



Helping Clients Immediately Reduce Healthcare Spend with Dependent Audits

BENECON



cleartrackhr

Your Trusted Partner in
Dependent Eligibility
Verification

Meet Our Presenters



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In partnership with

BENECON

Company Overview

- 34 years in business
- HQ in Huntsville, Alabama
- Certified female owned business
- Broker/Partnership driven
- Overview of Services
- Driven by Technology & Flexibility



Dependent Eligibility Verification Overview

What is a dependent eligibility verification?



A cost containment solution that allows employers to ensure covered dependents are eligible for healthcare insurance based on their plan documents.

Employees with covered dependents submit documentation (marriage certificate, proof of relationship or birth certificate) to verify dependents are eligible to continue enrollment in employer-provided benefit(s).

Employers can remove ineligible dependents from the plan, saving money and maintaining compliance with ERISA.

ERISA Compliance



Must adhere to your plan eligibility rules.



Carriers can deny claims for ineligible dependents.

Most employees don't realize their dependents are ineligible and have added them by mistake.



- Friends of family
- Grandchildren
- Fiancés
- Boyfriends/girlfriends
- Children who have aged out
- Ex husband/wife

Why should companies conduct a dependent eligibility verification?

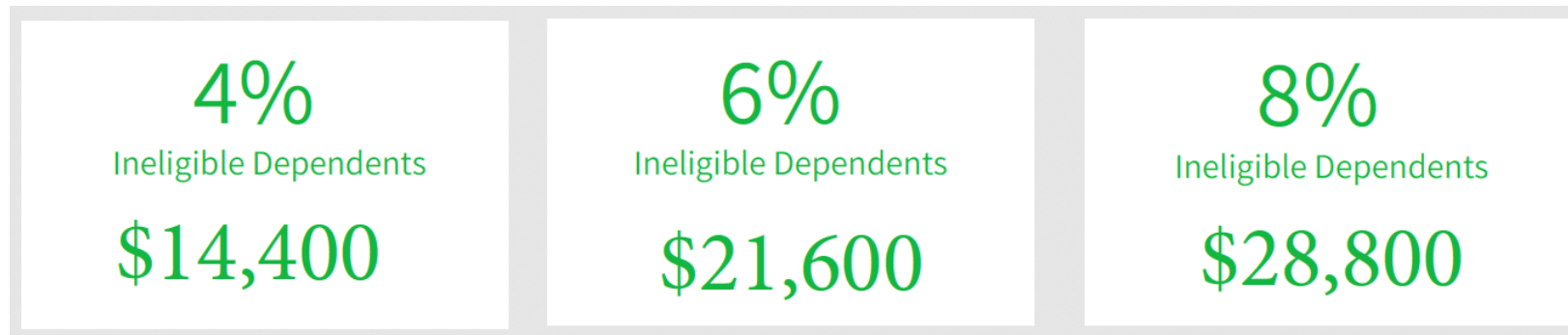
4-8% of covered dependents are ineligible for benefits.

On average, employers pay \$3,750 per dependent annually.

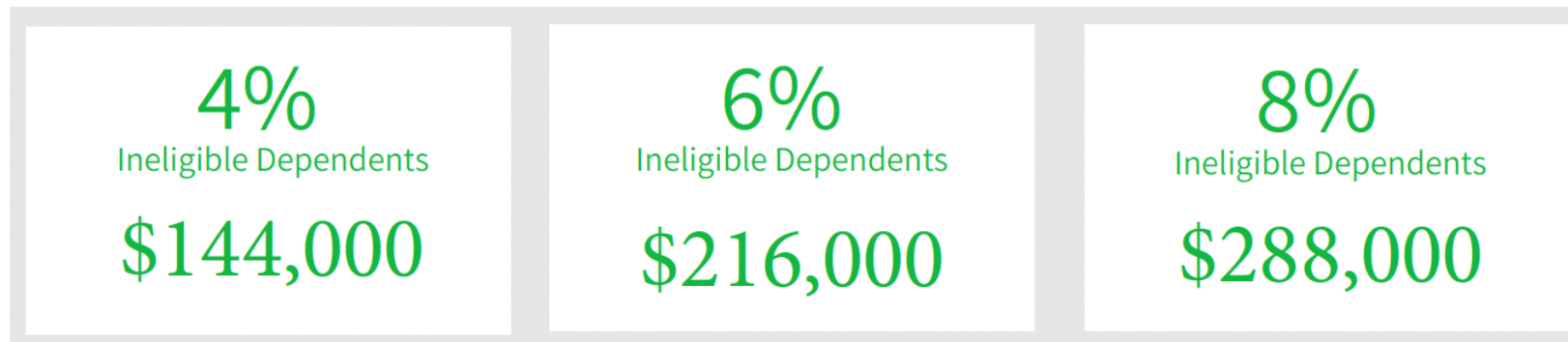
By removing ineligible dependents from your healthcare plan, you could experience significant ROI immediately.

Potential Annual Savings Based on National Averages

For a company with **100** employees...



For a company with **1,000** employees...



