

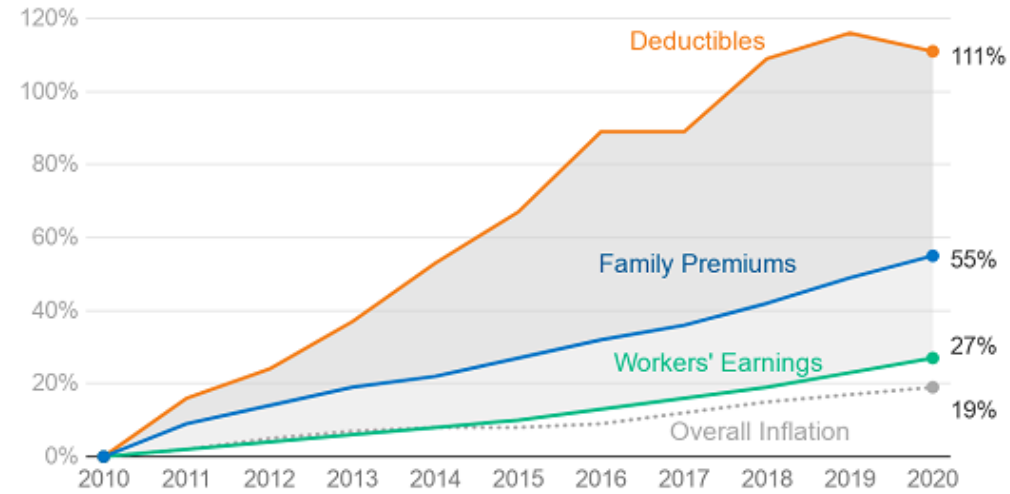
LIVE workshop:
*How Raising a Deductible =
WIN / WIN*





Increase

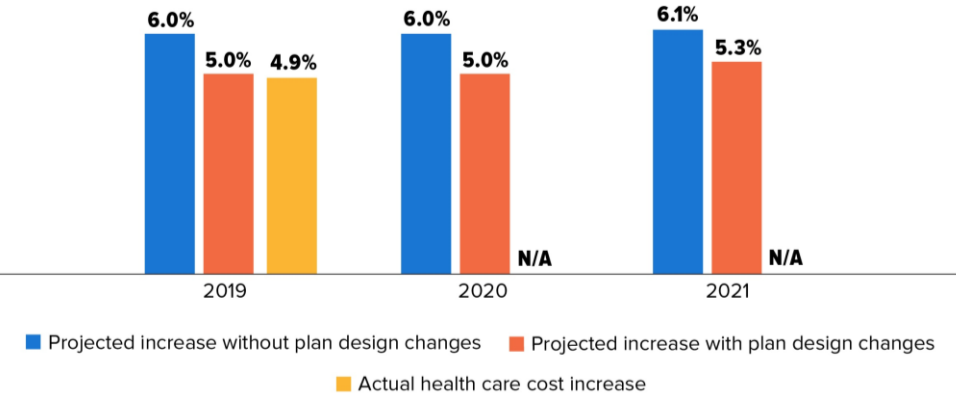
Employer Premiums and Deductibles Have Risen Much Faster than Wages Since 2010



NOTE: Average general annual deductibles are for single coverage and are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.



Employers' projected cost increases for 2021, including for prescription drugs, are slightly above 2020 expectations.



Source: Business Group on Health, 2021 Large Employers' Health Care Strategy and Plan Design Survey.



Thank You Sir, May I Have Another

point of view.

Empathy

understanding and
feelings, thought

Motivation
entertainment
IMIMPETUS
INCENTIVE
reward persuasion
bonus CATALYST
encouragement

THINK DO BE
POSITIVE


TIME
FOR
CHANGE





WIN / WIN





LIVE workshop:
*3 strategies that make
raising a deductible a
GOOD THING*

ELIMINATE THE EXCUSES

CHANGE THE STORY

IMPROVE THE QUALITY

Today's Journey

- ✓ Webinar is being **RECORDED**
- ✓ Questions:
 - **Q&A section**
- ✓ Value Creation – CALL TO ACTION
 - Wait to the end... it will be **WORTH IT**
- ✓ **SAVE THE DATE**
 - 10/28 = Employer Facing Webinar



TRANSPARENT HEALTH BENEFITS



- **19-year** employee benefits professional
- **12 years** at large consulting house
- **\$3.5M+** personal production
- Chief Growth Officer for **\$350M+** practice
- Self-funding and health management **expert**
- Creator of THB and disruptor of the status quo



LESTER J MORALES

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Creator of Transparent Health Benefits

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OUR TOPICS

- ✓ Incentivizing members to seek the highest quality healthcare **ALWAYS** lowers costs
- ✓ Use a HRA to make a higher deductible a **BETTER** benefit
- ✓ Structure a **WIN / WIN** plan



OUR SPEAKERS



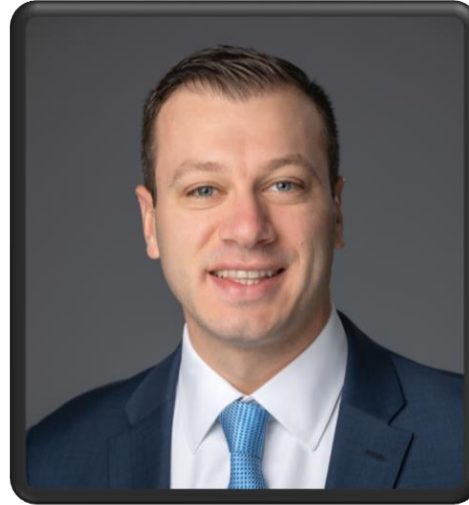
Andrew McNerlin

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John Slater

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Steve Santagelo

VP of Sales



Allison DePaoli

Founder





INCENTIVIZE:
High Quality, Lower Cost



EMPLOYEE BENEFIT SERVICES, INC.

The EBS Bridge™ Program

*Improve Your Medical Benefits
Without Changing Your Insurance
Company*

The EBS Bridge™ Program is a **cost-effective** way for employers to improve their medical benefits by lowering annual deductibles and out of pocket expense limit maximums.

The employer increases the employee annual deductible and out of pocket maximum expense limit on the in-force group health policy, thereby reducing premiums substantially. Then, the EBS Bridge™ lowers those deductibles and out of pocket maximums back down to where the employer desires.

The program works because the premium reduction realized by moving to the high deductible / high out of pocket option is greater than the cost of the Bridge plan.

The net effect – the employer is able to **lower** annual deductibles and out of pocket maximums for their valuable employees in a cost-effective manner. The employer is essentially taking the dollars that they are already spending on employee healthcare and moving those dollars to a much higher level of productivity.

The EBS Bridge™ Program

Enables an employer to:

- Provide a better benefit package –
 - lower deductibles,
 - lower out-of-pocket expense limits,
 - lower co-pays,
 - 24-hour physician access with zero-dollar co-pay,
- At a guaranteed and predictable cost,
- Without having to change insurance companies.

