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# **GRADING YOUR HEALTH PLAN: WHAT MOST EMPLOYERS MISS (AND HOW TO FIX IT)**

# Study Groups 2025 ECS Survey

- Included Plan Grader Lite Assessment
- Short, 11-question addition centered on health plan
- Questions aimed at “Upstream,” proactive measures
  - “What’s Missed”

## Today we will:

- Review assessment results
- Discuss each question’s importance
- Share an opportunity, “How to fix”

**Plan Grader Lite Assessment**

Company Name \_\_\_\_\_

**What is Plan Grader Lite?**

Plan Grader Lite is an abbreviated version of the full Plan Grader™ Assessment powered by Health Rosetta, a Public Benefit Corporation. The Plan Grader™ and Plan Grader Lite are designed to **help employers evaluate their health benefits plan based on 'leading' indicators** of high performing health plans.

**What your company's Plan Grader Lite score means?**

Your grade represents your health plan's flexibility, ownership, stewardship, proactivity, and engagement with transparent, incentive-aligned partners that produce flourishing for members and nimbleness to navigate market changes.

**Next steps and future considerations:**

No matter where your company score landed, all questions identify an area of opportunity to explore, investigate, and improve your health plan. Based on the questions asked and your company response consider:

1. Having your broker complete an annual fee disclosure statement.
2. If fully-insured, explore level-funded. If level-funded, explore self-insured. If self-insured, optimize partners and programs.
3. Hire an ERISA subject matter expert to review contracts.
4. Create a multi-year strategy.
5. Own your data and site the CAA 'Gag Clause.'
6. Work with partners that allow PBM and Stop-loss flexibility.
7. Keep communicating; you never know when a message will resonate with an employee.
8. Explore Direct Primary Care (DPC).
9. Assess direct contract and bundled payments in your market.
10. Evaluate your company data/needs and explore point solutions to support your members.
11. Look for transparent pharmacy benefit managers.

Note: There are alternative solutions for all sized employers; even those who feel stuck in fully-insured programs.

**Your Grade:**

**C+**


**Study Groups' Benchmark Results:**

25<sup>th</sup> Percentile: **D**

Median: **C-**

75<sup>th</sup> Percentile: **B-**

Want to know how to raise your grade? Schedule a 20-minute walk-through with Ty Franklin:



**SG Study Groups**

**ALERAGROUP**

# “Show me the money”

Q1: Does your benefits advisor/broker, completely disclose all direct & indirect compensation on an annual basis?



## **Importance:**

Who is paying who matters...