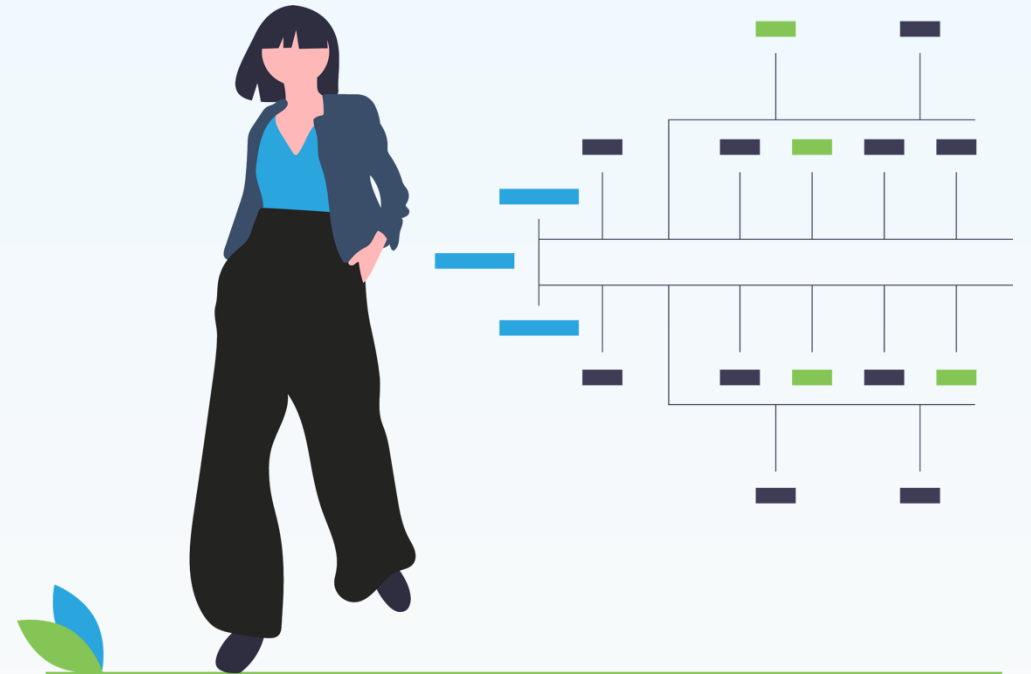


Dependent eligibility compliance helps employees, too!

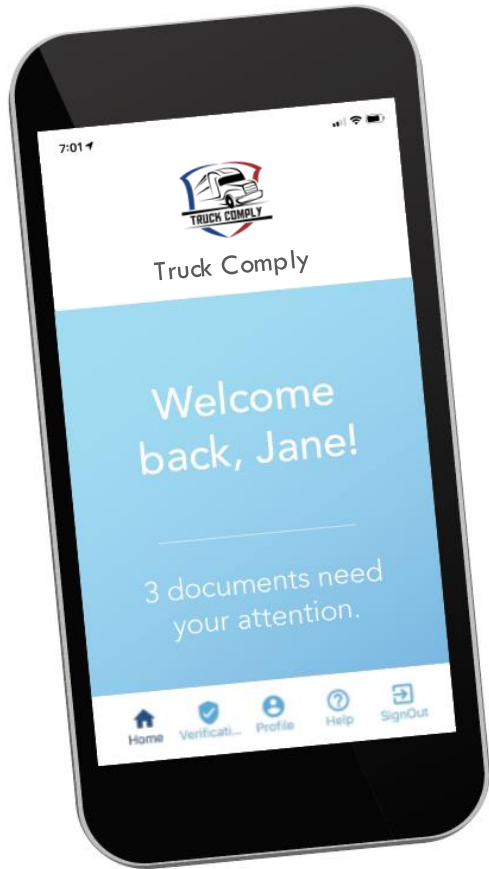
By reducing benefit costs without altering current plans, employers can continue to offer the same great benefits their employees have come to rely on, potentially even at a reduced premium cost.

Employers can reinvest the savings into enhanced employee benefits without added cost.

Why Clarify?



Clarify is different



- ✓ Full-service Solution
- ✓ 24-hour response time
- ✓ Automated Communication
- ✓ Bilingual Support
- ✓ Variety of Support Options:
 - ✓ Call center, chat, email, Clearify support site, client-specific FAQ page
- ✓ VitalCheck
- ✓ Admin Dashboard with Live Updates
- ✓ Multi-tiered, Unbiased Auditors
- ✓ Data Support & Reconciliation
- ✓ Working Spouse Verification
- ✓ Multiple Document Submission Methods

We Offer 4 Submission Methods



Clarify Mobile App



Clarify Web App



Traditional Mailing



Secure Fax

Employees can mix
and match to fit
their unique
situation!

Key Benefits:



- Dedicated account manager
- Customer support agents are trained on employers' unique case and can answer employee questions, freeing up employers' HR department
- Skill-based call routing
- Bilingual upon request



- US-based call center
- Employees can skip hold times with automated call-back
- Calls recorded and monitored



- Online Employer Portal with real-time updates
- Online Employee Portal with real-time updates
- A variety of standard reports
- Branded communication templates
- Detailed results provided to employers

\$2.0M in Estimated Savings Uncovered

Without changing the plan.



The Challenge

A public school consortium was facing rising healthcare costs with limited visibility into dependent eligibility.

- ✓ Hidden costs driven by ineligible dependents remaining on the plan
- ✓ No clear process to verify eligibility or control ongoing spend
- ✓ Rising claims impacting renewals and long-term plan performance



The Strategy

Benecon's cost containment team identified the opportunity and recommended a clear path forward to reduce unnecessary spend.

- ✓ Conducted a full dependent eligibility audit across the entire population
- ✓ Combined technology, guided verification, and real-time reporting
- ✓ The consultant led the path forward, with the employer making the final decision



Member Experience

The process was designed to be clear, supportive, and minimally disruptive for employees.

- ✓ Clear communication and step-by-step support throughout the process
- ✓ Guided verification designed to minimize disruption and confusion
- ✓ Support provided for ineligible dependents to alternative coverage

Key Results

\$2.0M

Estimated Annual Savings



7%

Ineligible Rate Identified



Stronger Confidence

in Plan Accuracy and Spend

System Demo

Questions for Our Presenters



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