



**Benecon**  
**Health Benefits**  
**Seminar *2026***

# **If You Wait, It's Too Late**

*Using Data to Impact Your Next Renewal*

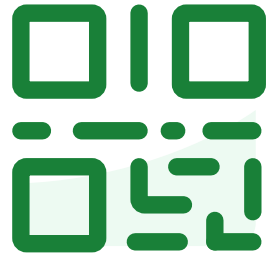
## **Presenters**

**Claudia Burchstead**, *VP, Cost Containment Benecon*

**Kyle Wojciechowski**, *Associate VP, Cost Containment Benecon*

**Julie Montgomery**, *VP of Clinical Solutions & National Accounts Innovu*

**Do not edit**  
How to change the  
design



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POLL

# Biggest Cost Driver?

What is the biggest driver of cost in your health plan today?



# What is the biggest driver of cost in your health plan today?

# 2026 Cost Drivers

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The Self-Insurer Digital  
Edition-March 2026

Stop-Loss Is Entering a Structural Hard Market  
“This is not cyclical volatility — it’s structural severity  
escalation.”



Long-term health cost drivers

- Worsening Morbidity (chronic disease burden)
- Post-COVID utilization rebound



Cell & gene therapies (\$750K–\$2M+)




Innovation: GLP1s



Rise in provider costs

- Consolidation and contracting
- Use of AI tools

# Cost Driver Reality

- Perception  $\neq$  Reality
  - Misidentified cost drivers
  - Data reveals true spend patterns
- 

# For Groups to Win Today

## Strategic Implication:

Winning groups will be those who use data to align risk, manage volatility, and prove active control of their plan.

*“The legacy approach of spreadsheeting for low rates and cost shifting is being replaced by a data-driven model centered on strategic, consultative advising.”*

**The Self-Insurer Digital Edition-March 2026**

# Where Are We Today?

POLL

How often do you review detailed plan data?



# How often do you review detailed plan data?

# Making Analytics Easier

Innovu

Today we only receive data for  
CBC, HK, IA, Meritain and UMR

We are adding Innovu to the  
majority of groups at renewal

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

- **Out of Scope due to size of groups:** FGHS, IIC, LGIT, PMHIC <100 EE
- And for groups not yet on Innovu—we are still supporting cost containment through targeted programs and solutions.

# Integrated Data Analytics



## Create Unified Record

- Medical
- Pharmacy
- Plan Design & Financials
- Account Structures
- HRIS
- Biometric
- Workers' Comp
- Point Solutions
- Other Data



## Enrichment Data

- Medispan
- NADAC
- Risk Scoring
- AMA
- NPI

## Benchmark Data

- Innovu National Benchmark Data (8M+ lives)
- National Benchmark Data (31.6M lives)



## Lens Capabilities



## Enhancement Modules

- Quantros Quality
- Episodic Groupers
- Healthcare Price Transparency
- HEDIS Gaps in Care
- Additional / Custom



# Standardized Reporting



*Reporting Essentials is a curated collection of the most commonly used reports in Innovu, giving captive employers and advisors a clear view of financial performance, risk distribution, and opportunities to improve outcomes and manage cost.*



