

Today's Discussion

- ABOUT YOU
- ABOUT ME & MB
- WHAT THE HEALTHCARE IS GOING ON?
- O COST MANAGEMENT STRATEGIES
- **QUESTIONS?**



About You

Procenhole the Go to www.pigeonhole.at/SUPER to vote

Session starts in

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About Me



Justin Wiedle, CPA | McGohan Brabender

Consultant

Direct: 513.469.3076 Main: 513.489.2700 Mobile: 419.215.9820 937.499.1194

Professional Experience:

- · Consultant (MB)
- Assistant Finance Director (City of Kettering)
- Senior Financial Analyst (LexisNexis)
- Auditor (Kentner Sellers CPAs)

Licenses/Certifications:

- BS & MS in Accountancy from Wright State
- Ohio School Treasurer License
- Ohio Life & Health Insurance

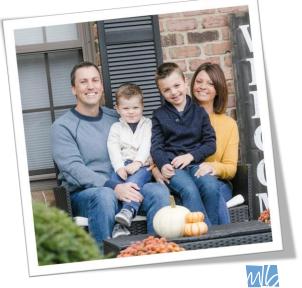
Community Involvement:

- · School Finance Committee
- · School Levy Committee

Personal:

5

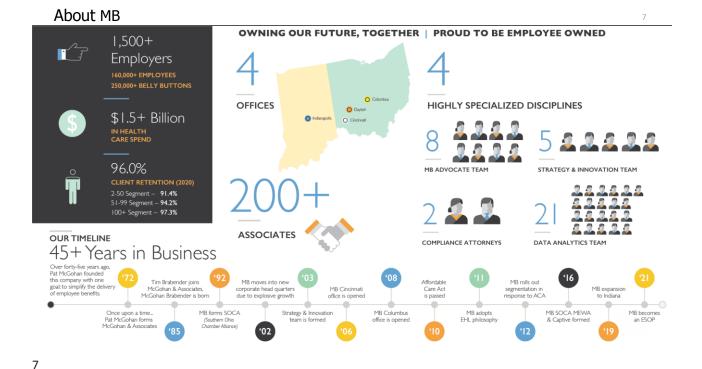
· Married, Two Kids, Dog, Bad at Golf



About Me







Public Entity Experience

Butler County

MONTGOMERY EDUCATIONAL SERVICE DAYTON

DAYTON

DAYTON

PUBLIC SCHOOLS

MONTGOMERY COUNTY EDUCATIONAL SERVICE COMMUNITY COLLEGE

CITY OF KETTERING City of Toledo

Consortiums

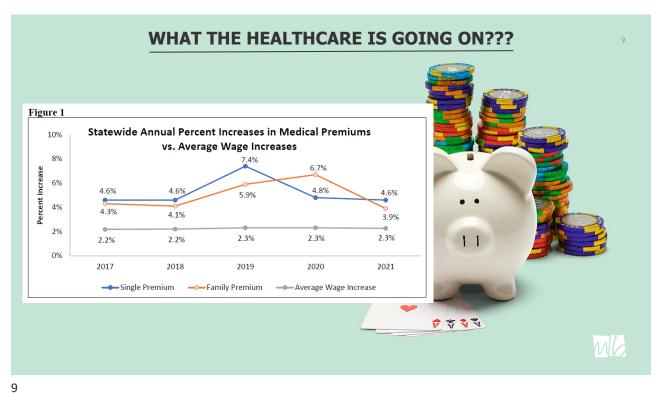
- SW Ohio EPC Life/AD&D & Vol. Life/AD&D
- Ohio Benefits Cooperative (OBC)
- Jefferson Health Plan (JHP)
- County Employee Benefits Consortium of Ohio (CEBCO)

