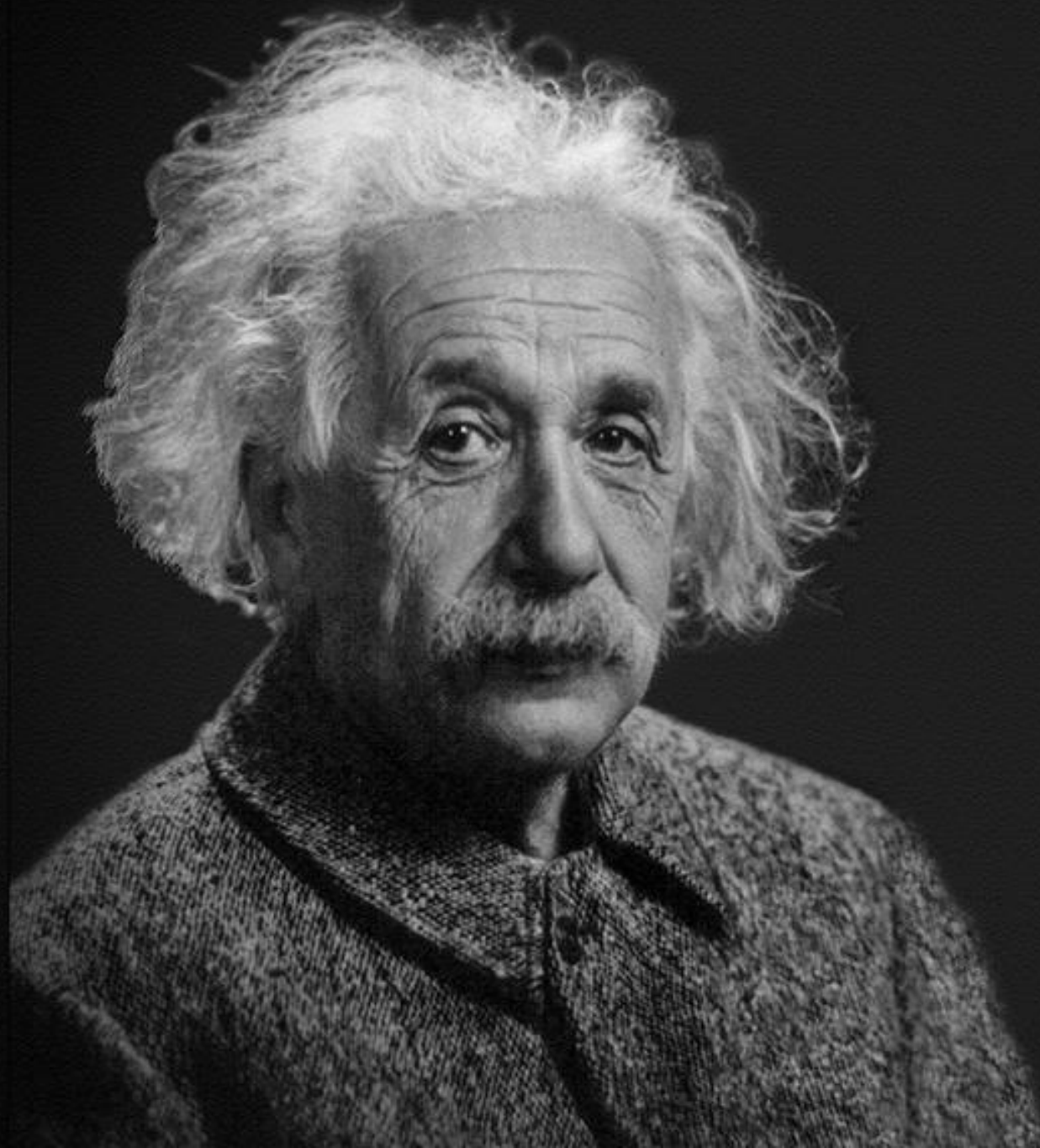


- ❖ Premiums have increased 3X
- ❖ Employer cost share has increased by 2%
- ❖ Employee out-of-pocket expenses have risen by 4.5%, due to cost shifting

Why are we here?

Major Carrier Share Value Explosion AETNA - HUMANA - UNITED HEALTHCARE - BLUE CROSS





INSANITY:

**DOING THE SAME THING
OVER AND OVER AGAIN
AND EXPECTING
DIFFERENT RESULTS**

-ALBERT EINSTEIN

Health Plan Management

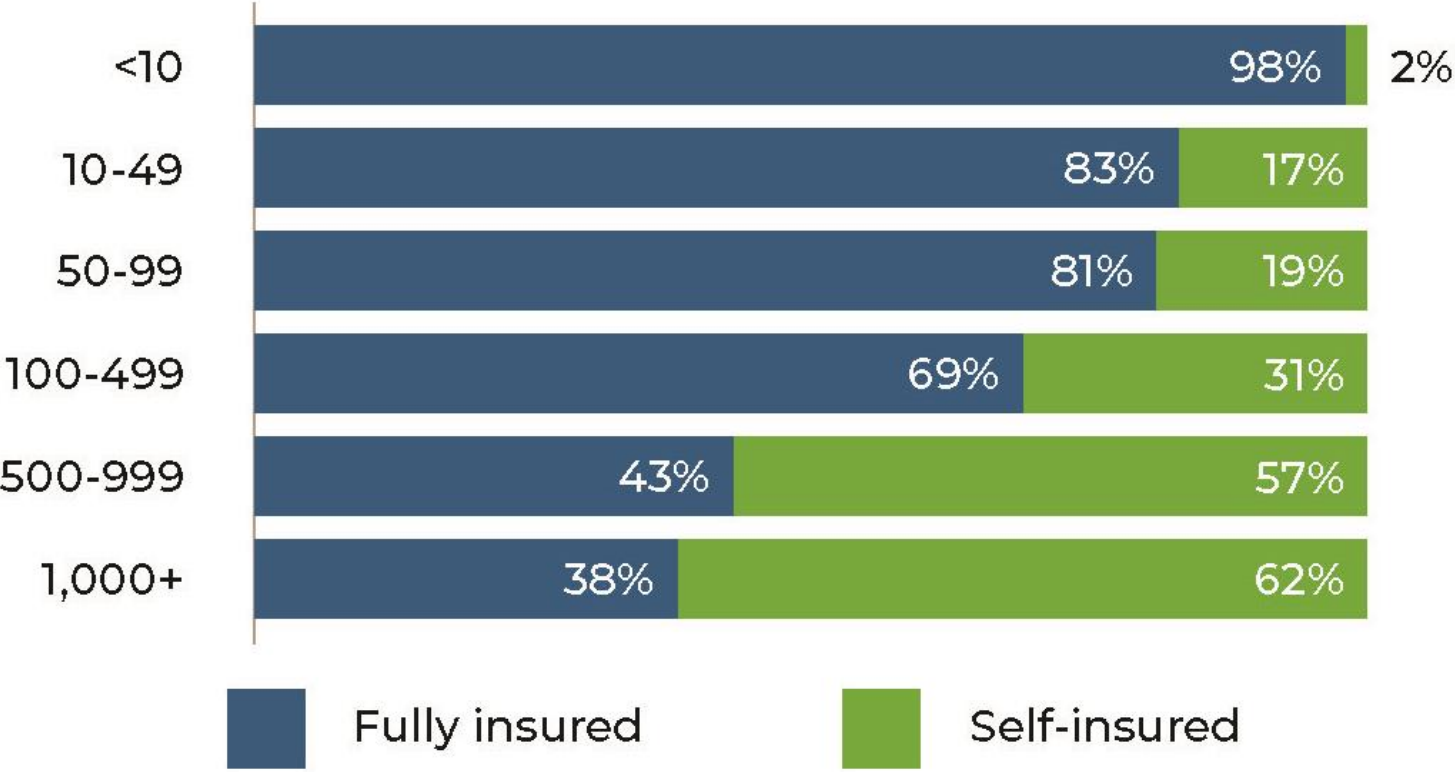
Advanced Healthcare Strategies (AHS)

