



The Power of \$0 Becoming a Talent Magnet in Today's Market



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Many Working Families are Falling Behind



2020 (vs. 2000)

Median Household Income \$67,521 (+7%)

Average Contribution for Family Coverage \$5,588 (+220%)

Average Family Deductible \$3,722 (+445%)



What are Employees Saying?

93% - not worth it

72% - concerned

73% - would trade



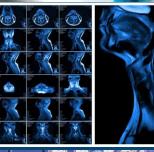


1. For fully-insured and self-funded plans: Take advantage lower-cost, in-network providers for commonly-occurring, routine outpatient care.

"Commonly-occurring" care:

- 98% of outpatient care
 - Blood work
 - Imaging studies
 - Outpatient surgery care
- Low-complexity, routine care











Pricing Difference: Higher vs. Lower-cost In-network Providers

Cervical Spine MRI: \$318 vs. \$1,841 Brain MRI: \$706 vs. \$4,080

Colonoscopy: \$647 vs. \$2,955 Urgent Care: \$503 vs. \$2,449





Avg. Nat. Savings: Higher-cost and Lower Cost Providers

Blood Work: \$150 Outpatient Surgery Care: \$2,000

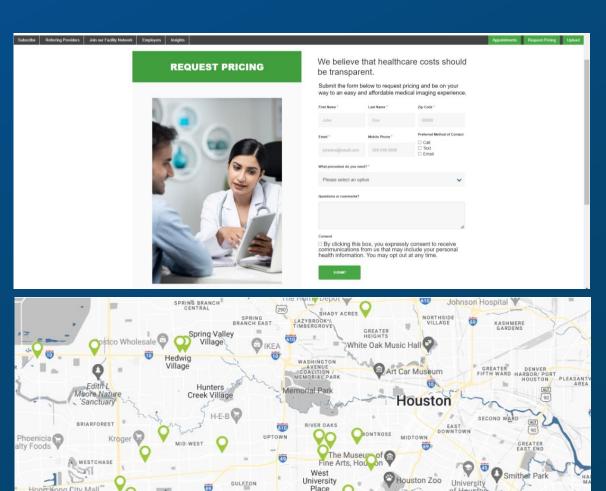
Imaging: \$700 Urgent Care: \$2,000





2. Cash price for self-pay

PROCEDURE	WITH INSURANCE	CASH	SAVINGS	PCT.
Cardiac stress test	\$2,508	\$2,201	\$307	12%
Chest CT scan with dye	\$1,167	\$1,050	\$117	10%
Pregnancy ultrasound: first trimester	\$552	\$497	\$55	9.9%
Hip X-Ray	\$352	\$317	\$35	9.9%
Mammogram: digital	\$701	\$623	\$78	11%
Allergy shots	\$48	\$43	\$5	10%
Lower back MRI	\$1,682	\$1,514	\$168	9.9%
Metabolic panel	\$72	\$62	\$10	14%
Source: NBC Bay Area research				





- 3. Financial assistance for Hospital care
- Approx. <u>3,000 hospitals</u> operate as non-profit hospitals under IRS Section 501(c)(3).
- Under the Patient Protection and Affordable Care Act(PPACA) and IRS Section 501(r), non-profit hospitals are required to establish a financial assistance policy (FAP) for medically necessary care and emergency care.



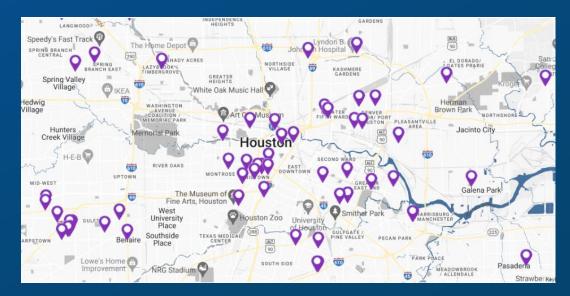








- 4. Community Health Centers
- Community-based and patientdirected organizations that deliver comprehensive, culturally competent, high-quality primary health care services







Account for All Costs Associated with the Plan

ERISA/DOL and 3rd Restatement of Trusts

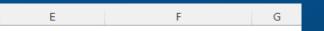
- 1. Know what investments you own
- 2. Know why you own them
- 3. Know how they're doing, and
- 4. Compared to what
- 5. Know what you're paying for, and how much that is.



Cost-management Questions:

- 1. What are our high-cost outpatient care items?
- 2. Per high-cost care item, who's providing the care?
- 3. How much are we paying these providers?
- 4. How many times did we pay these amounts?
- 5. What could we be paying (and saving)?







ABC School District

Savings and ROI Report

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Period: 09/01/2020 to 08/31/2021

4					
5	Care Category	# Claims	Total Rewards Paid	Est. Savings ²	Total Gross Savings
6	Blood Work	157	-\$3,925	\$150	\$23,550
7	Imaging	86	-\$8,600	\$700	\$60,200
8	Surgery Center Care	43	-\$8,600	\$2,000	\$86,000
9	Urgent Care	<u>55</u>	<u>-\$2,750</u>	\$2,000	<u>\$110,000</u>
11	Totals	341	-\$23,875		\$279,750
13	Summary of Savings				
14	Number of Reward Claims	341			
15	Total Gross Savings	\$279,750			
16	Total Reward Amount Paid	-\$23,875			
17	PEPM for the Period ³	-\$29,088			
19	Net Net Savings	\$226,787			
20					
21	Utilization Rate	17.50%			
22	Avg. Svgs. per Reward Claim	\$665.04			
23 24 25 26 27 28 29	¹ Money Map assorts outpatient care i ² Est. Savings represents the average provider per Care Category. The ave between claims paid at Money Map p each Care Category (see 1), totaling Care Category is based on a nationa ³ \$3.00 PEPM on 808 employees = \$2	dollar amount sa rage savings pe providers and cla the dollar amount I average using	aved when using a Money I or Care Category is calculat ims paid at non-Money Ma nt difference and dividing b 10 million claims from 22 g	Map provider instead ted by taking the dol p providers per card y the total number to	d of a non-Money Map lar amount difference e item subsumed within otal claims. Est. Savings per
30 31					

Imaging

Surgery Ctr

Urgent Care

(+)

EPIC INSURANCE BROKERS & CONSULTANTS

Blood Work

Summary

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Plan Level:

Save 40-70% per outpatient care item when plan members use lower-cost in-network providers

Plan Member:

Save \$100s to \$1,000s in out-of-pocket costs

No changes to:

- Carrier/network
- Benefits
- PCPs/specialists



Thank You!



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