The EBS Bridge™ is a great fit for an employer that wants to attract a very high-quality workforce using their benefit package to accomplish it. Once implemented, clients tend to stay with the program for a long time. The year over year cost is predictable and the accumulation of funds becomes a great financial planning tool.

The EBS Bridge™ offers great flexibility to small and medium size employers. They now have the ability to lower deductibles and out of pocket maximums without having to change insurance companies.

The EBS Bridge™ can be described as a ***secondary health plan*** because it pays *after* (or secondary to) the employer's group health plan or policy has processed the medical claim.

A person's hands are visible on the left, writing in a notebook. The notebook has a mind map with 'BRAND' in the center, surrounded by 'Strategy', 'Digital & Social', and 'Visual'. In the background, a laptop screen displays 'IDEAS' in large letters, with navigation links 'LOGIN', 'ABOUT US', and 'LEGAL' at the top. A coffee cup is also visible on the desk.

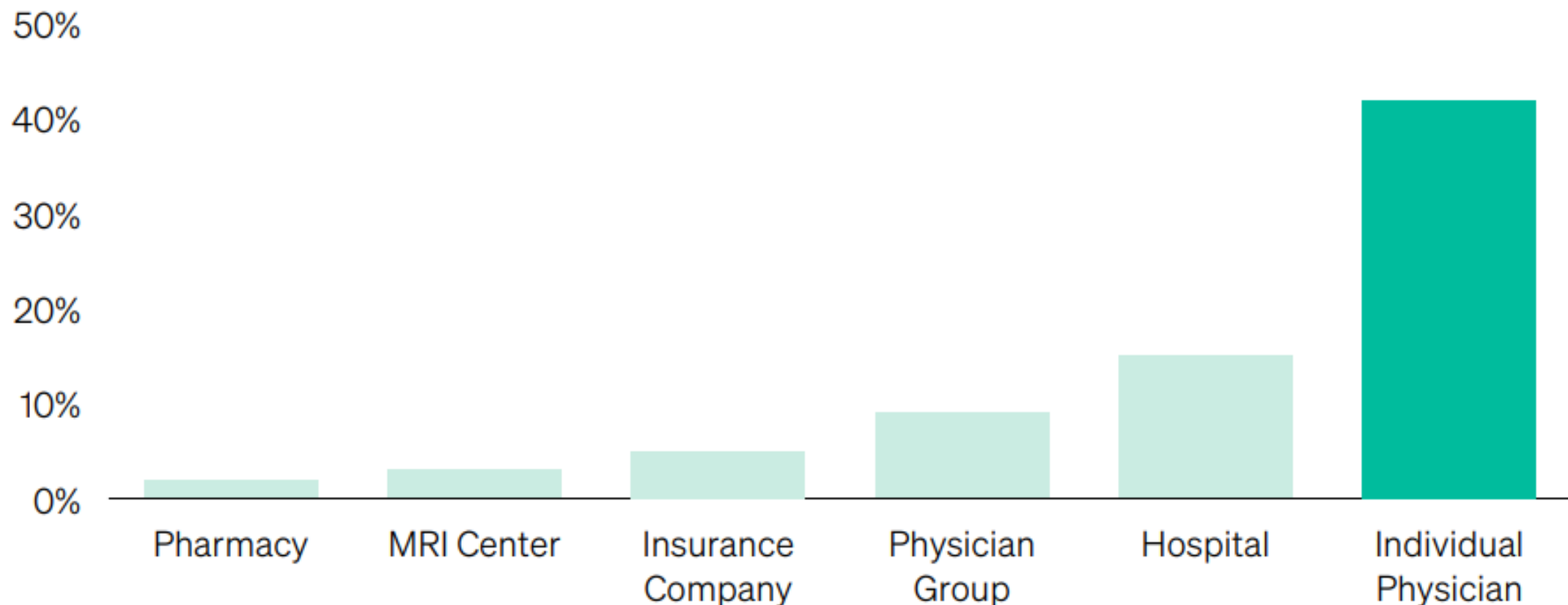
HIGHER
DEDUCTIBLE

garner

garner

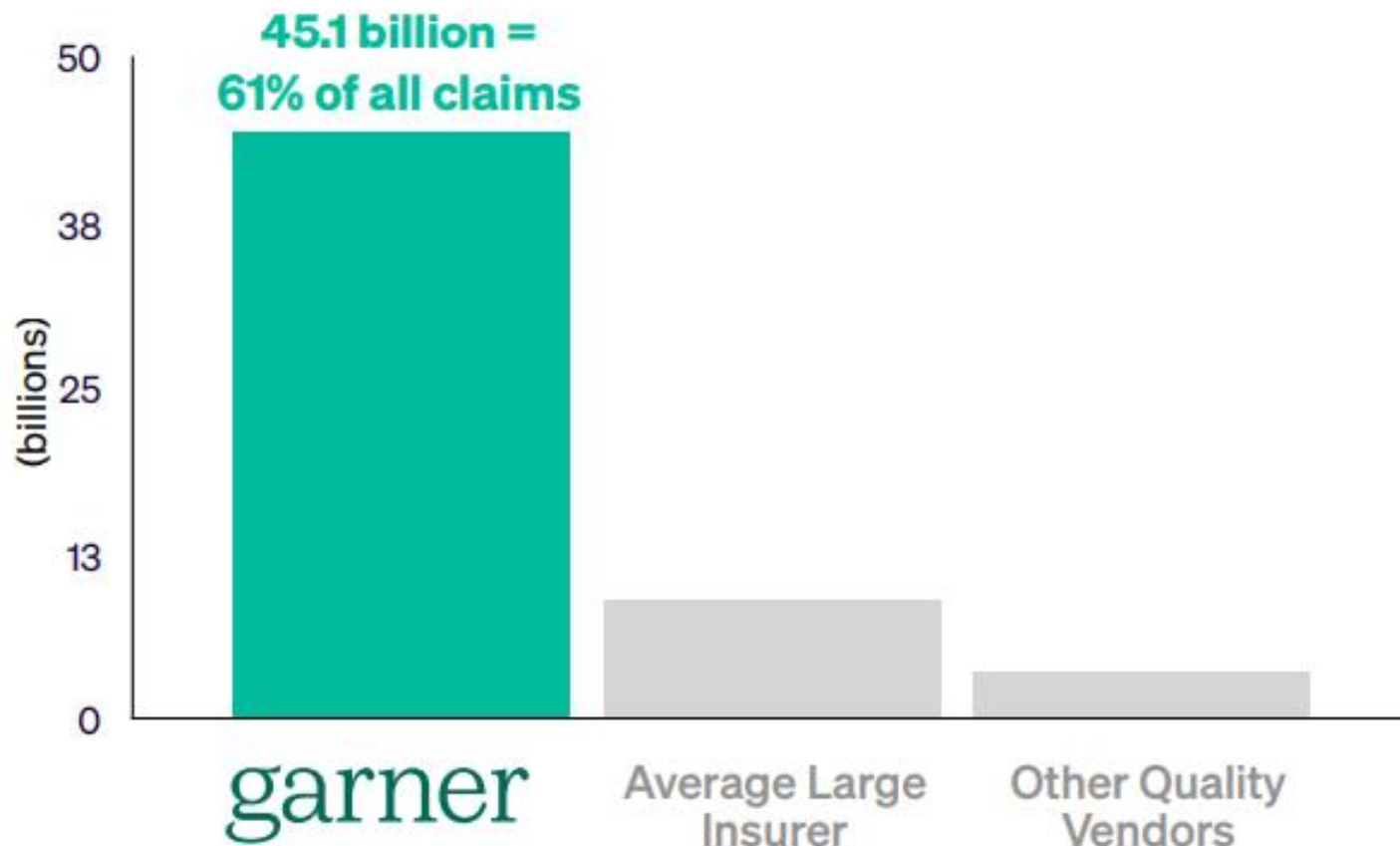
The key to improving health outcomes while lowering costs is understanding the performance of individual physicians.

