



# If You Wait Until Renewal to Introduce Solutions—**It's Too Late**

Turning Cost Containment into a Year-Round Strategy

# Why a Renewal-Only Strategy Falls Short



Cost drivers  
identified too  
late



Limited time to  
act on solutions



Conversations  
become reactive



# Data Dive Example: Turning Insights Into Action

## Clinical Claims Review

**Group Name**

**Reporting Period:** July 1, 2025 - March 31, 2026

**Stop-Loss Period:** July 1, 2025 - June 30, 2026

**Stop-Loss Deductible:** \$85,000



BENECON



## Based on your claims data, we feel these areas are contributing to driving costs:

### 1. High-Cost Claimants

- 8 members exceeded the group's full \$85,000 specific deductible, resulting in an estimated \$768,079 in reimbursement, and 10 members generated claims above 50% of the specific deductible. The top 5 high-cost claimants for the group's in-force stop loss policy are listed below.\*
  - Member 1 (Child / Active): Total Claims: \$283,160 • Most Prevalent Diagnosis: Other low birth weight newborn, 1000-1249 grams
  - Member 2 (Employee / Active): Total Claims: \$226,554 • Most Prevalent Diagnosis: End stage renal disease
  - Member 3 (Spouse / Active): Total Claims: \$212,358 • Most Prevalent Diagnosis: Spinal stenosis, cervical region
  - Member 4 (Spouse / Active): Total Claims: \$195,706 • Most Prevalent Diagnosis: Encounter for antineoplastic chemotherapy
  - Member 5 (Spouse / Active): Total Claims: \$167,035 • Most Prevalent Diagnosis: Ventricular fibrillation

\*Based on currently available claims data. Review the group's Stop-Loss Claim Tracker for official results.

### 2. Pharmacy

- Pharmacy spend totaled \$838,199, accounting for 26.7% of total claims spend.
- Top-spend drugs included TRUQAP, 6 scripts, \$143,418, 1 member (1 active); KISQALI, 13 scripts, \$141,049, 1 member (1 no longer active); NURTEC ODT, 40 scripts, \$56,960, 6 members (5 active, 1 no longer active); MOUNJARO, 51 scripts, \$54,412, 9 members (7 active, 2 no longer active); Ozempic, 42 scripts, \$51,268, 8 members (7 active, 1 no longer active), and ENBREL, 5 scripts, \$33,158, 1 member (1 active).

### 3. Utilization Patterns & Site of Service

- The top place of service categories by spend are Inpatient Hospital (28.2%), Outpatient Hospital (19.2%), Office (14.6%).
- Medical spending represented 73.3% of total claims spend while pharmacy spending represented 26.7% of total claims spend.
- Low acuity emergency room usage: 28 members / 43 visits

### 4. Chronic Conditions & Lifestyle Factors

- Hyperlipidemia, Hypertension, Type 2 Diabetes, Asthma, and Overweight/Obesity are the most prevalent chronic conditions among the identified members with chronic conditions.



## Turning Insights into Action with Benecon

Your claims data provides insight into how employee health and plan costs are trending. The next step isn't to tackle these findings alone—it's to partner with your **Client Engagement Specialist** to determine which strategies will deliver the greatest value for your organization.

From increasing awareness of clinical support to improving engagement through wellness programs and incentives, your Client Engagement Specialist can help translate these insights into a focused, practical action plan tailored to your population.

