



GROUP BENEFIT SERVICES  
AN AMWINS COMPANY





# AmWINS / GBS SELF-FUNDED PLAN ADMINISTRATION

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# AGENDA

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# AmWINS Divisions and Solutions



# AmWINS

## By the Numbers

**#1**

Largest P&C wholesale broker in the U.S.

**#1**

Largest overall wholesale broker in the U.S.

**\$14B+**

Annual premium placements

**678,453**

Submissions received annually

**257,405**

Accounts bound annually

**20,390**

Retail agency relationships

**75,739**

Individual producer relationships

**1000**

Carrier/MGA relationships

**8,080**

Underwriter relationships

**4,900+**

Employees worldwide

**12**

Countries that have an AmWINS office

**105**

Locations around the world

# Benefit Division : Operating Companies



# GBS HISTORY

1980 - GBS Founded : 17 Trade Association Health Plan MEWAs Enrollment & Billing

1987 - Self-Funded MEWA : Traditional Self-Funded TPA Services

2004 - HRA & FSA Administration

2007 - Small & Mid Market Level Funded Plans : HealthyAdvantage

2010 - Wellness & Population Health Management : HealthySolutions

2016 - Joined the AmWINS family of operating companies

# GBS – HISTORY OF INNOVATION, RECORD OF SUCCESS

- GBS is a premier Employee Benefits Administrator that has been offering innovative benefit solutions across the United States since 1980. Merging with the largest wholesaler of insurance in the country, AmWINS has provided GBS with the opportunity to increase our available broker toolbox of resources in the areas of products, services and technology. These expanded resources give GBS the ability to help brokers increase their profitability, grow their markets, and further reinforce their value and partnership with their clients.
- At GBS, we help our brokers control their clients' costs by implementing cost effective, integrated employee benefits solutions. Our cost-containment strategies include unique proprietary employee engagement tools to better assist them in finding low cost, high quality providers and reward them for doing so.
- Today, thousands of clients prefer doing business with GBS. It's because we have the dedication and experience of our employees and resources to assist them every step of the way. When you team up with GBS, you'll start reaping the rewards of GBS' exceptional service right away.

# COST CONTAINMENT STRATEGIES

In today's business climate, most companies are looking for creative solutions to the rising cost of employee benefits. For Human Resource and Benefit Managers, the ever changing health care industry and escalating costs are forcing Employers to reduce benefits and/or increase employee contributions. However, this cost shifting strategy is not a long-term solution.

At GBS, we are strong advocates of a “Consumer Engagement” philosophy by educating employees about the rising cost of healthcare, the role they play in it, and how they can help reduce the cost while maintaining a high quality benefit program. We firmly believe that by engaging employees in proven programs, the Company can preserve a valuable benefit program necessary for a productive workforce.

Those cost containment strategies include:

- Self-Funding
- Population Health Management
- Reference Based Pricing and National PPO Networks
- Bundled Payments
- Rx Sourcing

# SELF-FUNDING

**Lower Costs** by eliminating profit margins of insurance carriers, eliminating state premium taxes, and reducing administrative costs.

**Improve cash flow** by eliminating the claim reserves held by insurance carriers and by allowing you to pay actual expenses on a “pay as you go” basis (or you can pre-fund on a billed premium equivalent basis and build reserves in your own bank account!)

**Better information management** with monthly reports that help you understand how and where your health care dollars are being spent, to evaluate plan performance, and to better control costs going forward.

**Greater plan design flexibility** allowing you to custom design your health care benefits to achieve your strategic benefit goals and cost objectives, which may include limiting or excluding costly state mandated benefits from your plan.

# POPULATION HEALTH MANAGEMENT

Population Health Management refers to looking at your group as a whole and deciding what tools and benefits to put into place to help manage the health and conditions of your group and to motivate high claimants to seek treatment and continued care. At GBS we focus on this in multiple ways.

# HEALTHYSOLUTIONS

HealthySolutions is America's most innovative, participation-based health & wellness incentive program! With the increasing cost of health care, and most experts agreeing that 70% of our health care costs are due to lifestyle choices and related illness, it is time to take control of health care costs by improving health.

- Benefit designed to incentivize employees and their spouses to engage in healthy lifestyles and improve outcomes to reduce claims cost
- Benefit design that provides deductible credits as rewards for wellness activities and member engagement
- Deductible credits encourage high claimants to engage first
- HealthySolutions is specifically engineered to maximize Return on Investment (ROI)

# HEALTHYSOLUTIONS

With our HealthySolutions, you can tailor the program to meet the needs of your employee population. It isn't a program that you have to jump full force in at the onset. You can start with Biometric Screenings and Health Risk Assessments in the first year and gradually add other health coaching and outreach modules as the years go on.

We have partnered with a fully integrated Wellness/Population Health Management vendor that allows the employer to see real time reports for their group's engagement and rewards. The member also has a portal to track their incentives, wellness and lab results. They can also view claims, talk with and schedule meetings with health coaches and track their food and exercise daily. These tools are designed to help the client and members focus on their health and wellness while teaching them ways to decrease their healthcare costs and live a healthier lifestyle.

