Analyst Team

New Tools & Resources ⟫ **What You Need to Know**

The Analytics Team has been hard at work this fall, and we're excited to share several major updates designed to make your work faster, more efficient, and more impactful. From a completely rebuilt Coverage Toolkit that's 25x smaller and packed with new features, to fresh benchmarking data and stop loss market insights, these enhancements give you better tools to serve clients and model cost-saving strategies. We've also developed a practical one-pager to help guide plan design conversations, especially useful as clients look for ways to manage rising costs. Read on for the full details on what's new, what's improved, and how to access these resources.

Coverage Toolkit 2.0 – Full Overhaul

We've completely rebuilt the **Coverage Toolkit** (located here: \\liber.cb-sisco.com\data\Benefits\Dubuque\Analytic Tools\Coverage Toolkit) from the ground up. Key improvements include:

- **File Compression**: Reduced from over 25,000 kB to ~1,000 kB—making it fast and able to be opened at the same time as the rest of the analytic tools.
- **Quality-of-Life Improvements**: Reduced the number of input tabs, added total savings tab, & more
    - **Demo Indexing**: Now supports multiple population splits (e.g., plans, eligible vs waived, driver vs. non-driver, coverage tiers or any other field the user chooses)
    - **Heat Map Enhancements**: Refreshed design & added a new county-level heat map (when using ZIP codes), this map includes BCBS state identifiers.
- **Claim Methodology Refresh**: Updated trended claim estimate for the ICHRA, FAHP, & Medicare tools. Pricing for eligibility audit was updated.
- **Training & Resources**: A cheat sheet and recorded trainings will be made available in the Coverage Toolkit Resources folder.
- **Legacy Access**: Both the original and 2.0 versions are available in the Coverage Toolkit folder on the O drive through the 1/1 season.
    - **Index Methodology Note**: Demo index calculations remain unchanged.

SAM Toolkit – 2025 Aegis Survey

The **SAM Toolkit** (located at \\liber.cb-sisco.com\data\Benefits\Dubuque\Analytic Tools\Marketing) now includes the 2025 Aegis Stop Loss Survey, reflecting the latest market trends:

- **Soft Market in 2025**: The survey highlights a soft stop loss renewal environment for 2025, with expectations of hardening already underway for 2026.
- **Updated Tooling**: The toolkit's internal model reflects current stop loss trends.
- **Full Report**: Available in the SAM Toolkit Resources folder.

Please refer to a new SAM toolkit to access the new survey if a client's illustration has already been created for 1/1/2026. (we understand that most have, we're ultimately at the mercy of the timing of when the survey gets released)

Benchmarking Enhancements – GuideRe Data

We've added **GuideRe benchmark data** to both the **3C's** (located at \\liber.cb-sisco.com\data\Benefits\Dubuque\Analytic Tools\3C's) and **Rx Toolkit** (located at \\liber.cb-sisco.com\data\Benefits\Dubuque\Analytic Tools\Benchmarking\PharmacyToolkit):

- Aggregated from 2023–2024 client year-end data and trended forward appropriately.
- Updated annually after each plan year closes.
- Use cases:
    - Compare current groups to GuideRe benchmarks to assess captive fit.
    - Show existing captive members how they stack up against peers in a familiar format.

Resources & Feedback

- All tools and resources are available in their respective folders in the **O drive**. Please check back regularly for updates.
- For feedback, bugs, or glitches, submit requests via the **Analytics Request Form** using the 'Existing Tool Update' or 'Tool Troubleshooting' request type on **Monday.com**.

Thanks for your continued engagement and support as we roll out these improvements.

NEW RESOURCE!

Plan Design & Contribution Modeling Strategies

To support our account teams in navigating cost containment/savings conversations with clients, the Analytics Team has developed a Plan Design & Contribution Modeling Strategy one-pager. You may recall a previous version of this guide in the August Newsletter; we have made a few updates to that version after receiving feedback from the account teams.

