### Mastering the Macro

Key Strategies to Manage Employee
Benefits Costs



PRESENTED BY

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## Cottingham & Butler

## Agenda











What's the Transfer Problem the Risk

Improve the Risk

Manage Utilization

Reduce the Price



### PROBLEM #1

Healthcare Costs are rising 8.5%, 2-3x the average level of wages over the last 10 years.

# This is made worse by the increase in cost and frequency of large claims



#### Large Claim Cost

Gene Therapy \$500k - \$4M

Cancer Treatment \$200k - \$2M

Organ Transplant \$100k - \$7M

• Dialysis **\$100k - \$600k** 

Specialty Drugs \$25k - \$500k



14.5x

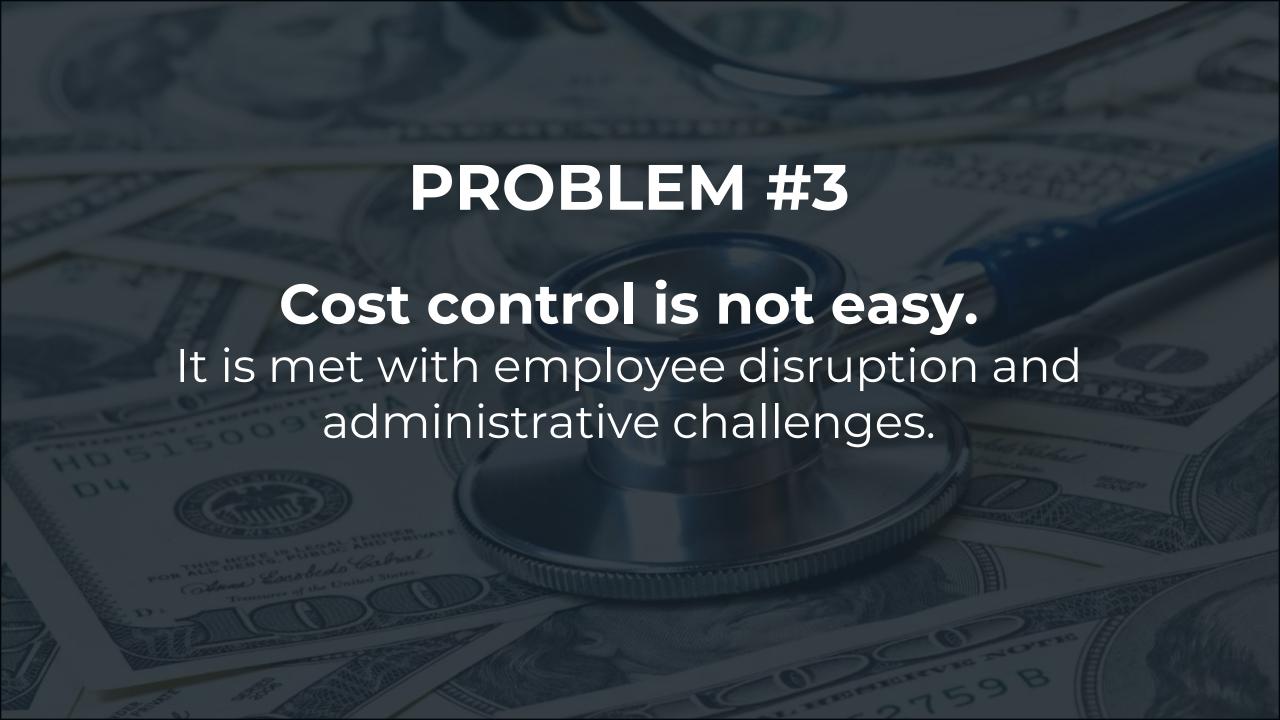
Increase in catastrophic claims (>\$2M+) for midsize businesses in the last 3 years



### PROBLEM #2

5% of members = 66% of claim spend.

Health care spend is top heavy.



