

Self-funded plan funding

FOR GROUPS WITH 150+ EMPLOYEES

A funding option that's as unique as your business

Self-funded health plans provide employers the highest amount of plan customization allowing for lower operational costs and improved cash flow.

How self-funded plan funding works

Monthly plan costs are based on administrative costs, claims utilization, and stop-loss premiums. Self-funded plans assume the risk when claims costs exceed projections.

Features of a self-funded plan:

1. A customized health plan design to meet the needs of your employees and company objectives
2. Control over healthcare reserves
3. Exemption from state-mandated coverage requirements
4. Lower premium taxes and operational costs

Premera Blue Cross Blue Shield of Alaska as your administrator

Self-funded employers can work with Premera to provide a variety of services including, but not limited to:

- Claims payments
- Network of providers
- Care management
- Subrogation
- Maintenance of eligibility files

The list of services managed by Premera rolls into the group's monthly administrative fee. Monthly fees are set for the plan year based on the number of employees in the group.

Contact your producer or your Premera account representative to find out more.

A clean bill of health

Premera supports self-funded employers with extensive claims reporting, plan utilization, and insights that can help self-funded groups manage their plan more effectively.

Risk and stop loss

Self-funded groups assume all risk for the claims that surpass the anticipated amount. Stop loss is a great option to cover the cost and protect your group from catastrophic losses. LifeWise Assurance Company¹ assists groups with creating the right medical stop loss for their needs.



An Independent Licensee of the Blue Cross Blue Shield Association

¹LifeWise Assurance Company is an independent company that does not provide Blue Cross Blue Shield products or services.