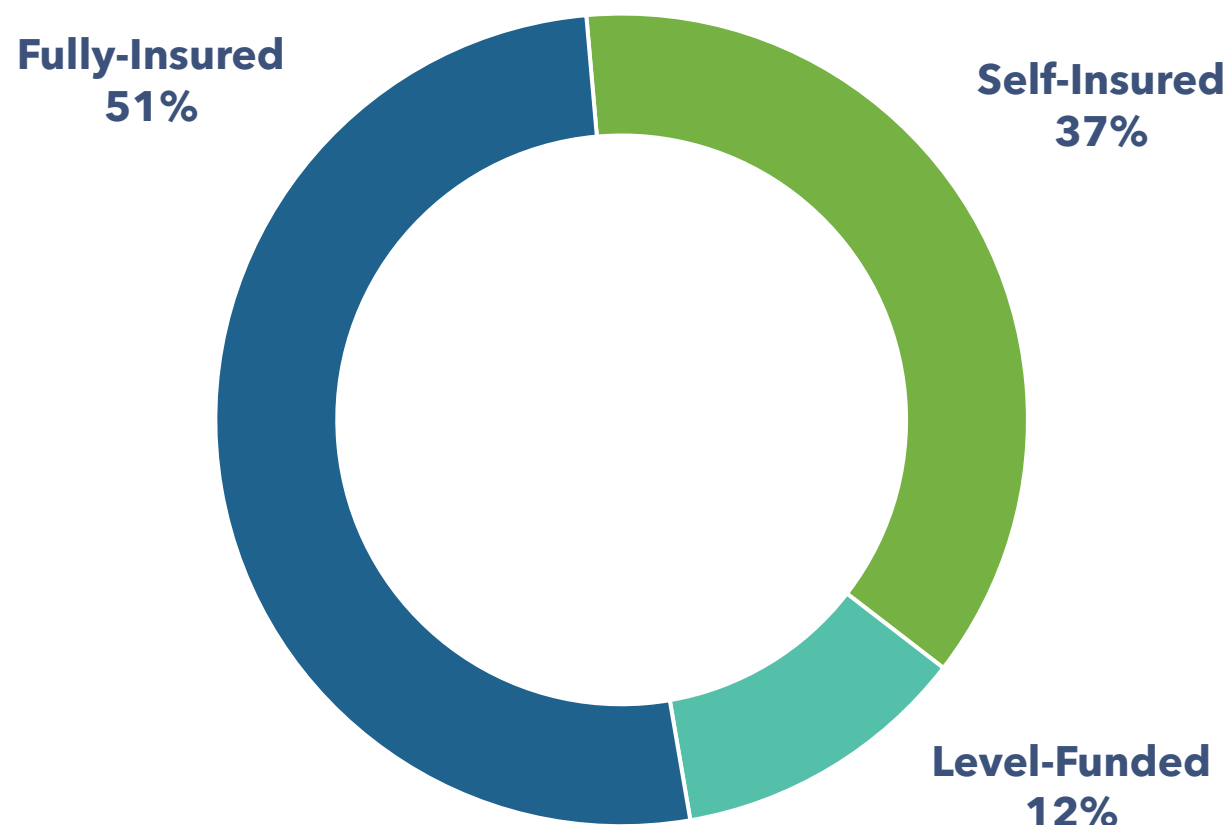
## **Opportunity:**

Compensation disclosure

Aligned incentives

# You are the payer

Q2: What is your health plan's current funding mechanism/arrangement?



## Importance:

Flexibility, transparency,  
benefit from savvy decisions

## Opportunity:

Fully-Insured → Level-Funded  
Level-Funded → Self-Insured  
Self-Insured → Optimization

# It ain't shiny, but it's important

Q3: Does your health plan utilize ERISA counsel for document and contract review/negotiations?



## Importance:

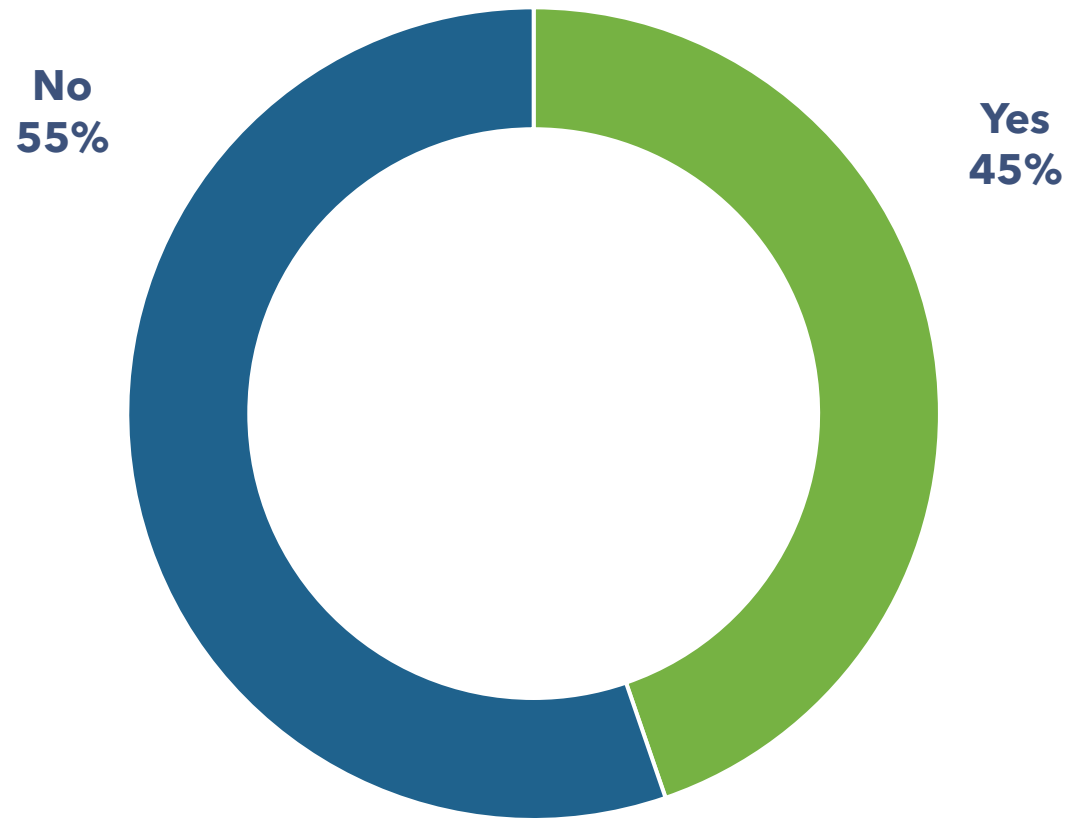
Without review or negotiation who wins?