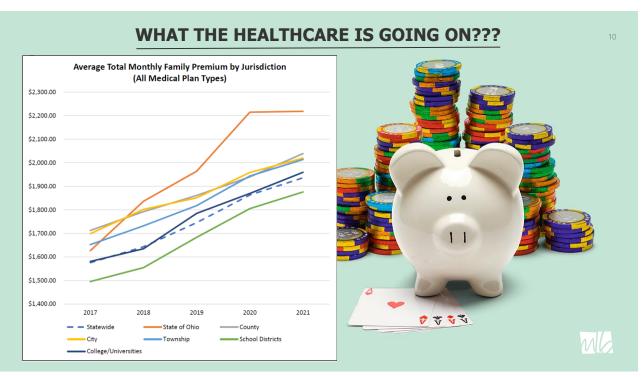
Public Entities

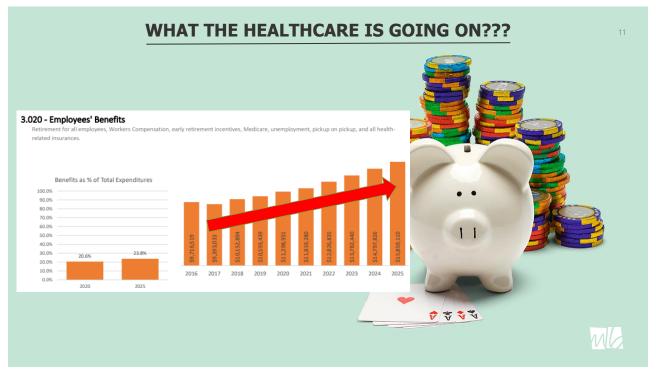
- 180 Public Clients
- 100+ Schools, 40+ Cities/Municipalities, 30+ Other Governmental

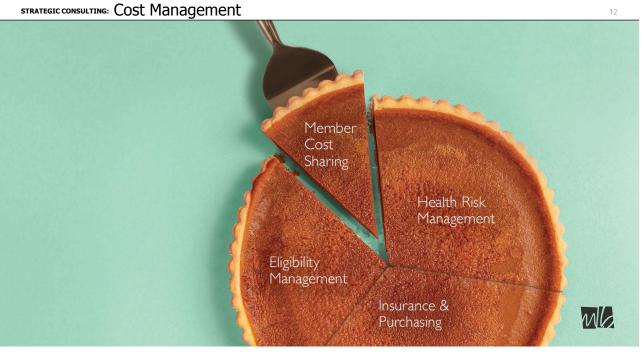
Typical Services

- Broker Services / Quoting / Market Analysis
- Insurance Committees
- Collective Bargaining Negotiations
- Open Enrollment Support
- Plan Education
- Cost Management
 - Monthly Reporting









Cost Management Strategies

13



ELIGIBILITY MANAGEMENT & EDUCATION

Dependent eligibility audit

On-line employee self-service HRIS system

Opt-out credit (Enrollment Management Services)

Surcharges

Spousal carve-out

Medicare transitioning / Education on public exchange options

AccelerateGo!



HEALTH RISK MANAGEMENT

Biometric screenings

Tobacco-use restrictions

Medically Homeless / PCP Attribution

Preventive visits

Participation/Outcomes-based measurements

Advocacy support service (Concierge Health Pros)

Chronic Care & Disease Management Programs

Telephonic health coaching

Clinical Rx program / Rx Adherence

Utilization driven strategies based on frequent reporting

Wellness Challenges On-site fitness facility

MEMBER COST SHARING



Self-funded vs Fully-insured Stop-Loss contract provisions

PBM analysis/Carve-Out

Performance guarantees

Tele-Health

On-site clinics Centers of Excellence

Direct contracting

Managing plan design (benchmarking) Deductibles/OOP/Co-ins/Co-pays/Rx Premium Differentials / Rate Sloping Account-based plans vs traditional plans

PPO/HSA/HRA Employer-funding of account-based plans

Value-based insurance design Incentive of high quality/low-cost providers

Use of deductible/co-insurance for Rx

Health-risk management incentives Access to care differentials (retail clinic vs. ER)

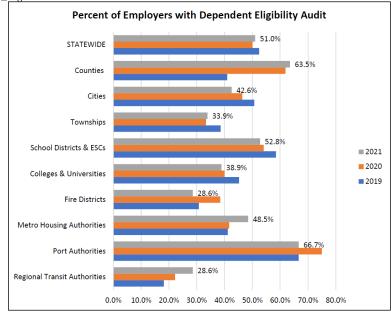
13

STRATEGIC CONSULTING: Eligibility Management





Eligibility Management – Dependent Eligibility Audit







Eligibility Management – Opt-Out/Waiver Stipend Strategy

	(Opt-Out Incentiv	e Offered	by Jurisdic	tion		
Comparison Grou	пр					vers Offering Out Incentive 53.3%	n 1,266
State of Ohio						0.0%	1
Counties						24.7%	85
Cities						54.5%	242
Townships						39.4%	137
School Districts &	ESCs					61.2%	694
Colleges & Univer	sities					44.4%	36
Fire Districts						35.7%	19
Metro Housing Au	thorities					39.4%	35
Port Authorities						33.3%	3
Regional Transit A	uthorities					28.6%	14
Note: n: number of e	mployers.						
Ince	ntive Offe	red to Employee	s for Opti	ng Out of N	Aedical (Coverage	
Opt-Out		Average		Minimum		Maximum	
Type	Ф.	Incentive	¢	Incentive	6	Incentive	II
Single Family	\$ \$	1,786 2,598	\$ \$	58 100	1	10,000 20,200	558 558
Note: n: number of e		2,596	J	100		20,200	338