Health Plan Management Continuum

	Traditional		Progressive		
Funding	Fully Insured / Level / Retro Funded	Self-Funding ASO / Carrier Stop-Loss	TPA / Stop-Loss Independent / Consortium	TPA / Stop-Loss Captive	TPA
Engagement & Advocacy	Carrier / HR	Carrier / HR	Health Advocacy	Clinical Care Coordinator	Care Navigation / Lawyers
Pharmacy	Bundled	Bundled	Independent PBM	Routine RFP / Alternative Sourcing MAPs and Coupons	Open & Transparent
Plan Design Incentive	None / Cost Shift	HSA / HRA / Wellness Rewards	Tiered Deductible and Copay	Steerage Plan Design	Shared Savings / Highly Restrictive
Data	None Premium vs. Claims	Aggregate Report / Large Claimant / Data Analytics	Data Analytics / Clinical Review	Real Time	Real-Time Audits
High Need vs. High Cost	Carrier Case Management	Carrier Case Management	Targeted / Centers of Excellence	Condition Specific	Value Based
Access	HMO / PPO	HMO / PPO	HMO / PPO / Centers of Excellence / High Performance Network	PPO / Centers of Excellence / High Performance Network	Reference Based Pricing / Onsite / Near Site / Direct Contract
Cost Differential & Medical Inflation Cost Impact	\$\$\$\$\$ Trend +4-10%	\$\$\$\$	\$\$\$	\$\$	\$ Trend -20% to -40%

Self-funding

Funding method



Self-funding Feasibility (SIFA)

Self-Insurance Feasibility Analysis Summary

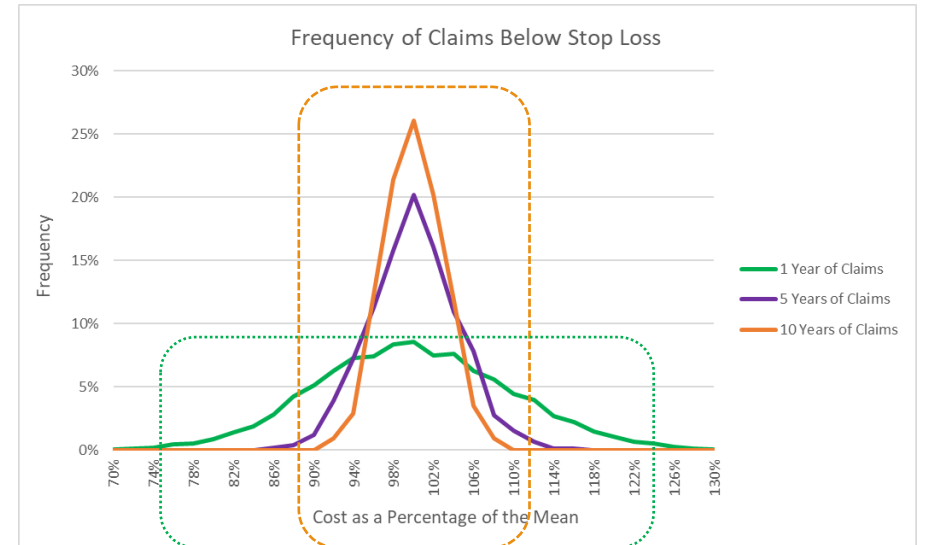
- Based on the projected 2024 fully insured renewal, the analysis indicates estimated savings of 14% (\$902,000) in moving to self-insured for upcoming plan year
- Further savings may be realized if cost management initiatives are implemented in conjunction with self-insurance

	Projected 2024 Fully-Insured Renewal	Projected 2024 Self-Insured Funding UMR	Projected 2024 Self-Insured Funding UMR with APTA
Projected incurred claims (below \$100k stop loss threshold)		\$4,560,000	\$4,423,000
Rx rebates		(\$207,000)	(\$207,000)
Administration fees		\$198,000	\$267,000
Stop loss fees		\$816,000	\$792,000
Total	\$6,369,000	\$5,367,000	\$5,275,000
Assumed enrollment	243	243	243
PEPY	\$26,210	\$22,086	\$21,708
PEPM	\$2,184	\$1,841	\$1,809
Savings vs. Full Insurance		\$902,000 14.1%	\$1,094,000 17.1%

- Ultimate threshold will vary depending on company risk tolerance and insurance market quotes
- Recommended range based on enrollment: \$75k - \$125k
- Selected for SIFA : \$100,000 at a cost of \$280 PEPM

Claims Predictability

- 15% chance that plan costs are above 110% of expected (\$4.9M)
- 2% chance that plan costs are above 120% of expected (\$5.3M)
- In any one year, claims can run above or below expectations, sometimes in the range of +/- 20%
- However, over a longer time horizon such as 5 or 10 years, claims are likely to be within 10% of expected