Impact of individual performance on the total cost of care



Garner's national claims database gives us a richer perspective on physician performance than previously possible

Total Claims in Garner's Dataset

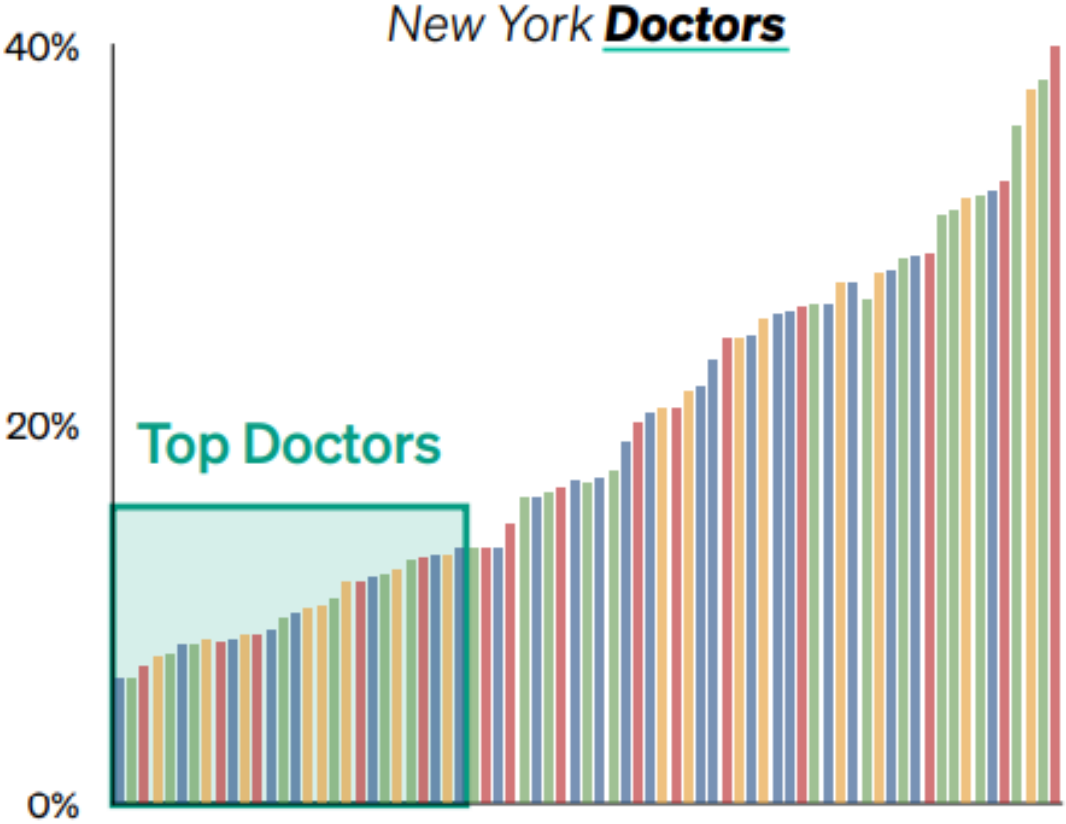
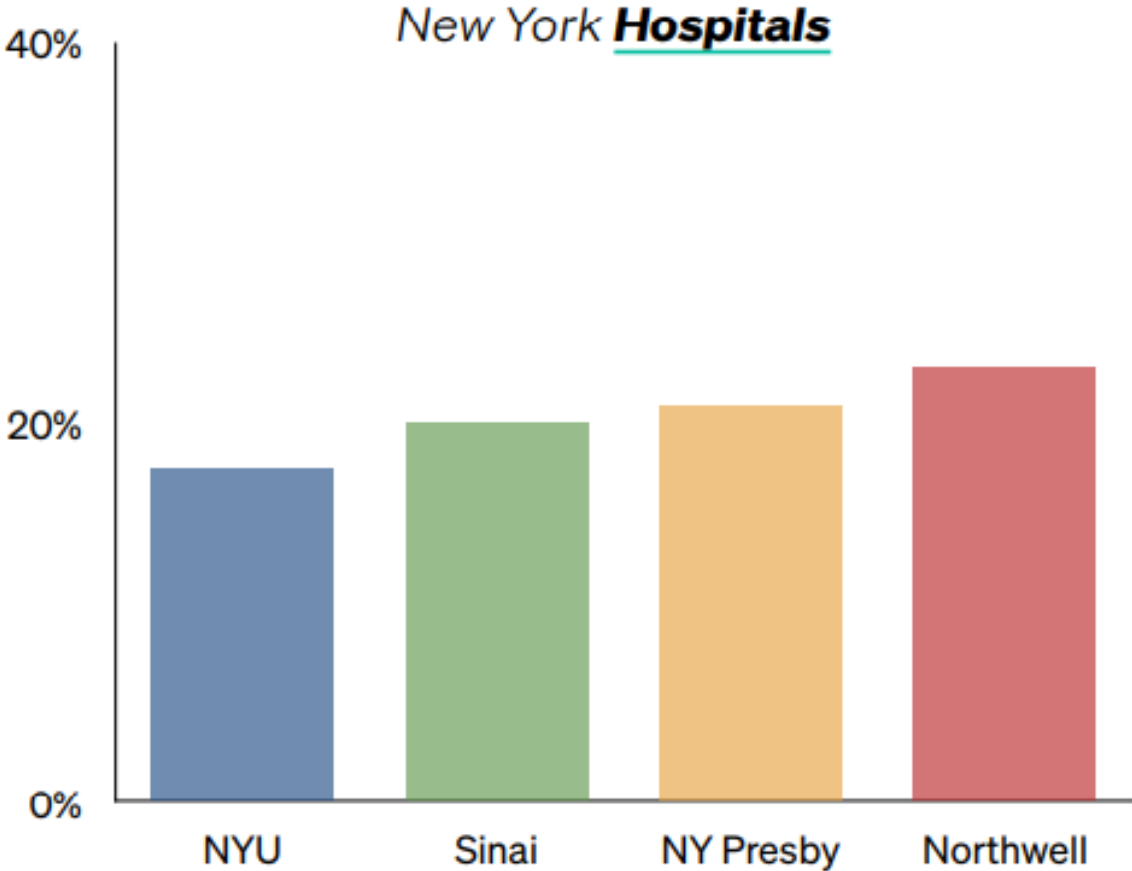