### SOLUTIONS

#### **STANDARD**

- Shop the market
- Raise employee deductibles
- Increase employee payroll deductions

#### **ADVANCED**

- Transfer the risk
- Improve the risk
- Manage the utilization
- Reduce the cost of care

### Most effective ways to Manage Costs

 Risk Transfer Strategies •Opt Out Incentives or Edu. Transfer the Risk Working Spouse Provisions • Eligibility Audit Risk Improvement Strategies Biometrics / Preventative Incentives Improve the Risk Condition Management Programs Incentivize Primary Care Use Manage the Utilization Management Strategies Independent Prior Authorization •Expert Care Coordination / 2nd Opinions Utilization Direct Primary Care / Independent Clinics Reduce the Price Management Strategies Incentivized Site of Care Navigation Performance Networks (HMO/EPO/Direct Contracts) Price •Referenced based pricing (w/ or w/o direct contracts) Plan Design Cost •Copay Only Plan Designs -> Align cost share with allowed cost •Benchmark Actuarial Value / OOP maximums Share •3 or 4 Tier arrangements to steer care to preferred providers



### Transfer the Risk



- Dependent Eligibility Audit: project-based, or ongoing
- Working Spouse Provision: carve-out, or surcharge
- Opt-out incentives: cash-inlieu of enrollment
- Government Programs: Medicare, Medicaid, Social Security, etc

Higher Education Benchmark:

- Participation rate = 90.0%
- Dependent ratio = 2.03



# Creative Strategy: <u>Tenure Opt-out</u>

Opt-Out Benefit - By Tenure						
Opt-Out Only Offered						
Years		10+				
Current # of EE On The Plan		47				
Current # of EE Waiving the Plan		2				
Participation Rate		95.9%				
# of 65+ EE On Plan		9				
		1.79				
Average Demographic Index						
Gross Employer Costs PEPY		\$14,753				
Net Employer Costs PEPY		\$12,002				
Estimated Fixed Cost PEPM		\$246				
Monthly Pay-in-Lieu		\$200				
# of People Moving Off Plan	Pay-In-Lieu \$ Amounts	Net Plan Cost Savings	Net Employer Savings			
0	(\$5,167)	0	(\$5,167)			
1	(\$7,751)	\$16,091	\$8,340			
2	(\$10,334)	\$32,181	\$21,847			
3	(\$12,918)	\$48,272	\$35,354			
4	(\$15,502)	\$64,363	\$48,861			
5	(\$18,085)	\$80,454	\$62,368			
6	(\$20,669)	\$96,544	\$75,876			
7	(\$23,252)	\$112,635	\$89,383			
8 9	(\$25,836)	\$128,726	\$102,890			
10	(\$28,420) (\$31,003)	\$144,817 \$160,907	\$116,397 \$129,904			
11	(\$33,587)	\$176,998	\$143,411			
12	(\$36,170)	\$170,338	\$156,918			
13	(\$38,754)	\$209,180	\$170,426			
14	(\$41,338)	\$225,270	\$183,933			
15	(\$43,921)	\$241,361	\$197,440			
20	(\$56,839)	\$321,815	\$264,975			
25	(\$69,757)	\$402,268	\$332,511			
30	(\$82,675)	\$482,722	\$400,047			

- **Cash-in-Lieu**: only extended to employees that exceed a specific tenure (e.g., 15+ years)
- Objective: create a "win-win" scenario for both the employee and the employer



# Creative Strategy: Family Advantage Health Plan

#### What is it?

 It's an HRA (Health Reimbursement Account) that provides individuals <u>currently enrolled</u> an incentive to move to their spouse's/parent's health plan.

#### What is the incentive?

- 100% out of pocket coverage.
- Monthly pay-in lieu to help offset the premiums on the spouse's/parent's employer plan.

#### **Key program highlights:**

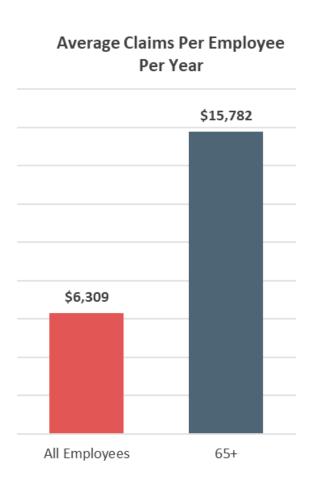
- ✓ Win-win offering.
- ✓ "Smarter opt-out" program due to eligibility parameters.
- ✓ High-cost claimant friendly

