

BENECON

# If You Wait, It's Too Late

## Turning Cost Containment into a Year-Round Strategy

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June 17, 2026

# 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: GLP-1s



## Rise in Provider Costs

- Consolidation and contracting
- Use of AI tools



## Employers need a strategy that protects the plan and supports better decisions at the member level.

- Healthcare costs continue to rise faster than wages and employer budgets
- Employers face increased budget restraints shifting costs to employees
- Higher out-of-pocket costs are causing employees to delay or forgo care
- Delayed care leads to worse outcomes and higher long-term plan costs
- A differentiated, sustainable approach is required to manage risk long term

The Current Reality



# CC3 is Now Benecon Cost Containment (BCC)

## Integrate People, Data and Processes

- Sunset the ConnectCare3 name
- Reoptimize the department
- Moving under Benecon as a core offering of our model like actuarial and compliance
- Greater coordination with actuarial, stop-loss, account management and analytics teams



# Engagement & Clinical Services Remain The Same

These are the prior CC3 services included in the program at no additional cost.

These embedded services provides clinical guidance to members:

- Patient Advocacy
- Nurse Navigation
- Education
- Platform
- Coaching



# The Big Rocks

Our focus has evolved. We are identifying HCCs and offering solutions to address the most pressing issues for groups today, we aren't waiting for renewal.

# Benecon

## Cost Containment

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A Dual Strategy to Control Cost  
And Improve Outcomes

## Protecting the Plan

We focus on data-driven solutions that address key cost drivers while helping employers meet growing fiduciary, affordability, and ERISA compliance demands — giving brokers the strategy and tools to lead those conversations with confidence.



## 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.

# 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**

## 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.**  
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)

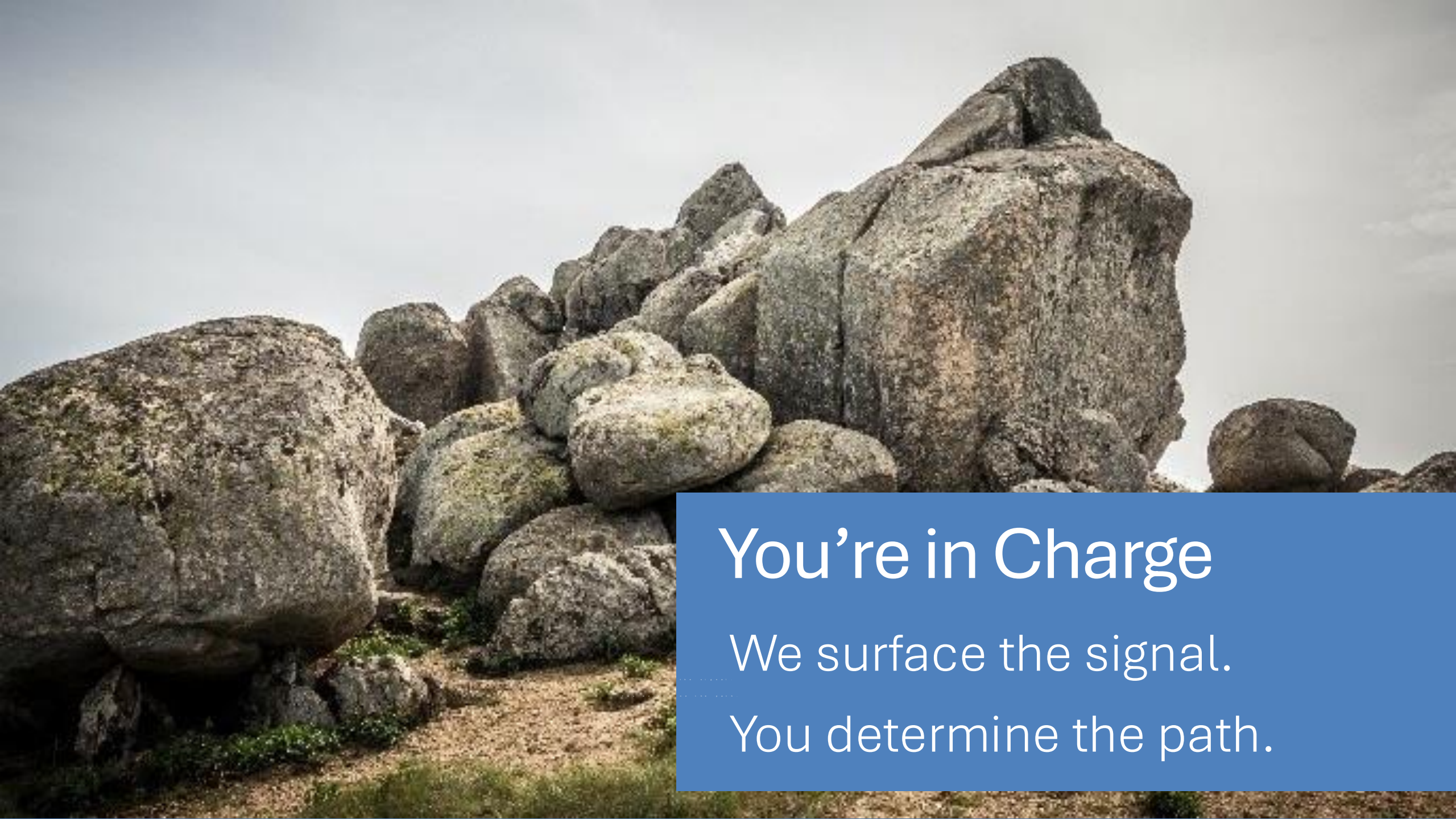
To get started, reach out to us at [solutions@connectcare3.com](mailto:solutions@connectcare3.com) to schedule a consultation and identify next steps that best align with your goals.

