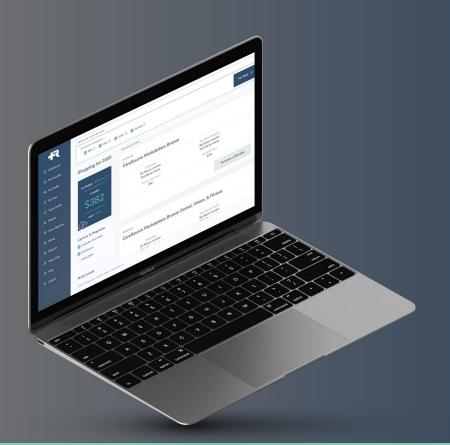


# Optimizing Employee Retention: Synergizing HCM and Personalized Health Benefits



# Remodel Health is...







Software



# 4 Keys to Optimizing Optimizing Employee Health Benefits

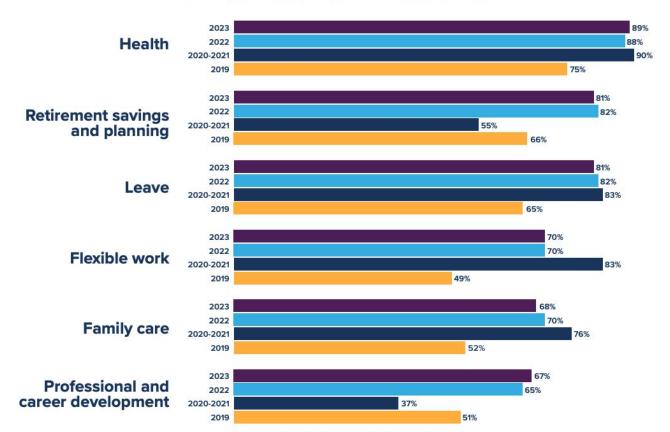


# Where we are today.



### TOP BENEFITS CATEGORIES IN RANK ORDER

(Percentages showing Very or Extremely Important)



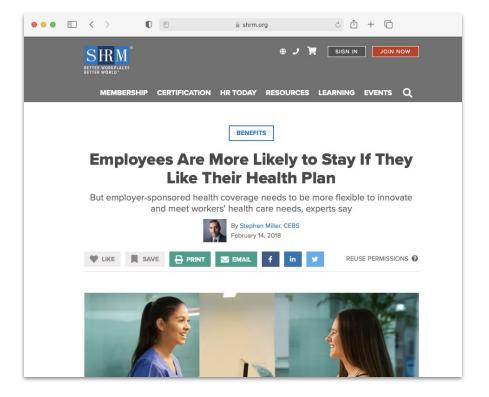


### HR professionals

once again rated benefits categories on how important they believed each one was to their workforce. Among the top categories, the rank order and the percentage of respondents selecting each one as "very important" or "extremely important" barely budged between 2022 and 2023.



## **What Employees Want**





**56% of employees** will stay or leave based on benefits



# Where we've been.



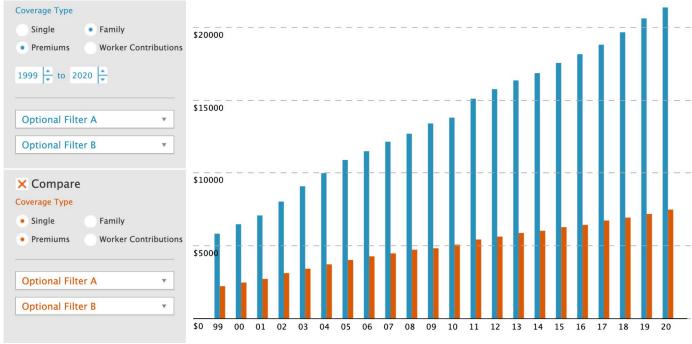
### Our 100 Year Old "Solution"