#### What's the opportunity?

- \$30,000/year average family of 4 healthcare costs.
- Average program savings of \$10,000 a year per family of 4 enrolled on Family Advantage



## Creative Strategy: Medicare Education



- Concierge service: offer your employees direct access to Medicare consultants
- Plan design & contribution strategy: if your health plan is more attractive than Medicare, your 65+ active employees will stay with you
- Medicare Part D non-creditable coverage status & late penalties
- Spouse-only coverage tier



### Creative Strategy: Educate on other government programs

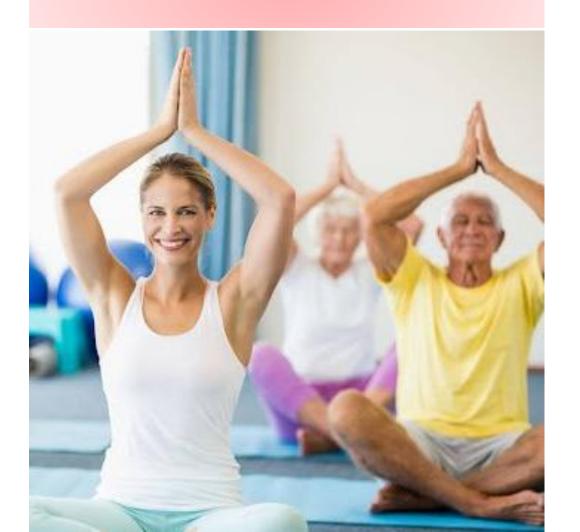
## Provide a Concierge Service Staffed with Experts:

- Medicaid/Medicare
- Social Security Disability Insurance
- Social Security Retirement
- Supplemental Security Income (SSI)
- Unemployment Benefits
- Veteran's Benefits
- Survivors Benefits
- Catastrophic claims (ESRD, ALS, Cancer, Premature Babies)
- ACA Marketplace

**COBRA Alternates**: offer marketplace expertise and resources to support employees with enrollment & subsidies!



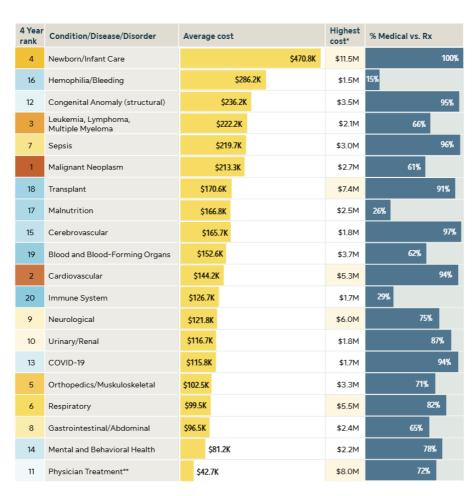
### Improve the Risk



- Wellness Programming: incentivize (or penalize) managing chronic conditions
- Direct Primary Care:
   Remove barriers to care by free, accessible primary care resources



### The Rise of the Large Claim



#### 5% of Members Drive 66% of Spend

#### **Top Types of Large Claims\***

- Cancer
- Cardiovascular Disease
- Leukemia/Lymphoma (blood cancer)
- Newborn/Infant Care

\$1M+ Claims up 50% past 4 Years\*

62% of Employers w/ Stop-Loss Expected to Have Cancer Claim\*

#### **Most Likely to Have Large Claim:**

- Individuals over age 50
- Newborns
- Spouses



# Creative Strategy: Wellness Programming

- Typical Objective of Wellness Program: early detection, promote a wellness culture, improve health, and foster employee engagement
- **Another Perspective**: some employers use wellness programming to compliantly incentivize change by charging premium differentials (penalties, surcharges) to employees who do not manage their chronic condition (diabetes, hypertension).