Eligibility Management – Opt-Out/Waiver Stipend Strategy

	CURREN'	T ENROLL	ME	NT & CO	ST			
Tier	Plan Type	Enrolled	P	Board remium (PEPY)		Total Premium Per Year)		Already Waiving
Employee	PPO	40	\$	9,672	\$	386,880	9)	
Family	PPO	27	\$	24,852	\$	671,004		:
Employee	HDHP	45	\$	7,428	\$	334,260		
Family	HDHP	25	\$	19,104	\$	477,600		
Total		137			Ś.	1.869.744		

	OPT-OUT SA	٩VI	NGS		
Already Waiving	# Opted Out / Waived	P	Board remium (PEPY)	•	Total remium Savings er Year)
11	2	\$	22,320	\$	44,640
19	1	\$	8,664	\$	8,664
	4	\$	7,428	\$	29,712
	2	\$	19,104	\$	38,208
	9			\$	121,224
	7%	En	rollment	Dec	rease

WAIVE	R CC	OST		
Vaiver mount		al Waiver penditure	_	t Sa Per
\$ 1,000	\$	13,000	\$	3:
\$ 2,000	\$	40,000	\$	(3:
\$ 1,000	\$	4,000	\$	2
\$ 2,000	\$	4,000	\$	3
	\$	61,000	\$	60

(t Savings Per Yr)
\$	31,640
\$	(31,336)
\$ \$	25,712 34,208

Annual Savings 3% Annual Savings

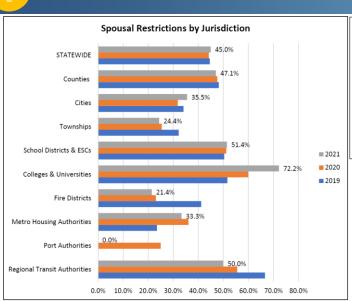


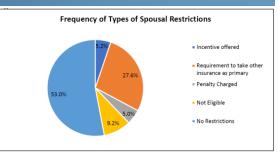
17

Eligibility Management – Spousal Restrictions

13,648 AVG









Eligibility Management – Medicare Transition / Census Analysis

			_																																																							
																											Estin	nated	Age	Cou	nts																									Avg Y	s.	Class VI Pa
Age Band	# EE'	's	2	2 2	3 2	4 25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	4	5 46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73 7	4 75	Exp	S	ched. (202
20-29	24			4	T		3 1) :	3 3	3 1	1	П									Т	П	Т		Т	Т	Т	Т		Т	П	Т			П																						3 5	\$ 49,81
30-39	51	l l									2	:	5	6	6	11	7	3		5	5																																				12 5	69,94
40-49	83	3									1	1	l	ı				ı	1		- 6	5 .	4 (5 :	8 1	0 1	1 1	2 9	9 12	2 5	5																										22 5	\$ 75,58
50-59	89)									1			l																		7 1:	1	1 12	8	7	13	7	6	4																	31 5	3 77,59
60+	44	ı																																							14	6	6	4	6	1	4			1	1	1					40 5	3 77,59
Total*	291	1		4	0	0	3 1) :	3	1	1 2	-	5	6	6	11	7	"		5	6	·	4	6	8 1	0 1	1 1	2 9	9 12	2		7 1:	1 1	1 12	8	7	13	7	6	4	14	6	6	4	6	1	4	0	0	1	1	1	0	0	0 ()		

			Α	В	С	D	E	F	G	Н
I			Premium	Potential						\$ Savings on
			(PEPY) - ER	Annual	Pay Scale	Pay Scale 0+			\$ Savings on	Wage &
		# of New	Only from	Savings -	25+ Class VI	Class IV New	\$ Benefits	\$ benefits 0+	Tot Bens w/	Bens w/
		Medicare	\$20,713	Insurance	(1.75%	(1.75%	25+ Class VI	Class IV (45%	Retire / New	Retire / New
ı	Year	Eligible	base	Only	COLA)	COLA)	(45% Bens)	Bens)	Hire	Hire
I	2020	8	20,713	165,704	77,597	40,799	279,349	146,876	132,473	426,857
	2021	6	22,266	133,599	80,337	42,239	216,909	114,047	102,862	331,446
	2022	4	23,936	95,746	81,743	42,979	147,137	77,362	69,775	224,831
	2023	6	25,732	154,390	83,173	43,731	224,567	118,073	106,494	343,148
	2024	6	27,662	165,969	84,629	44,496	228,497	120,139	108,358	349,153
	2025	14	29,736	416,307	86,110	45,275	542,490	285,231	257,259	828,947

OBSERVATIONS:

- 8 members currently eligible for Medicare
 - 36 more will become eligible in the next 5 years
- Observation: The District share of premium is \$20,713 PEPY
- RetireMedIQ can assist in finding them alternate coverage options at age 65
- This would result in less cost to district in multiple ways
 - Reduced premium
 - Lower claims/utilization
 - New personnel at lower cost than
- - experienced personnel through attrition
- This is an estimate of savings if Medicare Eligible employees remained employed but enrolled in Medicare for insurance.

