THE COUNCIL of INSURANCE AGENTS & BROKERS

Creating and Managing a Group Health Care Plan

BROKER **EMPLOYER**

Employer

- Assess employer needs, financial goals/budgets, appetite for risk and historical claims experience
- Consider business, benchmarking, staffing, contributions, compliance and competitive strategies
- Review marketplace trends and coverage options

Broker

- Explore and analyze options to be marketed
- Assess options for risk pools through industry associations
- Evaluate outsourcing and technology solutions
- Negotiate most favorable premiums and contracted service levels
- Forecast cost of various options, including modeling of contributions and enrollment
- Network analysis for access, discounts and quality
- Design plan and funding
- Identify plan servicing needs

Consult/review results with employer, interview finalists, negotiate contracts, place coverages

Broker

- Ensure coverage terms/conditions implemented are consistent with employer's understanding
- Orchestrate and implement enrollment and data transfers
- Educate employee on their benefits with decision support tools – group meetings, web based platforms
- Monitor carrier performance and assist employee/employer with unresolved carrier issues
- Implement/advocate wellness and healthy lifestyle programs
- Identify and support employer's regulatory compliance responsibilities
- Conduct ongoing stewardship meetings

Employer

Ongoing: Consult with employer on plan renewal and revisions and negotiate renewals