#### As a result...

- Improved health and quality of life (investment in your people long-term)
- Reduced number of ER and inpatient visits from unmanaged conditions
- Unmanaged members pay more due to higher risk of claims (offsets program cost)
  - The individual market is already pricing members on age and tobacco with risk in mind
- Some employees may reconsider other health plan option (spouse, Medicare, etc.) resulting in lower enrollment, and lower costs to the employer



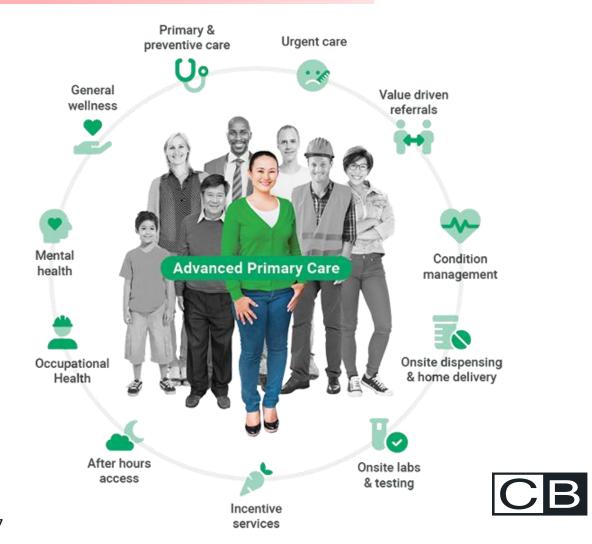
## Creative Strategy: <u>Direct Primary Care</u>

#### What is it?

• Standalone clinics that offer complete primary care at PEPM to the employer and \$0 cost to the member.

21% lower claims costs 82% higher primary care utilization 15% fewer emergency room visits 41% fewer inpatient admissions

Many hospitals systems & private companies that do this



### Manage Utilization

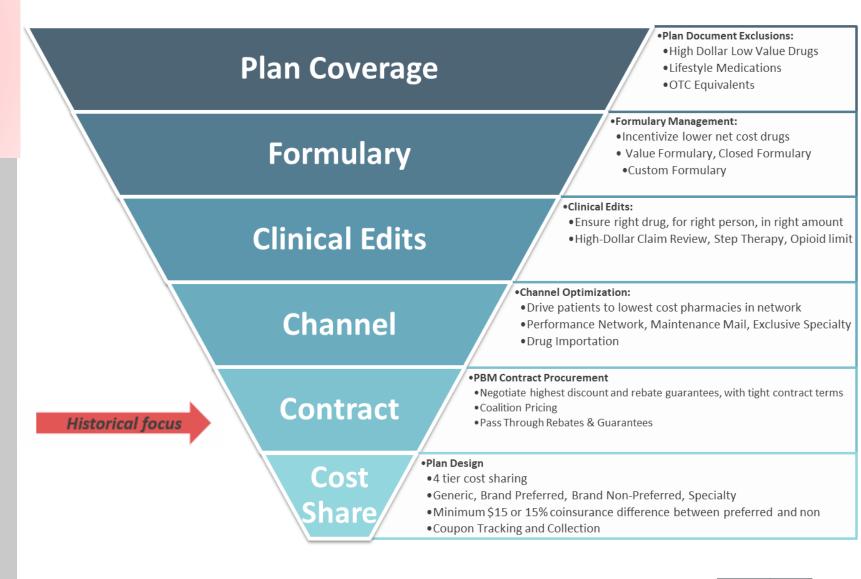


- Rx Clinical Levers: Step therapy, Lifestyle drug exclusions, Prior Authorization
- Medical Plan Design: Independent Prior Authorization, Exclusions



### Manage Rx Spend

- Historically, the focus has been on Contract
- Prioritize the focus on Plan Coverage, Formulary, Clinical Edits, and Channel to reduce waste and unnecessary cost.





### **Drivers of Pharmacy Trend**

#### **Specialty Drugs**

 Drive 50%+ of overall pharmacy spend despite <2% of members prescribed specialty drug.

#### GLP-1's

- Makeup 13%+ of total pharmacy costs
- Trending towards 20% of total pharmacy costs as of 2025.
- Utilization up nearly 300% from 2021 to 2023.