 Current Salary Schedule for 25 years + Class VI, increased by 1.75% annually for COLA. It is expected that Medicare Eligible employees would be 65 and have 25+ years experience.

Premium PEPY represents ER share only, starting w/ 2020 Total PEPY of \$20,713. Premiums increase by 7.5% annually.

- D.
- Current Salary Schedule for 0 years + Class IV, increased by 1.75% annually for COLA. It is expected that new hires will be entry-level experience.
 This is the dollar cost of total benefits for Medicare Eligible. Per the 5-year forecast, fringe benefits are 45% of wages from 2015-2020. This rate is assumed going forward for 25+ Class VI experience.
- This is the dollar cost of total benefits for New Hires replacing the Medicare Eligible. Per the 5-year forecast, fringe benefits are 45% of wages from 2015-2020. This rate is assumed going forward for 0+ Class IV experience. This is the potential savings on total benefits to be generated by retirement age folks retiring and being replaced by new hires. It assumes all 65+ retire.
- This is the potential savings on total wages & benefits to be generated by retirement age folks retiring and being replaced by new hires. It assumes all 65+ retire.



19

Assumptions:

STRATEGIC CONSULTING: Insurance & Purchasing



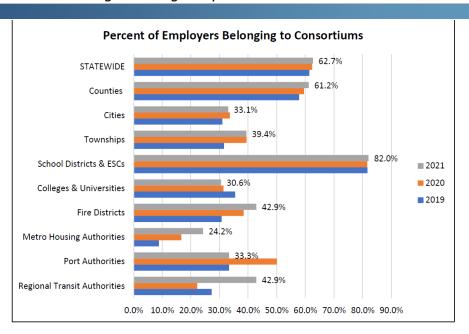


Insurance & Purchasing - Funding Analysis





Insurance & Purchasing - Funding Analysis



$Insurance \ \& \ Purchasing - Negotiate \ Competitive \ Pricing - Expected \ Carrier \ Renewal$

		Medical		Pr	escription D	rug	Combir	ned Medical a	nd Drug
Calculations shown are McGohan	May-19	May-18	May-17	May-19	May-18	May-17	May-19	May-18	May-17
Brabender Estimates	Through	Through	Through	Through	Through	Through	Through	Through	Through
	Apr-20	Apr-19	Apr-18	Apr-20	Apr-19	Apr-18	Apr-20	Apr-19	Apr-18
Paid Expenses	\$1,099,835	\$1,058,708	\$886,821	\$166,935	\$200,300	\$126,408	\$1,266,770	\$1,259,008	\$1,013,228
Less Pooled Claims > \$100,000	\$28,346	\$0	\$0				\$28,346	\$0	\$0
Factor to Incur	1.50%	1.50%	1.50%	0.54%	0.54%	0.54%			
Adjusted/Annualized Claims	\$1,087,562	\$1,074,589	\$900,123	\$167,836	\$201,382	\$127,090	\$1,255,398	\$1,275,970	\$1,027,213
Demographic Adjustment	0.14%	-3.78%	-6.34%	0.14%	-3.78%	-6.34%			
Modified Claims	\$1,089,079	\$1,033,955	\$843,078	\$168,070	\$193,767	\$119,036	\$1,257,149	\$1,227,722	\$962,114
Annual Trend	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%			
Trend Applied (17/29/41) Months	117.42%	131.51%	147.29%	117.42%	131.51%	147.29%	117.42%	131.51%	147.29%
Trended Claims	\$1,278,748	\$1,359,707	\$1,241,736	\$197,340	\$254,814	\$175,324	\$1,476,089	\$1,614,520	\$1,417,060
Average Enrollment (2 month lag)	89.8	83.2	76.8	89.8	83.2	76.8	89.8	83.2	76.8
Projected Claims (PEPM)	\$1,186.66	\$1,361.89	\$1,347.37	\$183.13	\$255.22	\$190.24	\$1,369.79	\$1,617.11	\$1,537.61
Experience Weighting	60.00%	30.00%	10.00%	60.00%	30.00%	10.00%	60.00%	30.00%	10.00%
	PEPM		sed on Current Iment	PEPM		ased on Current	PEPM		sed on Current Iment
Weighted Projected Claims	\$1,255.30	\$1,40	0,915	\$205.47	\$229	,303	\$1,460.77	\$1,63	0,218
Manual Claims (Trended Prior Renewal)	\$1,083.31			\$168.78			\$1,252.08		
Experience Credibility	50.00%			50.00%					
Credible Projected Claims	\$1,169.30	\$1,30	4,943	\$187.12	\$208	3,828	\$1,356.43	\$1,51	3,771
Administration							\$297.75	\$332	,291
Pooling Charge							\$150.71	\$168	,197
Needed Premium							\$1,804.89	\$2,01	4,259
Premium at Current Rates							\$1,562.35	\$1,74	3,588
Change in Premium								15.5%	

