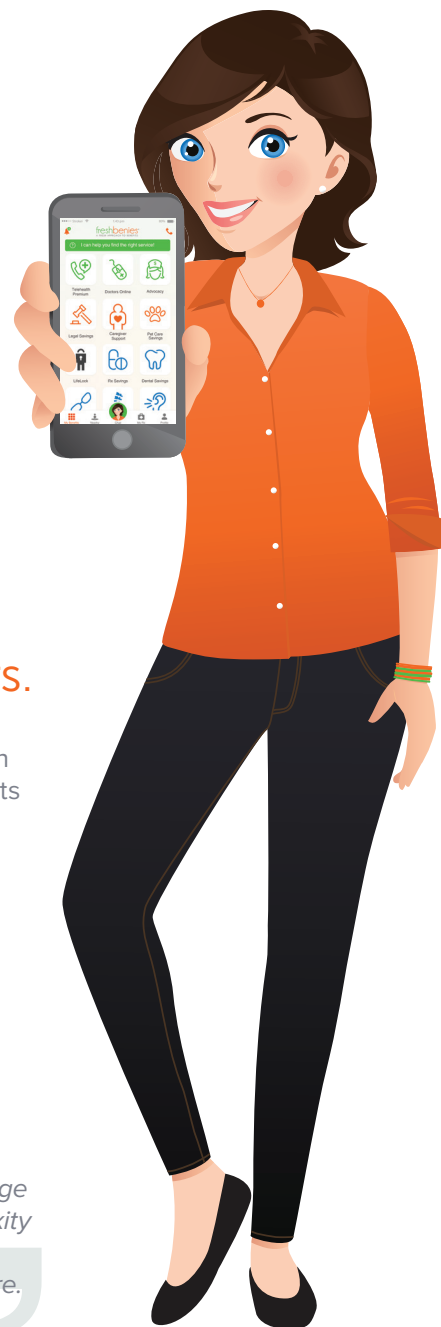


5 Reasons why non-insurance services are a must in every benefit package

Medical plans and networks change from year to year. Non-insurance services can provide consistency in the middle of the storm. They pair well with any plan, delivering value and convenience for employees plus cost-containment for employers.



1 Essential benefits are no longer differentiators.

Non-essential benefits allow an employer to stand out by offering something other than the bare minimum. Employees may dismiss a \$400 per month health plan and focus instead on a “cool” inexpensive bundle of non-insurance benefits — especially if they’re convenient to use and deliver real savings.

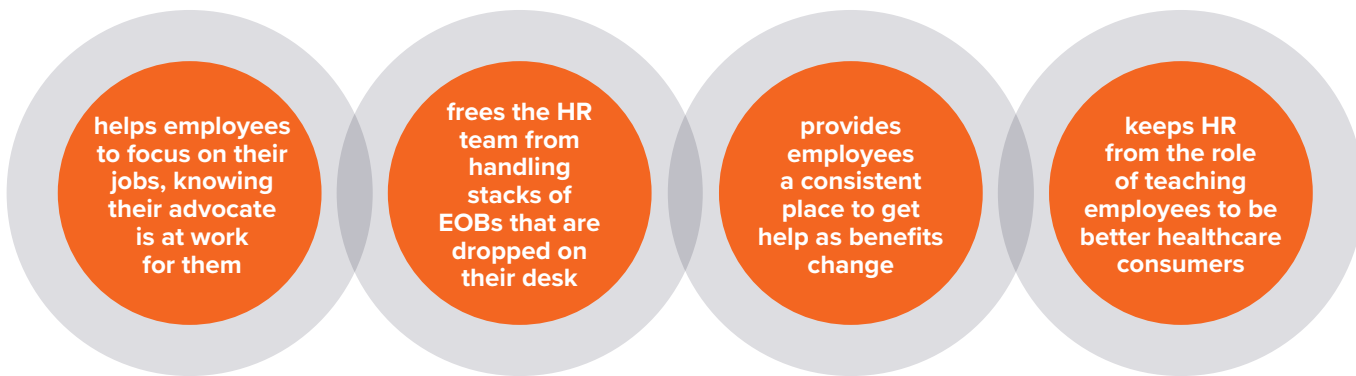
2 Your benefits package is full of headaches.

Frequent carriers and/or plan design changes frustrate and confuse employees. Non-insurance benefits through an unbiased third party don’t change as carriers change year after year. These services help employers ease the pain for employees. A recent study notes...

“...employers are focused on **enhancing the employee experience**. For example, there is a big increase in the number of employers offering decision support, concierge services and tools to **help employees navigate** the health care system. The complexity of the system and proliferation of new entrants has made it difficult for employees to **fully understand their benefit programs**, treatment options and where to go for care.”

Large Employers' 2018 Health Care Strategy and Plan Design Survey, The National Business Group

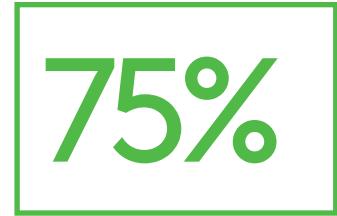
Specifically, **advocacy programs** offer price transparency, assistance shopping for providers, bill negotiation and more. This also benefits the employer in a few ways...



3 Your benefits package is full of holes.

In a recent survey, more than **75%** of American workers reported their **healthcare finances are a source of fear**. Many employers can no longer afford the comprehensive plans of the past and new plans have some pretty big holes. Non-insurance services make new insurance plans better for employees, while also helping them control costs and fill in gaps.

Consider the access **telehealth** provides to family physicians and **behavioral telehealth** provides to a variety of specialists. When plans no longer have copayments, services that give a low or no cost option are a great help for employees. Plus, these services reduce unnecessary urgent care, specialist visits and ER claims for the employer.

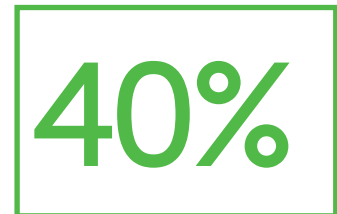


of American workers reported their healthcare finances are a source of fear

4 Employees need tools and choices.

For the last several years, consumers have been given more control to make decisions about their own health care. Surveys show nearly **40%** of employers offered **ONLY** a Consumer Directed Health Plan in 2018.

Specifically, a **prescription savings plan** with a pricing tool helps employees determine which local pharmacy offers the best rate for their prescriptions. The idea of consumerism is to empower employees, but they can't do that unless they actually have the tools to make those decisions.

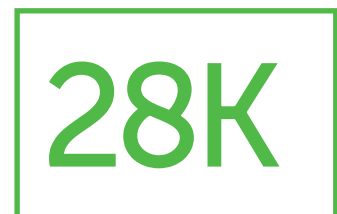


consumerism health plans in 2018

5 Non-insurance services are good for EVERYONE.

Non-insurance products can be provided to all employees — part-timers, non-benefits eligible, contractors, etc. at a very low cost. What else can you give them for a low monthly cost that will provide this much value? As family benefits are being cut, these services typically include the family — even if they're not included in the medical plan.

Ultimately, employers offer benefits to attract and retain employees. They need to provide benefits their employees truly appreciate — and use **(freshbenies drives market-leading utilization)**! Keep this in mind as you design a benefits package. If the goal is to get the most out of every benefits dollar, non-insurance services are a great strategy.



average annual out-of-pocket costs for a family of 4