The one-pager outlines nine potential plan design/contribution adjustments, each with a "Why," an "Example," and a projected "Impact" ranked by a range of estimated savings to the plan. Strategies range from lower-impact tweaks—like adjusting prescription drug tiers, coinsurance, and copays—to moderate-impact changes such as reducing HSA seeding, introducing separate Rx deductibles, and increasing employee premium contributions. At the top end, narrowing provider networks and moving to a copay-only plan offer the highest projected impact; the high impact strategies would require a more detailed analysis to get an estimated % savings.

Overall, this one-pager is designed to help account teams, and especially newer consultants, think strategically when clients express interest in making plan changes. It's not a one-size-fits-all solution, but rather a framework to guide modeling discussions and align plan design and contributions with client goals.

We encourage teams to use the handout on the next page as a starting point for modeling conversations and to reach out to the Analyst Team for deeper analysis or support in building client-ready scenarios.

View One-Pager >

PLAN DESIGN & CONTRIBUTION MODELING STRATEGIES

Change Type	Why	Example	Impact	
Adjust Prescription Drug Tiers/Pricing	Promotes use of generics and preferred drugs & encourages cost-effective medication use, reducing pharmacy spend.	Increase non-preferred brand copay from $75 to $100 (if Copay) or 20% to 30% (if Coinsurance)	Low–Moderate	Increasing copays by 50% for all tiers typically results in 0.7-2% savings. Increasing the coinsurance on all tiers from 20% to 30% results in savings of 0.15%-0.5%
Adjust Coinsurance of Plan	Lowers employer share of the cost of medical care and encourages employees to be more cost-conscious	Lower the coinsurance split from 100/0 to 80/20, or from 80/20 to 70/30	Low–Moderate	Decreasing the coinsurance split generally results in savings of 0.2-3% depending on the type of plan and the change
Raise Copays for Services	Encourages more thoughtful use of services & reduces employer-paid claims.	Raise PCP visit copay from $25 to $35; ER copay from $150 to $250.	Low–Moderate	Raising copays will generally result in savings of 0.1-0.6% for each service that is increased
Reduce or Eliminate HSA Seeding (if HDHP)	Direct reduction in employer seeding.	Reduce HSA contribution from $600 to $500 per employee & $1,200 to $1,000 per family.	Moderate	Lowering seeding from $600/$1,200 to $500/$1,000 will result in 0.2-0.5% savings. Eliminating seeding will result in 1-3% savings.
Add a Separate Rx Deductible &/or OOPM	Better manage rising Rx costs by controlling high-cost exposure & encouraging smarter utilization	Adding a separate Rx Deductible of $500 / $1,000 & OOPM of $2,500/$5,000	Moderate	• Adding in a separate Rx Deductible of $500-$2,000 Single & $1,000-$4,000 Family will result in savings of 1-4%. • Adding a separate Rx OOPM of $1,000-$6,500 Single & $2,000-$13,000 Family will result in savings of 1-4%. • Adding both will result in savings of 1-9% *(depending on the type of plan and how significant of a change is made)*
Raise Deductibles & OOPMs (within IRS limits)	Increases member cost-sharing, reducing employer liability.	Raise deductible from $1,650 to $2,000; OOPM from 6,000 to $7,500.	Moderate	• Increasing deductible & OOPM (or both) by $500 - $2,000 will result in savings varying from 1-9%. • Increasing by $2,500-$5,000 will result in savings of 9-15% *(depending on the type of plan and how significant of a change is made)*
Increase Employee Premium Contributions	Shifts premium cost burden from employer to employee without altering plan structure.	Increase employee share of premium by 2-3%.	Moderate	Cost/savings impact will match the % increase of employee share. *In this example, savings would be 2-3%*
Narrow or Tier Provider Networks	Directs members to lower-cost, higher-quality providers.	Implement a tiered network where Tier 1 providers have lower copays.	High	Detailed analysis required for estimated impact
Move to a Copay Only Plan	Increases employee copay costs & potentially increases the predictability of expenses	Replace a standard PPO/HDHP with a Copay-Only plan that has varying cost to the employee depending on the quality of provider	High	Detailed analysis required for estimated impact

**The Impact on each Plan Change Type is not intended to encompass other plan design strategies such as what is covered/excluded, clinical levers, changes in employee behavior, etc., and is purely modeled off the baseline design when benchmarking via the Plan Benchmarking Tool.*