

A BETTER HEALTH PLAN FOR YOUR BUSINESS

A TOOLKIT FOR GETTING STARTED IN 3 EASY STEPS

Whether you're considering a new health plan for your business or wading deep into benefits evaluation, you can probably agree on one thing: It's not easy.

In fact, the very thought of finding, evaluating and choosing a new health plan that meets the needs of both your employees and your organization can be overwhelming.

Worry not, fellow health benefits professionals.

We want to help you make sense of the chaos and feel confident throughout the journey of providing excellent, affordable health benefits across your company.

In just three easy steps, you too can master the art of cat herding, penny pinching and employee pleasing. The following toolkit will help you align all stakeholders, identify your needs and effectively weigh your options.

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It takes all kinds.
Every business,
industry and region
is different. That
includes your group.

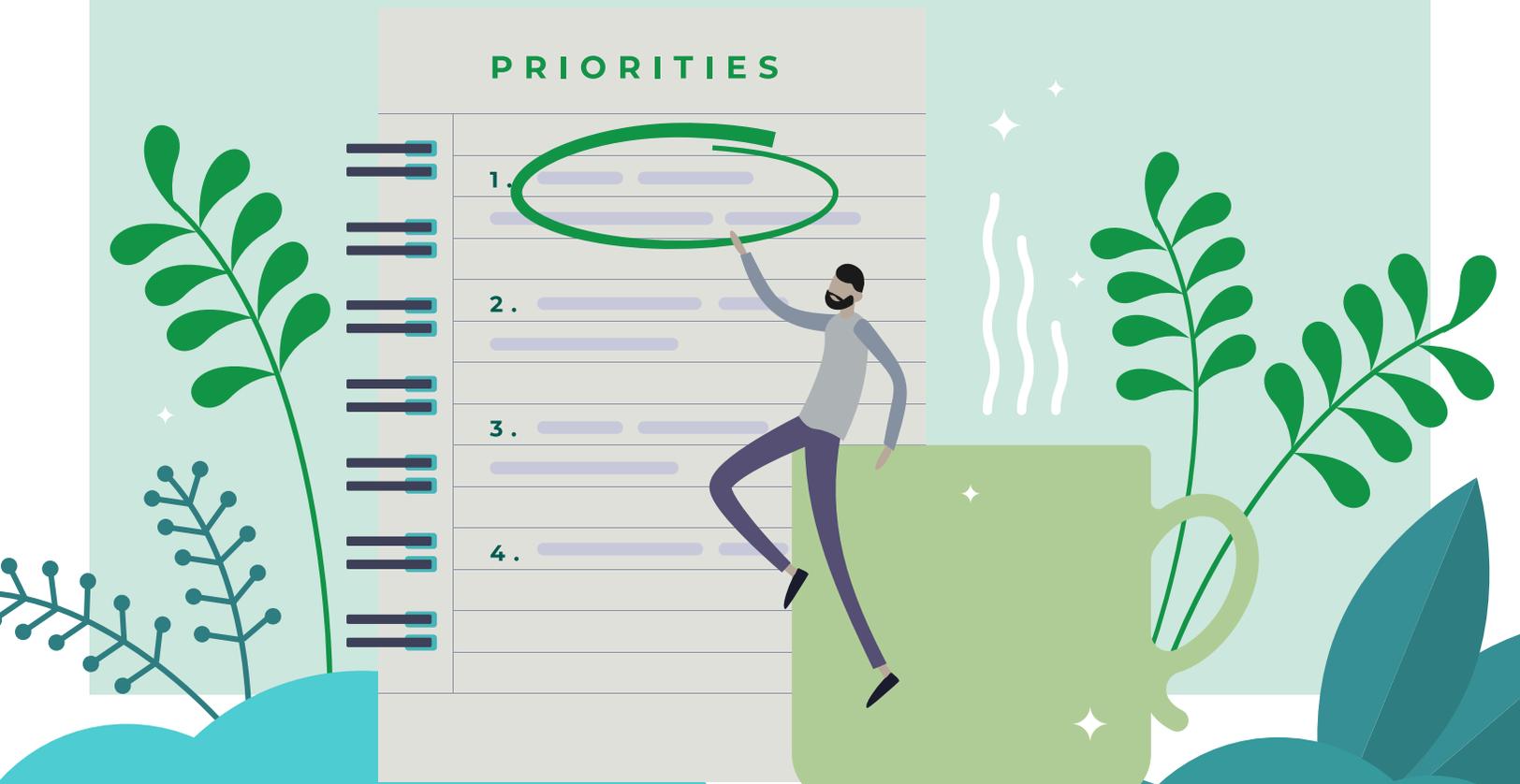
So, the trick is to
make this toolkit
work for you, your
company, your
employees and your
bottom line.

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STEP ONE

DEFINE YOUR GOALS

Before you weigh your options, assemble a taskforce or crunch numbers, your first order of business is to define your goals. Why are you considering a new health plan?