## Opportunity:

Hire an ERISA Subject Matter Expert

# Do you know where you are going?

Q4: Does plan sponsor have a 2 or 3 year strategy (or longer)?



## Importance:

Top 2 or 3 spend  
Without → Reactive

## Opportunity:

Think in terms of years

# You can't address what you can't see

Q5: Does health plan have full, unrestricted access to detailed data (by procedure code, by provider, etc.)?



## Importance:

Data = Power

## Opportunity:

Own YOUR data  
(see #3)

# You might be handcuffed

Q6: Does health plan have flexibility to select pharmacy benefit manager (PBM) and Stop-loss carrier?



## Importance:

No flexibility =  
No purchasing power

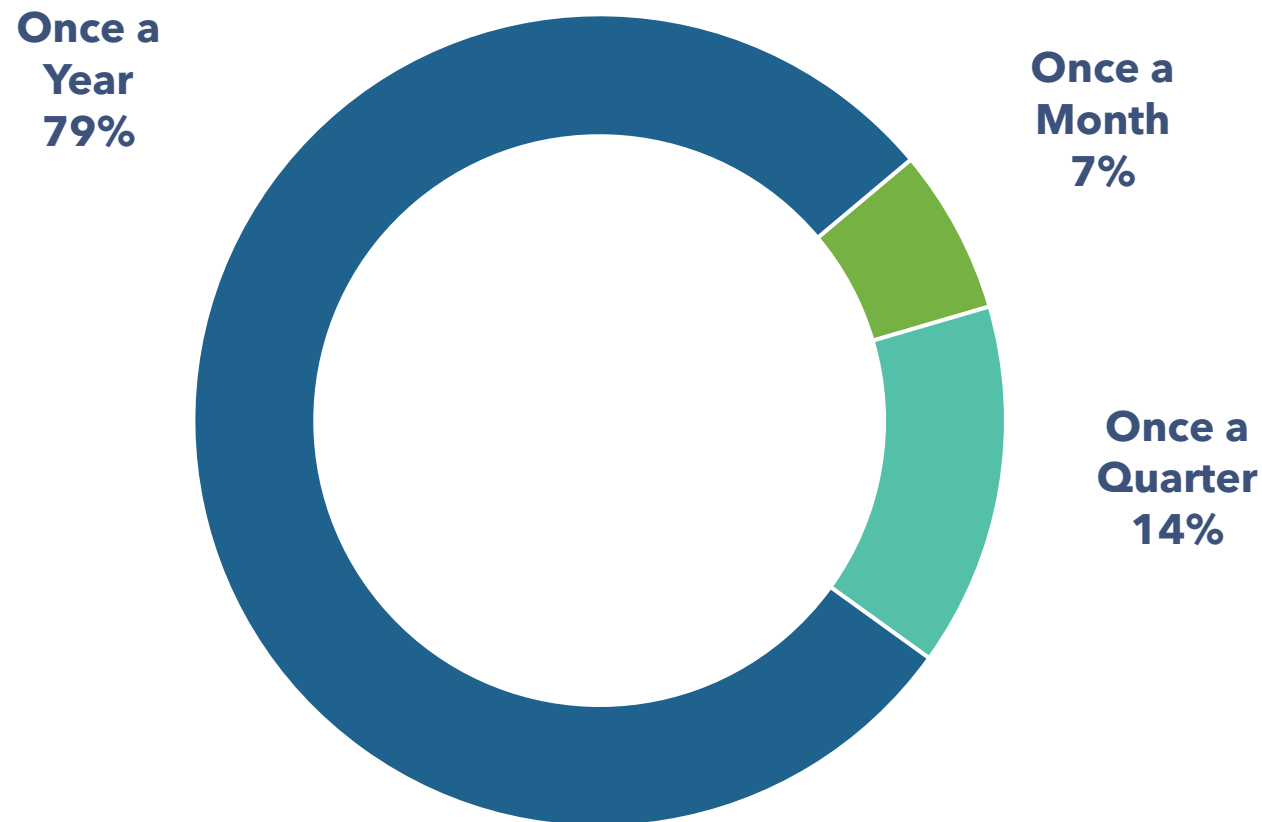
## Opportunity:

Select vendors/partners who  
allow flexibility/choice



# 4% of Americans

Q7: How often does your company communicate benefits information to employees?



## Importance:

Benefits are complex,  
Employees need help and  
reminders

## Opportunity:

Up the ante

# This is where to spend your money

Q8: Does your plan offer Virtual Primary Care (not just telehealth), On-site Clinic, Near-site Clinic, or Direct Primary Care (subscription based, same day, next day accessibility to primary care)?



## Importance:

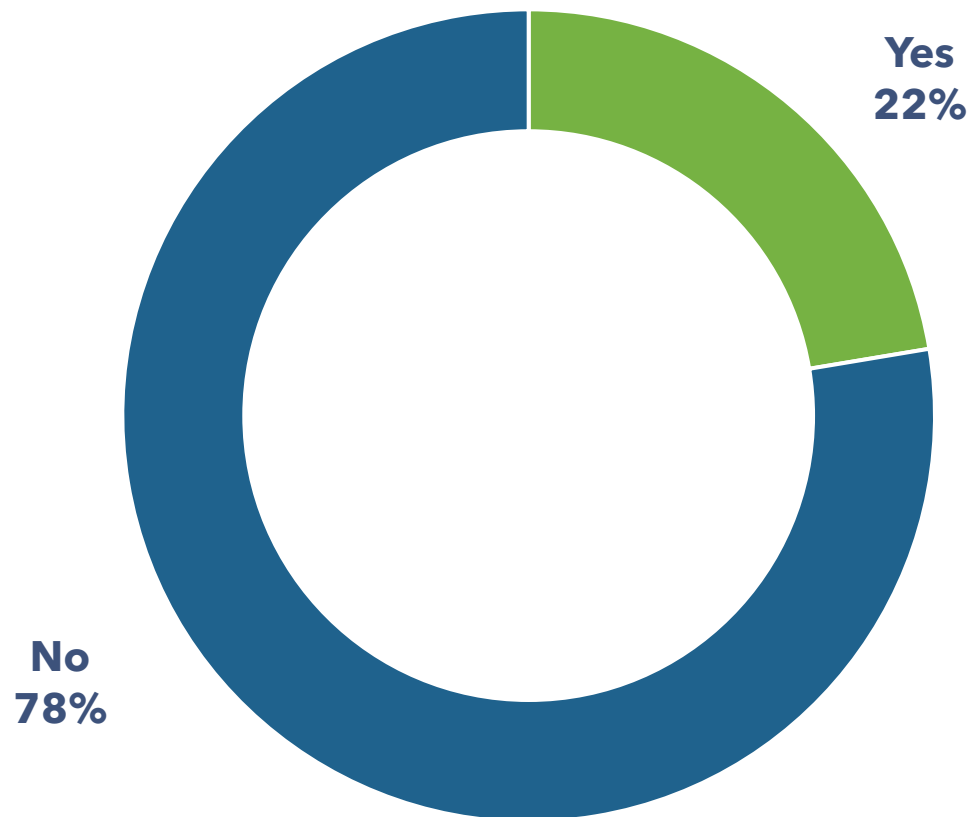
Access to care &  
Relationship w. primary care