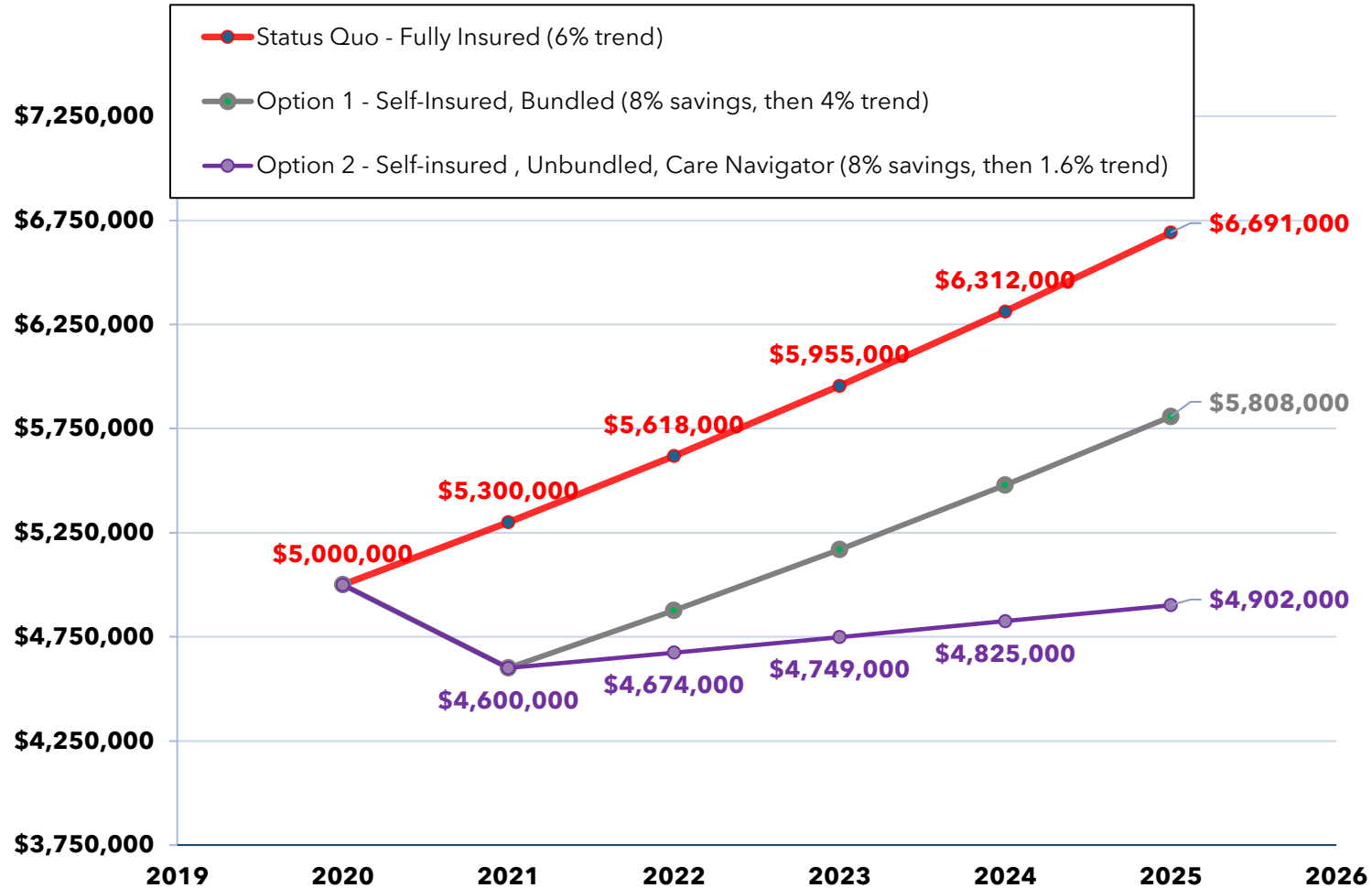


Notes:

- Actual cost comparison will depend on the final negotiated fully-insured renewal. Actual experience will vary based on demographics, claims utilization, healthcare trends, etc.
- UMR/UMR + APTA administration fees based on provided quotes
- APTA claims management assumed to reduce medical (excluding Rx) claims cost and stop loss fees by 4%
- Estimated Rx rebates based on standard formulary plan design. Increased coverage of non-formulary drugs will reduce overall savings

Self-funding

Bending the Trend



5 Year Savings
 Option 1: **-\$3,944,000**
 Option 2: **-\$6,126,000**

\$883k
\$906k
\$1.8M

Data Analytics

Claims Analytics | Chronic Conditions | Risk Mitigation

Risk Stratification

Percent of Population

	Total	No/Invalid Info	Healthy User	Low Risk	Moderate Risk	High Risk	Very High Risk
Employer	100%	6%	26%	21%	39%	7%	2%
Region Benchmark	100%	6%	19%	18%	44%	9%	3%
Vital Incite Benchmark	100%	7%	18%	18%	44%	10%	3%

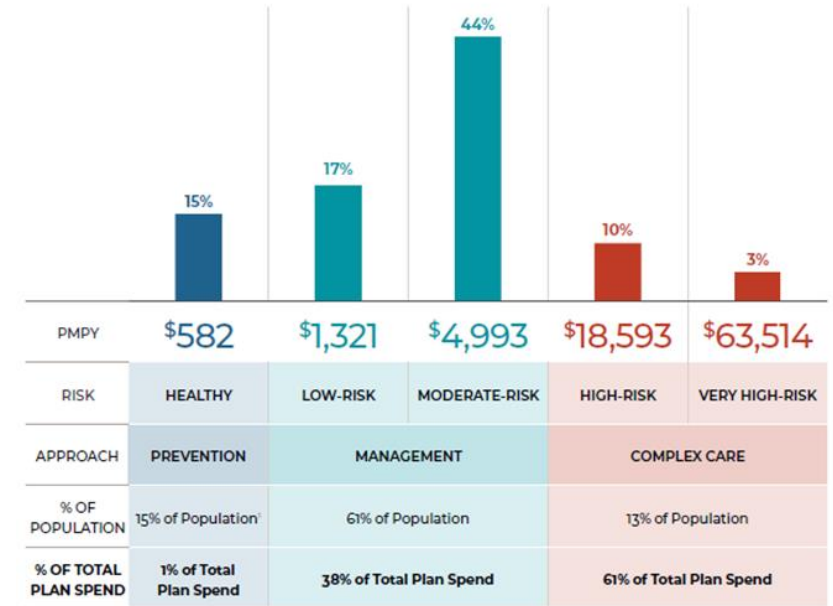
Plan Paid PMPY

	Total	No/Invalid Info	Healthy User	Low Risk	Moderate Risk	High Risk	Very High Risk
Employer	\$5,662	\$0	\$487	\$1,313	\$6,383	\$18,850	\$88,747
Region Benchmark	\$6,227	\$171	\$519	\$1,311	\$4,959	\$19,397	\$66,396
Vital Incite Benchmark	\$6,154	\$144	\$547	\$1,358	\$4,886	\$18,154	\$60,201

