



Only Offered During OE & requires significant lead time — Details on Page 2

Real Problems. Real Solutions.

The Samaritan Fund Program supports employees facing serious medical conditions by connecting them to charitable funding and tailored coverage options. The program reduces high-cost claims for employers while easing the financial burden for participants.

Healthcare costs keep rising — and most of it comes from a few high-cost claimants (HCCs)

- ⚠️ **5% of members can drive 50% or more of total spend**, often due to complex or chronic conditions.
- ⚠️ These high-cost claims can severely impact renewal rates and make budgets unpredictable.
- ⚠️ Employers and consultants often **see the claims after the damage is done** — with little time or tools to intervene.

The Samaritan Fund Program transforms how employers manage high-cost cases:

- ✅ **Proactive Identification:** The team flags potential HCCs before renewal season by using integrated data from medical, pharmacy, and solution sources.
- ✅ **Financial Relief:** Members are connected to charitable funding and support, reducing plan exposure and easing the employee's burden.
- ✅ **Ongoing Guidance:** The team partners with you to track outcomes, measure savings, and shape next-year's strategy.

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Coordination

The program is communicated to all employees. Interested individuals may submit a confidential HIPAA authorization form to begin the process. Once approved, participants receive a debit card to assist with premiums and eligible medical expenses, along with ongoing support throughout treatment — allowing members to focus on recovery while employers reduce claim costs. Members should remain enrolled in the group health plan until they are formally notified of acceptance into the Samaritan Fund Program.



Billing/Cost

This program provides a solution for both employees and their eligible dependents. The consulting fee is based on the number of participants: **\$60,000 annually** for each participating individual, plus an additional **\$15,000** for each participating family member, up to a maximum of **\$100,000** per family unit.

There is no PEPM fee. Consulting fees are based on the number of members approved by the employer to participate in the program and are billed directly to the group by Samaritan Fund.

All contracts are 12 months in duration, regardless of employment status changes.



Visit our website
to learn more!

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Below are the deadlines for rolling out the Samaritan Fund Program and accepting HIPAA forms for 2026. These dates represent the last day the program should be rolled out, and the final day HIPAA forms can be accepted for the corresponding effective dates. **Adhering to the deadlines is crucial for timely assistance in implementing the Samaritan Fund Program for applicants.**

Effective Date	Rollout Complete	HIPAA Form
January 1, 2026	October 17, 2025	October 31, 2025
February 1, 2026	December 1, 2025	December 15, 2025
March 1, 2026	January 1, 2026	January 15, 2026
April 1, 2026	February 1, 2026	February 15, 2026
May 1, 2026	March 1, 2026	March 15, 2026
June 1, 2026	April 1, 2026	April 15, 2026
July 1, 2026	May 1, 2026	May 15, 2026
August 1, 2026	June 1, 2026	June 15, 2026
September 1, 2026	July 1, 2026	July 15, 2026
October 1, 2026	August 1, 2026	August 15, 2026
November 1, 2026	September 1, 2026	September 15, 2026
December 1, 2026	October 1, 2026	October 15, 2026
January 1, 2026	October 17, 2026	October 31, 2026
February 1, 2026	December 1, 2026	December 15, 2026

Important Notice: Even if a HIPAA form is submitted by the due date, applicants must still contact us promptly and provide the necessary information for case review. The level of applicant engagement will affect how quickly we can determine if the Samaritan Fund Program is suitable for them.



To elect the Samaritan Fund Program, contact your consortium account manager.

This option can only be added during a group's open enrollment. Participants must requalify annually (anticipate that they will have more than \$50k in claims). Please carefully review the strict deadlines that apply based on the group's open enrollment period. If the enrollment window is missed, members are no longer eligible for the program without a qualifying event.

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.

Contact Samaritan Fund Program - Shawn Kennedy

 skennedy@samaritanfundprogram.com  (504) 508-4398  samaritanfundprogram.com