## Opportunity:

Direct Primary Care  
(game-changer)

# \$40,000 or \$8,000?

Q9: Does your plan utilize any Direct Contracting, Bundled Care Arrangements, Reference-based Pricing (RBP), or alternative network solutions?



## Importance:

Costs vary significantly

## Opportunity:

Buy 'known' care

# Pareto Principle (80/20)

Q10: Do you offer unique resources/support for chronic conditions and/or specialty care? (Cancer, Musculoskeletal, Diabetes, Maternity etc.)



## **Importance:**

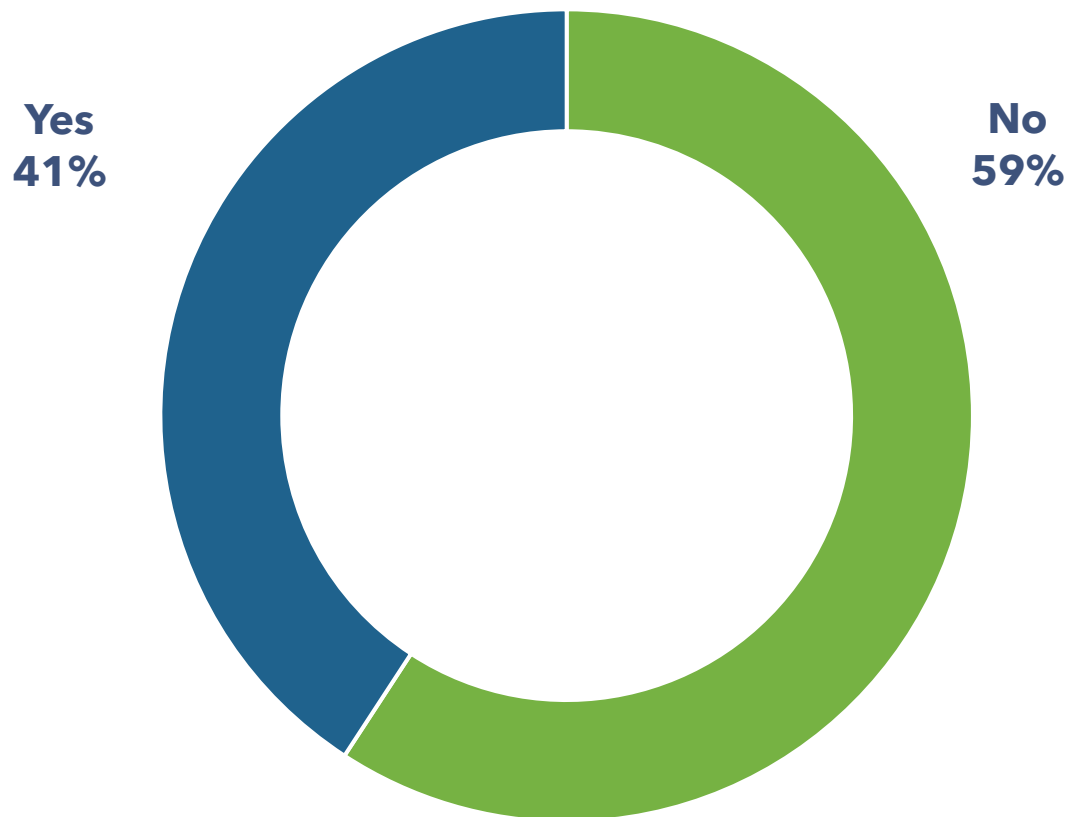
Specialized care for at-risk, high need population

## **Opportunity:**

Provide the right support

# Shell game

Q11: Does your health plan use Optum, CVS, or Express Scripts (ESI) for your Rx benefits?