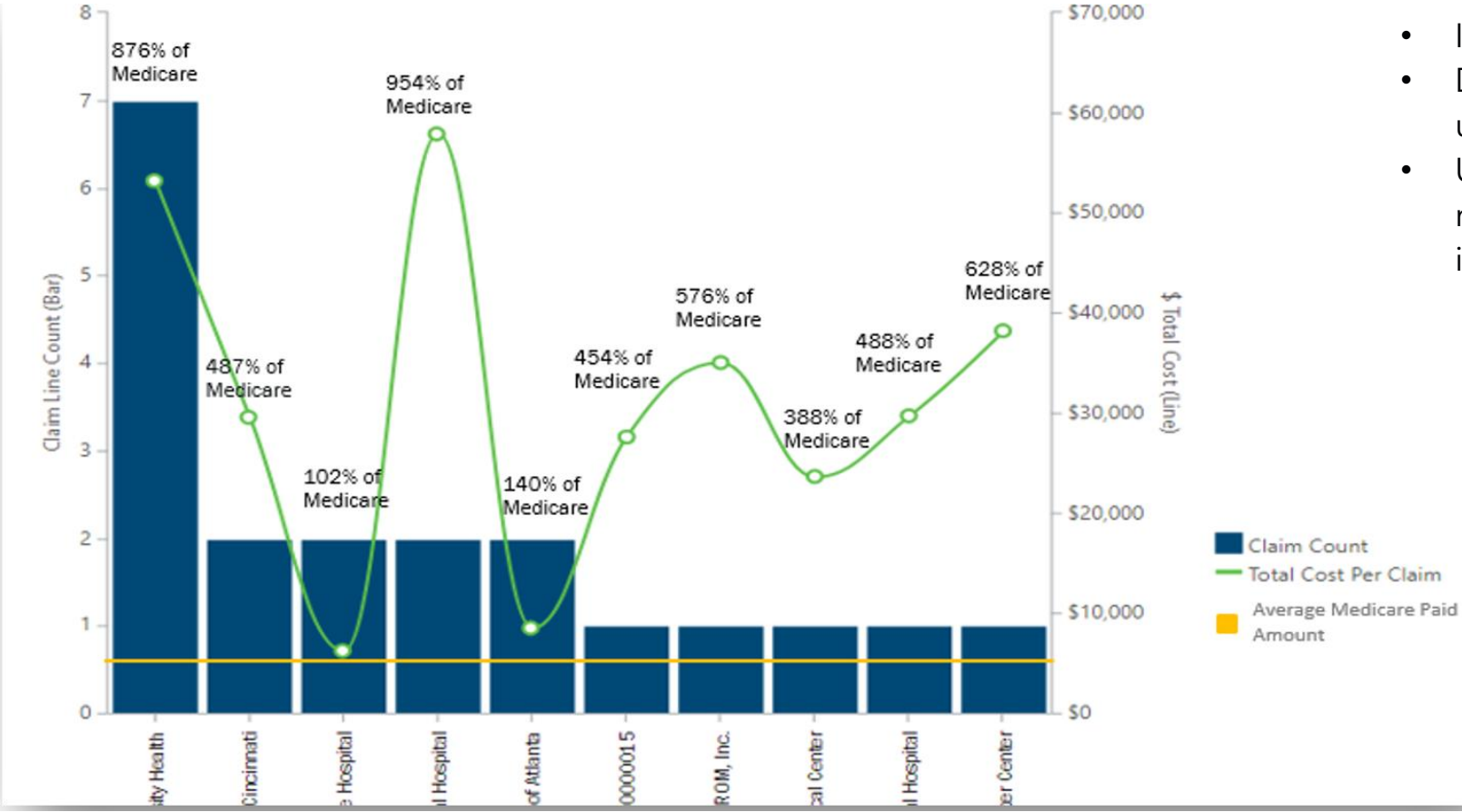
Top 10 Psychosocial EDCs by Plan Paid

PRIMARY_EDC	Member Count Prior	Member Count Current ↓	Employee Count	Spouse Count	Child Count	Plan Paid Prior	Plan Paid Current	Plan Paid Change
Anxiety	94	143	72	16	55	\$24,252	\$46,791	\$22,539
Major depression	50	73	37	10	26	\$42,257	\$61,921	\$19,664
Attention deficit disorder	59	64	21	5	38	\$9,033	\$6,670	(\$2,363)
Adjustment disorder	54	60	30	7	23	\$23,365	\$24,708	\$1,343
Psychological disorders of childhood	19	21	14	1	6	\$1,935	\$1,906	(\$29)
Depression	17	19	6	4	9	\$6,353	\$8,191	\$1,838
Psychologic signs and symptoms	7	17	7	1	9	\$3,806	\$3,632	(\$174)
Substance use	6	11	4	3	4	\$19,113	\$44,383	\$25,271
Bipolar disorder	9	8	3	2	3	\$5,622	\$9,429	\$3,807
Post traumatic stress disorder	4	7	3	3	1	\$2,333	\$3,016	\$682

Risk Measurement



Data Analytics: Actionable Insights



- Identify high-cost sites of care
- Design incentives to reward employees utilizing lower cost facilities
- Understand locations to access reasonable cost labs, scans and imaging

Claims Analytics | Intervention Opportunities | Strategy

Members Identified

12%

Claims: Jan 21 - Dec 21 | Population: 3286

Percent of Spend

40%

Claims: Jan 21 - Dec 21 | Population: 3286

Percent of Forecasted Spend

38%

Claims: Jan 21 - Dec 21 | Population: 3286

Chronic Intervention Opportunities

Name %	Members %	Not Compliant %	Compliance % %	Savings Opportunity %
Hypertension	337	178	47%	\$388,685
Drug Management	332	92	72%	\$204,843
Hyperlipidemia	226	45	80%	\$65,097
Diabetes	173	145	16%	\$300,179
Mental Health	53	21	60%	\$63,138
Asthma	44	26	41%	\$53,249
CAD	23	16	30%	\$17,301
Migraine Headache	18	1	94%	\$1,025
Rheumatoid Arthritis	17	8	53%	\$48,646
Heart Failure	9	5	44%	\$26,527
Renal Failure	6	4	33%	\$83,637

Preventive Intervention Opportunities

Name %	Members %	Not Compliant %	Compliance % %
Preventive Care	1,945	920	53%
Well Child Care	834	435	48%
Preventive Care - Women	696	461	34%
Immunizations - Children and Adolescents	69	65	6%
Pregnancy Care	16	14	13%

Executive Dashboard

Intervention	Cost/EE	Effected Employees	2025 Priority	2025 Goal	Company Savings
Hypertension	\$2,183.62	178	2	(20%)	\$77,737
Hyperlipidemia	\$2,226.55	92	1	(20%)	\$40,968
Drug Management	\$1,446.60	45	4	(10%)	\$6,906
Diabetes	\$2,070.20	145	3	0%	
				Total	\$125,215

Advanced Healthcare Strategies

(AHS)

Our Goals

- Reduce Member Spend
- Reverse Trend/Reduce Costs
- Improve Member Health
- Enhance Member Experience
- Remove Barriers to Care



Major Impact Areas

Innovative, data driven, advanced strategies and solutions that are scalable, customized and mitigate costs for better employer and member outcomes.

Focused on 5 major areas of impact:

Pharmacy Spend

Evaluate PBM plan performance and review alternative PBM opportunities

Implement strategies to control costs, including specialty drug management and mail order zero co-pay

1

High Risk/ High Cost

Strategies to help address common issues that drive healthcare costs and address unique healthcare conditions that can be extremely expensive to treat

2

Primary Care

Coordination of care to ensure members are getting adequate care for chronic conditions and better treatment at lower cost

3

Valued-based Purchasing

Better quality with lower costs - pay for healthcare and ensure its value

Narrow network model and direct provider contracting

4

Healthcare Literacy & Engagement

Communication and educational tools to engage employees in their healthcare.

Strategies and solutions to help members navigate their healthcare.