# **Group Plan Cost Averages**







# **Key #1:**Individual Plans

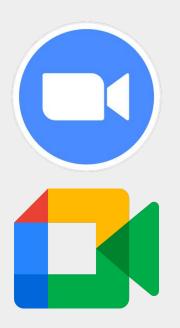


# Healthy Change







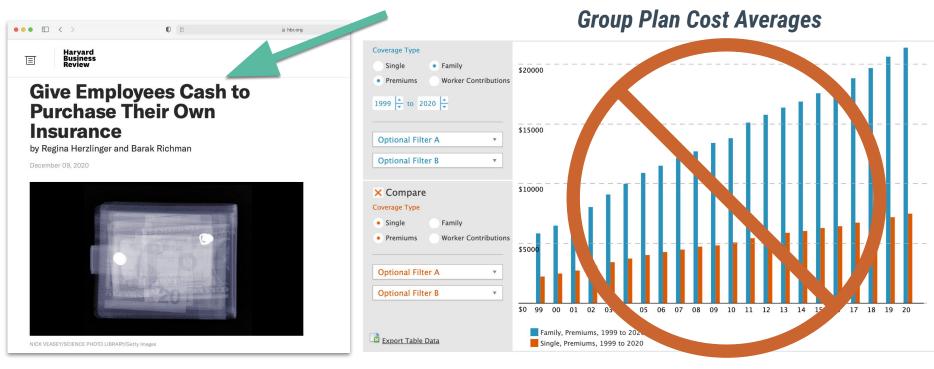




# Harvard Business Review



Traditional Group Health Benefits are Dying



Source: https://hbr.org/2020/12/give-employees-cash-to-purchase-their-own-insurance.

Source: https://www.kff.org/interactive/premiums-and-worker-contributions-among-workers-covered-by-employer-sponsored-coverage-1999-2020

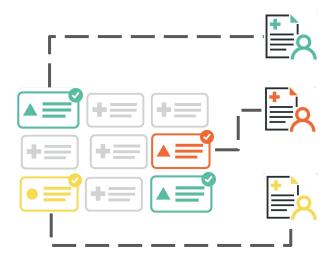
# Managed Individual



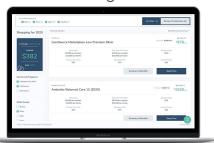
**1. Employer** provides a contribution.



**2. Employee** selects the plan they wish to purchase.



**3. Software** for **one bill** to manage it all.



+ Added Benefits:





# Health Benefits Delivery Strategy





### **Traditional**



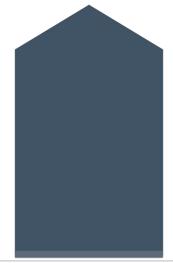
The traditional approach to healthcare plans



**Managed Individual** 

Giving employees funds to shop for their own plans







# Understanding Managed Individual.

### Group vs. Individual

### **Pension**



401(k)

# **Single Product** provided by employer



**Contribution**given to the
employee

Money stays with the **Company** 



Money is owned by the **Employee** 

## **Organization** invests



**Employee** invests

**Organization** chooses



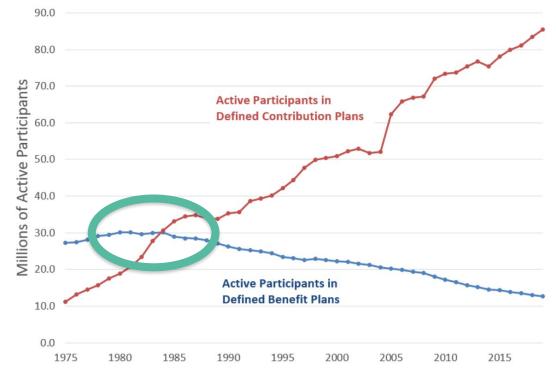
**Employee** chooses



# We've been here before.

# Group retirement plans already died. Group health plans are dying, too.

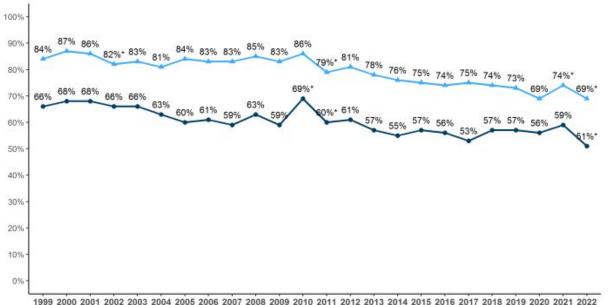
Figure I. Active Participants in Private-Sector Pension Plans 1975-2019