Garner combines data from

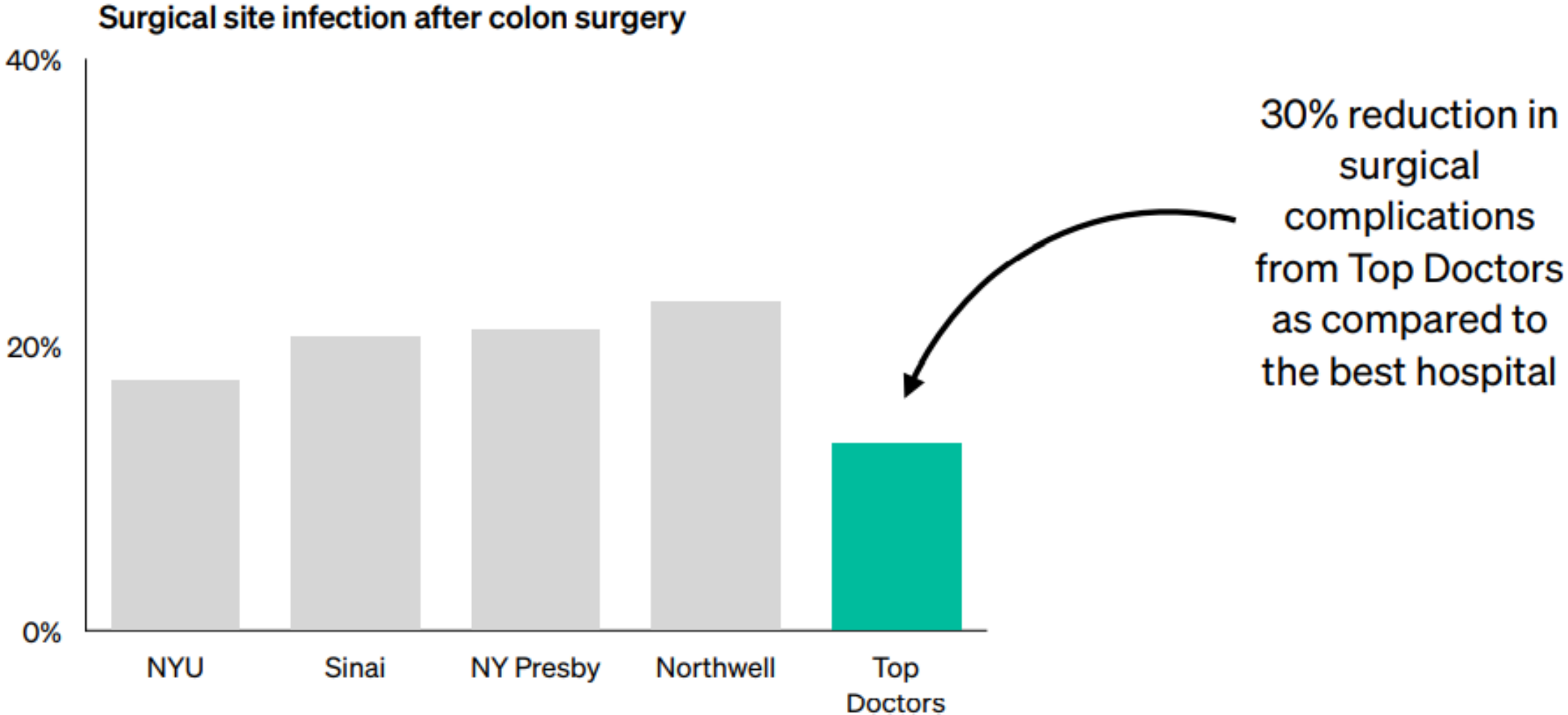
- CMS QE program
- Unique 3rd party partnerships
- Employers
- Clearinghouses
- Insurance companies
- All-payer claims databases

Up until now, quality measures have focused mostly on the hospital level

Surgical site infection after colon surgery

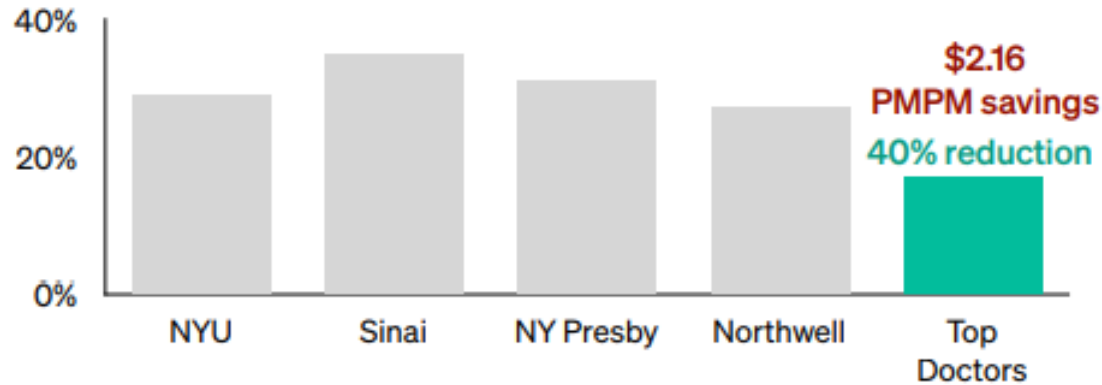


Garner's data shows the variation of doctor quality within major hospital systems