5

Implement Point Solutions to Address Your Specific Needs

Care Navigation



Diabetes / Metabolic



Pharmacy



Centers of Excellence



Behavioral Health



Second Opinion



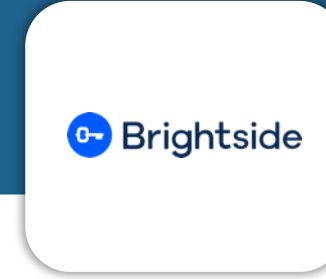
Musculoskeletal



Fertility Healthcare



Wellness / Incentives



Financial Health

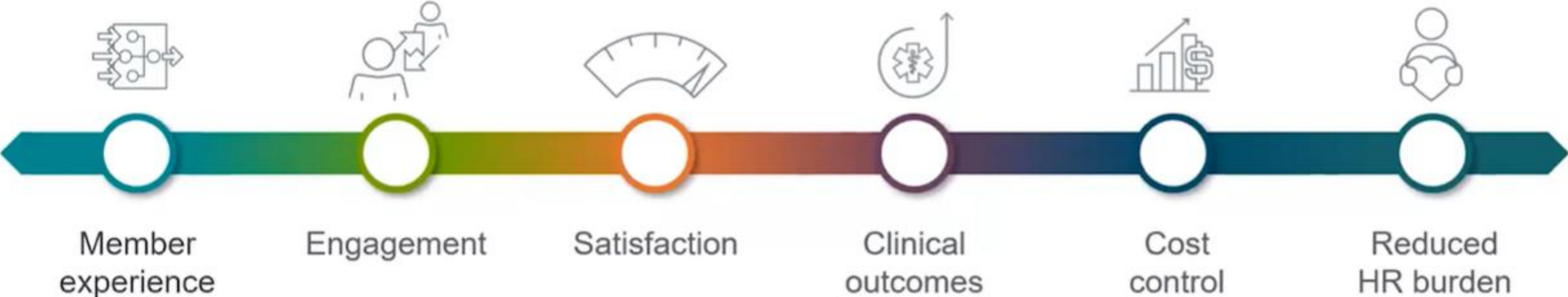


Benefits Selection

Point Solution fatigue is real

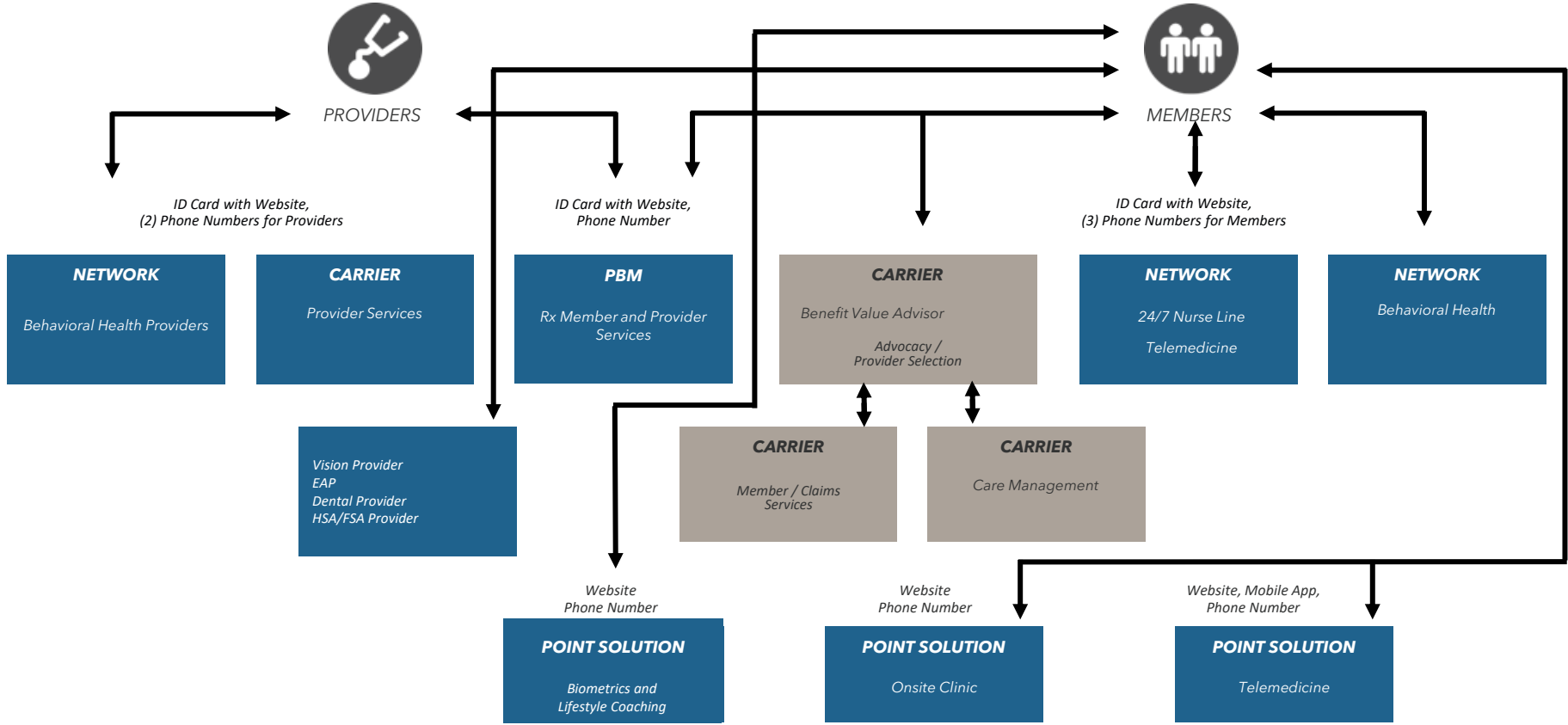
Pain Points	
Selecting the right provider in each category	Vetting important issues like clinical efficacy, service quality and more
Contracting and implementation	Evaluate the ROI of each point solution - performance guarantees

Focusing on what matters most



Care Navigation

Current System for Members & Providers









Current System Realities

A large portion of the reason for healthcare inflation is due to unintended factors like:

- Misdiagnosis of treatment (88%)
- Unnecessary Surgeries (30%)
- Claims Processed incorrectly (19.3%)
- Ineligible Dependents (5-7%)

Approaching healthcare with a goal of improve efficiency and reduce waste, will reduce costs 22% - 45%.

LEAN SIX SIGMA: Reducing variation and increasing quality to reduce costs and improve customer satisfaction

Governance Category	Savings Potential	Source
The Mayo Clinic reported second opinions led to changes in diagnosis or treatment in about 88% of cases. The Health Care Cost Institute estimated this would reduce medical costs by around 10%.	10%	MAYO CLINIC 
According to the Wall Street Journal, 30% of all surgeries are unnecessary, costing employers \$200 Billion in waste	5-15%	WSJ 
The American Medical Association's Health Insurer Report Card found that 19.3% of all claims are processed incorrectly	5-15%	AMAX AMERICAN MEDICAL ASSOCIATION 
According to Aon and SHRM, 5-7% of dependents do not meet eligiblilty criteria. The U.S. Government Accountability Office (GAO) indicated this can reduce healthcare costs by 2-5%	2-5%	SHRM  GAO 
According to the Pharmacy Benefit Management Institute (PBMI), employers that negotiate more stringent terms and audit their PBM agreements regularly see savings of 10 - 25% on prescription drug costs	3-7%	P B Pharmacy Benefit Management Institute 

Dead End

50%

Patients Confused

44%

*Hit a dead end
And Stop*

24%

*Of all physician
services are
duplicated*

33%

*Of patients not given
post-discharge
instructions*

61%

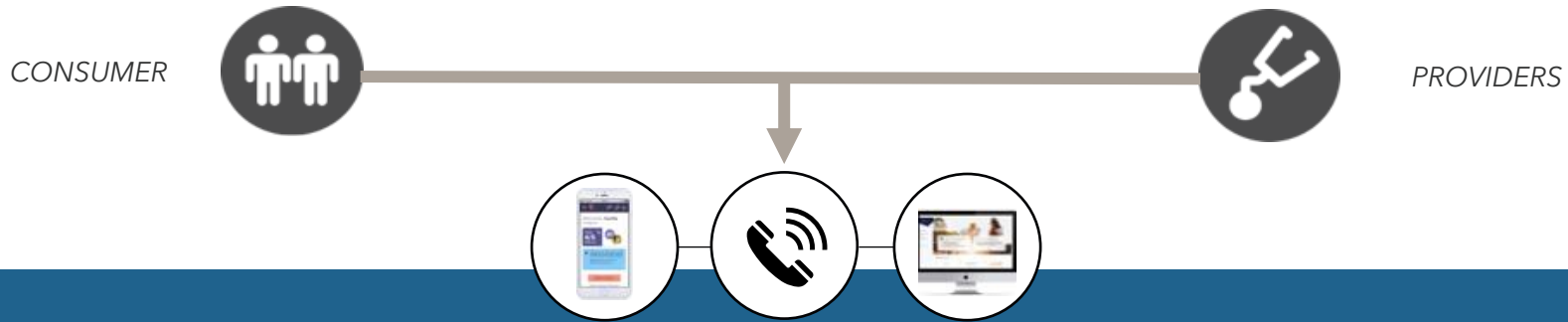
*Of self-referrals get it
wrong, resulting in
33% higher costs*



Care Navigation

A SIMPLIFIED EXPERIENCE

A single point of entry to help your employees connect with quality care



MEMBER/PROVIDER SERVICES (MEDICAL & RX)

