



The Whole Package

How to Combine Key Programs to Create a Superior Self-Funded Benefit Solution

One of the biggest advantages of a self-funded arrangement is the ability to customize the health plan to fit the needs of a specific group of individuals. For example, if an employer group has a large number of women who may be at the age to start a family, a Maternity Management program could be a great tool for them. Or if an employer group is mainly located in a rural area, or is more tech-savvy in how they want to receive medical services, a Telemedicine program might be a good fit.

Whichever programs and services meet the unique needs of a group, employers may have the opportunity to bundle those core programs together, lowering costs and reducing plan waste.

“By bundling core programs, employers can be confident that they are not paying for unnecessary extras and their employees will receive the care they deserve at a price the employer can afford,” says Susan Lehne, Manager of Sales and Account Management at HealthLink.

How does an employer know which programs are best for employees?

Employers can look at past years’ claim data and the demographics and common characteristics of their employee population as a basis for deciding which programs to implement. Employers should also rely on their network Account Manager to help them review data and draw conclusions.

After an employer has a better understanding of which programs and

services will be the most beneficial, for their group, they can work with their network partner to bundle the selected programs together at a discounted rate, rather than paying for them on an a la carte basis. Plus, when certain programs are bundled and working together, they can help employers control the cost of their health plan and optimize outcomes for employees.

For example, when you bundle network access with a Medical Management program, you can have a collaborative team of health care professionals working together to better identify employees at risk and offer guidance toward appropriate care management. This integration of the provider network with cost containment services achieves the best possible outcomes for the employee and the benefit administrator.

Many networks already have “bundled” options for some of their most popular programs that they offer at a discounted rate.

Once they have decided which programs they want to offer, what is the next step?

Many employers don’t realize that their network provider offers these supplementary programs and services and when they bundle them with their network access, it may be less expensive. Also, when programs are bundled with network access, employers can ensure that the doctors who are

overseeing pre-certification or case management are in-network. Employers should work with their network partner to bundle and implement a plan that is unique to their company and their employee group.

Are there programs that work well bundled together? Any that don’t?

When building a comprehensive plan, employers should aim to have all bases covered. This means medical coverage, as well as some specialty (vision, dental, life and disability) and health & wellness programs. Selecting coverage from each of these components can make bundling the programs easier and more effective.

What else do employers need to know?

Just because your network partner offers a bundled solution, doesn’t mean it’s right for your company. It’s important to do the legwork to decide which programs and services make the most sense for your company rather than simply assuming packages that have worked for other companies will work for you. Employers should rely heavily on their network partners to help them make these decisions.

Employers should also remember that health & wellness and cost containment programs need engagement to be successful. It’s not enough that employers work to develop a comprehensive benefit plan, they need to be prepared to promote the plan to facilitate engagement.