Understanding your ideal solution can help your company avoid buyer's remorse later. Remaining focused on your company or organization's goals keeps your buying process on track.

Whether you're lowering monthly premiums to keep things affordable or enhancing your overall benefits package to entice today's top talent, there's a reason you're starting this process—and spending time fully vetting your goals will help you later down the line.

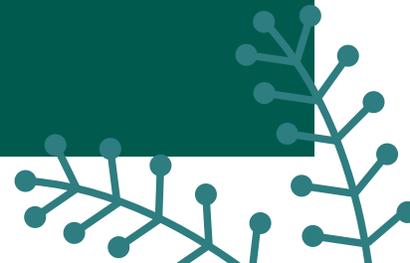


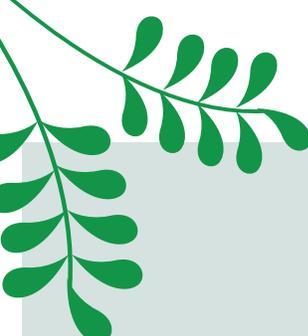
SMART TIP: Build your benefits philosophy

A benefits philosophy, or the guiding principles behind your benefits, will help you define your goals and align your stakeholders. The sooner you define this, the faster you can assemble a team to begin weighing your options. Here are some questions to ask yourself that will help you develop your benefits philosophy.

1. Why do we have a benefit program?
2. What do we want to provide coverage for?
3. Do we want one standard package or should the robustness of our benefits vary based on title and rank?
4. Are there specific behaviors we want to encourage or reward?
5. How is cost shared between the company and our employees?

Want more information on developing your benefits philosophy? If you or your organization belongs to resource groups like the Society of Human Resource Management (SHRM) or other chamber organizations, they typically have additional resources to help.





Another way to help you define your “why” behind new health benefits is to better understand the people you’re insuring, your employees. At Priority Health, we believe: Members of the modern workforce want more control over their health care and expect their employers to offer plans that fit the needs and demands of their “always on” lifestyle.

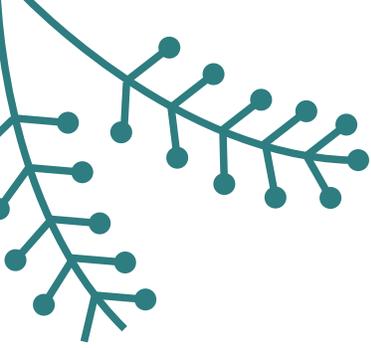


When developing your benefits philosophy and evaluating new health insurance solutions, be sure to consider the expectations of your population and your prospective talent.



Whether you’re trying to attract new, younger workers or retain your current employees, understanding what your employees want from a benefits package will help you determine if any adjustments are needed. With the competitive labor market and Gen. Z’s entering the job market, doing a population evaluation (or re-evaluation if you’ve done this in the past) will help you understand where you are and where you want to be when it comes to attracting and retaining top talent.





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From A to Gen Z: Making sense of it all with a population evaluation

Want to better understand the various generations and their motivators? Here's a quick rundown.¹

Will your new health plan speak to each generation at your company or organization? No matter the reason for evaluating your benefits offering, once you've determined it—and your goals—you're ready for **step 2**.

¹Source: DEFT Research 2019 Group Benefit Decision Maker Study



STEP TWO

IDENTIFY YOUR KEY
STAKEHOLDERS.

It doesn't matter if you have 50 employees or 5,000—you first need to establish who's responsible for choosing the company's health insurance and why.

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Whether you're looking to change your current benefits, switch carriers or totally re-haul your benefit structure, having the right team together at the beginning will help you streamline this process.

Keep in mind, the average buying group consists of six to 10 people.² Depending on the size of your company, your buying team could be even bigger. That's why it's important to identify each member and their specific role in the process.



SMART TIP: WHO'S WHO?

When building your championship health benefits buying team, ask yourself the following six questions to make sure you put the right people together.

- 1. Who is the ultimate decision maker? (You want this person on board, trust us.)**
- 2. Who was involved last time we looked at buying health benefits? (You might want them there, too.)**
- 3. Do we have an insurance agent? Who directly works with the agent?**
- 4. Who's approving my budget?**
- 5. Would a new health plan affect any other benefits we have in place? Should I include those administrators?**
- 6. Who onboards new vendors and should they be at the table?**

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SMART TOOL

Use our RACI template to help you identify and define stakeholders in your benefits buying journey.

[INSERT PROJECT NAME] - RACI template

The RACI is a planning and project management tool that describes and clarifies roles and responsibilities and helps identify when it comes to making a decision. This tool can help ensure clear and strong communication amongst all stakeholders and ensure no key stakeholders are left out of the decision-making process.

