THE HEALTH PLAN PLAYBOOK

Run your plan like a product.

We looked at the claims history of 1.28 million Members, representing $7.7 billion in spend, so you didn't have to. Here is what we learned.

zero

First edition, November 2026

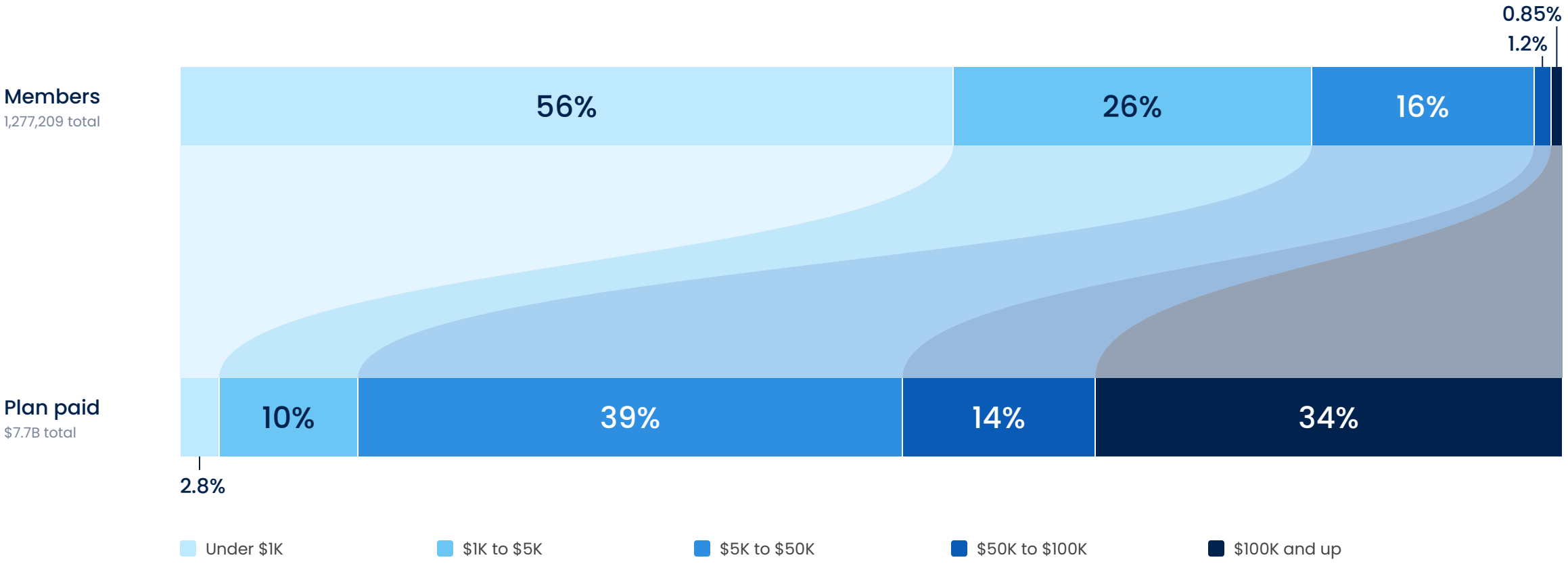
MOST HEALTH PLANS ARE UNDERWATER AND NOBODY CAN SEE WHY

The plan pays the full price for every service. Nothing manages what care costs.

- Every move in this playbook lowers what care costs.
- None of them makes employees pay more.

MONEY IS NOT SPREAD OUT. IT IS STACKED.

The Members in this visualization are placed in groups by how much the plan paid for each one in total.



56% of Members use 3% of the money. Less than 1% of Members use 34%.

FIVE GROUPS. FIVE DIFFERENT JOBS.

Each group is Members sorted by what the plan paid for them. What drives the cost, and what works, changes at every step.

Under $1K

56% of Members **3%** of plan paid

What drives it

- Office visits
- Lab tests
- Check-ups and shots
- Mammograms

The play

Simplify

Keep it easy and steer to $0 primary care.

$1K to $5K

26% of Members **10%** of plan paid

What drives it

- Colonoscopy and mammograms
- MRI scans
- Physical therapy
- Lab tests

The play

Simplify and Build

Steer to $0 imaging centers and specialists.

$5K to $50K

16% of Members **39%** of plan paid

What drives it

- Joint and spine surgery
- Digestive and women's health surgery
- Having a baby
- Obesity care

The play

Build

Direct contracts at set prices.

$50K to $100K

1.2% of Members **14%** of plan paid

What drives it

- Joint and spine surgery
- Heart procedures
- Blood infections and heart attacks
- Prostate cancer

The play

Build and Fortify

Guide planned surgery. Watch for sudden events.

