

BENECON

# Data at the Forefront

*Identifying Cost-Drivers Year-Round*

June 24, 2026

# Most plans only look at data once a year

When data only comes out at renewal, every insight is a post-mortem. The claims are paid, the trend is set, and the only lever left is price. A year-round view turns the same data into a steering wheel.



RENEWAL-ONLY

## Reactive

- Data surfaces only when the renewal is due
- Cost drivers are discovered after the spend
- Clinical intervention windows already closed
- The only remaining lever is negotiating price
- Surprises drive the conversation



YEAR-ROUND

## Proactive

- Trends are monitored every quarter
- Drivers are caught while they're emerging
- Clinical programs engage members in time
- Plan design and point solutions can adjust
- Strategy drives the conversation

# The cost of waiting has never been higher

Healthcare costs are climbing faster than budgets can absorb, and the volatility is landing on self-funded plans first. The pressure is no longer a renewal-season problem — it builds every month.



**Up to 50%**

Medical renewal increases reported heading into the 2026 season



**~30%**

Rise in million-dollar-plus claims in a single recent year



**12 months**

Window you actually have to act — not the 60 days before renewal

## THE SHIFT

# Put the data in front of the decision

*“Data at the forefront” isn't a bigger annual report. It's a change in sequence — the data comes first and shapes the move, instead of arriving after to explain it.*



# Four cost drivers worth watching all year

Most of a self-funded plan's spend — and most of its volatility — concentrates in four places. Each one shows up in the claims data early, if you're looking.



## High-Cost Claimants

A small share of members drives a large share of spend — and the catastrophic claims that move renewals.



## Chronic Conditions

Diabetes, cardiovascular, behavioral health — the slow, compounding burn beneath the headline claims.



## Specialty Pharmacy

The fastest-growing line item, where a handful of drugs can quietly become a top driver.



## Avoidable Utilization

ER overuse, gaps in care, and missed prevention that turn into bigger, costlier events later.

## COST DRIVER NO. 1

# High-cost claimants move the whole plan

On a typical self-funded group, a tiny fraction of members accounts for a large majority of total claims. One catastrophic case can reset an entire renewal — which is exactly why these can't wait for year-end.

### WHAT TO WATCH IN THE DATA

- Members crossing high-cost thresholds quarter over quarter
- Emerging conditions trending toward catastrophic spend
- Proximity to the stop-loss attachment point
- Cases where care coordination can change the trajectory

### WHERE THE SPEND SITS

~20%

of members can drive roughly 80% of total plan spend

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*The earlier a rising-risk member is identified, the more options exist — clinical, financial, and contractual.*

## COST DRIVER NO. 2

# Chronic conditions are the slow burn

Catastrophic claims grab attention, but chronic disease is where steady, compounding cost lives. Managed well, it's the most influenceable driver on the plan — and it shows up in the data long before it shows up in a big claim.

### WHAT TO WATCH IN THE DATA

- Prevalence and rising trend across key conditions
- Medication adherence and gaps in routine care
- Comorbidities stacking on the same members
- Behavioral health that compounds medical cost

### WHY IT'S WORTH THE FOCUS

## Most

of plan spend is tied to preventable, manageable chronic conditions

## Early

engagement changes outcomes and cost at the same time

## Daily

behaviors — not annual events — drive the trajectory

## COST DRIVER NO. 3

# Specialty pharmacy is the fastest climber

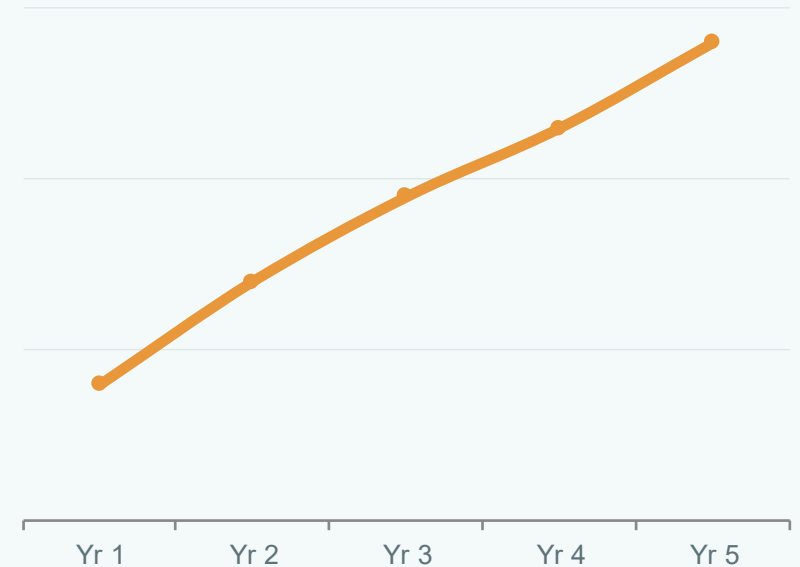
Pharmacy — and specialty drugs in particular — is the line item moving fastest on most plans. A small number of high-cost therapies can quietly climb into your top cost drivers between renewals.

