

A Webinar Series

Why All Captives Are Not Created Equal



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## **Meet Roundstone**

Quality, Affordable Healthcare and a Better Life for All

Launched 1<sup>st</sup> Group Medical Captive in 2005

90+% Retention Rate

Total healthcare spend covered \$1,500,000,000

Average distribution to captive participants

10.4%\*

\*Based on last 5 years

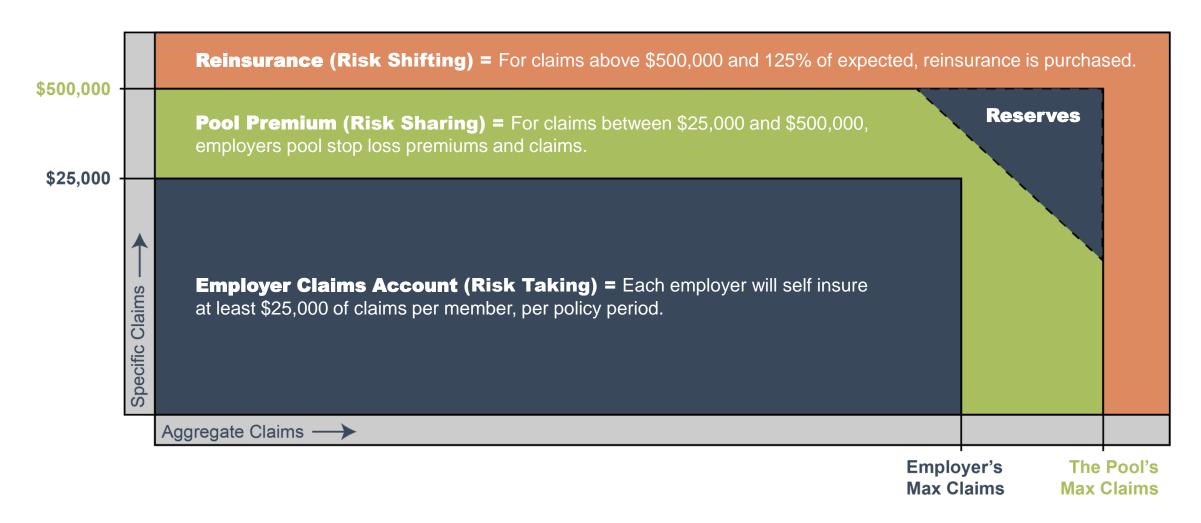
1000+ Number of employers

Number of lives covered

170,000+



# **How the Captive Works**



## What is Collateral?

### The price of admission into a captive

- Typically a percentage of the stop-loss premium
- Used to help cover any costs that exceed the amount the captive has received as premium
- Likelihood of using collateral is low for large, well-established captives



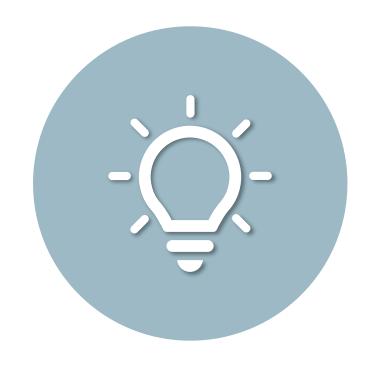
# What is a Captive Distribution?

The Captive Loss Fund (Return Fund) is the pool of funds accumulated from the stop-loss premiums paid by the employers participating in the captive

- Claims within the captive layer are paid out of this fund
- When the total premium dollars reinsured to the captive exceeds the sum of all claims and operational expenses, this surplus can be distributed back to employers in the form of a cash distribution

## What is Cost Containment?







**Plan Design** 

Services, Solutions, **Programs** 

**Choosing the** right partners

## **Vetted Partnerships - Criteria**

#### **TPA**

- Claim Quality
- Network Availability
- Program Pricing
- Ops and Sales Responsiveness/Collaboration
- CSI Integration
- Cost Containment
- Stop Loss Ratio
- Renewal/Win Rate
- Onboarding Experience

#### Network

- Pricing
- Network Footprint / Wrap Network
- Network Stability
- Appropriateness by State
- Minimum Lives Requirements
- Group Size Limitations
- Investments
- Tech Integration

#### PBM

- Competitive Net Costs (Ingredient, Rebates, Administrative Costs)
- Member Focused Cost Containment
- Good Partnership Metrics
- Onboarding Experience
- Administrative Fee Structure
- Competitive/Business Landscape

# High Performance Captive Health Plan

Independent TPA with Cost Saving Plan **Document Language** 

PBM Carve-out/Overlay

Current Plan Design

Concierge/Digital Health

Biometric Screening and Wellbeing Incentive for Employee

Data Analytics and Forum Attendance

Plan Reviewed for Customized Cost and Risk Management Opportunities

Incentive Based Plan Design

Centers of Excellence/ Specialty **Networks** 

Data Analytics and Forum Attendance

Plan Review for Customized Cost and Risk Management Opportunities

Rx Formulary Review and Revision

Network Strategy Review (RBP, DPC)



The Foundation



YEAR TWO:

The Four Walls



**YEAR THREE:** 

The Roof

## **How Is Our Cost Containment Different?**

High-Quality,

Affordable Healthcare.



With a Smarter Approach to Healthcare, Our Cost Containment Solutions Do Not Sacrifice Quality of Care. **Total Control Over Your Benefits Plan.** 



Our Guided Approach
Prioritizes Flexibility Through
Suggested Solutions.

You're Never Forced to Do Anything.

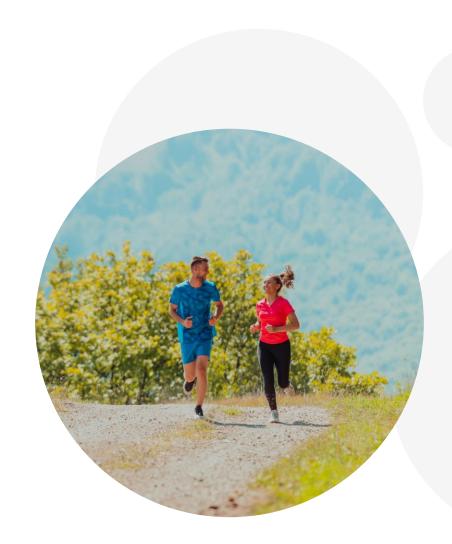
**Complete Transparency.** 



Our Recommendations are Always Pass-through — We Never Take Commission.

# **Captive Characteristics**

- Collateral
- Size of return fund
- Underwriter of captive?
- Are cost containment strategies mandatory?
- Does the captive manager earn money from vendors?
- Does the captive return cash distributions?
- When does the captive issue returns?
- Does the captive guarantee renewals?
- Does the captive guarantee you'll save money?
- Captive performance reporting
- Timely document delivery
- Reinsurance



# **Our Guarantee to You**

By participating in our group medical captive, with its focus on cost containment and control, we guarantee that you will save money in the first five years or we'll make up the difference.



# Thank you.





# Contact us.

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