$100K and up

0.85% of Members **34%** of plan paid

What drives it

- Cancer drug treatment
- Kidney failure
- Multiple sclerosis
- Costly newborn stays

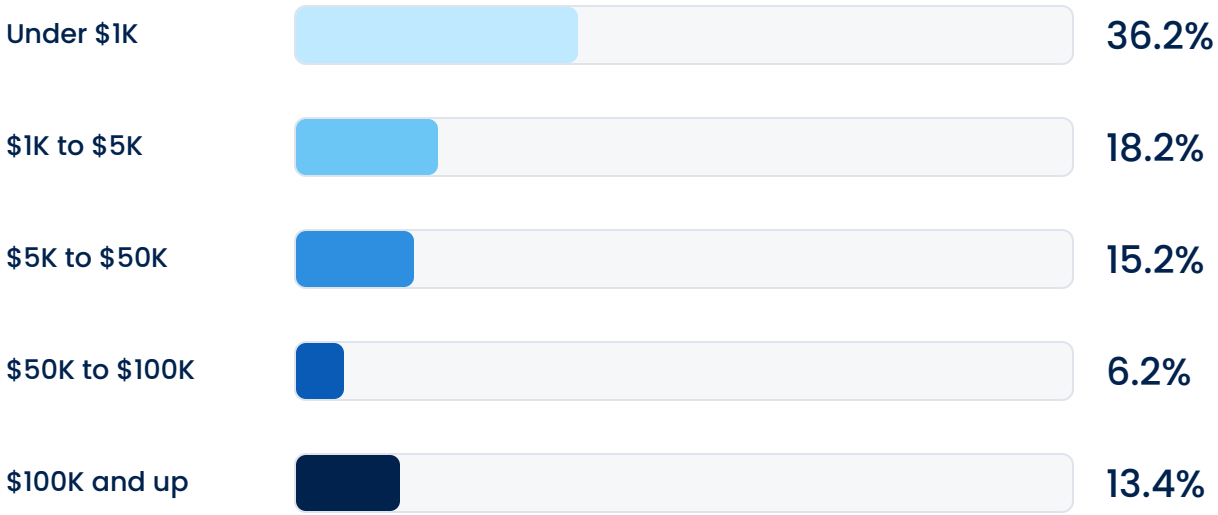
The play

Fortify

Share the risk. Control the price.

BIG CLAIMS ARE MOSTLY ONE-TIME EVENTS.

Share of Members who are in the same group the next year.



Most Members change groups or have no claims the next year. Last year's list is a poor guide to next year's cost.

Last year's spend barely predicts next year's.

20.5% of next year's $100K and up Members were $100K and up this year.

26% of them were under $1K.

So act when a claim starts, not from a list.

THIS CHANGES EVERYTHING

Care	Members find their own way	→	Members are escorted all the way through
Alerts	Look back at last year's claims	→	Step in before care goes to the wrong place
Cost sharing	Costs that block needed care	→	$0 for the right care
Data	Static reports every quarter or so	→	Every claim, every week, and a live look
Stop loss	A yearly renewal	→	A standalone stop loss price next to captive solutions
Speed	Wait for renewal	→	Fix it in March or whenever it breaks

IT'S A NEW WAY OF THINKING

The plan as it runs today

Claims arrive

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A report every three months

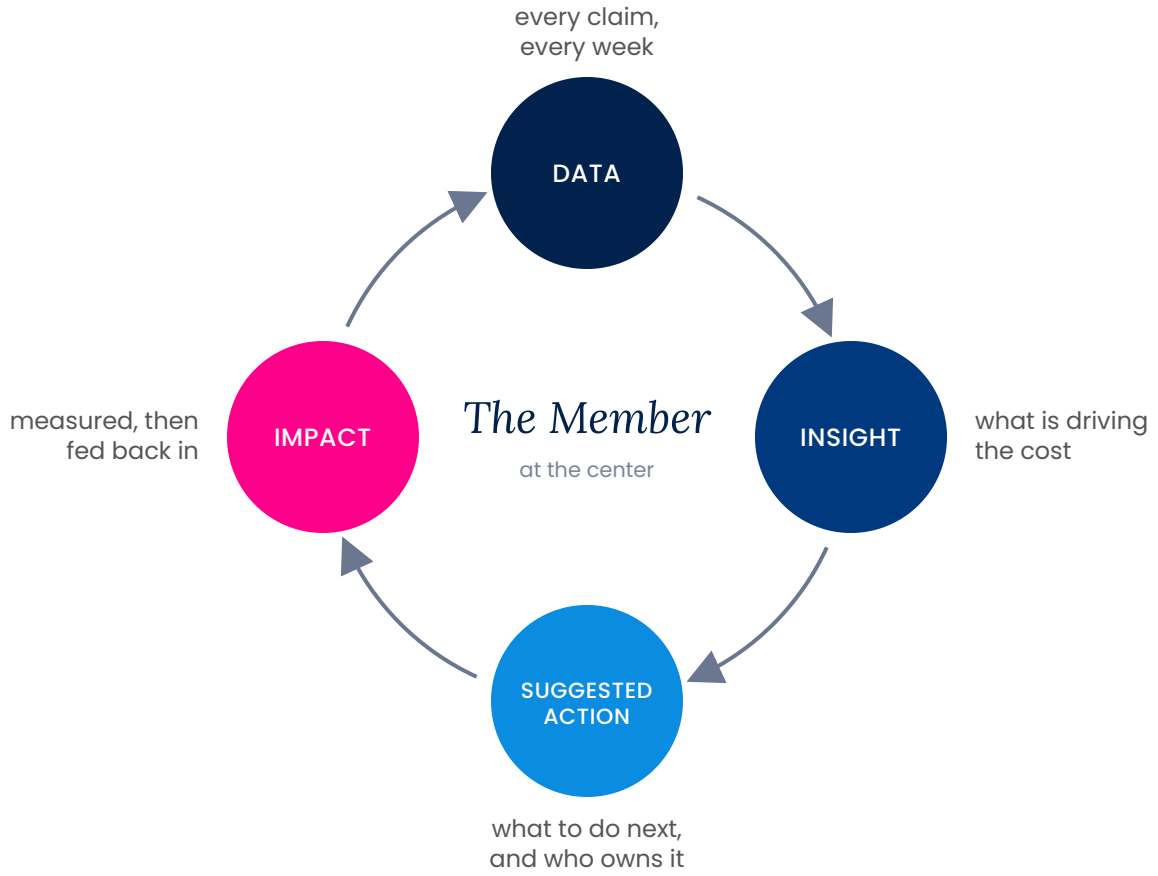
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Renewal

