

Healthcare Continuum

Conservative

Progressive

- Traditional PPO Plan
- HMO/ACO
- HDHP Plans
- Captives

- Direct Primary Care
- Shared Savings, Smart Shopper & Incentive programs
- RBP facility only
- National Network Wrap
- International Pharmacy
- Specialty Rx – MFG Programs & Carve Out

- RBP for out-of-network
- Premium differentials
- Concierge/Care Navigation

- Direct Primary Care
- Narrow Network/
- Cash Pay
- Reference Based Pricing
- Purchasing Collaborative

Manufacturing & Distribution

170 ee's on the plan

Health plan moved from BCBS in 2018 to a TPA. We introduced Value Based Pricing, Smart Shopper Benefits, and a Transparent PBM. Healthcare costs 40% from 2018 to 2019 for the employer and 12% for the employees. Stop Loss premiums dropped 9% for 2020 and the client was able to reduce employee contributions for the 2020 plan year.

Municipality

500 EE's on the plan

This was an unengaged client when we originally took over as their consultant. Client moved slow initially as their culture dictated such. We moved PBM away from Cigna and also flushed out egregious contract language from their agreement with Cigna. We did walk through several alternative options including: Direct contracting with UTMB, Onsite/Nearsite clinic, Smart Shopper, and made their plan choices a little better. 2019 savings was about \$500,000 lower in cost from 2018 because of improved contract, PBM, and 2020 implemented Zero Pay options programs for options that have a high cost or high variability in costs (surgery, MRI, Nuclear medicine, etc.)

Methanol Refinery

60 EE's on the plan

This group was underserved by their prior consultant and only became a client September 2019. They had two plans and a loss ratio that indicated they were being overcharged. We walked the client through several scenarios including Level Funded, Self-funded, Captive, Concierge/redirection, with Smart Shopper options, and Reference Based Pricing models.

Ultimately we were able to produce a proposal that saved them over \$1,000,000. As a result the client chose to implement a concierge program and an HDHP whereby the employees that enrolled in the HDHP received a fully-funded deposit in their HSA account on January 1. (They chose to give their employees part of the savings.) They will consider self-funding/Level funding in 2021 but chose the guaranteed savings in the first year.

Incidentally on this account the consultant compensation dropped considerably because the premium on the account dropped by more than half. Most brokers wouldn't make the recommendations we did because it would mean lower compensation than they otherwise would receive.

Trucking & Fuel Hauling

1,200 EE's on the plan in 60+ locations

Relationship started in 2014 and over time moved away from UHC to Self-funded BCBS network and separate Health Advocacy Service. We implemented a five-year strategy to moving employees toward guided health. Given the number of locations we had to use an advocacy provider for consistency and to help steer folks toward better health and provide more focused case management and disease management. We also integrated the following solutions:

- Diabetes Management
- Rx –Transparent PBM and better rebates/contract (15% improvement in cost from BUCA)
- Disease Management – (5 core focus)
- Removed egregious language from UHC & Carrier contracts (Saved \$100k/year)
- Outcomes based wellness
- Sleep Apnea program (Improved Driver loyalty)
- International Pharmacy (66% reduction in cost for brand maintenance drugs)
- Zero Pay for Bundled Price providers (\$0 copay for MRI/Complex imaging drove plan savings)
- Musculoskeletal Management (Reduction in unnecessary care)
- Hospital Bill Review (99% of hospital bills have billing & coding errors, Blue Cross & UHC cannot audit these bills for accuracy).
- 2021 (Reference Based Pricing)