



Self-Funding: Employer groups fund their own health care claims

Self-Funded Plan Benefits

Self Funded Strategy:

Self-funded plans allow employer groups to manage health benefit administration, risk tolerance, and control plan design which all contribute to the cost of employee healthcare.

Control Plan Design:

Self-funded plans help increase a company's financial control by allowing employers to invest their money. Claims are paid as they arise rather than through advanced premium payments, thereby reducing overhead. The administration of the plan and funding of claim payments are either orchestrated by the employer group or through a third-party administrator.

Cost Management:

Self-funded plans exempt employer groups from many costly, state mandated requirements including state regulation, taxation, and benefit mandates which assist to lower administrative fees.

Flexible Plan Design:

Self-funded plans are not directly affected by insurance company requirements. Employer groups can design a plan to address the specific conditions of their workforce, thus saving time and money while taking advantage of new cost saving opportunities.

Increased Provider Network Coverage:

With a self-funded plan, the employer can combine multiple networks into one broad national network and add wrap-around networks. It adds up to better health care access for the employee and deeper cost savings for the employer.



Self-funded plans incorporate strategies to monitor utilization, guide care to discounted providers, while assuring appropriateness of care. Valuable employer reports aid companies in making informed decisions regarding the health of their employees.



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