OptiFlex plan funding

For groups with 51+ employees

Providing the predictability and flexibility you need

OptiFlex™ funding gives you the best of fully insured and self-funded funding types without being overly expensive or complicated.

How OptiFlex works

Monthly premiums are based on the anticipated healthcare costs of your employees. When claims are lower than expected, you benefit by receiving a percentage of the surplus. If claims are higher than expected, our simple stoploss protection kicks in, alleviating the risk to your company.



Claims run favorably		Claims run unfavorably	
Annual claims funding	\$200,000	Annual claims funding	\$200,000
Paid claims	(\$160,000)	Paid claims	(\$240,000)
Surplus	\$40,000	Deficit	(\$40,000)
Refund to group	\$20,000	Paid by Premera stop loss	(\$40,000)

Surplus and deficit scenarios

Whichever way your business decides to go, Premera has you covered.

Scenario	Deficit	Claims surplus
You renew your OptiFlex funding plan with Premera	Covered by stop loss	Eligible for a 50% refund of surplus
You convert your plan from OptiFlex funding to fully insured funding with Premera	Covered by stop loss	Eligible for a 50% refund of surplus ¹
You convert your plan from OptiFlex funding to a self-funded plan with Premera	Covered by stop loss	Eligible for a 50% refund of surplus ¹
You terminate your OptiFlex funding plan and leave Premera.	Covered by stop loss	Eligible for a 50% refund of surplus ¹

¹ After 15 month run-out period



Reasons to choose OptiFlex:

- 1 You want the flexibility that comes with self-funding, but don't want the risk.
- 2 You want visibility of plan utilization and performance.
- 3 You want to be eligible for a surplus if your plan runs better than expected.

Fully insured	S OptiFlex V	Self-funded
Fixed monthly cost	Fixed monthly cost	Unpredictable monthly cost
Low risk, higher cost	Balance of risk and reward	Total control of plan, higher risk
Must comply with all state mandates or regulations for insurance plans	Not subject to most state mandates	Not subject to state mandates
No surplus opportunity	Opportunity to get a surplus at renewal	Health plan performance dependent on group's budget
Rates based on a blend of claims and anticipated risk	Rates based on a blend of claims and anticipated risk	Cost based on actual claims
Limited plan customization*	Increased plan customization	Full plan custimization

^{*}Group must have 100+ subscribers to implement any customization.

Getting the most from OptiFlex:

Predictability for your business

- Monthly rates that cover claims and administrative costs
- Stop-loss coverage protecting you from high, unexpected claims
- Transparent claims data for utilization analysis and healthcare consumption

Flexibility for your employees

- Access to our highly trusted and valued network of providers
- Additional benefits that save you and your employees money, include preventive care, virtual care, and access to one of the largest provider networks in the region
- National network access with BlueCard® so they can get care wherever they are

OptiFlex groups are responsible for legally required reporting, taxes, and fees such as:

- 1095-C distribution
- PCORI fee payments
- Program assessments that apply to self-funded pans

Additional ways to save

Integrating dental and vision benefits with your medical plan or offering life and disability insurance can save you more.