### Percentage of Firms Offering Health Benefits, 1999-2022

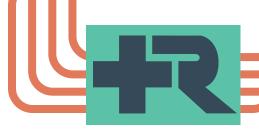
→ Firms (3 or More Workers) → Firms (10 or More Workers)



<sup>\*</sup> Estimate is statistically different from estimate for the previous year shown (p < .05).

NOTE: Estimates are based on both the sample of firms that completed the entire survey and those that answered just one question about whether they offer health benefits (See Methods).

SOURCE: KFF Employer Health Benefits Survey, 2018-2022; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017



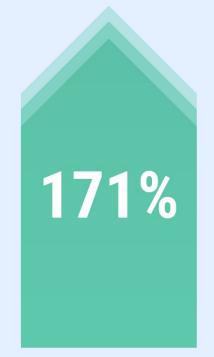
# Less and less employers offering employees health benefits

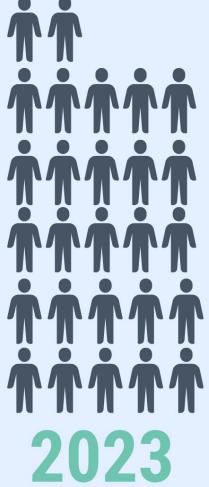


# Growth in the Number of U.S. Workers Offered Managed Individual







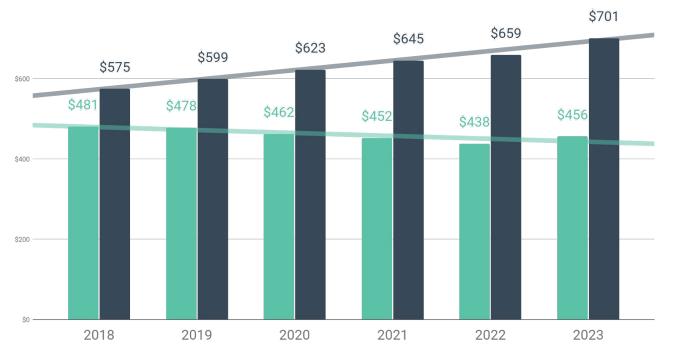


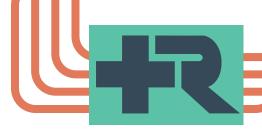


# Leveraging the consumer.



# **Side-by-Side Comparison**





### Monthly Total Health Insurance Premiums for Group vs. Individual



- $1.\ kff.org/report-section/2018-employer-health-benefits-survey-summary-of-findings$ 
  - 2. kff.org/report-section/ehbs-2019-summary-of-findings
  - 3. kff.org/report-section/ehbs-2020-summary-of-findings
  - 4. kff.org/report-section/ehbs-2021-summary-of-findings 5. kff.org/report-section/ehbs-2022-summary-of-findings
  - wordandbrown.com/NewsPost/2023-Group-Health-Premiums
- 7. kff.org/report-section/2018-employer-health-benefits-survey-summary-of-findings 8. kff.org/health-reform/state-indicator/marketplace-average-benchmark-premiums. *Non-subsidized*.





# Significant impact.





# **Traditional Group**



**50** Employees



**Employee Only** Total Premium

Old Cost: \$420,600



# **Managed Individual**



50 Employees



**Employee Only** Total Premium

New Cost: \$273,600

# Key #2: Health Savings Accounts (HSAs)





# Back to the basics.



# **Plan Designs**



Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services CareSource Gold

Coverage Period: 01/01/2018 – 12/31/2018 Coverage for: Individual + Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact www.caresource.com/marketplace or call 1-800-479-9502. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.caresource.com/marketplace or call 1-800-479-9502 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,500 individual/\$3,000 family per benefit year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Preventive care.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocke</u> <u>limit</u> for this <u>plan</u> ?	\$5,000 individual/ \$10,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges and health care this plan doesn't	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

