

What are Self-Funded Health Plans?

Compensation packages offering 'health benefits' are coming with escalating price tags. A growing number of companies have discovered self-funded health plans add value in cost savings and more.

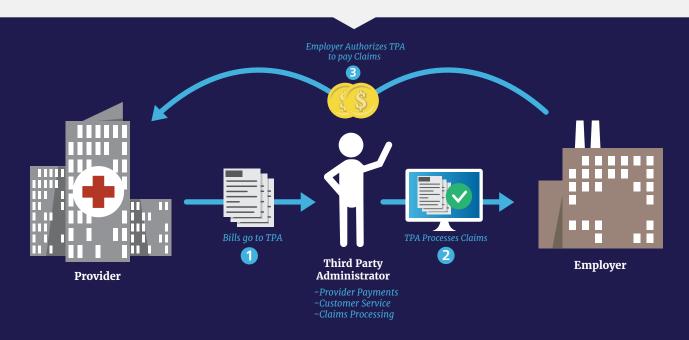
In basic terms, self-funded plans (also referred to as self-insured and self-funding) are a health plan strategy where an employer pays member health claims directly to health providers, rather than paying premiums to a health insurance company to cover those claims.

Companies choosing to use self-funded plans bypass the traditional health insurance model and instead work with a Third Party Administrator (TPA) in establishing, administering and managing the plan.

How does a self-funded health plan work?

Companies considering self-funded health plans typically hire a TPA to provide the expertise in developing and administrating a customized plan. Working with a TPA, an employer is able to provide benefits, paying health providers directly only as needed and fixed administrative costs monthly to their TPA. This model represents significant cost savings to a company's bottom line.

A traditional health insurance plan is built within a business model established by health insurance companies and involves an employer paying monthly premiums covering the projected claims, administrative costs and more to their insurance provider. The insurance company pays plan providers and keeps any unspent dollars as profit.





Self-Funded	At-A-Glance	Fully Insured
	Improve cash flow by eliminating pre-paying (insurance premiums) for healthcare coverage.	
	Customize your benefits to meet specific organization goals and avoid paying for unnecessary healthcare coverage.	
	Monthly audits of claims provided, enabling organizations to make adjustments to coverage throughout the year.	
	Access to customized monthly claim reports providing plan insight and influencing strategic decisions and control for employers.	
	Federally regulated healthcare plan options ensure consistency in benefit administration across geographical locations.	
	Select from a variety of 'one-size-fits-all' plans through healthcare insurance provider regardless of past claim history.	
	Pre-pay healthcare claim expenses with consistent monthly payments regardless of the number of employee claims.	
	Minimal access to detailed reporting specific to an organization's healthcare costs and claims history.	
	Premium rates are fixed annually and change only when the number of employees enrolled changes.	
	Regulated by each state which may lead to conflicting benefit mandates and laws as well as potential health insurance premium taxes.	

Frequently Asked Questions