### WHAT TO WATCH IN THE DATA

- Specialty as a rising share of total drug spend
- New high-cost therapies entering the plan
- GLP-1 and weight-management trend lines
- Site-of-care and copay-program opportunities

### Specialty share of pharmacy spend

*Illustrative trend*



## COST DRIVER NO. 4

# Avoidable utilization and gaps in care

Not all spend is unavoidable. Care delivered in the wrong setting, prevention that never happens, and gaps in routine management all convert into larger, costlier events — and they're visible in the data well in advance.

### WHAT TO WATCH IN THE DATA

- Emergency-room use for non-emergent care
- Missed screenings and preventive-care gaps
- Low-value or duplicative services and imaging
- Members not connected to a primary-care home

### THE PATTERN

**Small gaps today become large claims tomorrow.**

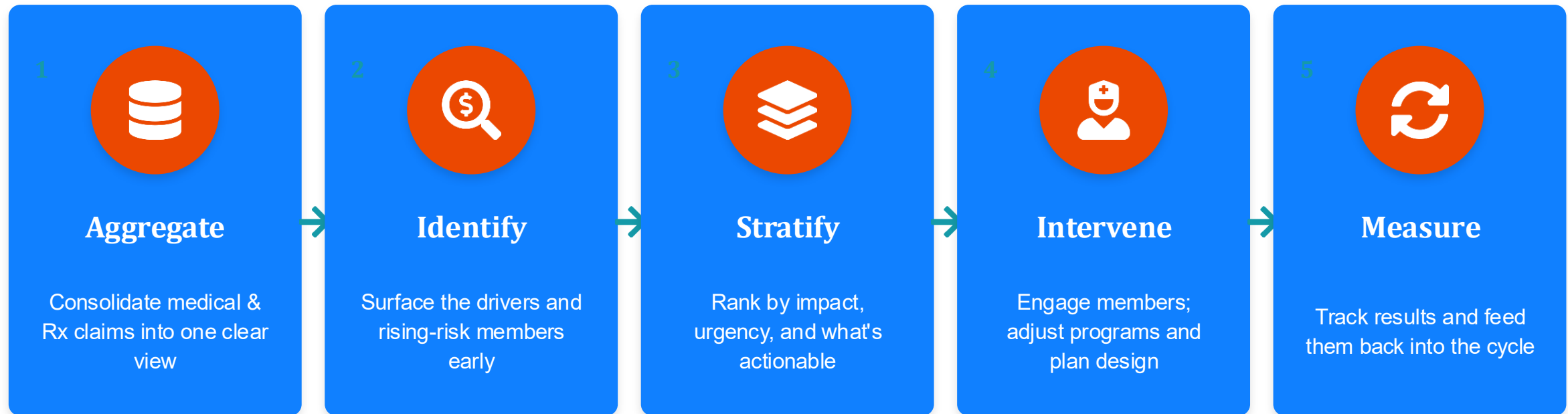
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- A missed screening becomes a late-stage diagnosis
- An ER habit replaces a primary-care relationship
- An unmanaged condition becomes an admission

## FROM INSIGHT TO ACTION

# Data only matters if it ends in a decision

*Identifying a cost driver is step one. The value comes from a repeatable path that turns each signal into a clinical or plan-design action — and then measures whether it worked.*



*This loop is what “year-round” actually means: it never stops at identify.*

# The engine behind a year-round view

Benecon pairs the data platform that makes drivers visible with the clinical team that acts on them — the two halves that turn “data at the forefront” from a principle into a practice.



## Benecon Analytics/Innovu

*The visibility layer*

- Consolidates medical & Rx claims from your TPA/PBM
- Presents spend in a clear, navigable format
- Identifies cost drivers and the detail behind them
- Turns raw claims into actionable insight



## Benecon Cost Containment

*The action layer*

- Wellness, education, and healthy-behavior incentives
- Clinical review of medical & Rx trends in the data
- Member engagement and solution navigation
- A marketplace of solutions for tough cost drivers

# 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)

# Data reviews

## 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



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# Data reviews

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.

# Data reviews

## 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.

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	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.

# Year-round only works as a partnership

Data at the forefront isn't a vendor you buy — it's a shared discipline. Each player has a role, and the outcomes show up when all three engage with the same data.



## Broker / Consultant

Quarterbacks the strategy, keeps the data conversation going, and matches solutions to what the numbers show.



## Employer

Stays engaged with the data, supports member wellbeing, and uses plan design as an active lever — not a once-a-year setting.



## Benecon

Supplies the analytics and clinical engine — surfacing drivers and acting on them through the year.

## KEY TAKEAWAYS

# Put the data out in front

- ✓ Cost drivers are visible early — if you look year-round, not just at renewal.
- ✓ Watch the four: high-cost claimants, chronic conditions, specialty Rx, avoidable use.
- ✓ Insight only counts when it ends in action — and the loop never stops at “identify.”
- ✓ A simple quarterly cadence turns renewal from a cliff into a checkpoint.

**Let's look at your data together.**

Reach out for to your Account Manager/Consultant and Engagement Specialist to put a plan into action today.

*Thank you*



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Thank You!

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