Understanding How Level Funded Health Plans Work



Level funded health plans can help employers lower their health care expenses while providing employees comprehensive health coverage and a robust provider network. These plans combine the cost savings and flexibility of a self-insured health plan with the financial predictability of a fully insured health plan.

What Is Level Funding?

With level funding, employers pay a set amount each month to a carrier. This amount typically includes the cost of administrative or other fees, the maximum amount of expected claims based on underwriting projections, and stop-loss insurance.

How Does Level Funding Work?

Employers with level funded plans pay a "level" fee to an insurance carrier or thirdparty administrator (TPA) each month that includes three components:



tomer service.

loss insurance coverage that protects the employer against large claims and high utilization.



year, typically based on the

health status of the organi-

zation's employee group.

Administrative Fee



Total Monthly Payment

The total monthly fee amount is determined by the carrier or TPA and remains fixed or level for a 12-month period. The employer pays this fee each month, regardless of claims activity, and usually collects some of this cost from employees through pre-tax payroll deductions. If actual claims exceed projections at the end of the plan year, stop-loss insurance protects the employer from unexpected costs.

Employer Takeaway

Level funded health plans can provide employers with the stability and predictability of a fully insured health plan while offering cost savings, plan design flexibility and useful claims data available under a self-insured plan.

Contact us for more information and to request additional employee benefits resources.