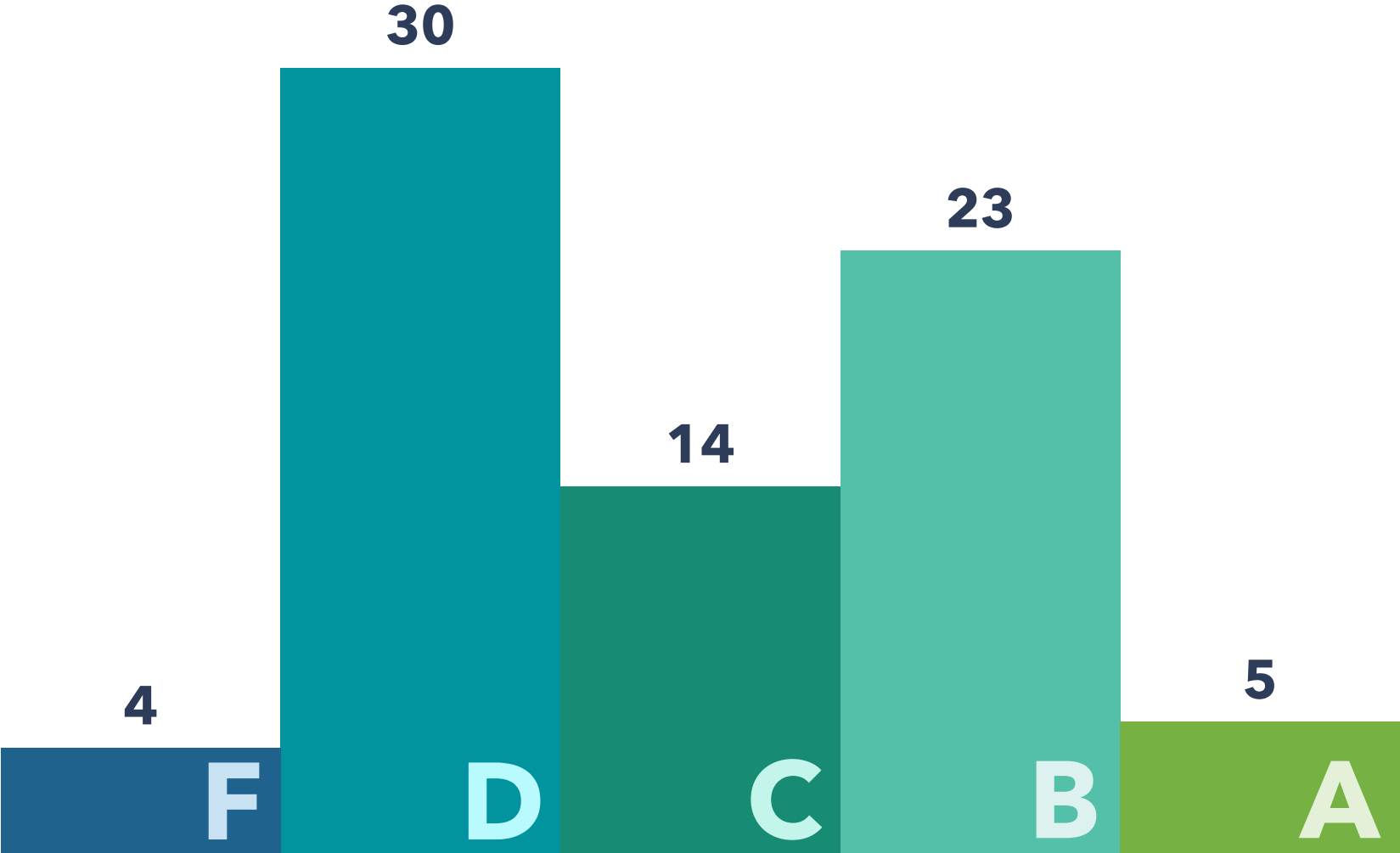
## Importance:

Low hanging fruit,  
Growing costs,

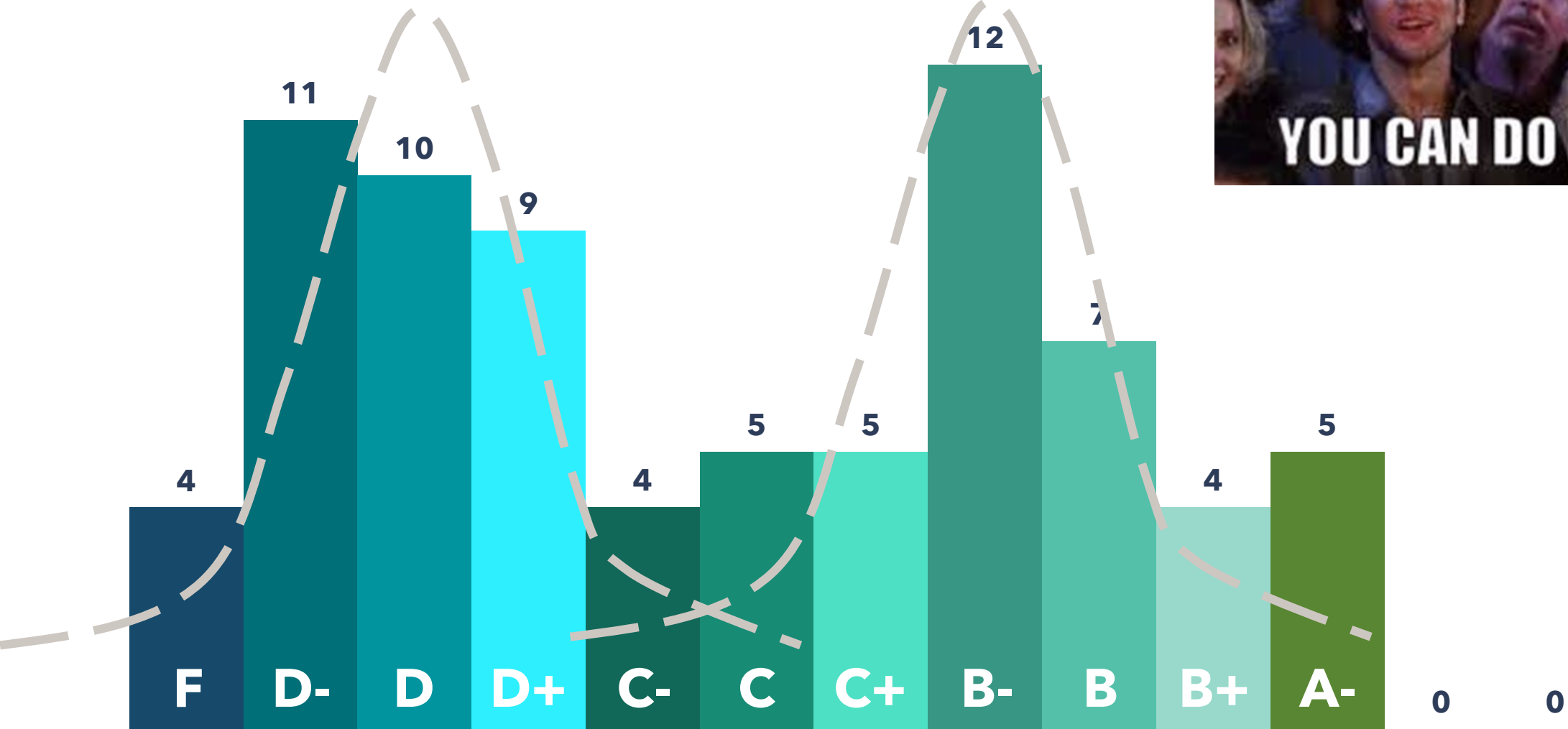
## Opportunity:

Transparent PBM

# Summary Results



# Summary Results - Detail



# Contact Info



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# Get Your PG Lite Assessment