## Consolidated Financial Reporting

Improve your client financial reporting



## Point Solution Assessment

Determine necessity and measure effectiveness



## Savings Evaluations

Considerations to reduce plan expenses



## Population Risk Assessment

Identify hidden risks within your plan



## Human Capital Risk Management

More data = better insights



## Benchmarking & Transparency

Determine how your plan stacks up



## Benecon

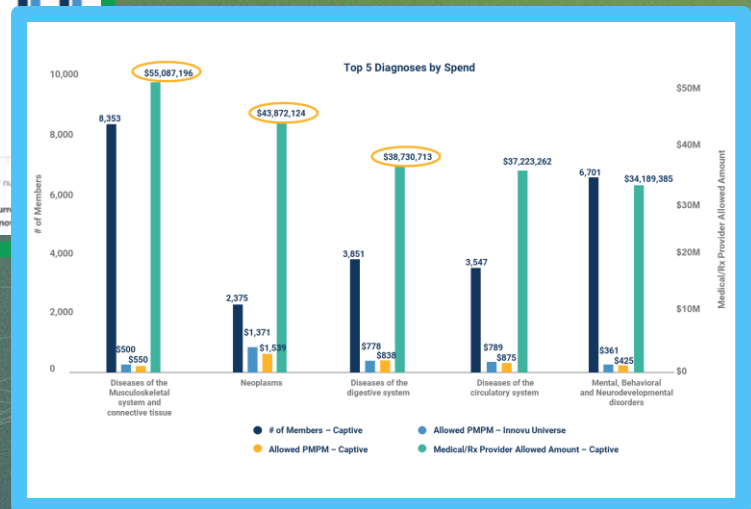
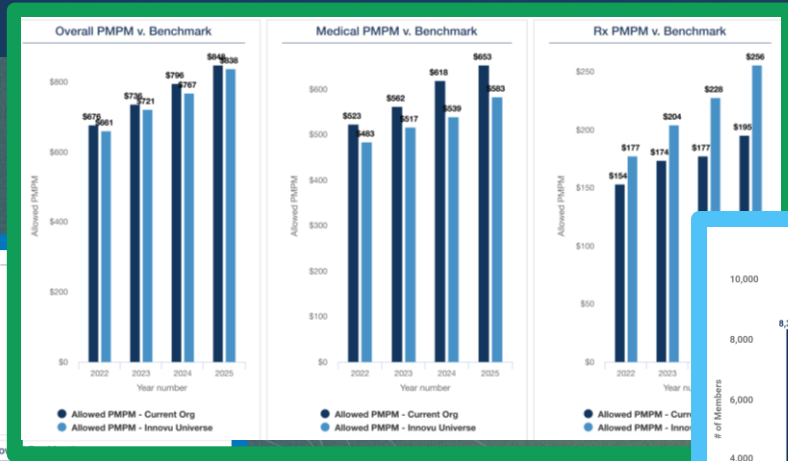
This custom reporting folder contains reports specific to Benecon.

# Population-Level Analytics



**So What?** Viewing Benecon groups as a cohort reveals shared patterns in risk, cost, and utilization that individual employer views can't show.

**Now What?** Benecon can use these cohort-level insights to guide strategy, prioritize interventions, and apply proven learnings back to employers with confidence.



# Risk & Cost Stratification



**So What?** Clear variation across the cohort highlights which employers are outperforming and which would benefit from more targeted support.

**Now What?** Prioritize high-cost, high-risk outliers while identifying and disseminating best practices to improve performance across the cohort.

Top 10

Employer ID	Risk Score	Med PMPM	Rx PMPM
cm105398	4.22	\$75.00	\$50.00
ce105307	4.33	\$68.00	\$24.00
ch105318	4.46	\$462.00	\$326.00
cm103156	4.84	\$372.00	\$43.00
cm105449	5.35	\$542.00	\$126.00
cc105316	5.37	\$187.00	\$47.00
cj105663	5.45	\$34.00	\$18.00

