

PLAN DESIGN & CONTRIBUTION

MODELING STRATEGIES



Change Type	Impact	Why	Consideration	Example
Increase Employee Premium Contributions	Low–Moderate	Shifts premium cost burden from employer to employee without altering plan structure.	May reduce employee satisfaction or participation.	Increase employee share of premium from 20% to 25%.
Reduce or Eliminate HSA Seeding (if HDHP)	Low–Moderate	Direct reduction in employer contributions.	May reduce plan attractiveness & employee engagement.	Reduce HSA contribution from \$1,000 to \$500 per employee and \$2,000 to \$1,000 per family.
Raise Copays / Coinsurance for Services	Low–Moderate	Encourages more thoughtful use of services & reduces employer-paid claims.	May deter necessary care if copays are too high.	Raise PCP visit copay from \$20 to \$30; ER copay from \$150 to \$250.
Adjust Prescription Drug Tiers/Pricing	Moderate	Promotes use of generics and preferred drugs & encourages cost-effective medication use, reducing pharmacy spend.	Could impact medication adherence & chronic condition management.	Increase non-preferred brand copay from \$75 to \$100 (if Copay) or 20% to 30% (if Coinsurance)
Raise Deductibles and OOPMs (within IRS limits)	Moderate	Increases member cost-sharing, reducing employer liability.	May cause financial strain for employees with high medical needs. Must comply with IRS minimums & maximums.	Raise deductible from \$1,650 to \$2,000; OOPM from \$6,000 to \$7,500.
Limit Pre-Deductible Coverage	Moderate	Ensures compliance and reduces upfront costs.	May reduce access to early care unless exceptions are made.	Cover only preventive services before deductible is met.
Narrow or Tier Provider Networks	High	Directs members to lower-cost, higher-quality providers.	May limit provider choice & cause dissatisfaction.	Implement a tiered network where Tier 1 providers have lower copays.
Implement Reference-Based Pricing or Site-of-Care Redirection	High	Controls costs for high-variance services like imaging or surgery.	Requires strong communication & member education.	Cap reimbursement for MRIs at \$500 and direct members to freestanding imaging centers.

*Plan Modeler savings are calculated from Actuarial Value shifts and do not account for potential changes in employee behavior.