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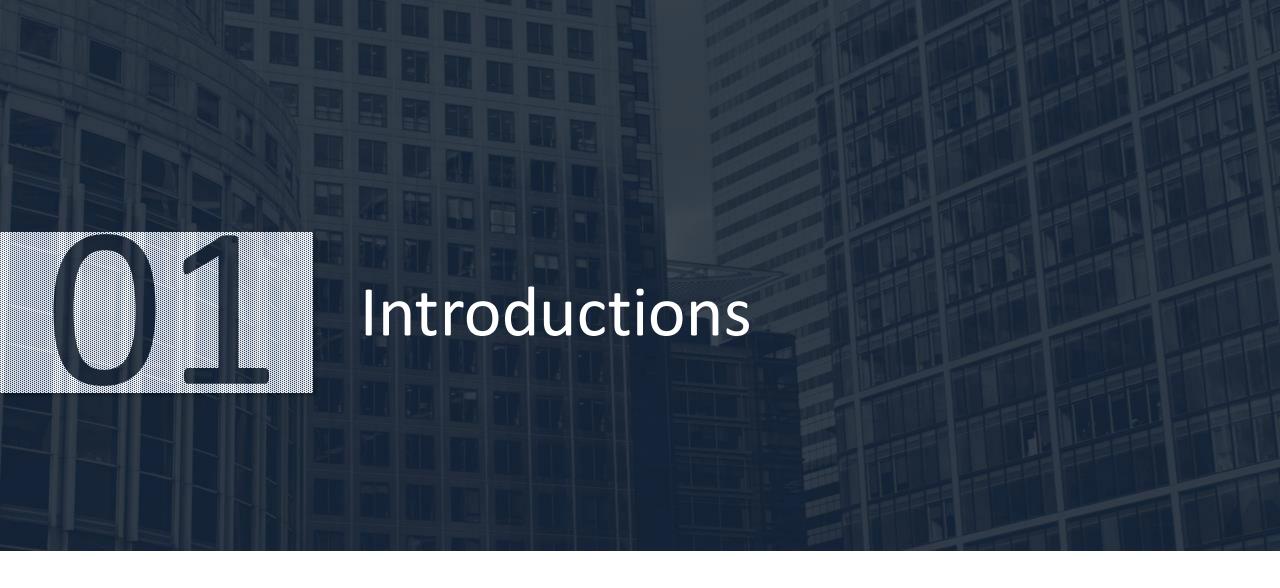
CURRENT STATE OF RISING HEALTHCARE COSTS

A New Solution

MAX PERFORMANCE PLUS PROGRAM FROM CAREFIRST

04 Q&A QUESTIONS











**INTRO** 



### Risk Cooperative

- Independent, minority-owned brokerage founded in 2014
- Robust employee benefits practice, including wellness and ancillary programs, alongside claims and compliance support
- Extensive expertise across all classes of insurance including, life, health, property, casualty, specialty risks as well as excess and surplus lines of insurance
- Licensed across the U.S. with global coverage capabilities
- Local presence with offices in Washington D.C. and Maryland







- 85+ year old health insurance provider serving 3.5 million members in MD & DC metro area.
- Carefirst is one of 34 independent licensees of the Blue Cross Blue Shield Association
- One of the nation's largest non-profit healthcare organizations
- Offer individual and group plans with options for medical, dental and prescription drug coverage
- Additional healthy-living programs through WellBeing,
   Noom and CloseKnit









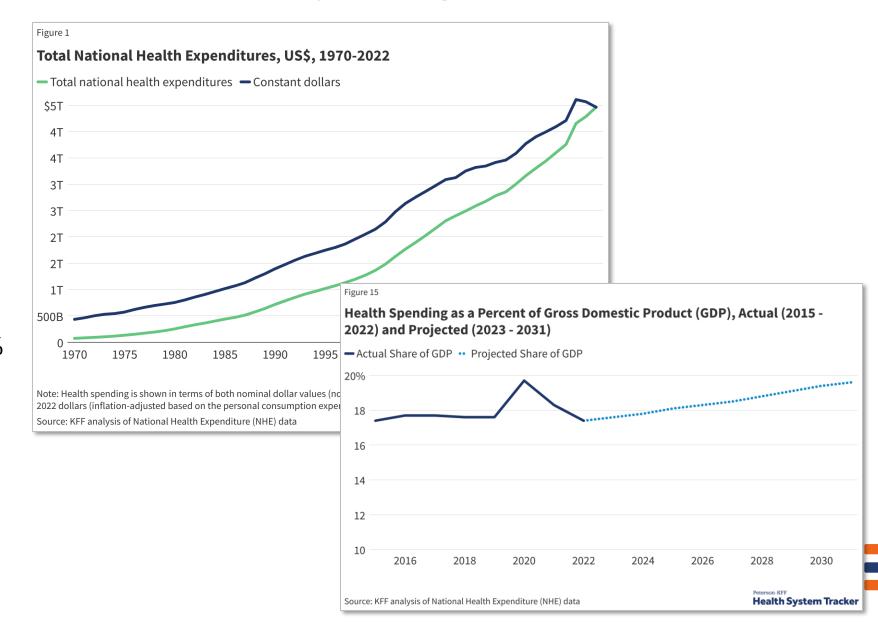


### Current Data Points: Healthcare Spending

DATA

Healthcare costs in the United States have generally grown faster than inflation.

Health spending was 17.4% of the U.S. economy in 2022 and is expected to reach 19.6% by the end of the decade.







#### Current Data Points: Cost of ESI

**DATA** 



According to Mercer, the average per-employee cost of **employer-sponsored health insurance rose by 5.2%** in 2023 to reach \$15,797.