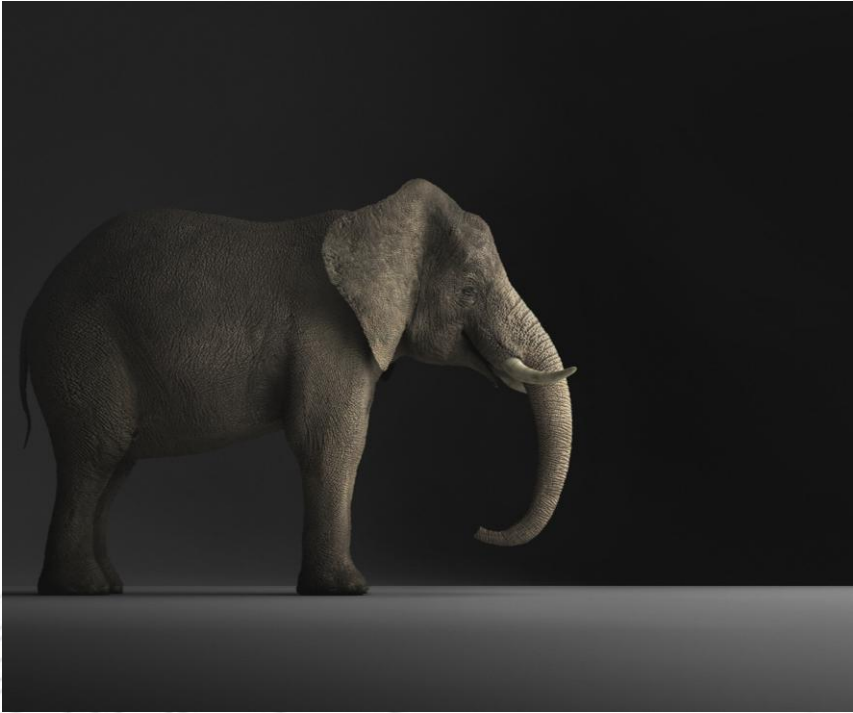
Middle 10

Employer ID	Risk Score	Med PMPM	Rx PMPM
cr105386	5.54	\$69.00	\$17.00
ce105319	5.63	\$527.00	\$88.00
cg105298	5.67	\$323.00	\$136.00
cp105308	5.74	\$215.00	\$134.00
cp105296	5.77	\$337.00	\$74.00
cs105580	5.81	\$333.00	\$135.00
cx105371	5.85	\$112.00	\$6.00

Bottom 10

Employer ID	Risk Score	Med PMPM	Rx PMPM
cr105314	5.94	\$879.00	\$430.00
ch105393	5.99	\$65.00	\$144.00
ca105310	6.05	\$247.00	\$181.00
cm105306	6.11	\$405.00	\$182.00
cb105486	6.36	\$70.00	\$73.00
ck104982	6.39	\$326.00	\$347.00
ct105299	6.8	\$1,181.00	\$252.00

# Elephant In The Room



- Insight doesn't change outcomes, action does
- Reports don't reduce cost
- Gap between insight and action

# Benecon Cost Containment is Bridging the Gap in Two Ways:

## Protecting the Plan

We provide data-driven insights that present solutions that address key cost drivers while helping employers meet growing fiduciary, affordability, and compliance demands.

*Data is powerful – but data without direction doesn't drive results.*

## Engaging the People

We help members navigate complex care, identify lower-cost alternatives, and remove barriers by simplifying decisions and reducing out-of-pocket costs – because member decisions directly impact plan performance.

*Accessing care is complex – and employee decisions directly impact plan costs.*





Introduce solutions that  
address the cost drivers and  
moves the needle

All year long

# Cost Containment Opportunities?

POLL

Which area typically represents the largest *actionable* opportunity for cost containment in a self-funded health plan?



**Which area typically represents the largest actionable opportunity for cost containment in a self-funded health plan?**

# BCC Stack

We Will Focus on the Group's Pain, Not the Name of the Solution (Pain vs Name)-Solutions will change and evolve

Single Outlier RX on integrated PBM

ESRD or NICU Baby costs

High ER Utilization

Expensive J code utilization

Low generic RX use

Cost of GLP1s

Expensive sites of care

Lab and tests at hospital

Specialty drug costs

Fraud, waste and abuse

International pharmacy

Access to 340b, PAP & Variable Copay

PCP or Mental Health Provider Shortages

Pharmacogenetic testing to optimize prescribing decisions and improve drug efficacy

Expedited processing of severe conditions eligible for SSI compassion allowance list

# Clinical Claims Review

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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

## 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.

## 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.  
Skyriz, 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](mailto:solutions@connectcare3.com) to schedule a consultation and identify next steps that best align with your goals.

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.



# Why This is Different

- We address cost drivers all year long.
- Will engage members and remove barrier to care
- We vet solutions so they are plug and play
- Savings impacts renewal
- If you wait to make changes until renewal, it's too late

# More Solutions, Fewer Decisions

Solutions are wired in – but only activated when clinical review identifies meaningful opportunity.

Solutions will be introduced to when identified by data and clinically supported-not one size fits all

Groups are only introduced to what they need, when they need it.

No advance PEPM.

No big educational lift.

No overwhelm at renewal.

No analysis paralysis.

No activation unless value is identified and elected.

# Renewal Strategy?

POLL

What's your #1 strategy when you get a renewal increase?



# What's your #1 strategy when you get a renewal increase?

# “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



# What is the Cost Difference?

POLL

Hospital vs. Home Infusion?