# The 2 Essentials

**Summing it down.** 

### 1. Expenses

Monthly Premiums

### 2. Exposure

- Out-of-Pocket Max
- Medical Bills
- Coinsurance and Copays

# **Expenses** + **Exposure** = **Better Benefits**



\$\$\$

\$\$\$

\$\$\$ Net-Risk

> \$\$ Premiums

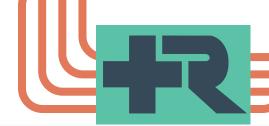
\$\$ Medical Dollars

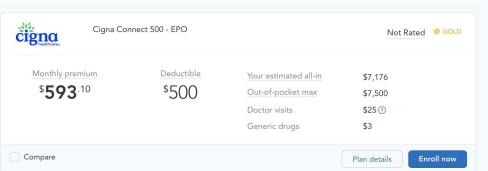
> \$\$ Net-Risk

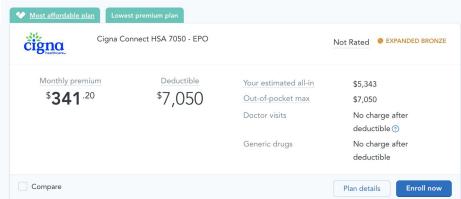
> > \$ Premiums



## **Empowering Better Consumers**



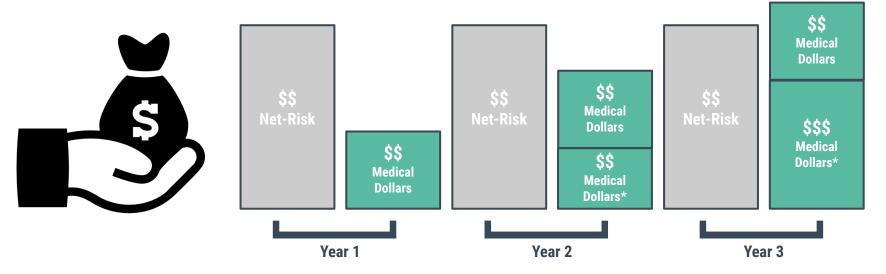




- \$251.90 savings per month
- \$3,022.80 HSA for the year
- \$7,050 OOPM \$3,022.80 HSA
- = \$4,027.20 net-OOPM for HSA
- Gold has \$3,472.80 more risk

# **Empowering Better Consumers**









# Leveraging the consumer.



Key #3:

Medical Bill

Reimbursement





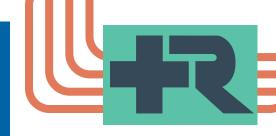
PPO

HDHP + HSA.

**HRA OR FSA** 

82% of employers

64% of employers



**Preferred provider organization (PPO) plans** remain the most common type offered (82%).

High-deductible health plans (HDHPs) linked to a health savings or spending account (health savings account, health reimbursement arrangement or flexible spending account) continue to gain popularity, reaching 64%.

### **Health-Related Savings or Spending Accounts:**

**Health savings accounts (HSAs):** Of the 60% of employers that offer an HSA as part of their HDHP, 63% contribute to their employees' accounts.

Health reimbursement arrangements (HRAs): Group HRAs are trending downward, from 20% in 2019 to 15% in 2023.

**Medical flexible spending accounts (FSAs):** The prevalence of medical FSAs declined slightly for the second year in a row, to 62%.

Since HSAs are incompatible with both FSAs and HRAs, perhaps more employers that offer high-deductible health plans are opting to pair them with an HSA than in previous years.

### HDHPs + HSAs

are increasing in popularity due to their consumer-driven style of delivering health benefits to employees, increasing employee autonomy and engagement.