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Benecon strives to ensure data accuracy; however, all information is provided by the carriers—please contact us with any questions.



The Metal Detector  
Tells us where to focus



# You're in Charge

We surface the signal.

You determine the path.

# These Interventions are Overlays

- They are not integrated with your TPA/ASO/PBM
- They are not dependent on changing your TPA/ASO or carving out your pharmacy
- These solutions sit alongside your existing framework — and focus on the outliers and support the group’s fiduciary responsibility
- We are targeting the “big rocks”, and this strategy often supports the integrated PBM structure

# Webinars:

## **Session 2: Data at the Forefront**

- Wednesday, June 24<sup>th</sup> at 1pm

## **Session 3: The Pulse of Pharmacy**

- Wednesday, July 8<sup>th</sup> at 1pm

## **Session 4: Solutions to Tackle Cost Drivers**

- Wednesday, July 15<sup>th</sup> at 1pm



# Engaging the People

Tools & Clinical Services you can bring to employees to improve member health, outcomes, and engagement — while directly impacting plan performance.



Nurse Navigation



Cost Containment Solutions



Diabetes Education



Wellness Platform

- Health Risk Assessment
- Incentive Tracking
- Tobacco-free reasonable alternative course



Member Activation

**Member decisions directly impact plan costs.** By reducing friction and cost barriers we can impact plan spend on expensive medications, surgery, infusion, dialysis, cancer treatment and much more.

# Incentivize the Desired Outcome

\$0 OOP of solutions increases adoption:

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





# Why This is Different

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

## Hidden Costs, Growing Risk

Just two specialty medication claims were generating more than **\$180K in annual spend**. Without a strategy to address the costs, the employer faced continued financial exposure and potential renewal impact.



Skyrizi costs reached  
\$23K per fill



No alternative strategy  
had been evaluated



Renewal risk increased  
due to specialty spend

### The Path Forward

Our cost containment team partnered with the benefits consultant to identify a lower-cost sourcing strategy that reduced specialty spend without disrupting member care.

#### Key Actions Included

- ✓ **Cost Optimization Strategy** – Identified an opportunity to reduce per-fill costs from approximately \$23K to \$10K.
- ✓ **Collaborative Decision Support** – Provided strategic recommendations while allowing the employer to maintain final decision-making authority.
- ✓ **Preserved Continuity of Care** – Both members maintained uninterrupted access to their prescribed Skyrizi treatment throughout implementation, with minimal disruption to ongoing care.