$Insurance \ \& \ Purchasing \ - \ Negotiate \ Competitive \ Pricing - MB \ Calculated \ Renewal$

		Medical		Pro	escription D	rug	Combin	ned Medical ai	nd Drug
Calculations shown are McGohan Brabender	May-19	May-18	May-17	May-19	May-18	May-17	May-19	May-18	May-17
Estimates	Through	Through	Through	Through	Through	Through	Through	Through	Through
	Apr-20	Apr-19	Apr-18	Apr-20	Apr-19	Apr-18	Apr-20	Apr-19	Apr-18
Paid Expenses	\$1,099,835	\$1,058,708	\$886,821	\$166,935	\$200,300	\$126,408	\$1,266,770	\$1,259,008	\$1,013,228
Less Pooled Claims > \$100,000 Full Amount	\$328,346	\$0	\$0				\$328,346	\$0	\$0
Factor to Incur	1.50%	1.50%	1.50%	0.54%	0.54%	0.54%			
Adjusted/Annualized Claims	\$783,062	\$1,074,589	\$900,123	\$167,836	\$201,382	\$127,090	\$950,898	\$1,275,970	\$1,027,213
Demographic Adjustment	0.14%	-3.78%	-6.34%	0.14%	-3.78%	-6.34%			
Modified Claims	\$784,154	\$1,033,955	\$843,078	\$168,070	\$193,767	\$119,036	\$952,225	\$1,227,722	\$962,114
Annual Trend	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%			
Trend Applied (17/29/41) Months	114.46%	125.90%	138.49%	114.46%	125.90%	138.49%	114.46%	125.90%	138.49%
Trended Claims	\$897,514	\$1,301,769	\$1,167,597	\$192,367	\$243,956	\$164,856	\$1,089,881	\$1,545,725	\$1,332,452
Add Back Large Claims Under Pooling Limit	\$300,000	\$0	\$0				\$300,000	\$0	\$0
Modified Trended Claims	\$1,197,514	\$1,301,769	\$1,167,597	\$192,367	\$243,956	\$164,856	\$1,389,881	\$1,545,725	\$1,332,452
Average Enrollment (2 month lag)	89.8	83.2	76.8	89.8	83.2	76.8	89.8	83.2	76.8
Projected Claims (PEPM)	\$1,111.28	\$1,303.86	\$1,266.92	\$178.51	\$244.35	\$178.88	\$1,289.79	\$1,548.20	\$1,445.80
Experience Weighting	60.00%	30.00%	10.00%	60.00%	30.00%	10.00%	60.00%	30.00%	10.00%
	PEPM		ased on Current Ilment	PEPM		ased on Current Ilment	PEPM		sed on Current Iment
Weighted Projected Claims	\$1,184.62	\$1,32	2,032	\$198.30	\$221	,303	\$1,382.92	\$1,54	3,335
Manual Claims (Trended Prior Renewal)	\$1,083.31			\$168.78			\$1,252.08		
Experience Credibility	50.00%			50.00%					
Credible Projected Claims	\$1,133.96	\$1,26	5,501	\$183.54	\$204	,829	\$1,317.50	\$1,47	0,330
Administration							\$289.21	\$322	,755
Pooling Charge							\$146.39	\$163	,370
Needed Premium							\$1,753.10	\$1,95	6,455
Premium at Current Rates							\$1,562.35	\$1,74	3,588
Change in Premium								12.2%	
Total Variance from Expected Carrier Projection							(\$51.80)	(\$57	,804)

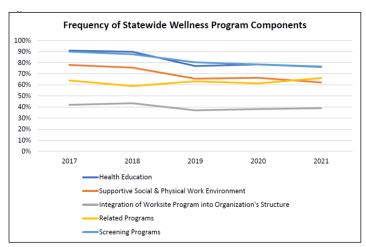
STRATEGIC CONSULTING: Health Risk Management