# PROVIDER CHOICE REWARDS

Provider Choice Rewards is a tool that allows employees to find a doctor for a particular procedure, but at a lower cost facility. By going to a lower cost facility, they will save themselves money, the plan money and receive a check as a reward for going to that doctor. Provider Choice Rewards is:

- Designed to reward employees and spouses to engage in high quality, low cost providers to reduce claims cost
- Easy to use web based portal for employees to look up procedures and illustrate providers in your area and what the reward will be
- Once procedures are performed, employee receives a reward check between \$25-\$100 and plan saves \$500-\$2,000

# REFERENCE BASED PRICING

One of the more revolutionary healthcare cost-reduction strategies is “Reference Based Pricing (RBP).” This strategy helps employers limit costs by providing a fixed amount for certain healthcare services.

Claims in a self-funded plan are fully paid by the employer, circumventing the traditional insurance network. Employers often work with Reference Based Pricing vendors or Third Party Administrators (TPA) to negotiate the payment with providers in the region.

RBP is a proven, cost-effective PPO replacement option offering benefits for the self-insured employee of any size.

# REFERENCE BASED PRICING

GBS works with best in class RBP vendors to ensure a streamlined, cost-effective program strategy for our brokers and their clients. Our partners help your clients and their members successfully navigate the reality of RBP through:

- Accurate Claims Processing
- Trusted Patient Advocacy
- Diligent Balance Billing Advocate
- Proactive Provider Outreach
- Comprehensive Care Management
- Customer Support

## Benefits of Utilizing a Reference Based Pricing Program

- No network restrictions, plan members have the freedom to choose any provider without additional out-of-network charges
- Savings of 20% greater than typical PPO networks

# NATIONAL PPO NETWORKS

At GBS, we select our PPO network affiliations with the highest degree of care, in order to strike the critical balance between access to providers and overall savings. Our goal is to offer you and your employees the best value for your medical dollar.

GBS has established a partnership with the Cigna National PPO. Cigna PPO offers the broadest access to in-network hospitals and physicians (over 6,400 hospitals and 840,000 primary care and specialists providers across the country) at the deepest discounts for the Plan. Cigna PPO discounts average between 48-55%. In addition, our systems track and report on the performance of your PPO network as follows:

- Detailed data to track and report network access and cost savings
- Online provider directories in our claims system to assure discount savings are captured

By coupling the Cigna PPO Network with the Provider Choice Rewards Program<sup>©</sup>, you maximize your PPO provider discounts by selecting from a broad network of preferred providers at the most affordable rate! Your employees win with a shared-savings reward and the Plan wins by paying claims at the lowest costs possible.

# BUNDLE PAYMENT PROGRAMS

Bundled payments are ideal for payers that want to participate in value-based care. Bundled payments tend to have lower financial costs than other payment models for payers and are beneficial to providers as well as payers.

In a bundled payment arrangement, payers are only responsible for a single payment that covers all the services included in a defined episode of care. Bundled payments can be administered as one bulk payment to a provider organization, or payment to participating providers, making it easier for payers to manage reimbursement totals.

GBS works with multiple vendors in the Bundled Payment arena to help bring additional resources to lowering the cost of healthcare.

# PHARMACY BENEFIT MANAGER (PBM)

At GBS, we select our PBM affiliations with the highest degree of care, in order to strike the critical balance between access to pharmacies and overall savings. Our goal is to offer you and your employees the best value for your pharmacy dollar.

GBS works with many PBMs, but has a solid relationship with AmWINS Rx, one of the nation's most successful PBM's because of their proven track-record of reducing pharmacy costs with their patient pharmacy support services, including competitive prescription drug pricing among retail pharmacies.

# SOURCING SPECIALTY DRUGS

The cost of name-brand medications is increasing at a annual rate of 13% with American consumers paying up to 16 times more than other countries for the same exact prescription drug. An international prescription program can save employers anywhere from 30% to 90% on name-brand medicines.

## **Features & Benefits:**

- \$0 Rx Copay for maintenance name-brand meds
- 60-70% average employer savings
- 90-day supply mail order program shipped directly to members' homes
- Comprehensive employee engagement and education
- Concierge customer service – responsive to employee needs and inquiries

# ADMINISTRATIVE SERVICES

## **Dedicated Account Management Services**

- Communicate and implement all plans
- Assist with employee open enrollment meetings to ensure your employees understand and appreciate the benefit program provided to them.
- Provide on-going key-contact support
- Keep you advised on industry trends and regulatory changes
- Review renewal options each year to ensure your plan is meeting your strategic benefit goals and cost objectives.

# CLAIMS AND MEMBER SERVICES

GBS is dedicated to providing you and your employees with prompt and accurate claims processing and customer services. This means that the Human Resource or Benefit Manager does not need to spend their time with benefit service issues and can devote their valuable time to important strategic HR & Benefit responsibilities.