### **Our Worst Bills**



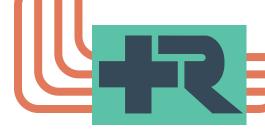


# Nearly 2X since 2016.1



Source: https://jamanetwork.com/journals/jama/article-abstract/2782187

**Source:** https://www.nytimes.com/2021/07/20/upshot/medical-debt-americans-medicaid.html/



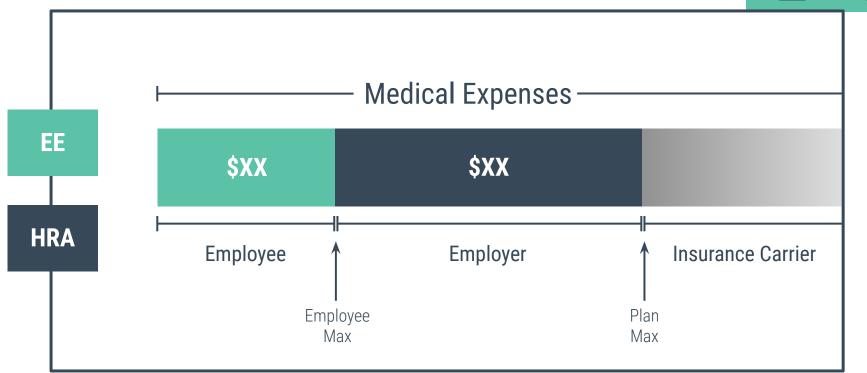
# #1 cause of bankruptcy.





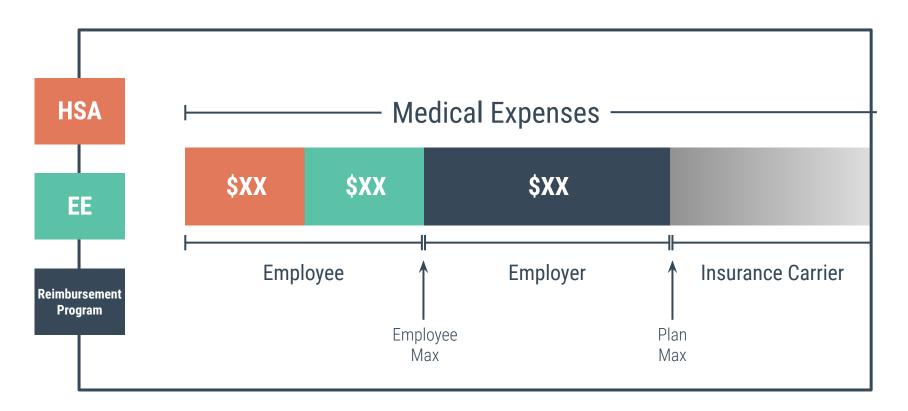
# How does this work?





## How does this work?





Key #4:

Expert

Support



### We All Need Help

Policygenius Life V Disability V Home V Auto V Renters V More



## 4 basic health insurance terms 96% of Americans don't understand

Policygenius surveyed Americans about health insurance coverage. We uncovered major gaps gaps in Americans' understanding of basic health insurance terms.

Published January 24, 2018

Advertising Disclosure

Note: For more recent surveys on Americans and healthcare, see our 2017 surveys on Obamacare benefit and provision knowledge and universal health insurance.

Everyone loves game shows, right? There's nothing better than sitting around with a group of friends, yelling answers at the TV while you try to prove how much smarter you are than your

- 1. Copay
- 2. Coinsurance
- 3. Deductible
- 4. Max out of Pocket



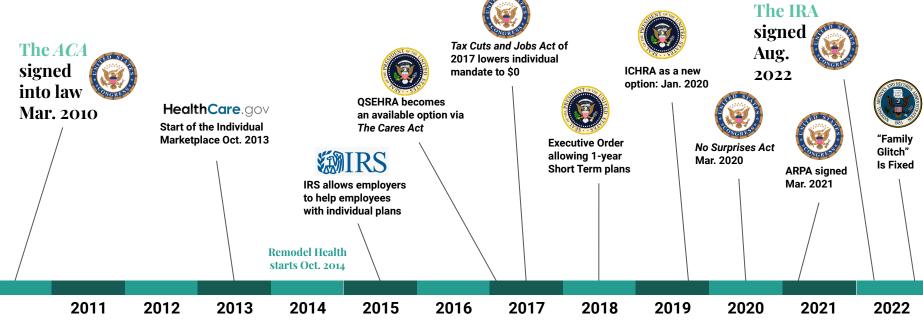


# Empowering individuals.



## **Health Benefits Law Improvements**





## The No Surprises Act





- 1. Held Harmless
- 2. No Balance Billings
- 3. Kept Out of the Middle
- 4. Transition of Care
- 5. Transparency