Health Risk Management



- Health Education is one of the more frequently used wellness components (76%). This generally includes counseling or training opportunities relative to physical activity and workplace injury prevention.
- Supportive Social & Physical Work Environment (62%) typically includes policies against tobacco use and classes or counseling on nutrition and fitness.
- Integration of Worksite Program into Organization's Structure (39%) involves the appointments of dedicated staff to the program and/or the allocation of budget support.
- Related Programs (66%) encompass employee assistance, work/life balance focus, and occupational safety and health programs.
- Screening Programs have also become a popular form of worksite wellness programs at 77%. These programs include blood pressure and blood cholesterol screenings.





28

OUT OF EVERY 100 EMPLOYEES:

75 ARE OVERWEIGHT

42 HAVE PRE-DIABETES, 34 DON'T KNOW THEY ARE PRE-DIABETIC

25 HAVE A PRIMARY CARE DOCTOR

- **42** ARE OBESE
- 35 MEN / 25 WOMEN HAVE HIGH TRIGLYCERIDES
- 45 HAVE HIGH BLOOD PRESSURE
- 14 SMOKE
- 12 HAVE DIABETES, 3 DON'T KNOW THEY ARE DIABETIC
- 55 HAVE HIGH CHOLESTEROL
- 37 HAVE METABOLIC SYNDROME

29 ARE NOT TAKING PRESCRIBED MEDICINES BECAUSE OF COST

- 8 GET ALL RECOMMENDED PREVENTIVE SCREENINGS BASED ON AGE/GENDER
- 21 LIVE IN CHRONIC PAIN
- 70 HAVE SLEEP ISSUES
- 80 FAIL TO GET ENOUGH PHYSICAL ACTIVITY
- 55 ARE TAKING AT LEAST ONE LIFESTYLE PRESCRIPTION



28



Health Risk Management - Understanding the Use - The 4/60 Principle

2



\$5,000,000 ANNUAL CLAIMS - 1,200 MEMBERS

FINANCIAL RISK

PERCENT OF COST / POPULATION

HIGH
(\$10,000+)

MODERATE
(\$1,000 to \$10,000)

LOW
(\$0 to \$1,000)

70%





Health Risk Management - Clusters of Risk Create a Toxic Recipe

30



HIGH BLOOD SUGAR

HIGH TRIGLYCERIDES

HIGH BLOOD PRESSURE

OR MORE OF THESE MEASURES INDICATE METABOLIC SYNDROME

LOW HDL (GOOD) CHOLESTEROL



30



Health Risk Management - Clusters of Risk Create a Toxic Recipe





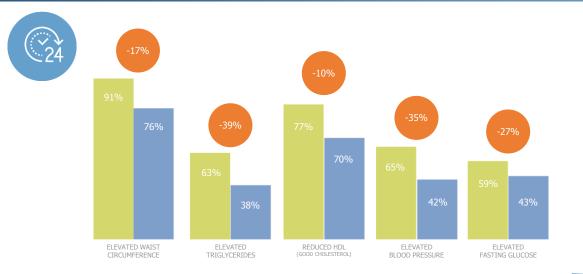


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Health Risk Management - Metabolic Syndrome Reversal at MB

PRE

32



POST

CHANGE

Mb

32

STRATEGIC CONSULTING: Member Cost Sharing

33







Member Cost Sharing - Benchmarking Analysis

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Health Plan Benchmarking - HDHP

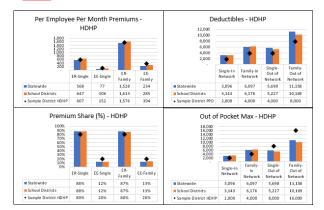
			HDHP	PREMIUM	SPLIT (\$)			
		SING	ELE		FAMIL	Y		
	ER	EE	TOTAL	PEPY	ER	EE	TOTAL	PEPY
Statewide	568	77	645	7,745	1,528	234	1,762	21,141
School Districts	555	78	633	7,601	1,439	227	1,666	19,996
School Districts <1,000	556	70	626	7,509	1,472	193	1,666	19,987
School Districts 1,000-2,499	572	79	651	7,815	1,488	230	1,718	20,622
School Districts 2,500-9,999	525	80	605	7,256	1,327	224	1,551	18,613
School Districts >10,000	532	88	620	7,440	1,336	277	1,613	19,355
Sample District	607	152	759	9,108	1,576	394	1,970	23,640

