

What Is Self-funding?



A self-funded group health plan is one in which the employer assumes the financial risk for claims incurred by its employees. Pricing for a self-funded group health plan is composed of three components:






1. **Administrative costs**
2. **Stop-loss reinsurance**
3. **Claims funding**

Many self-funded plans feature specific deductible reinsurance, which caps an employer's financial exposure for catastrophic claims, and aggregate reinsurance, which caps the employer's overall financial exposure.

Promise Health Plan's Traditional Self-funded Plan provides businesses with deep discounts on stop-loss through our best-in-class cost containment solutions, utilization management and value-based Clinically Integrated Network.

Why Choose Self-funding?

Self-funding brings these benefits:

-  You pay only for claims incurred
-  Increased financial control
-  Tailored solutions
-  Data transparency
-  Protection through competitive reinsurance



To learn more about
Promise Health Plan, visit
PromiseHealthPlan.com
or scan the QR code.



Contact:

Roy Pasquarette

864-434-0230

roy.pasquarette@promisehealthplan.com