

FREQUENTLY ASKED QUESTIONS

Advisory Health Administrators – Program
FAQ



Q: BECAUSE THIS PROGRAM IS TECHNICALLY A 'SELF-FUNDED' PROGRAM, DOES THAT MEAN OUR GROUP HAS TO HAVE RESERVES SET ASIDE TO COVER THE CLAIMS IN CASE OF A BAD MONTH (OR YEAR)?

A: NO. Because of the insurance components of the program, we have taken the best aspects of a self-funded program and the best aspects of a fully-insured program and blended them together. This is a fixed-cost, level-funded program. Your rates are your rates, period.

Q: WHAT DOES MAX FUNDED MEAN?

A: The Advisory Health Administrators program is 'Max funded' meaning that by design, any risk to the sponsoring employer has been removed beyond the 12 months of premium paid. Based on employer size, we can offer a unique, self-funded health benefit program that maximizes the benefits to employees, while implementing cost-saving opportunities for employers to stabilize benefit costs without reducing benefits.

Q: IF WE CHOOSE TO LEAVE THE PROGRAM AT THE END OF THE PLAN YEAR, IS THERE A TERMINATION COST ASSOCIATED WITH THE PLAN?

A: NO. All run out costs are accounted for within the monthly premiums.

Q: IF OUR CLAIMS EXCEED THE ALLOTTED AMOUNT, WHAT HAPPENS? DO WE HAVE TO COME UP WITH THE DIFFERENCE AT THE END OF THE YEAR?

A: NO. The Advisory Health Administrators program is Max funded by your monthly premiums. Regardless of what your claims experience is in any given plan year, you will never pay more than the monthly cost quoted to you as long as your enrollment stays stable. *

Q: DURING OUR PLAN YEAR, WHAT IF OUR CLAIMS RUN BETTER THAN EXPECTED?

A: Once all claims have been paid for the plan year, any unused dollars in the claims fund will be used to reduce future premium rate increases. In the event of a plan termination, each employer is eligible to receive back any unused dollars in the claims fund after the run out period.

Q: WILL OUR EMPLOYEES AND ADMINISTRATORS HAVE TO DO MORE WORK ON THIS TYPE OF PROGRAM?

A: NO. By partnering with Advisory Health Administrators, the program's Third-Party Administrator (TPA), administrative burdens are removed from both the employee and the employer. Employees play their usual role including seeing providers within their PPO Network, using their ID card at the provider's office, paying a copay and then paying their shared responsibility. The employer simply pays their monthly premiums. Advisory Health Administrators then handles the rest! No claims filing, no separate accounting, no extra work!

Q: ARE THERE ANY STARTUP COSTS TO OUR ADVISORY HEALTH ADMINISTRATORS PLAN?

A: The only start-up cost is your first monthly premium payment.



ADVISORY HEALTH ADMINISTRATORS – PROGRAM FAQ



WILL MY EMPLOYEES STILL HAVE ACCESS TO THEIR HOSPITALS, DOCTORS AND PHARMACISTS?

A: YES. Employees have access to both multiple national and regional PPO networks as well as Transperra suggested providers. PPO networks ensure broad access to doctors, hospitals, and pharmacies across the country, while Transperra suggested options provide members with the opportunity to access higher-quality care at a lower cost. Together, this approach balances choice with savings, and employees can decide what works best for their situation.

Q: WHAT ABOUT THE BENEFITS? WILL THEY BE 'APPLES TO APPLES' TO OUR CURRENT PLAN?

A: The Advisory Health Administrators program offers a variety of plan designs that your group may select from. Depending on group size, multiple plan options can be offered to employees. While there may be some differences compared to your current plan, we often improve benefits by incorporating features such as deductible credits through wellness participation, care coordination, lab benefits, diabetic supplies, telemedicine, and enhanced Rx benefits.

Q: WHAT ARE SOME OF THE COST-CONTAINMENT FEATURES WITH OUR PLAN?

A: A core focus of Advisory Health Administrators is cost containment. Traditional benefit designs alone have not been successful in controlling costs, so we integrate innovative solutions such as ER utilization management, implant cost containment, specialty and injectable medication strategies, and generic drug sourcing. Additionally, Transperra provides direct contracting and cost navigation to maximize both savings and quality of care.

Q: WHAT OPTIONS ARE AVAILABLE TO ENSURE THAT MY GROUP IS ACA-COMPLIANT?

A: For groups of over 50 eligible employees, Advisory Health Administrators offers turnkey ACA-compliant medical benefit solutions. This includes Minimum Essential Coverage (MEC) Plans, Minimum Value Plans, and a variety of 'buy up' options for richer benefits. All plans are supported with streamlined administration and billing.

Q: I HAVE NEVER HEARD OF ADVISORY HEALTH ADMINISTRATORS. WILL MY DOCTOR RECOGNIZE IT? IS THIS A NEW PROGRAM?

A: Advisory Health Administrators is an experienced Third-Party Administrator partnering with national PPO networks and Transperra suggested providers to deliver innovative, sustainable benefit solutions. On your Member ID Card, you will see the PPO Network logo, which your provider will recognize. Providers also have the option to work with Transperra suggested facilities for additional savings opportunities. This model has been proven nationwide in partnership with top-rated reinsurance carriers.

Q: WHAT ARE THE BENEFITS OF HAVING A THIRD-PARTY ADMINISTRATOR (TPA) HANDLE OUR CLAIMS VERSUS HAVING A CARRIER DO IT?

A: Traditional carriers often prioritize their bottom line, but a TPA like Advisory Health Administrators works solely on behalf of the employer and employees. We proactively address rising healthcare costs through navigation, cost containment, and client service. Members and employers receive direct support from our service team, rather than a rotating call center. With Advisory Health Administrators, you get a partner committed to lowering costs and improving your healthcare experience.

