



VERIS
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Your Current Renewal Reality



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25%





WTF?

- You pull up your agg report
- Pull up the TPA reporting
- You slide out the renewal work-up





Contributors



- Ran 115% of Expected
- Two Large Claims
- Specialty Pharmacy
- GLP-1 Spend







Clinical Claims Review

ABC Company

Reporting Period: January 1, 2026 - February 28, 2026

Stop-Loss Period: January 1, 2026 - December 31, 2026

Stop-Loss Deductible: \$200,000



BENECON





Clinical Claims Review

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

1. High-Cost Claimants

- 0 members exceeded the group's full \$200,000 specific deductible, and 2 members generated claims above 50% of the specific deductible. The top 2 high-cost claimants for the group's in-force stop loss policy are listed below.*
 - Member 1 (Employee / Active): Total Claims: \$114,626 • Most Prevalent Diagnosis: Intervertebral disc disorders with radiculopathy, lumbar region
 - Member 2 (Spouse / Active): Total Claims: \$110,674 • Most Prevalent Diagnosis: Encounter for antineoplastic chemotherapy

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

2. Pharmacy

- Pharmacy spend totaled \$316,319, accounting for 21.3% of total claims spend.
- Top-spend drugs included Skyrizi, 7 scripts, \$61,940, 4 members (4 active); ORSERDU, 2 scripts, \$49,897, 1 member (1 active); Humira, 4 scripts, \$34,348, 2 members (2 active); STELARA, 1 script, \$28,986, 1 member (1 active); WEGOVY, 28 scripts, \$23,564, 15 members (15 active), and ZEPBOUND, 57 scripts, \$22,163, 34 members (34 active).

3. Utilization Patterns & Site of Service

- The top place of service categories by spend are Outpatient Hospital (36.8%), Inpatient Hospital (24.1%), Office (10.0%).
- Medical spending represented 78.7% of total claims spend while pharmacy spending represented 21.3% of total claims spend.
- Low acuity emergency room usage: 17 members / 19 visits

4. Chronic Conditions & Lifestyle Factors

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





Clinical Claims Review

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 Benecon Wellness Consultant 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 consultant 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.
Ilaris, Total Cost: \$42,597 (Plan Paid: \$38,643); Enhertu, Total Cost: \$25,448 (Plan Paid: \$25,087); Benlysta, Total Cost: \$7,952 (Plan Paid: \$4,083); Remicade, Total Cost: \$7,470 (Plan Paid: \$4,788); Perjeta, Total Cost: \$7,413 (Plan Paid: \$7,413)
- **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: 17 members, 19 visits, Total Cost: \$6,949 (Plan Paid: \$2,298); ReviveRx drugs: 380 members, 1,178 scripts, Total Cost: \$15,125 (Plan Paid: \$3,125)
- **Revive Health – Mental Health** – Elevated behavioral health utilization may warrant enhanced access to mental health support.
Bipolar disorder, current episode manic severe with psychotic features, Total Cost: \$52,141 (Plan Paid: \$52,141); Generalized anxiety disorder, Total Cost: \$9,704 (Plan Paid: \$4,932); Adjustment disorder with mixed anxiety and depressed mood, Total Cost: \$5,081 (Plan Paid: \$812); Alcohol dependence, uncomplicated, Total Cost: \$5,071 (Plan Paid: \$1,980); Major depressive disorder, recurrent, moderate, Total Cost: \$4,996 (Plan Paid: \$1,343)
- **Revive Health – Weight Health** – Wegovy or Zepbound utilization may indicate opportunities to better manage weight-related pharmacy spend.
Wegovy: 15 members, 28 scripts, Total Cost: \$53,096 (Plan Paid: \$23,564); Zepbound: 34 members, 57 scripts, Total Cost: \$91,854 (Plan Paid: \$22,163)
- **RxValet** – High-cost medications may present opportunities for reduced sourcing costs.
Skyrizi, Total Cost: \$72,763 (Plan Paid: \$61,940); WEGOVY, Total Cost: \$38,330 (Plan Paid: \$23,564); STELARA, Total Cost: \$29,006 (Plan Paid: \$28,986); Dupixent, Total Cost: \$20,829 (Plan Paid: \$15,775); MOUNJARO, Total Cost: \$19,057 (Plan Paid: \$8,037); Biktarvy, Total Cost: \$16,090 (Plan Paid: \$10,030); Ozempic, Total Cost: \$11,293 (Plan Paid: \$7,519); Jardiance, Total Cost: \$8,259 (Plan Paid: \$6,244); ELIQUIS, Total Cost: \$5,306 (Plan Paid: \$3,999); DESCOVY, Total Cost: \$4,203 (Plan Paid: \$4,203)
- **FEDLogic** – Certain diagnoses may suggest potential eligibility for alternative coverage solutions.
Malignant neoplasm of endometrium, Total Cost: \$4,464 (Plan Paid: \$2,427)

To get started, reach out to us at solutions@connectcare3.com to schedule a consultation and identify next steps that best align with your goals.





