Shopping for group health insurance today is more complicated than ever.

Just type “group health insurance” into your favorite search engine and the results are dizzying!

Our agency has been helping local businesses select and review group health insurance in Cincinnati for over 27 years.

We created this brief guide to help you be more successful in your search for the best prices and benefits for group health insurance.

Below are SIX secrets to shopping for and controlling costs on small group health insurance in Cincinnati, Ohio.

Secret 1: Healthcare costs are regional, shop locally.

When exploring your options, it is important to remember that healthcare costs and group health insurance plan premiums vary by region. This is because the cost of delivering healthcare can differ greatly depending on the geographic location from which it is accessed.
For example,

- In some areas real estate costs and rental expenses for medical office facilities are much higher than in others.
- Cost of living can impact staffing expense making them much higher (or lower) in some regions versus others.
- Liability coverage for healthcare institutions and medical practitioners also varies widely from one part of the country to the next.
- Some cities have higher occurrence of unreimbursed and under-reimbursed care. This can cause increased "cost-shifting" and higher premiums for privately insured businesses.

The regional nature of healthcare pricing can make shopping for group health insurance more difficult as online search results may not always indicate the best matches for your region. This is especially true for broad searches like “group health insurance.”

Where possible, it helps to find a trusted local source – an agent or broker – with experience in your area. Such individuals should be able to guide you to competitive alternatives locally.

A trusted local advisor may also know of beneficial options beyond those that have managed to battle their way to the top of recent search results.

**Secret 2: When comparing plans, watch total out-of-pocket costs.**

It can be difficult today to achieve apples-to-apples comparisons between various health plans.

Issues to watch closely are,

- The maximum out-of-pocket expenses for single and family plans.
- Limitations on the number of co-pays for office visits.
- Added “per occurrence” co-pays for inpatient/outpatient services.
- Added deductibles on pharmacy tiers.

A “cheaper” group health insurance plan with the same deductible may offer substantially reduced coverage after factoring in the above elements.

Assuming you can level the playing field between options you consider, one way to help determine overall value is to assess the *speed* at which a plan brings you to your total out-of-pocket expense.

You can estimate this by calculating what your out-of-pocket costs would be across an array of similarly sized claims (i.e. $5,000, $10,000, $20,000, etc.).

**Secret 3: Consider a Level-Funded plan.**

“Level-funded” plans offer an alternative rating structure compared to more traditional fully-insured options.
• In some cases, initial premiums may be lower.
• Groups with favorable claims experience may qualify for future premium refunds.
• Level-funded plans are typically medically underwritten making some groups unable to qualify.

If you think your group is healthy, a level-funded plan may provide you with an attractive and affordable alternative.

As of this writing, in Cincinnati there are at least two major carriers that currently offer level-funded plans to groups with as few as five employees. Another carrier publishes qualifying cases down to as few as two covered employees.

**Secret 4: Consider a MEWA.**

MEWA stands for “multiple employer welfare arrangement.”

MEWAs open the door for businesses to join together through associations like chambers of commerce to share in overall claims risk.

• MEWAs offer a unique opportunity for premium savings because they can use rating methodology that is similar to pre-ACA rating.
• With some MEWAs, PPO and HSA options are available as well as dental, vision, life, and disability insurance.
• MEWAs may limit group eligibility to a range such as, “No fewer than 2, but no more than an average of 50 enrollees.”
• Participating groups may share a common renewal date.

Assuming your group meets eligibility requirements, a MEWA can offer attractive benefits and competitive rates.

**Secret 5: Review alternatives with your current group health insurance provider.**

In recent years, this has been one of the most successful ways for groups to find rate relief.

Frequently, there are alternatives available with a current carrier that provide savings with minimal disruption to plan participants. Internal plan changes can be as simple as deductible or coinsurance percentage adjustments.

If you haven't done so already, you may wish to consider aligning plan deductibles with national averages.

According to the 2017 Employer Health Benefits Survey from the Kaiser Family Foundation, the average individual annual deductible in small firms (i.e. those with 3 – 199 employees) was $2,120.
Some insurers require a special request to generate alternate proposals. In other cases, insurers may include a number of alternate plans in their renewal packets.

Note that the options appearing in renewal packets are usually determined by algorithms and may not necessarily display the best available plan!

Where available, additional options should be obtainable by request.

**Secret 6: Appeal your rate renewal.**

Depending on the type of plan you have and how it is rated – especially pre-Affordable Care Act contracts - you may be able appeal to your current insurer for a rate reduction.

Such appeals are generally more effective when accompanied by data showing a competing insurer is offering a less expensive plan.

**Bonus Secret! Use an agent or go direct?**

Most small group health insurance providers (for 2 – 50 employee plans) include the cost of a broker or agent in premiums. In some cases, approaching a company directly may still mean you’ll pay the agent cost, but without gaining the benefit of a broker.

Some insurers refer the small group inquiries they receive to external brokers regardless because they do not employ direct sales staff to market such products.

Generally, the cost of an independent broker or agent equates to a small percentage of total group health insurance premiums. A responsive broker can be very helpful when it comes to shopping for alternatives, dealing with administrative concerns, and helping with claim service.

Agents generally have access to special web portals, dedicated account reps, and other resources to help you get the most out of your plan.

It only seems fair, if you have to pay for the help of an agent - you should get that help!
We hope you found this guide helpful!

If you need service on your current group health insurance, feel free to reach out to us. We may be able to provide you with the help you need at no additional cost.

With all the challenges in group health insurance today, there is no need to go it alone!

If you have questions, need quotes, or need help with service on your current group health insurance, contact us by completing and returning the form below.

Best,

Ted Stevenot
Partner

McCarthy Stevenot Agency, Inc.
209 Main St.
Milford, OH 45150
Phone: 513-891-9888 / Fax: 513-891-3088
ted@mccarthystevenot.com

PS. I don’t know if it’s happened to you, but many businesses have had their renewals moved to December or January. This makes reviewing alternatives at year end more of a challenge because of the log-jam it creates with insurers.

Don’t wait until your renewal to review your options! Complete the attached quote request form, and we can start looking into possibilities for your business right away.
Preliminary Quote Request Form*

Contact Name: __________________________ Email: ________________________________

Company Name: ________________________________________________________________

Address: ________________________________________________________________________

City: __________________________ State: ______ Zip: _____________________________

Phone: ___________________________ Fax: __________________________________________

Current Medical Insurer: ______________________ Deductible/Coinsurance %: ____________

Employee Census (Attach additional pages, if needed.)

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Serving Cincinnati Businesses Since 1991

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*Underwriting, regulatory, and agency guidelines apply. McCarthy Stevenot Agency, Inc., is a licensed life and health insurance agency in the state of Ohio. Rev 5/18.