- BENEFITS AND CLAIMSELIGIBILITY
- PROVIDER SELECTION AND COST/QUALITY
- ADVOCACY

CLINICAL/CARE NAVIGATION SERVICES

- PRE-NOTIFICATION
- CONCURRENT/UTILIZATION REVIEW
- PRE-ADMISSION/POST-DISCHARGE
- EPISODIC CARE COORDINATION

- CASE MANAGEMENT
- CHRONIC CONDITION MANAGEMENT
- MATERNITY MANAGEMENT
- INCENTIVE MANAGEMENT



CLAIMS ADMINISTRATION
& NETWORK



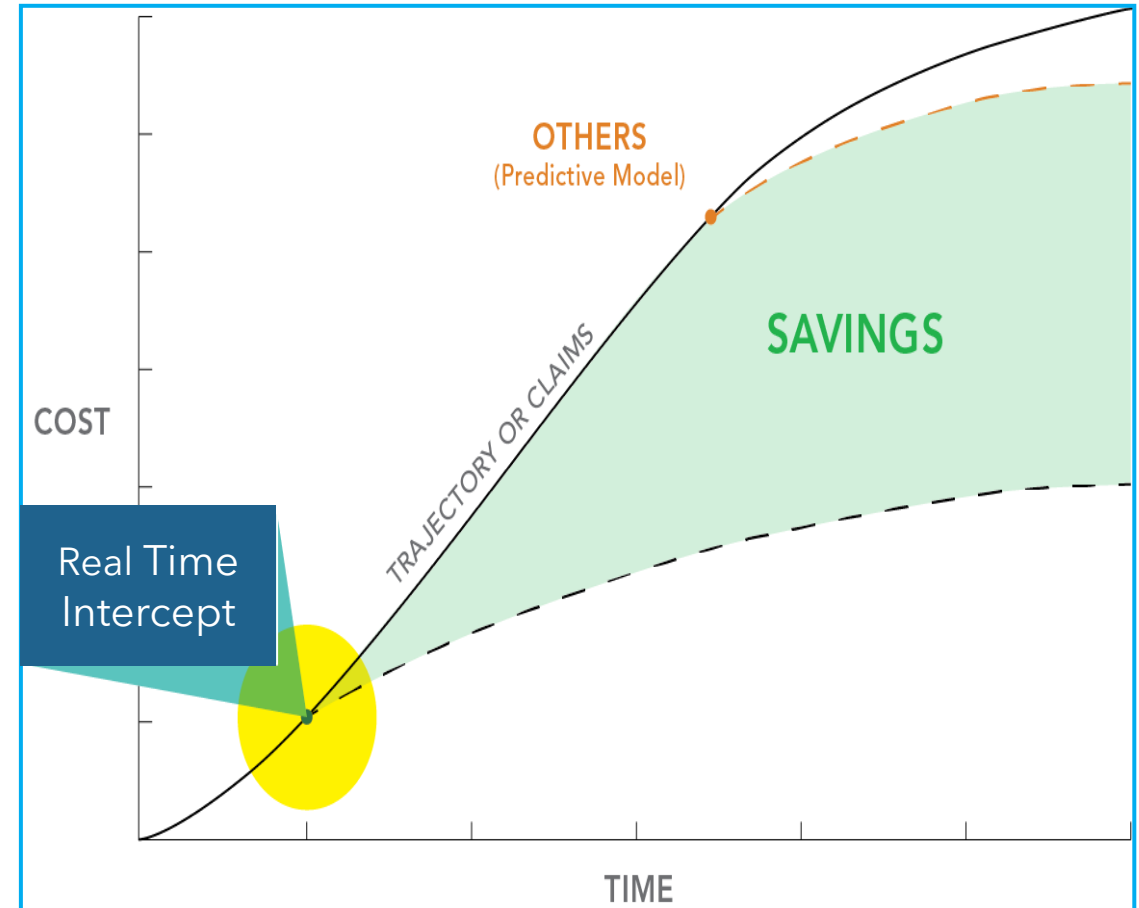
POINT SOLUTIONS



PHARMACY BENEFIT
MANAGEMENT

Care Navigation – Early Intercept

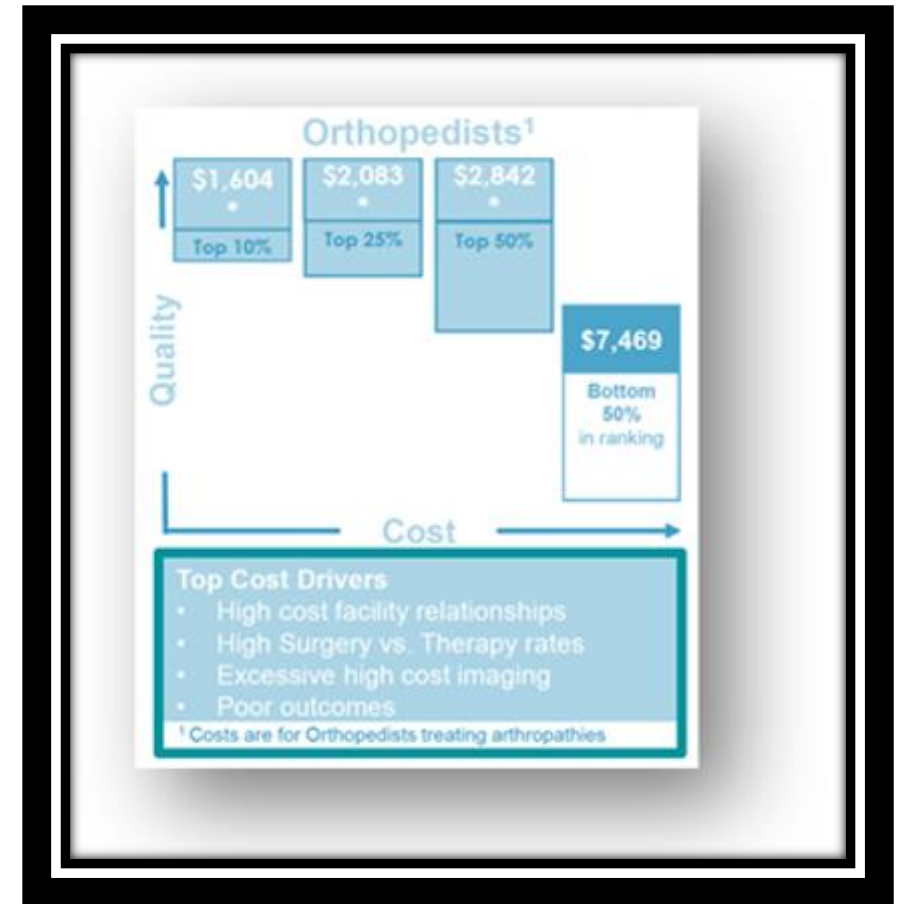
Deliver savings by “intercepting” and engaging members in the beginning of their healthcare journey, not several thousand dollars into treatment.



Care Navigation – Focus on Quality

Relationships with facilities leads to high-cost imaging and inappropriate surgery rates.

Top-quality physicians will reduce the average episode of care by 27%



Focus on Quality: A Closer View

Opportunities in the Bloomington Area

CLINICAL METRICS FOR HIP AND KNEE ORTHOPEDICS	DR. A	DR. B
Hip arthroscopy without trying conservative treatment	0.5%	7.8%
Skilled nursing facility after hip or knee surgery	2.0%	12.3%
Unnecessary Physical Therapy following hip replacement	6.7%	40.5%
Knee replacement without conservative treatment	19.5%	75.6%
Hip replacement without conservative treatment	33.9%	78.7%
Revision following joint replacement	1.0%	2.2%
Complications following joint replacement	9.4%	15.9%
Readmission after hip or knee surgery	3.0%	4.4%
MRI for radiographically obvious hip or knee osteoarthritis	2.8%	3.5%
Total cost of care relative to the regional average	-36.5%	115.2%
Total sick days relative to the regional average	-18.1%	97.1%

Your Current Approach

An Employee Perspective

How Much Is Too Much?

Evaluating the “true” cost of healthcare for your lower-paid employees

- **Total Plan Exposure**
 - Employee Contributions
 - Deductibles
 - Out-of-Pocket Maximum
- **Critical Cost Share**
 - PCP Co-pays
 - Specialist Co-pays
 - Rx Co-pays
- **High Deductible Health Plans**
 - Could you spend 22% of your annual take-home pay without affecting your lifestyle?

