7 Questions to Ask Yourself Before Your Group’s Health Plan Renewal

#1 Has your group size changed this year?

If you go up or down a group size category, you may need to look into adjusting your health plan benefits. Contact your broker or client consultant to make sure your plan follows the correct guidelines and has the right coverage.

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Illinois Fully Insured Plans</th>
<th>Iowa Fully Insured Plans</th>
<th>Health Alliance Self-Funded Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Group</td>
<td>1–30 Total Employees</td>
<td>1–30 Eligible Employees</td>
<td>25–149 Total Employees</td>
</tr>
<tr>
<td>Mid-Sized Group</td>
<td>N/A</td>
<td>N/A</td>
<td>150–249 Total Employees</td>
</tr>
<tr>
<td>Large Group</td>
<td>51+ Total Employees</td>
<td>51+ Eligible Employees</td>
<td>250+ Total Employees</td>
</tr>
</tbody>
</table>

Fully insured plans are governed by federal ERISA and must follow state mandates for the state where the group resides. Self-Funded plans are governed by federal ERISA but must follow some state mandates as well.

#2 Are you contributing enough toward premiums?

To give your employees different coverage options, consider adding a higher-deductible, lower-premium health plan.

For instance:
- Current plan = $600 monthly premium per employee
- Your contribution = 50% = $300
- You could offer:
  - High-deductible plan option = $300 monthly premium
  - Your contribution = 100% = $300

The high-deductible option will be very attractive to the healthier employees, who help keep your plan affordable.

With the new plan choice:
- There is a lower-premium option for everyone
- Employees who use more health care pay a little more through higher copays and deductibles.
- Healthy employees who don’t use their coverage often will get a break and will be more likely to stay on the plan.
- You can maintain your budget for another year.

#3 Have you looked at ways to help your employees handle their cost-sharing?

As deductibles, copayments and coinsurance amounts go up, you may need to offer one or a combination of these cost-sharing tools.

- **FSA = flexible spending account**
  - A pre-tax account where employees can set aside money each year to help with health costs (like copayments, dental visits and more). There are annual contribution limits. Any amount unused at the end of the year typically goes to the employer to help administer the program.

- **HSA = health savings account**
  - When used in conjunction with HSA-compatible plans, employees can contribute money to an account to help offset high deductibles and other qualified medical expenses. These plans are pre-tax, the amounts can be rolled over from year to year and they can be passed down, similar to an IRA.

- **HRA = health reimbursement arrangement**
  - Similar to an HSA, but this is an account the employer contributes to on behalf of the employee. The plan must be HRA-compatible. It is still pre-tax, but the employer owns the account. Amounts can be rolled over and used in subsequent years.

Source: HealthCare.gov

#4 Do you have employees working from home or another location?

In today’s growing web-based culture, companies of all sizes are expanding with offices and/or telecommuting workers statewide, nationwide and even globally.

Talk with your health plan about adding extended-network coverage if you have a small number of employees (for Health Alliance plans, 25% or less of your total number of qualified employees) living outside your normal service area.

OR

Talk to your broker about offering different healthcare coverage from health plans in the areas where your off-site employees live.

#5 How is your plan’s customer service and claims processing?

If your plan is lacking in customer service and claims processing, you’ll hear about it from your disgruntled employees. Skip the headache and choose a plan that is strong in these areas.

**Health Alliance Gets It Right**

- **99.6%** Issues resolved by our Customer Service reps on the first call
- **90%** Claims processed within 16 working days

Be sure to ask about your current plan’s customer service standards for claims processing turnaround, telephone abandonment rate, percent of calls answered in 30 seconds and first-call resolution rate, to be sure your employees are getting the service they deserve.

#6 Is poor employee health driving up your costs?

Employees’ health can affect premiums for large groups and self-funded plans. Consider choosing a plan with built-in wellness programs to help improve employee health and keep premiums down.

**Investing in Wellness Pays Off**

- **80%** of employers who measure their wellness program’s return on investment (ROI) see a positive impact
- **148%** Average ROI for workplace wellness programs

Sources: *Journal of Workplace Behavioral Health*, Healthcare Trends Institute

Check out our white paper for more on employee wellness programs.

#7 Should you be offering retiree medical benefits?

You don’t have to spend anything to add an employer-sponsored Medicare plan to your pension package. Use it to attract and keep talented employees and reward the loyalty of those who have worked hard for you.

**No-hassle group Medicare plans from Health Alliance make it easy.**

- No employer contribution required
- No member participation minimums
- No underwriting
- No separate administration costs
- Plus…
  - Many plans to choose from (including stock or custom options)
  - We handle all the billing and paperwork

Check out our white paper for more reasons to add a group Medicare plan.

Call 1-800-851-3379 or visit HealthAlliance.org to learn more about our plans.