## Key Results

**\$100K+**  
Estimated Savings



**>50% reduction**  
in per-fill costs



**Improved control**  
over specialty  
pharmacy spend



**Lowered**  
future renewal risk

# Samaritan Fund

## From Unpredictable Risk to Controlled Strategy

### How Benecon Cost Containment Helped a Consortium Group Turn \$5M+ in Exposure into Measurable Savings



#### Data

A consortium group was facing rising costs with no clear path to control them. Benecon identified the risk.

- A small number of members driving a majority of total spend
- High-cost specialty drugs tied to rare and chronic conditions
- Rising volatility with no clear path to predict or control costs



#### Engage

Eligible members supported through:

- Personalized enrollment guidance
- Active funding coordination
- Ongoing advocacy
- Lower out-of-pocket burden
- Reduced employee stress
- Improved Adherence

**Engagement drove participation—reducing costs, lowering stress, and improving access to care for members in need.**

By proactively managing just three cases, the strategy delivered measurable results:

- \$5.36M – \$7.13M in total savings
- ~\$100K program cost



# What This Means for You

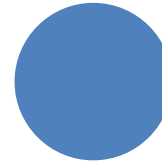
- Earlier support helps prevent avoidable claims
- Better decisions lead to better outcomes
- Stronger fiduciary defensibility
- More predictable plan performance
- Lower renewals
- More surplus

# Service Evolution

What may be noticed

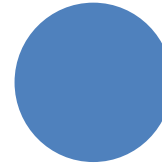
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To focus on the big rocks, we had to reevaluate some of our current offerings

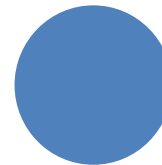


1-on-1 health coaching for lifestyle change will transition to TPA/ASO, Revive, to reduce overlap.

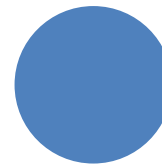
We had less than a .01% utilization.



1-on-1 tobacco cessation will transition to our online platform for support.



Members with a diagnosis and needing chronic disease management & nutrition assistance will still be supported by our nurses and nutritionist.



Newsletter will be produced in 3 versions 1 x per month

# The BCC Team



Claudia Burchstead  
Vice President,  
Cost Containment



Kyle Wojciechowski  
Associate VP,  
Cost Containment



Matt Pearson  
Sr. Director,  
Cost Containment



Chris Bair  
Director,  
Client Engagement

# Pharmacy volatility is reshaping renewal conversations — and your clients expect a strategy.

Pharmacy is now the fastest-growing driver of total plan cost, yet it remains one of the least understood in renewal strategy. That's why we've expanded our cost containment services with dedicated in-house pharmacy expertise designed to support you and your consortium clients.

## Our Pharmacy Strategy Approach Helps You:

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Lead renewal conversations with confidence

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Strengthen strategy discussions

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Bring clinical credibility into client meetings

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Align PBM strategy with real cost drivers

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To stay ahead of renewals, pharmacy can't be reviewed after the fact. It must be managed proactively.



**K. Nick Miller, PharmD, CPBS**

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Senior Director, Pharmacy Services

Nick brings over a decade of pharmacy and PBM leadership experience, combining clinical expertise with real-world strategy that goes beyond contract terms.

**His focus is simple:** helping you control pharmacy spend through clinical insight, strategic alignment, and real-world execution.

# Engagement Specialist Support

Partnering with you to serve groups well

To better support the groups you serve, our dedicated Engagement Specialists will work alongside the Account Management team to provide focused support for your assigned groups.

The full Engagement Team is also available to help with broader needs, special projects, and additional group support when needed.



**Michele Stipe**

IIC, LGIT, PCHIPC, PMHIC, PSHIC, RCHPP, SSHP



**Josh Franklin**

FGHS, KBP

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Questions?

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