		HDHP PREMIUM SPLIT (%)												
		SINGLE		F	AMILY									
	ER	EE	TOTAL	ER	EE	TOTAL								
Statewide	88%	12%	100%	87%	13%	100%								
School Districts	88%	12%	100%	87%	13%	100%								
School Districts <1,000	88%	12%	100%	89%	11%	100%								
School Districts 1,000-2,499	88%	12%	100%	87%	13%	100%								
School Districts 2,500-9,999	87%	13%	100%	86%	14%	100%								
School Districts >10,000	85%	15%	100%	82%	18%	100%								
Sample District	80%	20%	100%	80%	20%	100%								

			TIDIN NON NETWORK DEDI				
	SINGLE	FAMILY	SINGLE	FAMILY			
Statewide	3,096	6,097	5,698	11,158			
School Districts	3,143	6,176	5,227	10,169			
Sample District	2,000	4,000	4,000	8,000			
	HDHP IN-NETV	WORK OOPM	HDHP NON-NET	WORK OOPM			
	SINGLE AVG	FAM AVG	SINGLE AVG	FAM AVG			

4,251	8,465	9,056	18,155
4,174	8,255	8,029	15,854
2,000	4,000	8,000	16,000
	4,174	4,174 8,255	4,174 8,255 8,029

	HSA EMPLOYER CONTRIBUTIONS					
	SINGLE AVG	SINGLE MIN	SINGLE MAX	FAM AVG	FAM MIN	FAM MAX
Statewide	1,260	104	7,794	2,478	159	15,991
School Districts	1,152	104	6,330	2,291	159	15,991
Sample District	1,000			2,000		



34



35

HRA Cost Analysis - HDHP

		300	00 HDHP		5000 HDH	IP				
Fully Insured Rates	Enrolled	Ren	ewal Rate	<u>s</u>	HDHP/HRA R	ates		Ţ	Difference	
Employee Only	46	\$	759.0	0 :	\$ 6	83.10		\$	(75.90)
Employee + Child	18	\$	1,403.0	0 :	\$ 1,2	62.70		\$	(140.30)
Family	149	\$	1,971.0	0 :	\$ 1,7	73.90		\$	(197.10)
Annual Cost	213	\$4	,246,164		\$3,821,54	8		((\$424,616)	Ī
			Current		HDHP/HR			Po	otential HRA	
Single	46		sductible \$3,000		Deductibl \$5,000	е			\$2,000	ı
Family	•					\$4,000				
		Total HRA Liability Exposure \$760,0 Estimated Usage		xposure \$760,000		Ī				
			50%		35%		25%		15%	
		\$46	6,000	23	\$32,200	16	\$23,000	12	\$13,800	
		\$33	4,000	4	\$233,800	58	\$167,000	42	\$100,200	
		\$	380,000		\$266,000	1	\$190,00	0	\$114,000)
Total Annual Co	ost (Current Plan)	\$4	,246,164		\$4,246,16	4	\$4,246,16	64	\$4,246,16	i4
Total Annual Cost (HDHP + HRA Usage)		\$4	,201,548		\$4,087,54	8	\$4,011,54	48	\$3,935,54	8
HRA Administrator (\$6 PEPM)			15,336		\$15,336		\$15,336	 i	\$15,336	_
	Difference	(\$	559,952)		(\$173,952)	(\$249,95	2)	(\$325,95	2)
			-1%		-49	6	-6%	•	-8%	6
Brez	akeven Utilization		58.00%							



STRATEGIC CONSULTING: Combining Strategies — Garner Health





36

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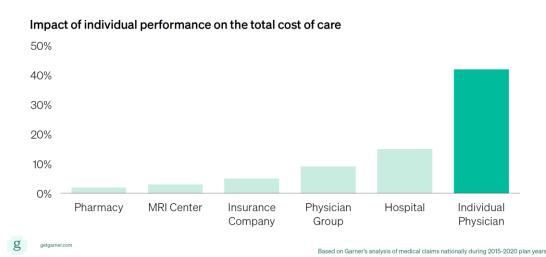




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38

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





38

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39

garner

Garner is a simple plan addition that drives more care to the highest quality doctors in the local market, generating significant savings and better health outcomes for both fully and self insured employers.