Our claims and customer services include:

- State-of-the-art computer systems that offer fully automated features and flexible plan designs
- Dedicated and experienced team assigned to each client to ensure maximum accountability for customer service
- Prompt, accurate claims processing provides employee satisfaction and appreciation for the benefits provided
- Measurable quality audit program monitors performance standards
- Performance guarantees provided in all client contracts for accuracy, claims turnaround, report delivery and eligibility maintenance

# ELIGIBILITY AND BILLING SERVICES

Managing the eligibility for your self-insured plan is a critical responsibility to the success of the plan. Accurate and timely eligibility management will safeguard your plan against ineligible claim payments and in the case of a large claimant; provide you stop loss reimbursement protection.

Other administrative services include:

- Dedicated and knowledgeable Account Administrator assigned to each client
- Prompt and accurate enrollment processing ensures eligibility is up-to-date and monthly premium invoices are correct
- I.D. cards are customized for each client and mailed within 2-3 days
- Flexible billing invoice format to accommodate multiple plans, company locations or divisions
- Detailed enrollment transactions reflected on each monthly list invoice

# COMMUNITAS MEDICAL MANAGEMENT SERVICES

Early intervention and management of expensive medical care creates value for both the patient and the health plan. By choosing the appropriate setting for care, patient outcomes are improved and a plan's cost is minimized. GBS is heavily committed to this process – so much so that we have our own experienced clinical team. The GBS Communitas program employs a proactive and preventive approach to cost containment.

## **Experienced clinical staff**

- Immediate action taken for potentially difficult or large claims when they occur
- Focus on cases that have largest impact on costs
- Propose high quality alternative treatment plans
- Follows proven set of medical criteria (InterQual)
- URAC™ accredited for Utilization Review and Care Management
- Quarterly utilization management reports that outline case progress, costs and savings

## **Services include but not limited to:**

- |                          |                              |                      |
|--------------------------|------------------------------|----------------------|
| • Utilization Management | Large Case Management        | Maternity Management |
| • Disease Management     | Health and Wellness Programs |                      |

# COMPLIANCE SERVICES

One of the greatest challenges clients face is keeping current with federal regulations and requirements for health plans.

GBS alleviates this concern for our clients by providing compliance services as follows:

- COBRA/HIPAA administrative services
- Compliance Alert newsletters notifying our clients of any new legislative requirements
- Provides Summary Plan Description and Amendment documents
- Issues 1099's to Providers and submits the consolidated reporting file to the IRS
- Provides Schedule A information for Form 5500

# REPORTING SERVICES

GBS' robust data warehouse of eligibility, demographics, medical and pharmacy claims along with our care management data allows us to provide meaningful reports that help us monitor the effectiveness of our clients programs. This sophisticated reporting capability provides you with the tools you need to manage you employee benefits and costs.

- Standard monthly reports to monitor enrollment, benefit utilization and costs
- Executive Management Reports compare current benefit period to last period to analyze plan components (enrollment, benefit category costs, PPO access and savings, trends etc.)
- Communitas Care Management services and savings reports
- Benchmarking reports to compare your benefit plan design and costs (employer and employee contributions) to other employers of a similar size, industry and geographical region

# TECHNOLOGY SERVICES

- Benefits At A Glance—View eligibility, enrollment, plans and costs (employer and employee)
- Document Library—Access the library containing important documents, information and forms regarding your benefit program, i.e. Summary Plan Descriptions, Open Enrollment Communications, and Pharmacy Formulary etc.
- Claims Status & History—View or search the status and payment of medical, dental, vision or Flexible Spending Account claims. You can even view your Explanation of Benefits (EOB) right on line! You no longer need to maintain paper copies of all your EOB's!
- Flex Spending Account History—View contributions, claims reimbursements and account balances.
- Provider Network Directories—Search for a Preferred Provider to ensure maximum benefit payments and discounts for your claims. Reducing the cost of health care for both the plan and your employees.
- Health and Wellness Center—Access valuable health and wellness information to help employees better manage their health care concerns and live a healthier lifestyle which will reduce future health care costs.
- Online Enrollment—Eliminate the paperwork with our online enrollment feature. The client decides who will have the ability to perform certain online activities such as:
  - New Hires & Terminations, Open Enrollment Elections, Mid-Year Qualified Status Changes
  - Billing Invoices—Review invoices, billing summaries or detailed billing information. You can also download the detail to an excel spreadsheet for further analysis.
  - Reports—Access web-enabled reports that can be sorted or summarized in numerous ways or download to an excel spreadsheet for further analysis.

# GBS COMMITMENT

Group Benefit Services is committed to offering our clients the most cost effective employee benefits package available. GBS offers a comprehensive menu of services that can be utilized to develop a custom benefit package that is designed to offer you and your employee's choice, flexibility and affordable costs.



# QUESTIONS?



## ADDRESS

6 North Park Drive, Suite 310  
Hunt Valley, MD 21030



## EMAIL & WEB

[sales@gbsio.net](mailto:sales@gbsio.net)  
[www.gbsio.net](http://www.gbsio.net)



## TELEPHONE

410.832.1300