Employee Cost of Healthcare - % of Takehome Salary						
Salary Bands			PPO Orange		PPO Blue	
			\$750	\$3,000	\$3,200	\$5,000
Gross Income	Employee Count	25% Tax				
\$30,000	25	\$24,454.53	13.72%	22.92%	19.61%	26.97%
\$40,000	135	\$30,000.00	11.19%	18.69%	15.99%	21.99%
\$50,000	100	\$37,500.00	8.95%	14.95%	12.79%	17.59%
\$60,000	75	\$45,000.00	7.46%	12.46%	10.66%	14.66%
\$70,000	12	\$52,500.00	6.39%	10.68%	9.14%	12.56%
\$80,000	10	\$60,000.00	5.59%	9.34%	7.99%	10.99%
\$90,000	8	\$67,500.00	4.97%	8.31%	7.11%	9.77%
Gross Income		35% Tax				
\$100,000		\$65,000.00	5.16%	8.62%	7.38%	10.15%
\$110,000		\$71,500.00	4.69%	7.84%	6.71%	9.23%
\$120,000		\$78,000.00	4.30%	7.19%	6.15%	8.46%
\$130,000		\$84,500.00	3.97%	6.63%	5.68%	7.81%
\$140,000		\$91,000.00	3.69%	6.16%	5.27%	7.25%
\$150,000		\$97,500.00	3.44%	5.75%	4.92%	6.77%
\$160,000		\$104,000.00	3.23%	5.39%	4.61%	6.34%

Employer Outcomes

High Risk / High Cost

- **\$1,305 claims reduction PEPY in year 1 and overall savings of \$1.04M on one specialty medication**

Situation

- National Manufacturer with 800 Employees
- High-cost claimant incurred specialty drug for rare blood disorder
- Claims exceeded \$2.1mm for treatment
- This type of condition is often underserved due to the risk associated
- Due to the rarity of the condition, most hematologists have limited experience in treatment

Solution

- Alera Group clinician recognized the member was self-dosing to manage their condition
- Found an alternative solution to source medication at a reduced cost.

Results

- **Member received better care** due to Alera connecting them with skilled pharmacists and care managers, that had expertise in rare blood disorders.
- **Client saved \$1,044,000 per year** due to reducing monthly medication costs from \$226,000 to \$139,000

Prescription Drugs

- **Employee paid \$0 for sourced Rx**
- **Employer savings from sourced Rx was \$346k**
- **PBM RFP resulted in 26.8% Savings, without change**
- **PBM RFP had no effect on employees or formulary**

Situation

- School district experiencing rising prescription drug costs
- Fearful of shifting more costs to members and causing disruption
- Self-insured in pooled program, with little flexibility in vendor relationships

Solution

- Reviewed PBM and negotiated stronger contracts
- Negotiated greater discounts and stronger rate guarantees
- Introduced alternative sourcing and found manufacturer assistance program for some specialty medications

Results

- 26.8% savings due to renegotiated PBM contract
- \$346k savings due to brand name drugs eligible to be sourced from alternate vendors. Saving included waiving co-payments to members.
- PBM savings made no impact to member or formulary

Value-Based Care

- Employee cost remained the same
- Employee out-of-pocket exposure reduced by 75%
- New plan claim costs reduced by 41% compared to other plans
- Employer savings was \$1.29M

Situation

- Arizona Non-Profit Situation (1,000 employees):
- Employees dissatisfied with cost and quality of benefits program
- Lost confidence from management regarding overall health plan design and strategy

Solution/Results

- Added outcome-based benefit plan that rewarded employees when they saw a top-quality physician
- Benefit counselors to provide 1:1 open enrollment and benefit education support
- New plan benefits reduced out-of-pocket exposure by 75%

Medical	You Pay	
	In-Network	In-Network
Calendar Year Deductible (Individual / Family)	\$0 / \$1,000	\$3,000 / \$9,000
Coinsurance	20%	20%*
Calendar Year Out-of-Pocket Max ² (Individual / Family)	\$2,150 / \$4,250	\$8,150 / \$16,300
Preventive Care	0%	0%
Primary Care Office Visit	\$0	\$35
Specialty Care Office Visit	\$0	\$70
Virtual Care Visit (must use MDLive)	\$35	\$35
Urgent Care Facility	\$0	\$75
Emergency Room Care	\$500 copay then 20%	\$500 copay then 20%
Inpatient Hospital	20%	20%
Outpatient Surgery	20%	20%*
Routine Radiology / Lab	20%	20%*
Advanced Radiology (MRI, MRA, CAT, PET Scan)	20%	20%*
Prescription	You Pay	You Pay
Retail (up to 30-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250
Mail Order (up to 90-day supply)	\$0 / \$30 / \$150 / \$300	\$0 / \$30 / \$150 / \$300

Value-Based Care

- **Employee costs were \$0 for those using MAPs**
- **Employer saved \$235k in Specialty Rx using MAPs**
- **Employee costs were reduced using lower SOC**
- **Employer saved \$165k directing Ees to lower SOC**

Situation

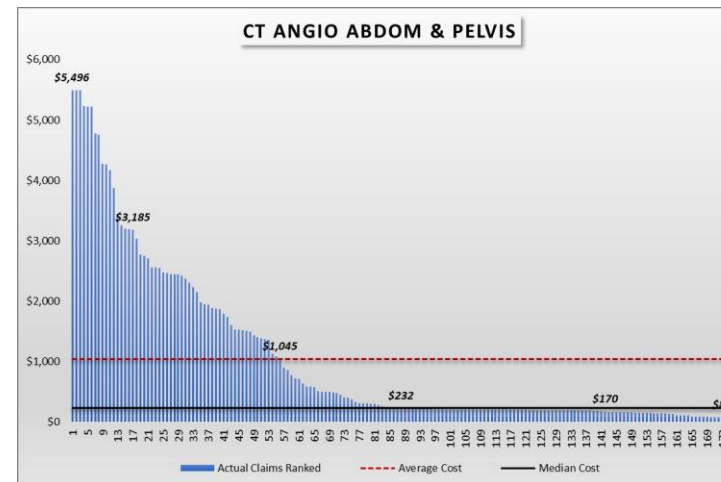
- 150 Employee Distributor, self-insured with BCBS of Illinois
- Claims had increased over the 4 years since changing funding

Challenge

- Identified Radiology and Pathology visits were 73% above benchmark
- 6 of the top 10 specialty Rx had MAPs available
- 25 members were Type-2 diabetics, and 123 members had incurred 1,390 MSK services

Solution/Results

- Employer saved \$235k in Specialty Rx spend using MAPs
- Educated employer on value of Livongo and Hinge Health
- Began Livongo/Health education campaign ensure members knew it was a free benefit
- Identified lower cost sites of care, in-network, to reduce costs of scans, labs and x-rays by 32%, saving \$165k



Re-Pricing Analysis	
Average	\$1,043
Median	\$232
Maximum	\$5,496
Minimum	\$80
Actual Total	\$181,524
Reprice at Average	\$88,097
Savings	\$93,427
Reprice at Median	\$35,532
Savings	\$145,992

Communication

Communication Preferences

Three Principles of a Multi-Generational Benefits Program:

- 1. Personalize Benefits and Communications.** This will help you enhance long-term engagement, enrollment, and retention.
- 2. Embrace One-Size-Doesn't-Necessarily-Fit-All Mentality.** While broad generalizations exist, there are always exceptions to the rules. Focus should be on meeting the unique needs of individuals.
- 3. Create a Holistic Experience.** Go beyond standard and voluntary benefits to create innovative programs and policies that create value for everybody.

	Baby Boomers	Gen X	Millennials (Gen Y)	Gen Z
Print Materials	✓	✓		
Benefits Meetings / Fairs	✓	✓		
Email		✓	✓	✓
Phone	✓	✓		
Text		✓	✓	✓
Social Media		✓	✓	✓
Web-based		✓	✓	✓
Video		✓	✓	✓

Plan Governance

Fiduciary Requirements Under the CAA

Under the CAA, plan sponsors are also held to fiduciary standards. The CAA also expanded the scope of the fiduciary duties of plan sponsors on the following topics:

1. Removal of gag clauses from plan contracts with providers, TPAs or plan service providers;
2. Providing cost-sharing information;
3. Reporting pharmacy benefit and drug costs;
4. Preventing surprise billing for medical and air ambulance bills;
5. Performing non-qualitative treatment limitations analyses for mental health and substance use disorders.

