



You can't manage what you can't measure.



Split Funded Health Plan

Fully insured medical plans are trending at an alarming rate. Annual premium increases of 16% - 20% are becoming a common place. With employee benefits being the #2 cost for an employer, what are your options to control these costs? Large employer groups traditionally self-insure their medical plans because of the cost savings and the flexibility that self-funding offers. Smaller employers traditionally adopt fully insured programs to lesson risk. The answer...do both!!

What was once old is now new... and improved!!

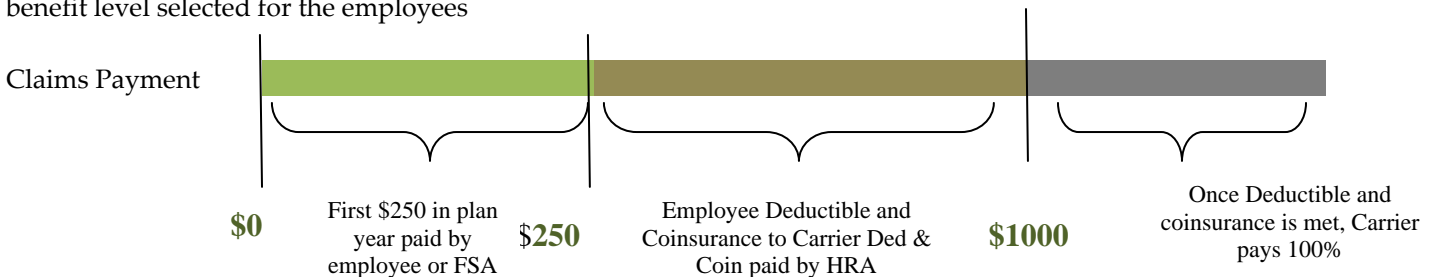
Split-funded health plans have been operating for many years. In fact, before HMO plans, Split -Funding was a common practice for employer groups to control self funded risk, and premium risk. This flexibility is still available today, and now split - funding has the additional advantages of accessing deep discounts through the network of physicians and hospitals provided by the fully insured High Deductible Health Plan.

The concept of Split-Funding is to take advantage of the benefits of self funding, while also reducing risk through the combination of a fully insured plan.

- Mitigate risk through a High Deducible fully insured health plan
- Provide flexibility of plan design through the self-funding of the underlying deductible and coinsurance
- Lessen self funded costs by "Piggybacking" off the fully insured plan's network fee schedule
- Introduce "Consumerism" slowly and based on the requirements of the employer and employee

How does it work?

Instead of purchasing a traditional fully insured HMO, POS or PPO plan, the employer purchases a "Cost share" health plan. A "Cost share" plan features high deductibles, and or high facility (Hospital) coinsurance. Once the health plan has been determined, the employer "self-insures" the difference between the fully insured health plan and the benefit level selected for the employees



Split Funding

- Flexible plan designs
- Stop-Loss provided by High Deductible Health Plan
- Network access through HDHP
- Self-funding through H.R.A
- Web based Explanation of benefits and claim look up
- On-line Eligibility maintance
- On-line open enrollment
- HIPAA Secure messaging
- Document and form library
- Savings over traditional coverage

Why Split-Fund

Insurance premium is weighted heavily for "first dollar" coverage. Why pay a higher rate if you can offset the premium load for first dollar coverage through a split funded plan?

Information Systems and Enrollment Eligibility

Eligibility Maintained:

The Seneca Group, Inc uses the MediWeb application to provide an integrated eligibility and claims access. The MediWeb applications operate as a web-based “Hub,” providing access by the employer, employee and vendor. Confidentiality and protection of personally identifiable health information is one of MediWeb’s highest priorities. MediWeb maintains a privacy policy in accordance with HIPAA standards. All data is safeguarded with state-of-the-art security measures for authentication and data encryption. All information transmitted between members’ web browsers and the website is further protected using 128-bit SSL (Secure Socket Layer) encryption.

Employer Tools: Through the MediWeb application employers will have access to, SSL-secured Web portal to add / term / and delete members from any vendor that provides benefits.

Employer Reporting: All reports are real-time and have the ability to be automated for specific periods of time. MediWeb offers three commonly used reports: Benefit Utilization, Specific Report, and Claims Summary The MediWeb application also provides the ability to run *ad hoc* eligibility and claim reports.

On-Line Enrollment:

The MediWeb application provides an on-line open enrollment feature. The application can provide single access for all coverages offered by the employer. Depending upon the vendor selected, MediWeb provides to the vendor daily eligibility files to ensure an accurate enrollment

Member tools:

Depending upon the benefits offered to the membership, MediWeb also provides an integrated member based portal. If the employer adopts the debit-card based FSA through MediWeb, their membership will have online access to their account balances. Through the MediWeb portal, members will also be able to view any FSA / HRA claims submitted.

About Seneca

Founded in 1994, Seneca Consulting Group, Inc. provides quality, cost-effective health benefits consultation to employer organizations, Third Party Administrators, unions and municipalities through clinical expertise, benefits design, and advanced technology systems. As a client of Seneca Consulting Group, you will be able to better understand and manage the issues and risks related to your employee benefits package. You will gain more control over benefits costs without compromising benefits.

If you’re looking for higher quality service that delivers value, turn to the Seneca Consulting Group.

Please contact us at 631-577-4092.