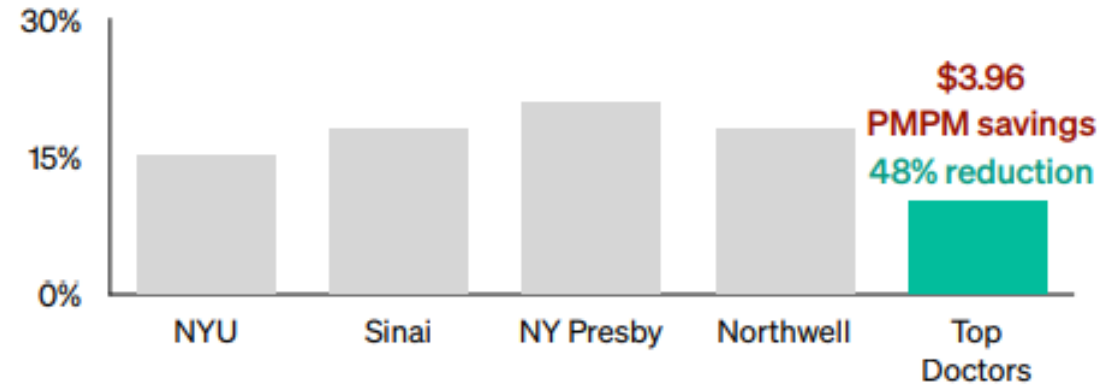


Top Doctors outperform the best hospital across many different quality metrics

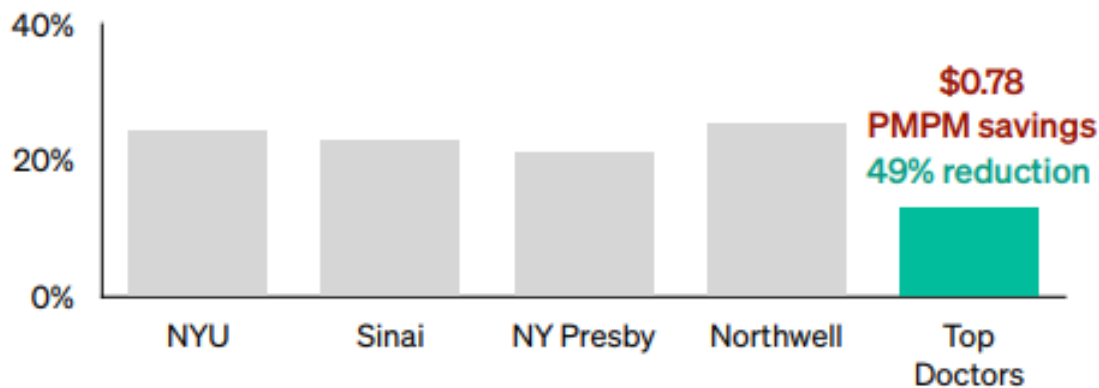
Missed recommended cancer screenings



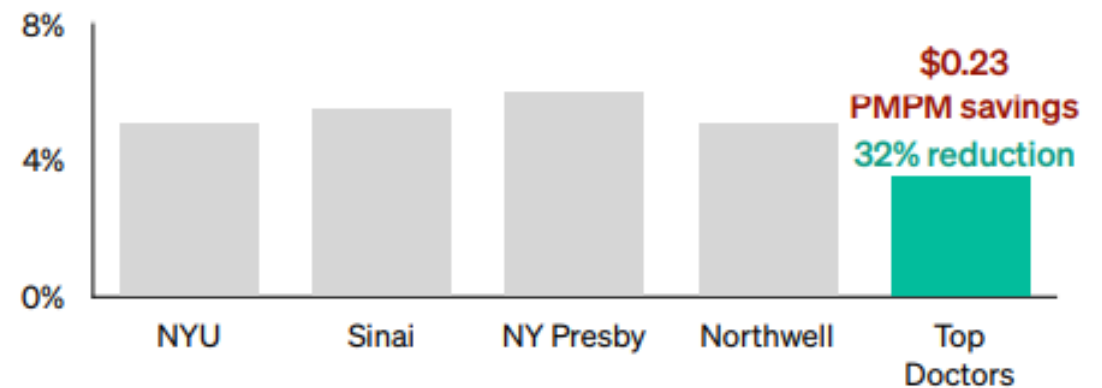
Unplanned hospital readmission



C-Section rates for low risk pregnancies



Complications and revisions for hip/knee replacements



garner

Garner is a simple plan addition that uses new data science and incentives accounts to drive patients to the best performing doctors, generating material savings for both fully and self insured plans.

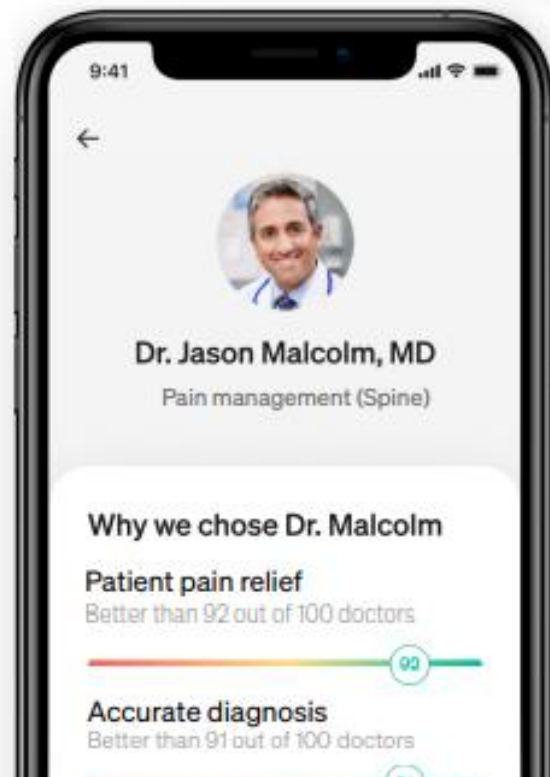
5-20%+ savings
for plan sponsors

Lower out of pocket
for employees

Simple setup
Works with all carriers and networks

How Garner Works

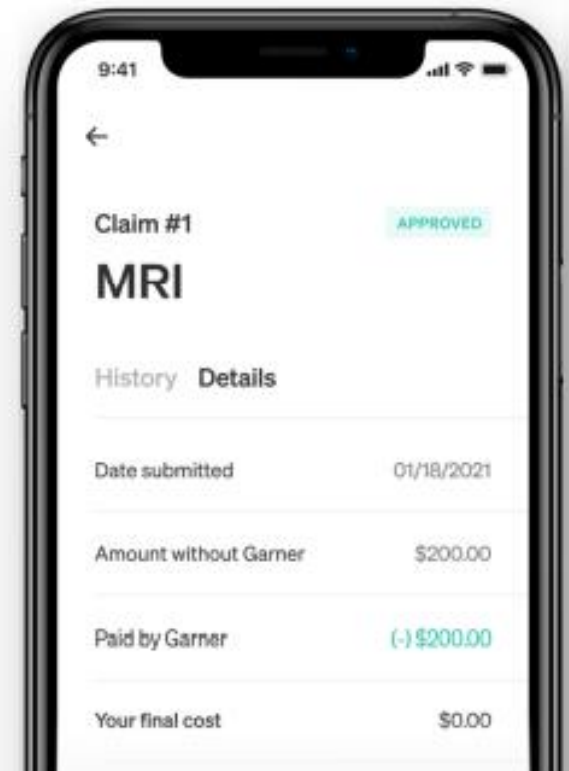
We use **more data and new analytics** to identify top doctors better than ever before