A few scenarios when a RACI chart can come in handy:

- The decision-making or approval process could hold up the project
- There's conflict about task ownership and decision-making

The RACI framework helps answer the following questions:

1. WHO is leading the work? WHO is accountable?
2. WHO needs to be directly involved in the work and make decisions?

Smart tips to ensure a successful project kick-off using the RACI framework:

- Schedule a kick-off meeting with everyone that needs to be involved in the project
- Discuss planned roles/responsibilities with each stakeholder to ensure everyone is aligned on the expectations and agreed
- Resolve conflicts and ambiguities by looking both across each row and up and down each column for the following:
 - Does one stakeholder have too much of the project assigned to them? (i.e. too many R's)
 - No empty cells: does everyone truly need to be assigned to every single task? Are there 'too many cooks in the kitchen'?

Directions for using the RACI chart:

- Step 1: Identify all key functions, tasks and deliverables for the project down the left column
- Step 2: Identify all key positions and stakeholders who should be involved in the project across the top row
- Step 3: For each project task identify what each person's level of responsibility is with regard to that particular activity or

Project task or deliverable	Stakeholders		
	Team role or name (ex. HR Director)	Team role or name (ex. CFO)	Team role or name (ex. Project manager)
Ex: Identify solution criteria (i.e. goal) you are trying to solve for	A	C	I
Ex: Identify budget	R	A	I
Ex: Develop scorecard for evaluating carriers	A	C	I

Once you've got your shortlist of stakeholders, you're ready to meet for their buy in. Not into meetings? A simple email to each member to vet their services will suffice. Once everyone's on board, you're ready for STEP 3.

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STEP THREE

PREPARE YOUR SCORE CARD

Defined your goals?

Check.

Built your team of decision makers?

Check.

Now it's time to start evaluating and comparing your options.

But how?

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A score card is a helpful way to identify your top priorities, and gain alignment on a fair rating and comparison model before receiving any new proposals. Without alignment on this grading criteria, you risk delays due to misaligned priorities and confusion around the solution requirements.



SMART TIP:

It's best to put together your score card before the quotes come rolling in. You can even lean on our team of stakeholders for alignment on score card criteria.

Your score card should consider what's most important and what's most at stake regarding your needs. Refer to STEP 1 to refresh what those are. Even if your biggest goal is cost savings, the ideal score card will make sure you're comparing apples to apples and getting the most benefits for your money.

SMART TOOL

Use our sample score card to get an idea of what you want on yours, or make one of your own.

Carrier evaluation scorecard

What is a scorecard used for?

This scorecard is a designed template specifically used to help organizations make better, faster and more cost identify which categories/components of a health insurance plan are most important to your organization sim

Who can take advantage of this scorecard?

- ✓ Any organization evaluating and purchasing health insurance benefits for their employees.
- ✓ Executives seeking to understand the vendor decision making methodologies
- ✓ Project teams faced with vendor selection initiatives

How to use this scorecard:

Key stakeholders involved in the decision making process should align on the categories and any sub-categor organization that these items be included in your benefits package.

Rate your current carrier using the 0-4 scale for each of these categories/sub-categories. It's important to upfro and may cause tension/misalignment later on when it comes to making a final decision

The score of your current carrier can help you determine which questions to go back to your agent to discuss t

The sections and sub-sections below are completely customizable, but we've provided you with some exam

Rating	Scoring Value	Definition
Superior	4	Proposal exceptionally e
Exceeds	3	Proposal exceeds perfor
Meets	2	Meets specified minimur
Meets with Exceptions	1	Proposal demonstrates v
Does Not Meet	0	Fails to meet specified m

Evaluation Categories	% Weighting	Current Vendor (Example)	
		Rate	Score
Financial security and quality awards	5%		0.55
Financial rating		4	0.2
CMS score(s)		4	0.2

WHAT'S NEXT FOR YOUR BUSINESS?

As your company's benefits evolve, will they challenge conventional offerings, comply with the status quo, groom the bottom line or provide innovative solutions to your employees and their families?

It's a decision you may make exclusively, or collectively, depending on who's at the table. However, no matter how you slice it, it's a decision that you (or others like you) will ultimately have to make—for your current employees, your future employees, your brand equity, your reputation and your bottom line. The choice is yours. And we're here to help you make the smart one.

Whether you're building a benefits package that's financially conservative or aiming to be the next Google, our health insurance products and services are priced competitively and created innovatively to fit your company, your goals and your most important asset: your employees.

If you'd like to know more about how we're helping employer groups just like yours navigate costs, options and expectations, talk to your agent or a Priority Health sales representative today and ask if Priority Health is right for you.

About Priority Health

With over 30 years in business, Priority Health is the second largest health plan in Michigan, offering a broad portfolio of health benefits options for employer groups and individuals, including Medicare and Medicaid plans. Serving more than one million members each year and offering a network that includes 97 percent of primary care physicians³ in Michigan, Priority Health continues to be recognized as a leader for quality, customer service, transparency and product innovation. Priority Health is the smart choice for people seeking affordable, quality health insurance.



³According to the Michigan Department of Insurance and Financial Services 2019 Individual and Small Group network filing comparisons of primary care doctors who participate with insurance, excluding out-of-state and Upper Peninsula providers. Network varies by plan.