5-20%+ savings

Lower out of pocket for employees

Simple setup
Keep your existing network and carrier



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40

How Garner Works

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

Dr. Jason Malcolm, MD
Spine Surgeon

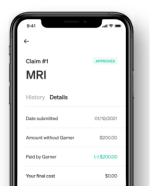
Why we chose Dr. Malcolm
Patient pain relief
Better than 92 out of 100 doctors

2
Accurate diagnosis
Better than 91 out of 100 doctors

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



We reinforce engagement with our innovative engagement incentives





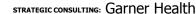
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4



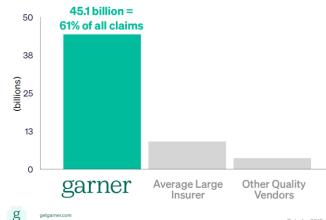




42

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



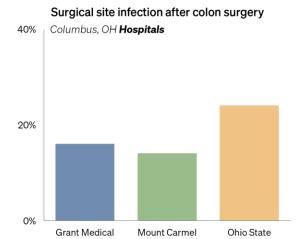
Data for 2015-2020. Total Claims in USA and Average Large Insurer values estimated by Garner

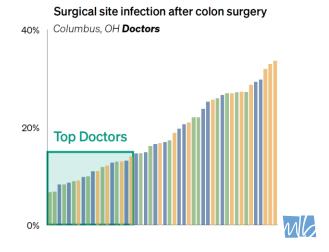
42

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43

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

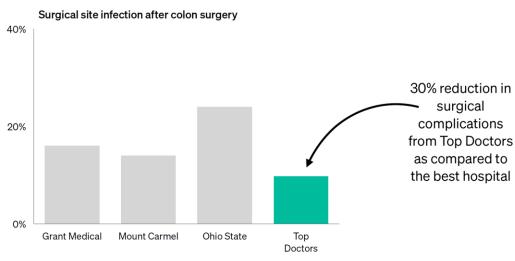




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44

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



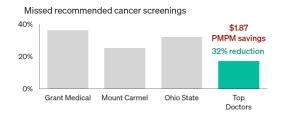


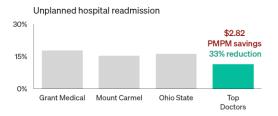
44

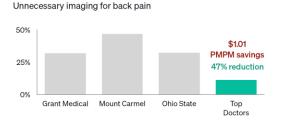
STRATEGIC CONSULTING: Garner Health

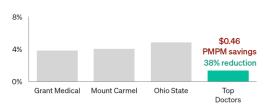
45

Top Doctors outperform the best hospital across many different quality metrics





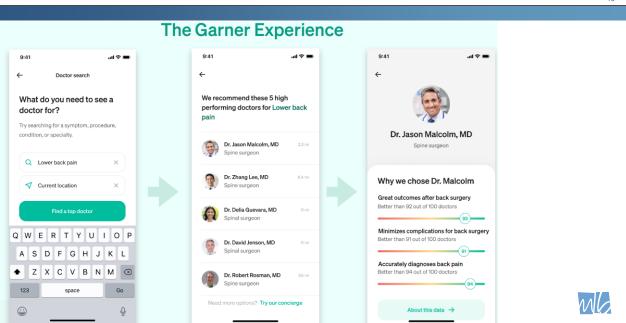




Complications and revisions for hip/knee replacements



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46

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47

Garner administers a unique engagement-based HRA, enriching the plan for members who use Garner to find high quality care

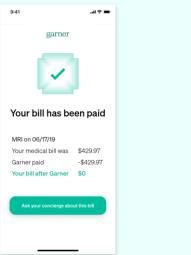
Use Garner's search tools

+

See the recommended Top Doctor

=

Unlock funds to pay out-of-pocket

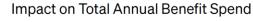


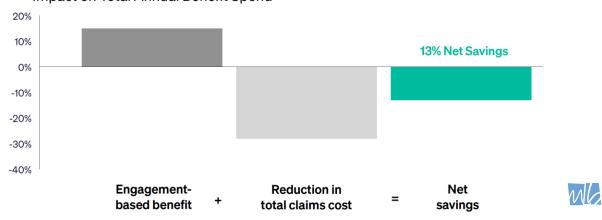


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Garner's unique engagement-based incentive account allows employers to enrich benefits while guaranteeing plan savings





48

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

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

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





ΕO

Case study: 382 employee manufacturer in Pennsylvania



"By far the best employee benefit we have ever had"



50

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51

Garner's savings guarantee: if an employer does not achieve the quoted savings, Garner will refund the difference up to 3x our fees.

CLIENT Renewal Estimates	
Expected Annual Claims Trend	6%
Garner Year 1 Savings Guarantee	5%
Fully Guaranteed Claims Trend with Garner	1%

Mb

g getgarner.com

Sample client quote. See your client specific savings guarantee for details. Quoted savings include all plan design changes as well as Garner admin and HRA expenses.

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52



https://www.mcgohanbrabender.com/podcast/side-affects-episode-95-trusting-your-healthcare-hero/



52