## **Shop Around and Negotiate**



- New transparency laws
- Prices can vary by \$4,000+
- Call ahead for planned events
- Connect to financial assistance
- Offer pay-in-full before payments
- **Discounts** up to 30-60%
- Use HSA dollars to pay

#### Title 45 — Public Welfare

Subtitle A — Department of Health and Human Services

Subchapter B — Requirements Relating to Health Care Access

#### Part 147 — Health Insurance Reform Requirements for the Group and Individual Health Insurance Markets

**Authority:** 42 U.S.C. 300gg through 300gg-63, 300gg-91, 300gg-92, and 300gg-111 through 300gg-139, as amended, and section 3203, Pub. L. 116-136, 134 Stat. 281.

Source: 75 FR 27138, May 13, 2010, unless otherwise noted.

#### § 147.210 Transparency in coverage-definitions.

- (a) Scope and definitions -
  - (1) Scope. This section sets forth definitions for the price transparency requirements for group health plans and health insurance issuers in the individual and group markets established in this section and §§ 147.211 and 147.212.





# Empowering individuals.





# Leveraging the consumer.





# Significant impact.

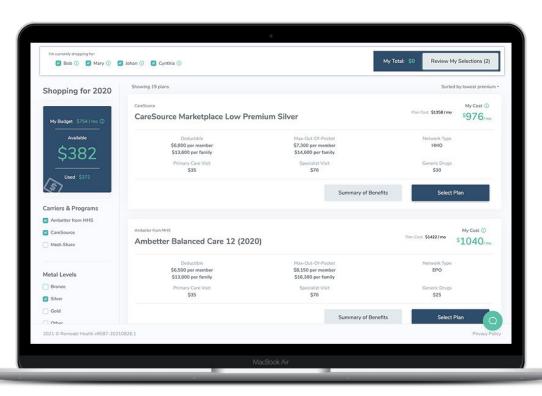


# But how can you start using the 4 secrets?





# +Remodel health

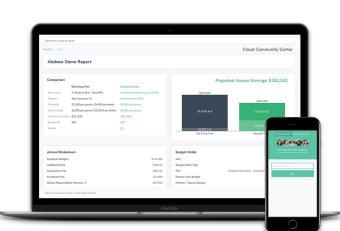


The right **Tool** + The right **Team** 

# Health Benefits Analysis Full visibility on what the future can look like for your team.



\$50 \$25







**COST PER EMPLOYEE\*** 

\*Please include any employee who is currently on your group plan or any new additions that you would like to have included.

john.staub@remodelhealth.com

	Intro	Full
INDIVIDUAL PLAN COSTS	<b>~</b>	<b>~</b>
SIDE-BY-SIDE RISK COMPARISON	<b>~</b>	<b>~</b>
INSURANCE NETWORK & CARRIER CHECK	<b>~</b>	<b>~</b>
1-HOUR MEETING WITH A LICENSED CONSULTANT	<b>~</b>	<b>~</b>
256-BIT ENCRYPTED EMPLOYEE SURVEY SOFTWARE		<b>~</b>
3-PLAN CUSTOM STRATEGY DESIGN		<b>~</b>
100% VERIFIED EMPLOYEE REQUIREMENTS		<b>~</b>
100% VERIFIED DOCTOR & PRESCRIPTION CHECK		<b>~</b>
ONLINE ADMIN PORTAL & PRINTABLE PDF BOOKLET		<b>~</b>

\$25 **SO** 

## Thank you for joining!



Want to take a closer look? Schedule a call with Thread and reference this webinar for waived fees on either implementation or your processing of W-2s!



**Contact Aaron Clark** aclark@threadhcm.com (678) 578-5082 threadhcm.com/demo







## Optimizing Employee Retention: Synergizing HCM and Personalized Health Benefits

