Illustrative case study

Would we switch networks for $66,000 if it meant losing a hospital?

It's April. A 350-person software company is comparing two July medical renewals for its teams in California, Texas, New York and Massachusetts. The lower quote looks attractive. HR spots a Boston-area hospital in the current directory and can't find its campus in the proposed network.

Employee-only coverage at assumed rates

Contribution	Keep network	Switch network
Employer per month, per enrollee	$620	$595
Employee per month, per enrollee	$165	$160
Employer total for 12 months	$1,636,800	$1,570,800

Assumes 220 people enrolled in employee-only coverage for 12 months under either option. Other tiers, fees and employee out-of-pocket costs are outside this calculation.

What we would do

HR	Give Laura the hospital campus and the locations the team needs checked. Use aggregate headcounts for the first discussion.
Laura's team	Match each quote to its exact network, request written confirmation for that campus and check an alternative facility with HR. Flag unresolved access alongside the price.
Carrier and Finance	The carrier confirms participation for July 1. Finance records whether the contribution difference justifies any disruption before HR announces a plan.

What HR could forward to Finance

Switching would reduce employer contributions by $66,000 for this tier. Each enrolled employee would contribute $5 less a month. Keep both options open until we have the carrier's written answer. If the campus is excluded and the alternative is unacceptable, retain the current network.

See the one-page renewal Finance brief Request a second opinion from Laura's team

Illustrative case study

What if a lower expected cost puts us over budget in a bad year?

It's May. The same four-state software company has set a $2.70 million employer medical budget for July through June. Its CFO is comparing a fully insured renewal with a self-funded proposal. The second option has a lower expected cost, but the employer would take on claims risk.

Illustrative annual employer costs across all coverage tiers

Funding assumption	Annual cost	Against budget
Fully insured renewal	$2.64M	$60k under
Self-funded, expected claims	$2.50M	$200k under
Self-funded, higher claims	$2.78M	$80k over

All three figures assume the same enrollment and employee contributions. The self-funded figures include assumed claims, administration and stop-loss premiums. The higher-claims figure is one modeled year. The contract determines actual exposure.

What we would do

HR and Finance	Provide the current renewal and contribution schedule. Finance sets the annual budget and says how much cash it could release in a high-claims month. Exchange any detailed claims data through the agreed secure process.
Laura's team	Put the two proposals on the same 12-month basis. Ask the administrator and stop-loss carrier to document fees, exclusions, reimbursement timing and who pays claims that arrive after the plan year.
Finance	Review the monthly cash requirement and the written terms before choosing which risk the business can carry.

What HR could forward to Finance

The self-funded estimate is $140,000 below the insured renewal. In the higher-claims year it is $140,000 above it and $80,000 over budget. Keep the insured quote available while Finance checks the cash reserve and the carrier confirms the stop-loss terms.

Read Laura's July renewal checklist Review the funding assumptions with Laura's team

Illustrative case study

Whose job is it when payroll and the carrier disagree?

It's June. The four-state employer is preparing its first July payroll. Forty employees requested an increase in voluntary life coverage. Payroll has staged deductions for all 40 increases. The carrier has confirmed 36 and is still reviewing four. HR needs an answer before payroll closes.

What the reconciliation sheet would show

Group	What happens next
36 confirmed increases	Match the approved amounts and effective dates to payroll before releasing the deductions.
4 pending increases	Separate the requested increase from existing coverage. Flag the four deductions for review before payroll closes.

What we would do

Laura's team	Compare HR's election summary, the carrier's confirmations and payroll's staged deductions through the agreed secure process. Give each mismatch an owner and a due date tied to payroll cutoff.
Carrier	Confirm the amount already in force, any evidence of insurability still needed and the effective date of an approved increase. The employee sends requested health information directly through the carrier's designated channel.
HR and payroll	HR explains the next step privately to each affected employee. Payroll applies the carrier-confirmed dates and amounts under the employer's instructions. SSGI would help HR check the first invoice and follow up on open items.

What HR could forward to Finance

Thirty-six increases have carrier confirmation. Four need a decision before payroll can use the higher deduction. Finance receives the count, the owner and the payroll cutoff. HR keeps individual details in the service workflow and closes each item after payroll and the carrier agree.

See how SSGI coordinates supporting benefits Discuss enrollment and payroll with Laura's team