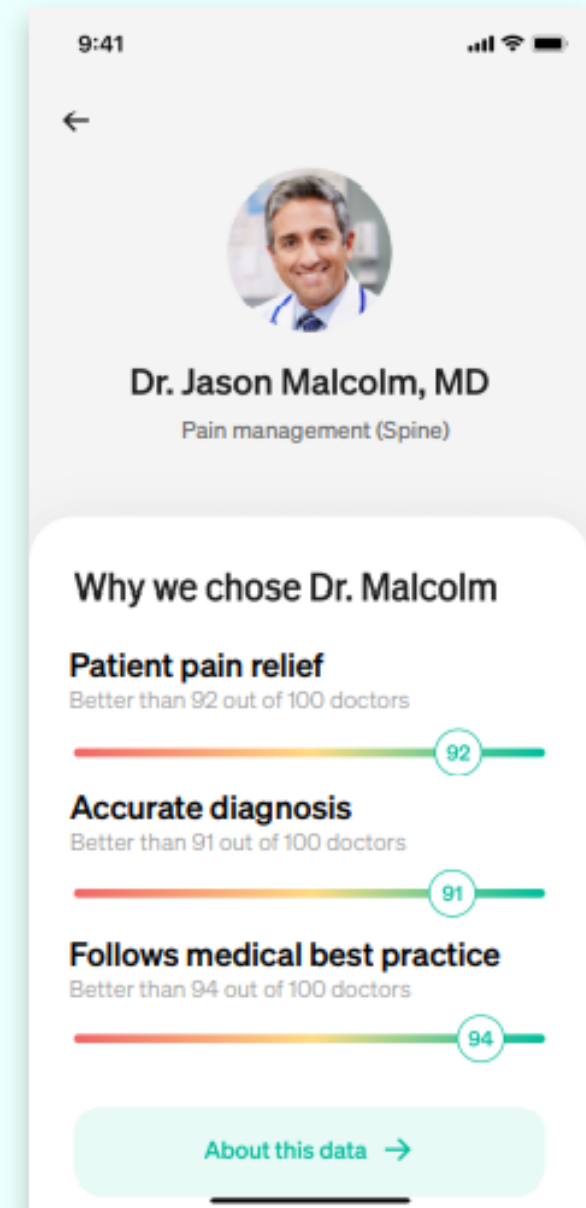
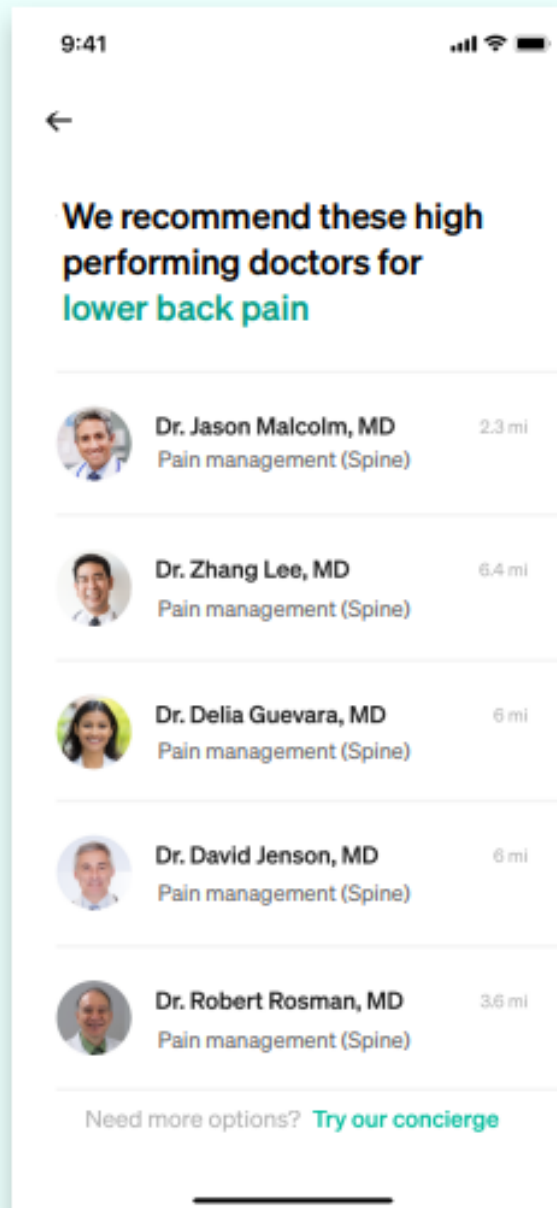
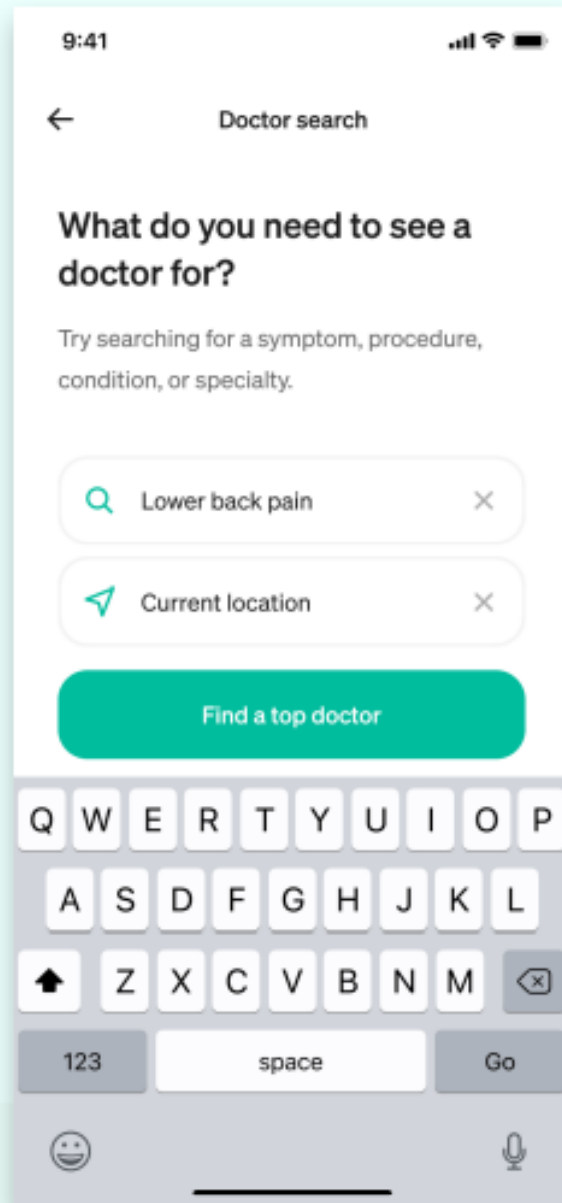
Our **concierge team makes it simple** for members to find the best doctor for them



