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WAYS
SELF-FUNDED
HEALTH BENEFITS
CAN WORK
FOR YOU



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TPAs. *Discover the Benefits.*SM



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FLEXIBILITY IS THE KEY.



After a few years of stability, double-digit price hikes have returned to the marketplace. If you're struggling to take control of health benefit costs for 50 employees or more, you might find these facts helpful.

1. With self-funding, a plan can be designed to meet specific benefit objectives

Local market factors and financial considerations are unique to every organization. With a self-funded or partially self-funded plan, design flexibility allows us to address specific conditions and company objectives.

2. It can help meet the specific needs of employees

Age, family characteristics and other demographics demand that companies find all the flexibility possible. In contrast to off-the-shelf plans, partial self-funding gives you the flexibility to custom design a plan and modify it as needed.

3. Employers can avoid costly state mandated benefits

Because self-funded health benefit plans are regulated by ERISA, they are not subject to many state mandated benefits that can steer a program off course and increase costs.

4. Premium taxes are avoided in some states

Many states charge taxes on health insurance premiums. These taxes, which typically range from 2% to 6% of the premium, can be avoided when a group health care plan is partially self-funded. Depending on the size and location of an organization, the savings may be significant.

5. Claims administration includes data analysis and clinical logic technology

We provide our self-funded clients with a comprehensive range of administrative services, including claims adjudication and clinical logic analysis to examine appropriateness of care and rebundling/unbundling of medical services.

6. Covered employees receive timely, professional service

Careful scrutiny of medical billings and timely settlement of claims will keep employees informed, involved and aware of the importance of their group health care benefits. Even though technology has changed the way we communicate, there's still no substitute for expertise and service.

7. Management receives timely, meaningful management reports

When we manage a self-funded health benefit program, management receives monthly check registers, fund account reports, paid claims registers and reports on reinsurance, utilization and coverage analysis. A wide range of custom reports can also be provided.

8. Utilization management strategies can be added with ease

Any partially self-funded plan can be supplemented with programs to monitor utilization and assure appropriateness of care. These include hospital admission review and pre-authorization, concurrent review, re-admission and retrospective review, second surgical opinions, hospital bill auditing and large case management.

9. Provider arrangements can assure consistent savings and easy access

Today, every plan, regardless of funding strategy, can be supplemented with a variety of provider arrangements. In most cases, discounts are negotiated with provider networks. We also have the resources to identify an excellent network in another locale.

10. Billing can be directed to any company location

Our claims administration technology enables us to direct benefit plan related billing to a home office or any other location. In addition, a variety of monthly reports are now available for viewing on the internet.

11. A Section 125 flexible spending option can save everyone money

Many self-funded organizations supplement their plan with a Section 125 Flexible Spending plan or premium-only option, which enables participating employees to pay for many of their out of pocket expenses with after-tax dollars. Because taxable income is reduced, employers also enjoy some tax savings.

12. We handle all the administrative matters involved

As a professional TPA, we handle all the administrative concerns associated with partial self-funding, including claims administration, reporting, broker and provider 1099s, member enrollment and communications.

13. And we provide regulatory compliance assistance

New federal regulations, such as HIPAA, will create a burden for employers with respect to confidentiality and the availability of plan information. We are preparing to assist employers with these regulations, just as we have done over the years with COBRA.

14. Only a no-obligation analysis will determine how you can benefit

Only a close look at an employee census, current plan and prior claims experience will enable us to help determine if self-funding or partial self-funding can be of value in the future. We would be happy to provide this analysis at your convenience, with no cost or obligation.

As a full service TPA, we specialize in self-funded health benefit plan design and administration. If you'd like to know if self-funding might help you cope with rising health benefit costs, give us a call today. We'll be happy to answer any questions you may have.

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