**How much more does it cost to have an infusion in a hospital vs a home infusion on average?**

# One Decision. \$938K in Estimated Savings

Estimated Savings: \$938K | Group Size: 102 | Location: Philadelphia, PA | Industry: Auto Repair



## The Challenge

*An employer was facing a single oncology claim projected to exceed \$1M, creating immediate financial risk and long-term cost exposure.*

- ✓ High-cost oncology treatment projected at \$1.19M annually
- ✓ Hospital outpatient setting driving inflated pricing per treatment
- ✓ No clear path to manage or reduce escalating costs



## The Strategy

*Benecon's cost containment team identified the key cost driver and presented clear, data-driven strategies to the consultant.*

- ✓ Identified treatment setting and drug spend as primary cost drivers
- ✓ Evaluated alternative site-of-care options with equivalent clinical outcomes
- ✓ The consultant led the path forward with the employer making the final decision



## Member Experience

*With the strategy in place, the member was supported through the transition with clarity and confidence.*

- ✓ Maintained the same treatment plan with no disruption to care
- ✓ Reduced out-of-pocket costs through a lower-cost care setting
- ✓ Minimized stress through clear guidance and a seamless transition

## Key Results

# \$938K

Estimated Savings



~1.2M

Projected annual  
cost avoided



\$0 additional OOP  
to the member



Maintained  
quality of care and  
minimized stress

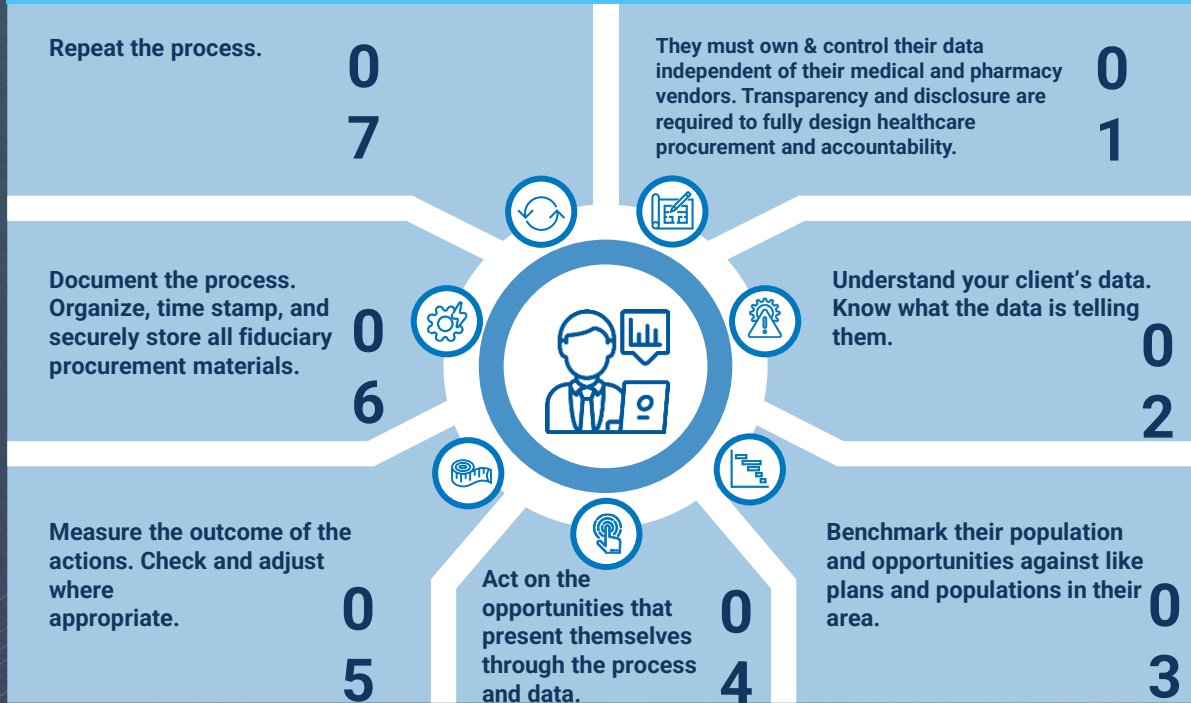
# There is a 2<sup>nd</sup> Reason We Are Discussing the Cost of Infusions.....

- ✓ For group's subject to ERISA:  
“fiduciary duty requires cost management”
- ✓ For public sector:  
“responsible stewardship and fiduciary principles require cost management”

# Procurement & Accountability Process



Understand your clients' responsibilities and create a documented process:



## The Path To Fulfilling The Fiduciary's Responsibility:

- ✔ DOL, Health and Human Services, and Treasury are committed to transparency and disclosure.
- ✔ CAA, TICRA, and Hospital Payor federal regulations make the plan sponsor the fiduciary and give them what they need to be accountable.
- ✔ Innovu's tools and expertise can help make this process a reality.