Under the CAA, a plan sponsor must now fulfill the foregoing responsibilities under the ERISA fiduciary standards, **which include the duty of care and the duty of prudence. If a plan sponsor does not have the expertise to fulfill these obligations, the sponsor must seek outside advice or counsel.**

Johnson & Johnson Lawsuit



A novel lawsuit from an employee suing Johnson & Johnson Inc. for allegedly mismanaging drug benefits appears a harbinger of litigation to come against companies.

The suit said the New Jersey-based company “mismanages its employee health plan by paying its pharmacy benefit manager, Express Scripts Inc., inflated prices for generic specialty drugs that are widely available at much lower cost.”

The proposed class action was filed on February 5, 2024, in US District Court for the District of New Jersey.

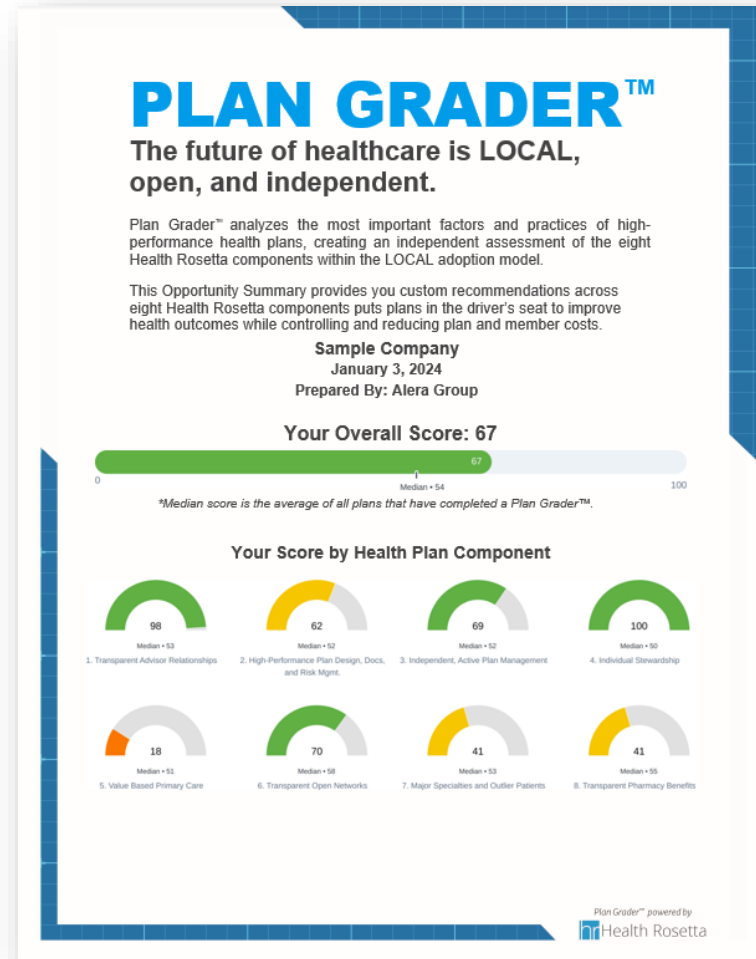
The Johnson & Johnson case appears to be the first case brought by an employee against a major employer, alleging breach of ERISA fiduciary duty over mismanagement of health plan funds.

Source: Bloomberg Law, Johnson & Johnson Case Signals Employee Drug Price Suits to Come, by Sara Hansard, Senior Reporter. February 9, 2024

Validate Decisions & Guide Future Strategies

Evaluate, Evaluate, Evaluate.

- **Evaluate Vendors & Solutions:** It will be increasingly important to demonstrate you've evaluated different plan vendors and solutions
- **Focused Strategy:** Base benefit strategy on improvement in areas of Plan underperformance
- **Think 401k Management:** Health plan management should mirror that of retirement plan
- **Advisor Choice:** The evaluation of brokers and consultants should be done with care and guidance



Next Steps

- Map out your organization's goals
- Understand your employee's needs
- Analyze your Plan data and identify gaps in care
- Develop a multi-year strategy that includes:
 - Expanded access to mental health
 - Improve Care Navigation
 - Incent employees to utilize top providers
 - Leverage health partner programs
 - Enhance Employee Engagement
- Gain Management Support



Toolkits & Evaluation Resources

- **Toolkits Available**

- Plan Administration RFP
- Vendor Selection Best Practices
- Value-Based Primary Care
- Gag Clause Attestation Compliance Guide

- **Other Program Evaluation Tools**

- Accountable Care Organizations (ACOs)
- Bundled Payments
- Centers of Excellence
- High-performance networks
- Reference-based pricing

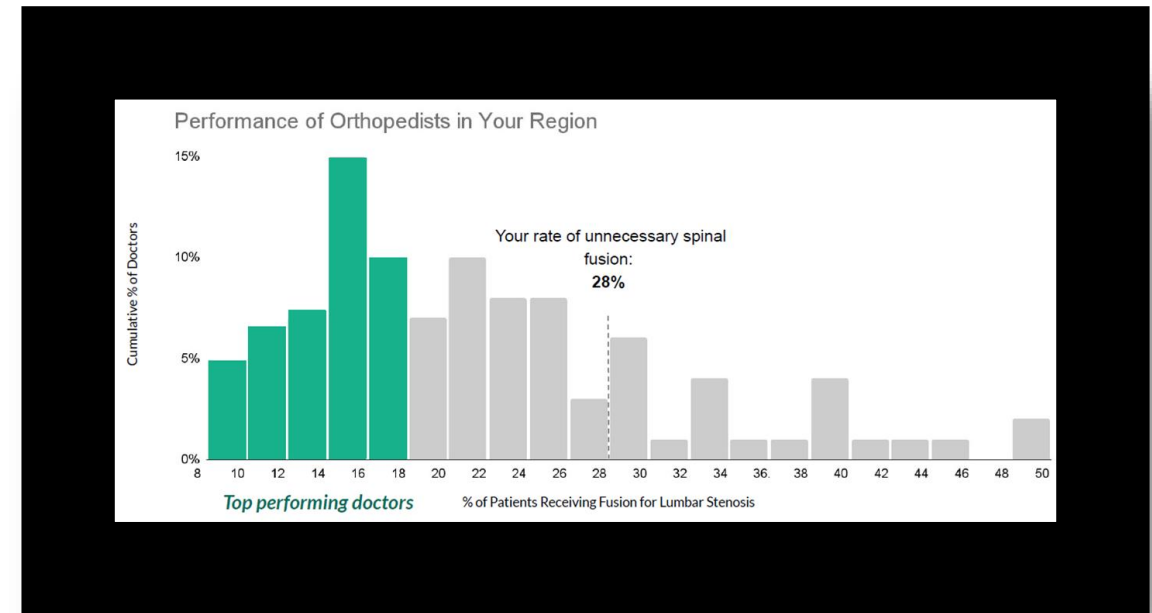


[Keys to Proactively Manage Your Company's Benefit Plan: Survey](#)



Toolkits & Evaluation Resources

- Plan Evaluation (Plan Grader)
- Health & Welfare Compliance Evaluation
- Exploring Self-Insurance (SIFA)
- AHS Opportunity Analysis (see below)



Thank you



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For resources about the evolution of healthcare:

- [Health Rosetta](#)
- [Catalyst for Payment Reform](#)

APPENDIX