



Percentile-of-Use
Method
PLANselect®

Maps user's stated medical services needs across 26 types of services (e.g., office visits, labs, tests, Rx, surgeries) against actuarial data tables published by Federal Actuarial Value Calculator (A/V), based on the Blue Health Intelligence database of ~250 million claimants.

Then it applies a regional geographic cost factor.

Employee predicted cost is calculated by running type-of-service data against the plan-design details to project premium and total expected OOP costs, less employer contributions.

LOWER:
\$10 PEPY up to 1,000 employees plus \$6 per employee over 1,000

Renewal cost remains the same each year.

NO: Full setup included for all accounts.
Typical setup takes 48 hours.

60-65% based on completion

4-5 minutes, including multiple scenarios

YES: Built-in Spanish version including videos at no extra cost

NO: No personal user information is required, only zip code. No research or estimating is needed, only top-of-mind knowledge. No PII or PHI is involved, so there's no potential liability for the employer.

YES: Link to real-time reporting is provided, as well as plan analysis and heatmapping, enrollment forecasting and financial implications.

YES: 100% consumer centric: Results consider only healthcare costs and plan features relevant to the user.

YES: Includes explainer videos to help guide users through decision-support process.

YES: Fully mobile responsive, easy to demo, simple to navigate. Compatible with any online benefits-enrollment platform

While algorithm is unbiased, it is typical to see a minimum 15-25% shift in population to HDHPs.

Uses the Blue Health Intelligence database and Federal A/V Calculator for metal-level ACA designations ~250 million claimants.
Regional cost adjustments based on zip code.

Risk aversion built into question responses. A risk-averse individual will provide a more conservative self-assessment.

YES: Includes built-in modules to help employees optimize their accounts.

YES: Employers can add notes adjacent to the questions to clarify issues and provide additional linked content.

VS

How Model Works

Typical Cost

Broker Setup and Turnaround

Typical Engagement

Time to Complete

Spanish

Personal Identifiable and Health Information (PII and PHI)

Reporting and Analytics

Objectivity

Audio-Visual Content

Mobile Responsive

Expected HDHP Plan Selection Results

Normative Data

Risk-Aversion Assessment

FSA and HSA Calculators

Customized Employer Notes

Calculator
Model
alex®

Multiplies user inputs of units of service by an estimated cost of service, either a copay or expected cost-of-service coinsurance.

Requires the employee to input detailed estimates of historical and anticipated medical services and Rx data for each family member based on available information or conjecture.

Employee cost calculated by multiplying units of services by applicable copay or average cost. Calculator models tend to underestimate employee OOP costs and expense of ancillary services like diagnostics, anesthesia, therapy and supplies.

HIGHER:
\$16-20 PEPY up to 2,000 employees \$25-35 PEPY 2,000+ employees

Renewal cost increases by 7%+ each year.

YES: DIY required for all accounts fewer than 2,000 employees.
Typical setup takes 2-4 weeks.

10-20% based on completion

25-30 minutes typical time to complete; users spend only 16 minutes on average

YES: They can create a separate site in Spanish for an extra cost.

YES: Detailed medical and Rx history is requested for each family member, requiring some research or estimation, plus other personal information like annual income, savings and comfort with risk. Typically tied to enrollment record, so PII and PHI are traceable.

YES: Reporting on utilization is available upon request.

NOT ALWAYS: Often considers carrier or plan-sponsor interests in recommendation results.

YES: Uses audio-visual avatar to help guide users through decision-support process.

YES: Fully mobile responsive

Less likely to recommend HDHPs for high-level users of medical services than percentile-of-use model

Uses Healthcare Bluebook for normative data, which would support the unit cost calculator-model approach.

Considers intrusive and personal questions like annual income, savings and comfort with risk.

YES: Includes built-in modules to help employees optimize their accounts.

YES: Employers can add notes but there are extra charges for all customizations.

The information above is not validated with provider of "calculator models," is subject to changes and presented for informational purposes ONLY from publicly available information that, to the best of our knowledge, overviews that product.

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