# 4Q: Procurement & Accountability Process



## Q1: Discovery

**Objective:** Establish a data-driven “Current State” baseline and align leadership on the upcoming year’s priorities

### Action Items:

- Identify stakeholders
- Gather all relevant data & documents
- Define Plan “Mission/Goal”
- Identify risks or barriers to meeting goals

### Innovu Resources:

- Cost & Quality of Network (HPTQ)
- Point Solution Validation
- Population Risk Stratification
- CAA Dashboard
- Compliance Document Storage

## Q2: Strategy

**Objective:** Model “Future State” Scenarios - Set data-driven baseline, model potential plan changes, and finalize strategic roadmap

### Action Items:

- Set strategic goals
- Model Potential Plan decisions
- Vendor Selection: RFPs
- Fiduciary: Document rationale for chosen strategies

### Innovu Resources:

- Plan Design Benchmark
- Pharmacy Program Analysis
- Pharmacy Analysis
- Chronic Condition Strategic DashboardER & Urgent Care Analysis
- Site of Care Analysis
- Medical & Rx Specialty Drug
- Innovu Key Metric Benchmark
- General Engagement
- Preventive Gaps in Care
- Cancer cost & Screening Analysis

## Q3: Implementation

**Objective:** Operational Launch of envisioned plan

### Action Items:

- Finalize selection of chosen vendors
- Document vendor criteria & scoring methodology
- Finalize contracting
- Launch Open Enrollment
- Operational Integration: *New data feeds*

### Innovu Resources:

- Point Solution Validation
- Cost & Quality of Network (HPTQ)
- Pre-Renewal Data
- Stop Loss Marketing / RFP
- Medical / RX Utilization Review
- High-Cost Claimants
- Population Health
- Financial Reporting

## Q4: Measure

**Objective:** Measure, audit, & reflection period

### Action Items:

- Performance Audit – *Compare actual claims data and spend to set projections in Q2*
- ROI Assessment – *Measure initiatives*
- Reporting & Recalibration – *Deliver a year-end report to leadership & identify adjustments for Q1*

### Innovu Resources:

- Pre-Renewal Data
- High-Cost Claimants
- Population Risk Assessment
- Financial Reporting
- Plan Design Benchmark
- Targeted Solutions
- Point Solution Opportunity Assessment



VAULT

### Innovu secures your procurement process and documentation:

- Organize, timestamp and store your documentation needed to run a fiduciary process



ANALYSIS &  
REPORTING

### Innovu dissects and analyzes your Medical and Rx data to:

- Substantiate your procurement decisions
- Perform regulatory reporting
- Provide substantial savings opportunities
- Improve your population health



BENCHMARKING

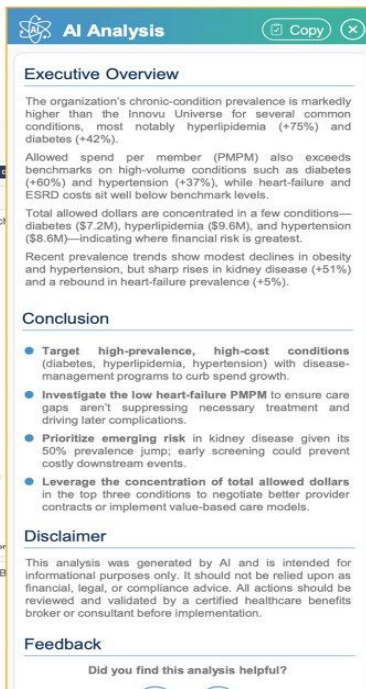
### Innovu provides the benchmarking necessary to meet Fiduciary procurement obligations:

- Plan Design Benchmarking
- Pharma Benchmarking
- Site of Care Benchmarking

# AI-Powered Insights Built Into Your Dashboard



## AI-Powered Insights Built Right Into Your Dashboard



- Summarizes and explains the data on your screen in seconds
- Highlights trends, changes, and key findings
- Enables copy/export for use in presentations and reports
- Securely runs within Innovu's closed network
- No additional cost for clients

**You shouldn't need to be a data scientist to understand your data.**

AI analysis summarizes your data instantly • Highlights trends & key findings • No additional cost • Runs securely within Innovu's closed network

# Everyone Must Be Diligent

## Private sector (ERISA)

- You're seeing lawsuits because:
- Participants can **directly sue fiduciaries**
- Claims are framed as:
  - Excessive fees
  - Failure to manage costs
  - Lack of oversight (e.g., pharmacy, specialty drugs, infusions)
- This is why site-of-care can become a **litigation-adjacent issue** in ERISA plans.

