Self-funded plans are a great option for budget-savvy business owners who want more control over their company’s healthcare costs. You can choose from a range of self-funded stock plans designed to fit your own plan. You’ll have peace of mind knowing you’re offering coverage that fits your company’s specific needs and budget.

What is Self-Funded?

**Self-Funded**

- Self-funded plans are not subject to state and ACA fees and fines.
- There is more customization of benefits and partner networks to offer
- Most plan features in federal HIPAA rules require self-insured to meet state mandates

**Fully Insured**

- Fully insured plans are subject to state and ACA fees and fines.
- Businesses pay an insurance company a fixed cost regardless of whether claims are high or low.
- Fully insured plans are subject to state mandates.

What is Self-Funded?

Self-funded plans have the opportunity to save money when plan participants (your employees and their families) have less claims and fewer experienced losses.

**Third-Party Administrator (TPA)**

- Handles your plan’s claims and appeals
- Co-management of network, pharmacy benefits, etc.
- Generally a separate agreement for your choices
- Care coordination can be difficult among multiple vendors

**Administrative Services Only (ASO) Administrator**

- Handles your plan’s claims and appeals
- ASO only coordinates the provider network, pharmacy benefits, etc.
- Self-funded plans don’t have to deal with multiple vendors
- Care coordination is easier with all interactions tied together

Stop-Loss Coverage

Many self-funded plan administrators, like Health Alliance, offer additional Stop-Loss coverage to protect your business during periods of high medical claim expenses. This provides financial security for your plan.

Specific stop-loss coverage limits the plan’s financial exposure to any one individual. Aggregate stop loss limits the plan’s financial liability for all eligible plan participants.

**With a self-funded plan, you retain the proceeds while staying close to the details of care for your employees’ health care.**

**With an ASO plan, the risk of creating and implementing is transferred to the company in exchange for a fixed premium.**

**Reporting**

- With self-funding, strong reporting capabilities are key. As an ASO administrator, Health Alliance offers comprehensive reporting and documentation that can show you how every dollar is spent, helping you manage your plan effectively.

Business owners are all the data associated with your plan participants and usage, like claims information. This allows for smarter and more efficient planning for future healthcare costs.

Benefits

- Self-funded plans let companies control more in-house functions. The plans give employers the ability to control costs for their employees.
- For example, here are just a few of the self-funded Health Alliance features:
  - Valuable pharmacy programs and fees discounts
  - Build a payment plan for your employees healthy with bank-incentive programs and savings
  - Treatment Cost Calculator that compares actual, fixed premiums
  - Help while traveling through American hospitals and medical facilities

**Wellness Perks**

Balance Plans

A Simpler Self-Funded Option

If you’ve heard the term “balance billing” but aren’t sure about managing the plan administration on your own, Health Alliance offers a simpler solution in the form of our Balance plans.

Balance plans are comprised of operators and administrators of traditional self-funded plans with the safety net of on-call risk and cost containment. They are ideal for groups with 51-103 eligible employees.

Get Started Today!

Self-funded plans, call the Health Alliance Client Support team at 217-337-8024.