

Percentile-of-Use Method



Calculator Models



How Model Works

Maps user's stated medical services needs across 26 types of services (e.g., office visits, labs, tests, Rx, surgeries) against actuarial data tables published by Federal Actuarial Value Calculator (A/V), based on the Blue Health Intelligence database of ~200 million claimants. Then it applies a **regional geographic cost factor**. Employee predicted cost is calculated by running type-of-service data against the plan-design details to project **premium and total expected OOP costs less employer contributions**.

Multiplies user inputs of units of service by an estimated cost of service, either a copay or expected cost-of-service coinsurance. **Requires the employee to input detailed estimates** of historical and anticipated medical services and Rx data for each family member based on available information or conjecture. Employee cost calculated by multiplying units of services by applicable copay or average cost. **Calculator models tend to underestimate employee OOP costs** and expense of ancillary services like diagnostics, anesthesia, therapy and supplies.

Typical Cost

LOWER:
\$8 PEPY up to 1,000 employees
plus \$3 PEPY over 1,000 employees

HIGHER:
\$20 PEPY up to 2,000 employees
\$12-18 PEPY over 2,000 employees

Broker Setup

NO: Full setup provided for all accounts

YES: DIY required for all accounts fewer than 2,000 employees

Time to Complete

4-5 minutes, including multiple scenarios

25-30 minutes is the typical time to complete

Typical Engagement Rates

60-65% based on completion

10-20% based on completion

Spanish Version

YES: Built-in toggle Spanish version at no cost

NO: Spanish version unavailable due to complex, lengthy interaction and high cost

Set-Up Turnaround

Typical setup takes 48 hours

Typical setup takes 2-4 weeks

Employee Personal Information Required

NO: No personal user information is required. Employee answers 4-5 multiple-choice questions plus zip code. No research or estimating, top-of-head responses

YES: Asks employee to input detailed historical information such as # of service visits (e.g., ER, PCP, specialist) and Rx information for each family member. Requires some research and estimating

Objectivity

YES: 100% consumer centric: Results consider only healthcare costs and plan features relevant to the user

NOT ALWAYS: Often considers carrier or plan-sponsor interests in recommendation results

Audio-Visual Content

YES: Includes explainer videos to help guide users through decision-support process

YES: Uses audio-visual avatar to help guide users through decision-support process



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Mobile Compatible

YES: Mobile friendly, easy to demo, simple to navigate. Compatible with any online benefits enrollment platform

SOMETIMES: Not mobile compatible when embedded into third-party enrollment tools

Expected HDHP Plan Selection Results

While algorithm is unbiased, it is typical to see a minimum **15-25% shift in population to HDHPs**

Less likely to recommend HDHPs for high-level users of medical services than percentile-of-use method

Uses Personal Health Information (PHI)

NO: Completely de-identified information requested from employee. No PHI requested or maintained, so there is no risk or potential liability for the employer

YES: Requests intrusive and personal user information like annual income, savings and comfort with risk. Typically ties to employee enrollment record, so PHI is traceable

Normative Data

Uses the Blue Health Intelligence database and Federal A/V Calculator for meta-level ACA designations ~200 million claimants.
Regional cost adjustments based on zip code

Meet Alex uses Healthcare Bluebook for normative data, which would support the unit cost calculator-model approach

Risk-Aversion Assessment

Risk aversion built into question responses. A risk-averse individual will provide a more conservative self-assessment

Considers intrusive and personal questions like annual income, savings and comfort with risk

Focus

100% focused on helping employees choose the optimal benefits plan for lowest cost

Time spent on non-medical insurance products dilutes effectiveness and user attention span

NOTE: The information above is not validated with provider of “calculator models,” is subject to changes and presented for informational purposes ONLY from publicly available information that, to the best of our knowledge, overviews that product.

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