### Based on your active member data, potential solutions may include:

- **benefitSMART** – J-code utilization may indicate opportunities to redirect care to lower-cost sites of service.  
Mircera, Total Cost: \$45,891 (Plan Paid: \$45,891); Benlysta, Total Cost: \$41,852 (Plan Paid: \$38,721); Ilumya, Total Cost: \$31,750 (Plan Paid: \$28,228); Simponi Aria, Total Cost: \$8,947 (Plan Paid: \$8,947); Prolia, Total Cost: \$3,068 (Plan Paid: \$3,068)
- **Revive Health – Base Plan** – Patterns of low-acuity emergency room use or recurring generic utilization may indicate access-to-care gaps.  
Low-acuity ER utilization: 28 members, 43 visits, Total Cost: \$21,762 (Plan Paid: \$11,542); ReviveRx drugs: 242 members, 1,548 scripts, Total Cost: \$31,956 (Plan Paid: \$17,306)
- **Revive Health – Mental Health** – Elevated behavioral health utilization may warrant enhanced access to mental health support.  
Autistic disorder, Total Cost: \$59,776 (Plan Paid: \$55,974); Major depressive disorder, recurrent severe without psychotic features, Total Cost: \$26,429 (Plan Paid: \$23,917); Generalized anxiety disorder, Total Cost: \$12,047 (Plan Paid: \$5,192); Avoidant/restrictive food intake disorder, Total Cost: \$9,327 (Plan Paid: \$8,493); Major depressive disorder, single episode, moderate, Total Cost: \$5,988 (Plan Paid: \$4,238)
- **RxValet** – High-cost medications may present opportunities for reduced sourcing costs.  
TRUQAP, Total Cost: \$143,926 (Plan Paid: \$143,418); NURTEC ODT, Total Cost: \$64,863 (Plan Paid: \$52,883); MOUNJARO, Total Cost: \$48,257 (Plan Paid: \$47,186); ENBREL, Total Cost: \$40,735 (Plan Paid: \$33,158); XELJANZ, Total Cost: \$36,750 (Plan Paid: \$27,491); Ozempic, Total Cost: \$28,050 (Plan Paid: \$27,730); Dupixent, Total Cost: \$27,571 (Plan Paid: \$23,453); Jardiance, Total Cost: \$24,199 (Plan Paid: \$23,519); RYBELSUS, Total Cost: \$20,859 (Plan Paid: \$20,459); DESCOVY, Total Cost: \$12,510 (Plan Paid: \$12,510)
- **FEDLogic** – Certain diagnoses may suggest potential eligibility for alternative coverage solutions.  
End stage renal disease, Total Cost: \$185,924 (Plan Paid: \$185,491); Malignant neoplasm of prostate, Total Cost: \$4,397 (Plan Paid: \$4,149)

To get started, reach out to us at [BCC@benecon.com](mailto:BCC@benecon.com) to schedule a consultation and identify next steps that best align with your goals.



# Vendor Solutions Landing Page

Your Central Resource for Solution Information

**Cost-Containment Collective**  
For your upcoming renewal, explore solutions for every healthcare challenge.

**Accrent**  
HEALTH  
Right Care, First Time, Every Time  
Centers of Excellence with bundled pricing—no PEPM, just an upcharge. Waive copays to save!  
*This solution is a Pilot Program with select groups eligible for participation. Our team will reach out to qualified groups directly.*

[Learn More](#) [Download Materials](#)

**bonellSMART**  
PROFESSIONAL REFERRAL  
Tame Cancer Costs with Precision  
Slashes J code infusion therapy costs—no PEPM, just a small upcharge. Piloted for seamless stop-loss.  
*This solution is a Pilot Program with select groups eligible for participation. Our team will reach out to qualified groups directly.*

[Learn More](#) [Download Materials](#)

**FEDlogic**  
Big Savings for Big Health Issues  
Guides employees to cost-effective care for serious conditions. PEPM fee delivers real ROI.

[Learn More](#) [Download Materials](#)

**garner**  
Non-Disruptive, High-Impact Savings  
No network change. No conflict. Just smarter care and lower claim trends.

[Learn More](#) [Download Materials](#)

**innovu**  
Strategy That Pays Dividends  
Innovu helps advisors and employers optimize benefits, manage risk, and design smarter health plans.

[Learn More](#) [Download Materials](#)

**revive**  
Urgent Care + Meds, Zero Cost\* to Plans  
24/7 no-copay urgent care with free delivery for 1,000+ meds—claims vanish, replaced by a PEPM fee.  
\*Requires full details on zero cost specifications.

[Learn More](#) [Download Materials](#)

**QuestSelect**  
Lab Work Smarter, Not Pricier  
\$0 copay for 1,200+ tests—removes claims for a PEPM fee. Simple and broker-friendly!

[Learn More](#) [Download Materials](#)

**MapperHealth**  
Personalized Prescriptions, Lower Costs  
Leverages genomics and clinical insight to optimize drug choices, improving outcomes and helping plans control pharmacy spend.

[Learn More](#) [Download Materials](#)

**Rx VALET**  
Feel better.  
Crush High-Cost Rx Expenses  
Sources meds globally—safe, reliable, affordable. No PEPM, just an upcharge for big savings!  
\*Only available to groups eligible through an integrated TRM/PRM or selected by Connected for the pilot program.

[Learn More](#) [Download Materials](#)

**samaritan fund program**  
Care That Reduces Claims  
Guides employees through complex diagnoses while helping plans avoid large claim exposure.

[Learn More](#) [Download Materials](#)

- Quick reference for consultant conversations
- Centralized access to information & materials for each of our vetted vendor solutions.