The Big Rocks



Prioritizing what will move
the needle, now





The Metal Detector



Tells us where to focus





You're the Strategist



We surface the signal.
You determine the path.





The Scrub Nurse:



- Finance Integration
- S/L Acceptance
- ERISA Compliance



[01] Case Study



The Situation

\$1.2M+ projected exposure with an infusion

The Intervention

3 site of care alternatives

The Outcome

- Estimated saving of \$619-938k
- \$0 OOP cost to member
- \$65k SL decrement





**The Solutions are
Independent of the TPA/ASO**

“Hey Brad-I Want a Decrement”

**The renewal is driven by experience,
not what-ifs**



Why This is Different

- ☐ We address cost drivers during the year
- ☐ We engage the member and remove barrier to care
- ☐ Savings shows up in experience - impacts renewal



[02] Case Study



The Situation

- Disproportionate Skyrizi spend
\$100,200
- Member considering stopping treatment due to OOP costs
- Projected to be a stop-loss breach

The Intervention

Alternative sourcing

The Outcome

- **\$47,400** savings on the Rx
- Member out-of-pocket cost **\$0**
- Treatment continuity preserved
- Stop-loss breach avoided



[02]

Engaging the People

Because member decisions directly impact plan performance.



Member Decisions Directly Impact Plan Performance

Rising Healthcare Costs to Employers



Pressure to Keep Premiums ACA-Affordable



Higher Deductibles & Cost Sharing for EEs



Care Becomes Hard to Afford



Lower Utilization, Worse Outcomes



Even Higher Costs



Incentivize the Desired Outcome

\$0 OOP of Solutions – Increases Adoption

- ☐ The person benefits
- ☐ The plan benefits
- ☐ The consortium SL benefits – which helps everyone





One Ugly 1/1/26 Renewal & Don't Want a Repeat for 2027?



- 122 enrolled employees
- 11 members exceeded the group's spec deductible \$55k
- \$800k funding increase at renewal



01

Introduced
FEDlogic

02

Introduced
Rx Valet

03

We
Proactively
Added
benefitSMART
and Accarent
to the Plan

04

Employee
Meetings and
QR Code

Outcome-In Only 3 Months

- Removed the 3 top HCCs from the plan with FEDlogic within 3 months - many were working just to maintain benefits
- \$500k savings identified in Rx spend with a handful of medications and several medications in transition
- QR code resulted in 9 requests for additional support
- Much better positioned going into renewal



The Situation

- 3 dependents of a family were averaging \$1M each in medical claims
- The family was hitting their OOP max

The Intervention

- Samaritan Fund was introduced to the consultant and the group

The Outcome

- Member and group were in control of the decision
- Family transitioned to Samaritan Fund
- Family's OOP expenses were covered
- 3 specific SL breaches eliminated





North Star

**To help consultants, employers,
and their members make better
decisions that protect affordability
and improve outcomes.**





Change is Coming 4/1

- **Sunsetting the ConnectCare3 name**
- **Greater “big rock” focus**
- **Evolution of services offered**
- **Outcome focus**



What's Next

Save the Date

March 30th and 31st

1:00 pm EDT

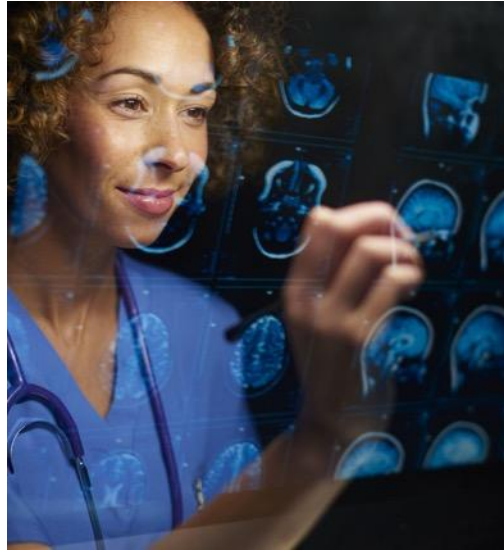


[If You Wait, It's Too Late]



📌 **Data = Insight**

Review monthly & Innovu access



📌 **Diagnose the Problem**

What are the "big rocks"



📌 **Solution = Treatment Plan**

Reduce costs now, not at renewal





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Thank you!