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Secondary Insurance Strategy

The Long-Term Solution
To Group Health Insurance

The Ongoing Challenge with Group Health Insurance

- Rate Increases or Fixed Costs/Claims Funding Increases
- Switching from Carrier to Carrier to keep up with renewal rate increases
- Changing Deductibles/Coinsurance/Out-of-Pocket Maxs and Copays – all detrimental to employees and their families
- Employer’s taking on rate-increases or passing it to their employees

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The “Secondary-Insurance” 4-Tier Approach

1. Major-Medical Plan – Self-Funded, Fully-Insured, Level-Funded or Reference-Based Pricing Plans all work!
2. “The Secondary-Insurance Plan – Think of a Medicare Supplement Plan, but for Group Health Insurance for Employers!
3. $0 Copay Telemedicine Plan
4. Rx Plans to reduce costs, Pain Management Plans, Diabetic Plans - all to reduce costs and manage/reverse disease

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What happens with Secondary-Insurance?

- Increase Deductible up to maximum allowable by carrier (some allow up to $10,000 per person, 2x per Family) – This reduces costs of Full-Insured Plans/Level-Funded and/or Fixed Costs for Self-Funded Plans, along with the funding of claims.
- Keep Copays for Doctor Office Visits and Rx as Secondary Insurance does not cover these items
- Secondary Insurance follows the Major Medical Plan and services pushed to Deductible/Coinsurance by the MM Plan, are covered under the Secondary-Insurance Plan, except for Rx or Doctor Office Visits
- Employer's save money, the employees save money! The MM Plan incurs less claims as Secondary Insurance pays the first $10,000 and Doctor Office Visits are less with Telemedicine.
- 2-Card System, a MM Card and a Secondary-Insurance Card are now given to the doctors offices/facilities at time of service, be sure they copy BOTH cards. Providers will bill MM and Secondary-Insurance for employees. The providers are happy as they know they are getting paid by 2 carriers, rather than hunting down the employees for their deductibles/coinsurance and are writing-off less.

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Here’s a sample of Secondary-Insurance:

ABC Company Quote for Employee: $9,000/Family: $18,000 for Inpatient/Outpatient Claims, either In-Network or Out-of-Network can be included, rates are same.

This means with a $10,000 MM Deductible Plan, the employees are responsible for Employee: $1,000/Family: $2,000, the Secondary Insurance picks up the next $9,000 and once claims hit $10,001, the MM plan now pays or Employer’s now start funding self-funded plans.

Plan 3	Benefit
One Bucket IP & OP	$9,000
Annual Max Benefit per Family	2x
Physician Office Visit	Not Included
Deductible	$1,000
Annual Max Deductible per Family	2x
MNSA	Yes
Employer Contribution	Employer Paid

	Employees	Composite
Employee Only	44	$97.81
Employee + Spouse	2	$187.24
Employee + Children	7	$167.65
Family	8	$248.89
Total Monthly Premium	61	$7,842.79

What happens with the medical plan costs:

Fully-Insured and Level-Funded Plans costs are reduced by increase deductibles/coinsurance and higher out-of-pockets.

Self-Funded Plans fixed costs can reduce up to 20% for Re-Insurance Costs! In addition, the initial funding of the first $10,000 of claims are covered by the Secondary-Insurance Plan, not the employer funding them.

Referenced-Based Pricing Plans still work the same as the Secondary-Insurance pays based off the EOB from the RBP plan/TPA.

The goal is to reduce costs for both Employers and Employees, while making the benefit plan richer for the Employees by a lower deductible or Out-of-Pocket Max.

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What happens at Renewal?

Due to less claims on the MM Plan, the fully-insured plans renewals are much less and can negotiate a rate-pass.

Level-Funded Plans generally see refunds of claims-funding

Self-Insured Plans generally see very few claims except for Rx and Doctor Visits. This means claims funding is less as the Secondary Insurance is picking up first $10k for each Employee/Family.

Reference-Based Pricing Plans work the same, but see fewer claims as Secondary-Insurance is paying initially, rather than employer-funding claims.

A richer plan design can be implemented for employees at less cost for all!

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No Underwriting and No Pre-Existing Conditions Limitations!

1. Secondary-Insurance does NOT require Medical-Underwriting and is Guarantee-Issue
2. There are no Pre-Existing Conditions Limitations
3. Generally, the Secondary-Insurance Plans do not have Rate-Increases from year-to-year, unless they are continually running high in claims more than 1 year.
4. This makes renewals much easier to handle from year-to-year

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