## Public sector (cities, schools, etc.)

- You **don't see the same volume of lawsuits** No ERISA framework BUT that doesn't mean no risk—it just shifts:
- State or internal **audits**
- **Inspector General** reviews
- **Media exposure** ("city overpaying for healthcare")
- **Procurement challenges**
- **Taxpayer lawsuits** (rarer, but possible in egregious waste cases)
- So instead of "class action lawsuit," it's:
- "Why is the city paying 5x for the same infusion?"

# Risk Mitigation Matters

Knowing Your Options

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Less belly buttons=less risk



Innovu



Fedlogic



Samaritan Fund



CleartrackHR

# Advocacy and Financial Protection


## FEDlogic

- An advocacy service that helps employees access and transition to federal and state benefits (Medicare, Medicaid, Social Security, VA, etc.) when appropriate
- Protects the plan by shifting eligible claims to the appropriate payer.
- **Value to Member:** Helps members access and enroll in benefits they qualify for, often lowering out-of-pocket costs.

## Samaritan Fund

- A safety net for high-cost, unavoidable claims where traditional cost controls aren't enough
- Protects:
- The **plan** from catastrophic claims volatility
- The **member** from financial hardship

## FEDlogic “it’s a coordination, not a waiting period”

- Fedlogic engages early and identifies a pathway for the member to transition to Medicare within the first few months, rather than remaining on the group plan for the full coordination period.
  - **Value to Plan:** Protects the plan by shifting a \$100K+ annual dialysis claim to Medicare much earlier than typical.
  - **Value to Member:** Helps the employee access Medicare sooner, reducing out-of-pocket costs and removing the need to keep working solely for health coverage.
- 

## The Situation

Group was struggling with a handful of chronic ongoing high claimants. These members were also struggling with their OOP costs. Group and consultant introduced Samaritan Fund during open enrollment.

## The Intervention

5 members came forward, applied for the service and were accepted.

## The Outcome

- Good Samaritans eliminated the plan OOP expenses for these members reducing stress and burden
- Group and stop-loss saved an estimated \$4 m in claims



# Dependent Eligibility?

POLL

What % of dependents typically on a medical plan are ineligible?



# What percent of dependents on a medical plan are typically ineligible?

# Plan Integrity Matters

- Who is covered impacts cost
- Eligibility=cost control
- Weak controls=higher spend

## The Situation

Our PSHIC consortium of school districts performed an audit in late 2025. The cost of the audit was \$90,000

## The Intervention

7,808 total dependents reviewed

- 7,272 verified
- 536 ineligible dependents identified
- 93% verification rate

## The Outcome

- 7% of dependents were ineligible
- \$2.1 m of premium equivalents alone



# The Takeaway

Proactive management isn't optional-

➔ It's how you control costs

➔ It's how you stay compliant

➔ It's how you impact your next renewal

# Thank you!



Benecon  
Health Benefits  
Seminar *2026*


# Up Next:



## Session A:

### Actuarial Evaluation & Trend Analysis

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 3:00 p.m.

 Commonwealth Salon 1 & 2

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#### Speaker:


Brad Kopcha

EVP, Actuarial Services & Corporate Development  
Benecon

## Session B:

### Benefits Bingo

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 3:00 p.m.

 Commonwealth Salon 3

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#### Speakers:

Kelly Knight

Chief Legal Officer, Benecon

Courtney Jones

Compliance Attorney, Benecon

# Things to Remember

Each ASO/TPA provider features their own cost containment solutions, and we strongly encourage you to research their offering and integration options.

Many ASO fees offer admin credits in lieu of rebates and have assumed utilization and rebates. Groups should discuss with legal and review ASO/TPA agreements before implementing any solutions

The consultant/group is responsible for **all eligibility transfers required for solutions ( if not integrated with TPA/ASO)** as we don't have the member level details necessary for most solutions.

We only review solutions for stop-loss coverage and ability to coordinate with Benecon. You must review a group's ASO/TPA contract before adding any programs/solutions.

**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](#).