 [Access the Cost Containment Resource Center](#)



# Accessing Your Monthly Data Dives



Data Dives are delivered to consultants at the end of each month through one of the following secure platforms:

- **Box.com** – You will receive a shared link or folder notification directly to your inbox
- **Benecon360** – Log in to access your reports in the VERIS program section

**Designed to be actionable throughout the year—  
not just at renewal**



# Data Dive Roadmap

Turning Insight into  
Action — Every Month



01 **Data**  
Claims Intake & Automated Signals



02 **Review**  
Clinical Analysis & Prioritization



03 **Deliver**  
Insights Tied to Solutions in Monthly Data Dives



04 **Engage**  
Consultant-led Action & Implementation



05 **Monitor**  
Ongoing Tracking & New Opportunities



# Automated Data Signals → Actionable Opportunities



Infusion Drugs  
(J-codes)  
benefitSMART

Severe Conditions  
(ICD-10)  
FEDlogic

High-Cost Rx  
(NDC)  
RxValet

Low Acuity ER (CPT)  
Generic Rx (NDC)  
Revive (Base)

Behavioral Health  
(ICD-10 "F")  
Revive (Mental Health)

Wegovy & Zepbound  
Utilization  
Revive (Weight Health)



# From Insight to Implementation

How We Support You



- Benecon supports consultant-led conversations
- Introductions to solution partners
- Education and deeper clinical review support
- Consultant and employer remain decision-makers
- Dedicated Client Engagement Specialist supports each group



# From Insight to Implementation

## How Implementation Works

- Solutions are typically added as plan overlays
- Employer/consultant works directly with solution partner for eligibility coordination and implementation
- Consultants must notify BCC upon implementation and provide to our Compliance team:
  - Vendor agreement and applicable BAA
  - Certificates, booklets, or plan materials for inclusion into wrap documents to ensure proper payment
- Each group certifies details necessary to complete the wrap document
- Benecon ensures setup for proper payment once agreements are in place and all documentation is received.

Stop-loss payment depends on plan documentation (certificates/booklets must be provided by group to our Compliance team).



# Carrier Data Availability



## Carriers Providing Data

- IA
- CBC
- Highmark
- UMR
- Meritain

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## Alternative Approach

When data isn't available, a similar analysis can be performed using consultant-provided data:

- Executive Summary
- Top Diagnoses (Volume & Cost)
- High-Cost Claimants
- Rx Utilization
- J-Code Utilization
- Preventive Care Trends
- Chronic Conditions
- Top Procedures
- ER Utilization (by Acuity)



# What's Next: innovu

	June 2026	July 2026	October 2026	January 2027
BHCC (non LRW)			✓	
Genesis	✓			
PCHIP (>100 EE Lives)				✓
PMHIC (>100 EE Lives)			✓	
PSHIC		✓		
RCHPP		✓		
SSHP		✓		
VERIS		✓		

- **Out of Scope due to size of groups:** FGHS, IIC, LGIT, PMHIC <100 EE



# The Impact of a Year-Round Approach

01

**Identify Earlier**  
Connect cost drivers to solutions

02

**Lead Proactive Conversations**  
More strategic client engagement

03

**Demonstrate Year-Round Value**  
Show measurable impact



# Putting This Into Practice

01

Review Data  
Dives Monthly

Stay consistent with  
insights

02

Act on  
Opportunities as  
They Emerge

Engage earlier in the  
process

03

Leverage  
Benecon  
Resources

Tools + team to support  
implementation

*Disclaimer: The Benecon Group, LLC, ConnectCare3, LLC, and the VERIS Benefits Consortium, LLC provide vendor options as potential resources based on internal evaluations. These are not endorsements or guarantees of services or performance. No affiliation exists beyond these recommendations unless stated otherwise. Employer groups, their consultants, and legal counsel are responsible for verifying that any vendor or service does not violate existing contracts (including RX rebates) and for conducting independent due diligence. The above entities are not responsible for determining employer or participant eligibility for any vendor programs or services. All decisions to engage vendors are made solely at the employer group's discretion and risk. The above entities do not provide legal advice and disclaim liability for any outcomes from vendor use. Legal consultation is strongly advised before making plan changes. Benecon does not review, approve, or opine on plan document language provided by third-party vendors for compliance with ERISA or any other federal, state, or local regulatory requirements. Any employer or group that elects to use such documents does so at its own risk. Benecon expressly disclaims any responsibility or liability arising from the use of third-party plan documents, and groups are strongly advised to consult with their own outside legal counsel regarding the adequacy and compliance of any plan documentation.*



# Meet Your Engagement Team



**Client Engagement Specialist**  
Josh Franklin, MS, AT-Ret



**Client Engagement Specialist**  
Ryan Huxta



**Client Engagement Specialist**  
Erin Martin, MS, CCWS



**Client Engagement Specialist**  
Michele Stipe, MS, CCWS



**Client Engagement Specialist**  
Scott Wagner, CCWS



**Director, Client Engagement**  
Chris Bair  
cbair@benecon.com



**VP, Cost Containment**  
Claudia Burchstead  
cburchstead@benecon.com

**Not sure who your Client Engagement Specialist is? Contact Chris Bair at [cbair@benecon.com](mailto:cbair@benecon.com)**