Medical breakthroughs have made drugs the fastest-growing component of plan cost and **pharmacy benefit cost jumped 8.4%.** 



Despite rising health plan costs, large **employers mostly avoided shifting additional costs to employees** through higher deductibles or OOP maximums.

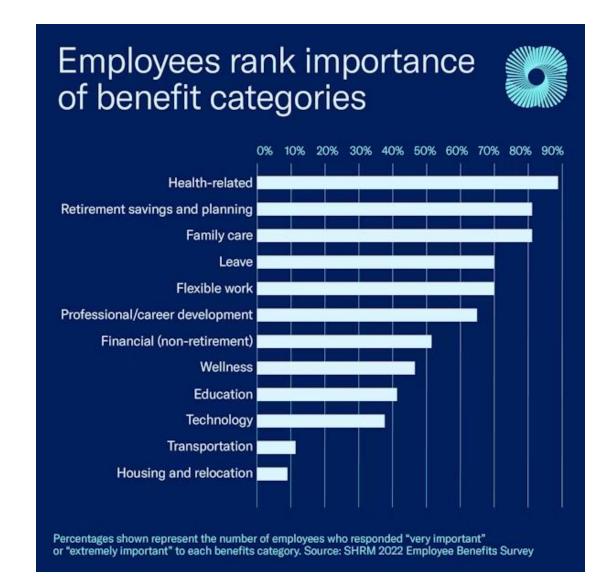




#### Current Data Points: Value of ESI

SHRM surveys show employees and employers both rank health related benefits as the most important employers have to offer.

An Avalere study indicates, on average, employers who provide health benefits see a **positive ROI of 47%** and this number is expected to rise to 52% by 2026.







### **Current Data Points: Conclusion**

**DATA** 

The persistent rising costs of healthcare and health insurance mean that businesses need innovative new solutions for providing high-quality health benefits affordably.











# Carelirst Max Performance Plus Program Differentiators



Receive 100% of surplus up to 15% of net billed premium vs. 50% of the premium surplus with our competitors



Surplus given as a check/e-transfer, not as a premium credit



The ease of fully insured—no compliance challenges, deferred service fees, terminal liability funding, additional administration, and other reporting responsibilities required by level funding and other self-insured plans





# CareFirst Max Performance Plus Program Overview

#### Effective June 1, 2024:

- Groups have the potential to receive 100% of their surplus, up to 15% of their net premium, at the end of the contract period if they renew
- Groups will pay a slightly higher risk charge (retention item) to participate in this funding arrangement (varies by group size)
- Can be sold with any of our Medical and Rx plans in all 3 jurisdictions for new and renewing groups (dental and vision will not be included in the calculation)
- Groups will receive monthly claims reporting





# Carelirst. Max Performance Plus

# **Continuum of Funding Arrangements**

	Fully Insured		Self Insured	
Metric	Fully Insured	Max Performance Plus	Balanced Funding	Self Insured
Group size	51+	51+	51+	100+
Surplus potential		100% up to 15% of net premium as a check	50% as an administrative credit	
Reporting		Yes	Yes	Yes
Benefit customization	100+	100+	All	All
Mandates required	Yes	Yes		





# CareFirst. Max Performance Plus Quoting & Contract Settlement

- Work with your CareFirst Account Consultant to request a quote
- The surplus will be given as a check or electronic transfer 110 days after the end of the contract year
  - Surplus is only paid if the group is still in force with medical and Rx coverage and has paid their premium in full.
- Surplus payment is not contingent upon the recovery of a prior period deficit. Deficits do not carry forward.

#### **RFQ Documentation Needed**

- Member level census
- ✓ Current plan design details
- Current and renewal rates
- ✓ Monthly claims experience
- ✓ Large claims information
- ✓ Group risk screener (if claims experience is not available)





# CareFirst. Max Performance Plus Program Renewals in Year 2

- Groups with Max Performance Plus will see an "as is" renewal with their existing plan option(s) and Max Performance Plus continuing
- No change to how they are rated for their renewal—business as usual
- If you request to move out of Max Performance Plus, tell your CareFirst Account Consultant the group wants to make a switch at renewal
- If eligible for a surplus settlement, the group will receive the surplus payment if the Medical/Rx renews with CareFirst and remains fully-insured (under the Max Performance Plus approach or moves back to prospectively rated). The same timing for when they will get the settlement applies.





# CareFirst. Max Performance Plus

### **Reporting Overview**

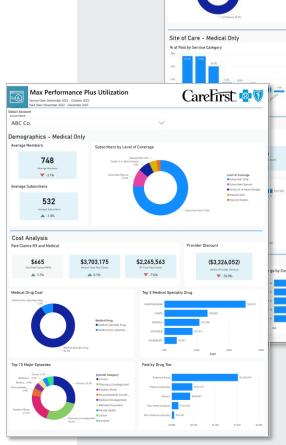
All reporting available monthly, around the 15th of the month

#### 51-99 Groups

- Executive Summary PDF\*
- Account Experience Report
- Select reports through Account Insights on the Employer Portal:
  - Enrollment
  - Financial Performance
  - Site of Care
  - High-Cost Members
  - Pharmacy
- Time period will begin with Max Performance Plus start date and continue to incurred 12 months/paid 14 months

#### 100+ Groups

- Executive Summary PDF\*
- Account Experience Report
- Full access to Claims,
   Utilization and
   Enrollment reports
   through
   Account Insights on the Employer
   Portal
- Time period will include months prior to Max Performance Plus start date (if applicable) to incurred 12 months/paid 14 months



Utilization - Medical Only

- Demographics
- Cost Analysis
- Utilization
- Site of Care
- High-Cost Claimants
- Pharmacy











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