We reinforce engagement with our **innovative engagement incentives**

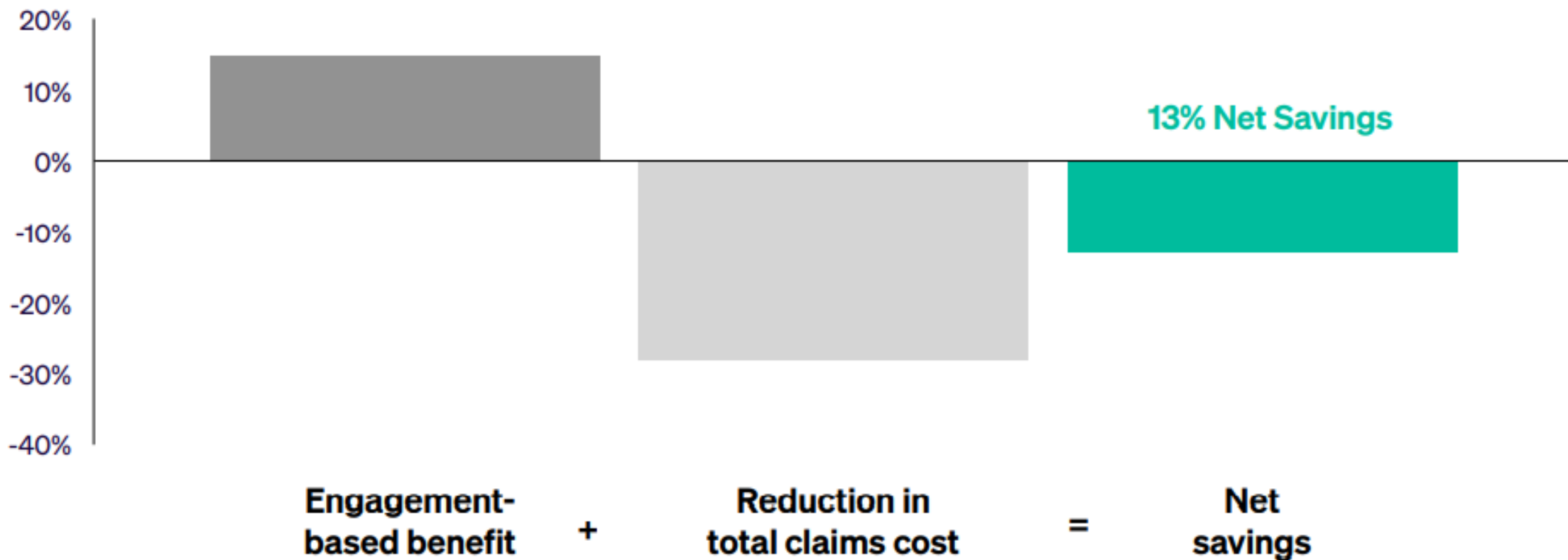


The Garner Experience



Garner's unique engagement-based incentive account allows employers to enrich benefits while guaranteeing plan savings

Impact on Total Annual Benefit Spend



Self insured case study: Garner guarantees savings while adding a zero-deductible, high-quality benefit

	Current plan
Deductible	\$1,000
Out-of-pocket max	\$4,000
Coinsurance	20%
Physician visit	\$35
Plan Cost (\$pmpm)	\$610

Garner
"Enhanced"
Model



New Base + Garner Enhanced	
New Base	Including Garner
\$2,000	\$0
\$5,000	\$3,000
20%	20%
\$35	\$0
\$565 (7% Plan Savings)	

Garner creates strong engagement, clear savings and high member satisfaction

39%

Average first year engagement rate

98%

% of employees that have a positive experience with Garner

27%

Average savings per episode of care



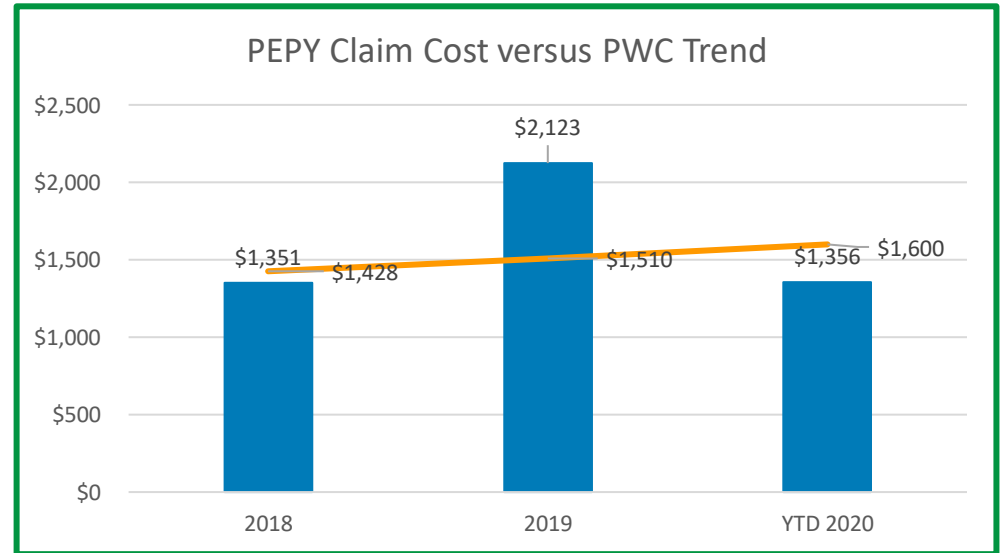
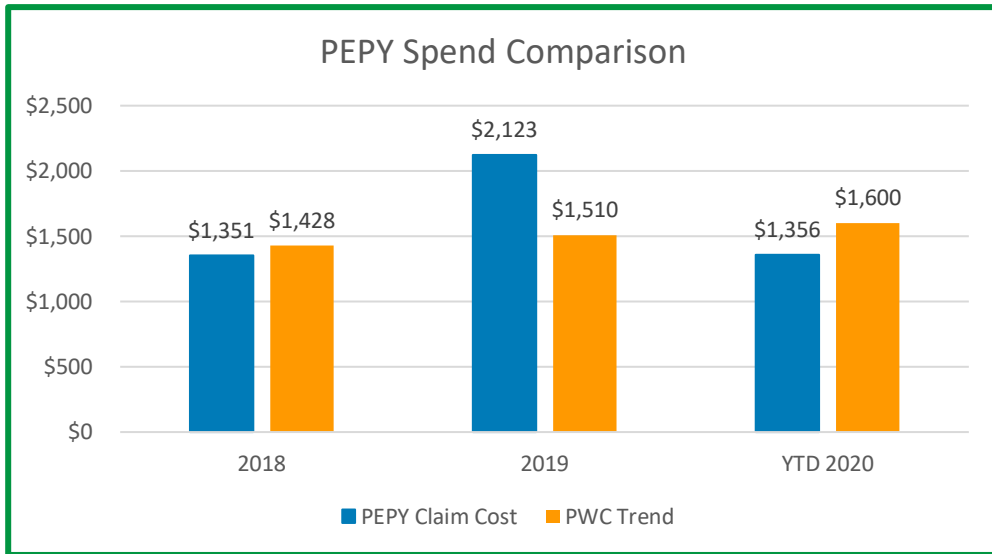
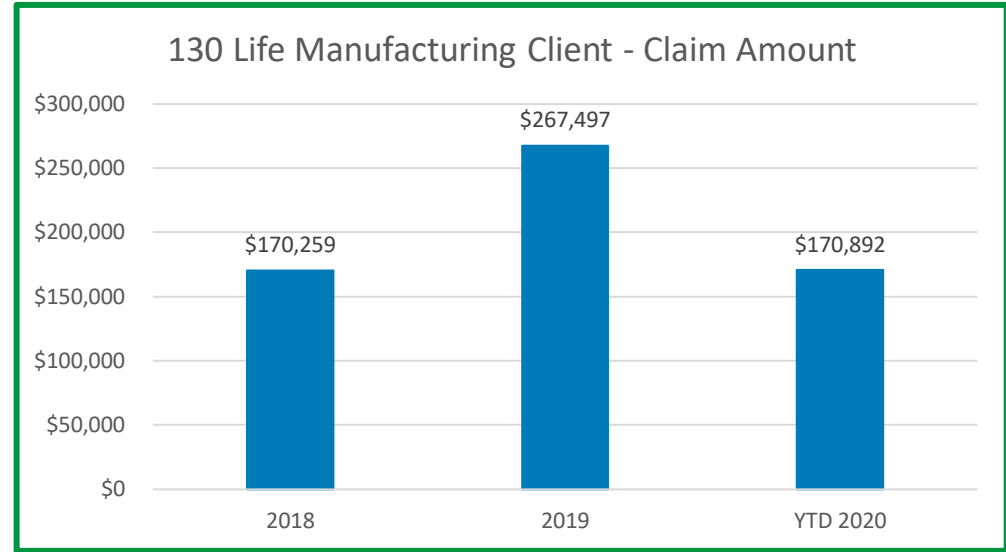
Engagement rate is calculated as percentage of eligible employees who perform a search or message Garner's concierge
Satisfaction rate from Garner employee surveys
Average of realized total claims cost of employees seeing Top Doctors as compared to all other employees with in the same diagnosis group