#### **Cancers / Oncology**

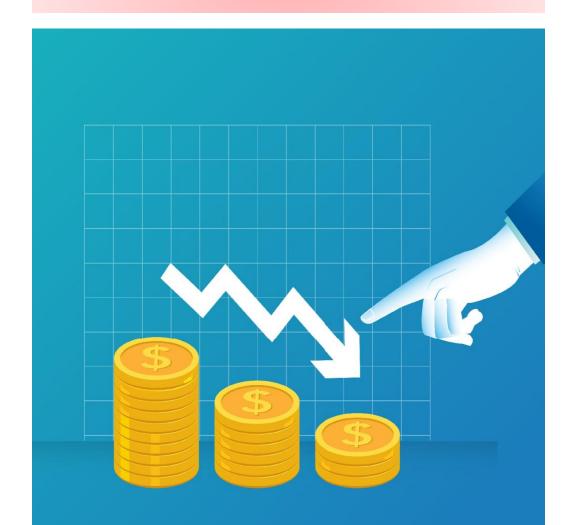
• **35-40%** of spend for these conditions associated with pharmacy spend.

#### **Gene Therapies / Orphan Drugs\***

Up to \$300K in 2023 - \$80K higher than prior year.



### Reduce the Price

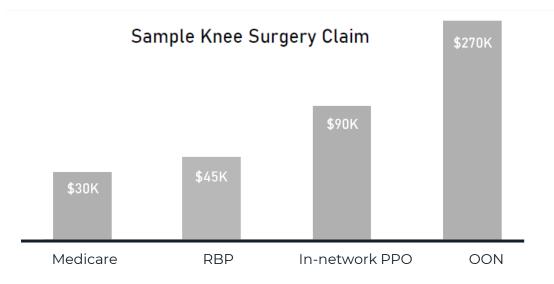


- Performance Networks / Reference Based Pricing
- Steerage: Incentivize members to use highquality, low-cost providers
- Care Navigation: Second
   Opinion Concierge Services



## Creative Strategy: Performance Networks / RBP

- Performance networks: fewer providers, improved discounts
- Reference-based Pricing (RBP): Medicare+ reimbursements to providers





# Creative Strategy: Steer Care to Cost-Effective Providers

Use transparency data to shop for healthcare services

#### Why does it matter?

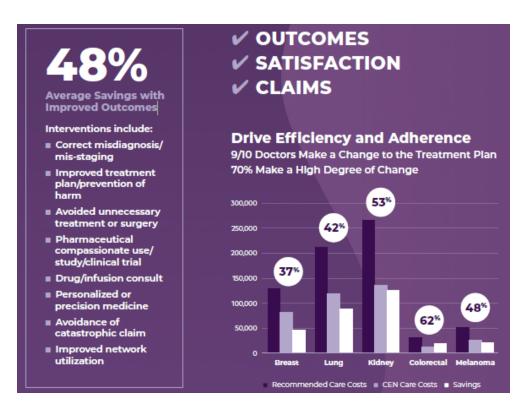
- Encourages cost-effective choices and empowers consumers.
- Average savings of \$4200 per service when using MyAdvocate360

Procedure	Good	Better	Best	Savings
Colonoscopy (Within 30 miles of zip code 61114)	\$9,889 Rochelle Community Hospital	\$4,019 St. Anthony Medical Center	\$966 Rockford Endoscopy Center	\$8,923
Knee Replacement (Within 30 miles of zip code 60154)	\$41,067  Presence St. Joseph  Medical Center, Joliet	\$36,781 Rush University Medical Center, Chicago	\$19,780  Northwest Community  Hospital, Arlington  Heights	\$21,287
Abdominal CT Scan with dye (30 miles of zip code 60154)	\$1,862 Advocate Christ Hospital Medical Center, Oak Lawn	\$1,679 Loyola University Medical Center, Maywood	\$526 Advocate Medical Group, Downer's Grove	\$1,336



# Creative Strategy: <u>Care Navigation</u>

## CANCER NOW





Health Navigator, powered by PinnacleCare

**54**%

#### 54% of expert opinions

identified a more appropriate treatment plan or variation to the original diagnosis.



\$13,000

average savings per treatment outcome



\$28,000

average savings for MSK treatments



\$24,000

average savings for cancer engagements



# Key Strategies to Manage Costs

## Transfer the Risk

Opt out incentives

**Government Programs** 

**Spousal Provisions** 

### Improve the Risk

Wellness Programming

Direct
Primary Care

## Manage Utilization

Advanced Medical Plan Design

Rx Clinical Levers

## Reduce the Price

Patient Steerage

**Care Navigation** 

Narrow Network/RBP



## Questions?



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