WIN / WIN PLAN



ALTIQ
CONSULTING

Year	130 Life Manufacturing Client - Claim Amount	PEPY Claim Cost	PWC Trend
2018	\$170,259	\$1,351	\$1,428
2019	\$267,497	\$2,123	\$1,510
YTD 2020	\$170,892	\$1,356	\$1,600



EXAMPLES OF IDENTIFIED SAVINGS



3200 Life Employer:

- Identified \$3,300,000 in mis-billing from a \$9,500,000 medical spend
- Identified \$1,200,000 savings from a \$4,500,000 RX spend
- Identified \$1,900,000 in capital repatriation during a post-claim audit



600 Life Employer:

- \$800,000 in medical claims savings
- \$516,000 in Rx Savings

Expected Savings: 12% of budget
Actual Savings: 20% of budget

180 Life Employer:

Changed from Carrier TPA to Independent TPA

Results:

- Pharmacy spend decreased 32%
- Mid-size claims reduced by 12%
- Reduction of large claim from \$595,000 to \$105,000



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<https://altiqe.com/>

Do you feel that, no matter what you do, you can't seem to control your healthcare spend?

What if I told you that achieving budgeting predictability is completely feasible, right now, without increasing employee contributions or further degrading their plan?

Forward-thinking employers do it every day.

A well-performing health plan does three things:

- Mitigates risk by controlling the frequency and severity of claims
- Eliminates unnecessary claims while ensuring the best possible access to high-quality care
- Turns your plan into a predictable expense

The three simple steps below will reveal the shortcomings in your health plan and identify solutions for your specific challenges.

We call this the [benefitsAdvantage™](#) roadmap.

STEP 1

Uncover the cost drivers

STEP 2

Find the savings opportunities

STEP 3

Design your custom roadmap to savings, cost control and predictability

Quality and Price Metrics

Is your provider applying quality metrics as well as cost metrics when approving care?

High-quality care is typically on the lower end of cost. Good news for your budget and your employee.

Is your provider directing people to the right place for imaging?

This can generate significant savings – often more than 50% of your current imaging costs.

Do you know what percentage of your claims are auto-adjudicated? And what the audit threshold is?

88% of all medical bills contain at least one error. If your auto-adjudication rate is 99%, how will you catch those errors?

*Never mind being over-billed for an aspirin – **what about paying twice for the same procedure??***

This happens. Regularly.

We ask all these questions because they drive right to the heart of cost control.



If 99% of your claims are auto-adjudicated (meaning no human ever views the claim), you have no insight into what is happening in your plan until AFTER the claim has been incurred and paid.

You forfeit any opportunity to review the claim for accuracy, appropriate diagnosis/cost, or fraud. And no, your insurance company doesn't do this automatically.

You also lose the opportunity to take advantage of any cost containment measures you have in place... or to address that pesky quality question.

What's worse, if you can only audit post-payment, it can take months – even years – before you recover any monies.

You've lost all control!

Alternative Care Management

Who monitors whether the care being delivered is appropriate, or whether chronic conditions are effectively managed?

What resources are available to employees to help them make appropriate care decisions?

Did you know?

- 20% of all cancer diagnoses are incorrect. (This doesn't mean the patient doesn't have cancer; it means they are being treated for the wrong type of cancer.)
- 30% of all musculoskeletal (MSK) procedures are performed unnecessarily.
- About 70% of surgeries are performed without a second opinion (Harvard Health Review)
Simply requiring a second opinion can save significant plan dollars.

Effective care management is the central nervous structure of your plan.

It provides you, the employer, with a critical and timely review of what is happening, as it happens – and before you have to pay for it.

For your employees, it provides an indispensable resource to assist appropriate care decisions.

At the end of the day, it is far more cost-effective to ensure that your employees receive the right care, from the right provider, at the right place and the right time. When all those conditions are met, the cost is usually right, too.



STEP 3

DESIGN YOUR CUSTOM ROADMAP

If you don't know the state of your current plan, how will you know when you've achieved your healthcare goals?

Every health plan should include a cost containment strategy – or roadmap.

Here are some questions to ask:

- What is the current status of your plan?
 - What is your claim cost per employee per year (PEPY)?
 - What do you want your PEPY cost to be?
- Have all the fiduciary items been identified and addressed?
- Have all the compliance requirements been identified and addressed?
- Does your three-to-five-year strategy cover all the necessary elements?
 - Supply chain management
 - Cost control
 - Quality metrics
 - Employee communication and engagement tools
- Is it simple and clear enough to allow all stakeholders to participate?
- Is the plan flexible enough to speed up or slow down implementation?

Every employer is different: different industries, different workforce size and demographics, and at different stages of the cost control journey.

To achieve maximum impact, you need a plan tailored specifically to you.



Thank You

[Book a Call](#)



www.Altiqe.com



Clientcare@altiqe.com



210-617-3086



QUESTIONS?

MY MOM SAYS THE ONLY STUPID QUESTION
IS THE ONE NEVER ASKED

A person in a dark suit is holding a glowing lightbulb. The lightbulb is the central focus, emitting a warm, yellow light. The person's hands are visible, holding the base of the bulb. The background is dark and slightly blurred, showing the texture of the suit.

PARTING SHOTS

If you only do 1 thing...

INCENTIVIZE: *High Quality, Lower Cost*



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EBS EMPLOYEE BENEFIT SERVICES, INC.

HIGHER DEDUCTIBLE



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garner

WIN / WIN PLAN



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TRANSPARENT HEALTH BENEFITS

If you are going to raise your deductible, at least do this

FEATURED PANELISTS



Allison Cohen De Paoli, Steve Santagelo, John C. Slater
& Andrew J McNerlin

LIVE EMPLOYEE HEALTH BENEFITS WEBCAST

October 28th, 2021
at 2:00 pm EST



garner



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TRANSPARENT HEALTH BENEFITS



✓ SAVE THE DATE

- 10/28 = Next Employer Facing Webinar
- **Immediate Impact:** 3 strategies that make raising a deductible a GOOD THING for an employee or their family members



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Thank You



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CONSULTING

CHANGE STARTS WITH YOU



thb