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A price jump, and a surprise

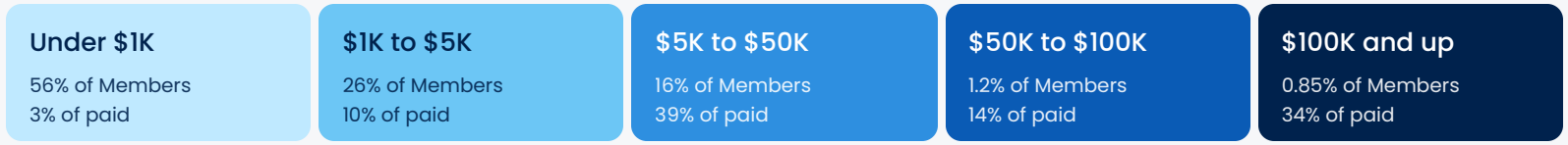
The plan run like a product



Data becomes insight. Insight becomes suggested action. Suggested action becomes measurable impact.

THREE PLAYS

Each play helps the groups where it does the most good.



Simplify

Rules that block care do not lower cost. Remove them and walk Members to the right care.

Clear the way for Members. 5 moves

Build

Add what is missing to manage what care costs: data, planned care, advanced primary care, hard cases.

Manage what care costs. 8 moves

Fortify

Protect the plan from claims that could sink it: stop loss insurance, drug costs, rare and costly treatments.

Protect against big claims. 9 moves

22 moves. Each one belongs to one play and has a start time.

SIMPLIFY. BUILD. FORTIFY.

Today: start in 60 days with the vendors you already have. **Soon:** not in your plan today, but you can buy it. It needs a new vendor, a new contract, or the next renewal.

Simplify

Clear the way. Walk Members through.

Today

- **Value-based design**
  $0 cost share for chronic conditions
- **Ask Members how the plan is doing**
  Hear from Members who gave up

Soon

- **A call before care happens**
  Point Members to $0 care first
- **A nurse calls as claims grow**
  Help early, before it gets big
- **One place to ask for help**
  Where to go, what it costs, who helps

Build

Add what is missing to manage cost.

Today

- **Every claim, every week**
  See what was paid, every week

Soon

- **$0 direct contracts**
  Direct contracts at set prices
- **Advanced primary care**
  Same day or next day care
- **Move infusions to a better place**
  Move the place, not the drug
- **Centers of excellence**
  Top providers for hard care
- **Second opinion**
  Is surgery needed, and where?
- **A guide through cancer care**
  One team from diagnosis to treatment
- **Maternity and newborn care**
  Plan the delivery, watch the risk

Fortify

Protect against big claims.

Today

- **AI checks your contracts**
  Finds the fees hiding in claims
- **Check your stop loss insurance**
  Make the terms fit your money
- **Dialysis and J-code caps**
  Cap what the plan pays for dialysis and J-codes
- **Fast fix when care is denied**
  A named owner, in writing

Soon

- **Look at captive stop loss**
  A group option for big claims
- **PBM cleanup**
  Fixed fees and fair drug lists
- **Transplant coverage**
  A separate policy, bought mid-year
- **Gene therapy**
  A separate policy for rare treatments
- **Keep leavers off COBRA**
  Find a better fit before they leave

Groups reached under $1K to $100K and up

SIMPLIFY

Rules that block care do not lower cost. Remove them. Walk Members through.

Groups reached under $1K to $100K and up

Today: start in 60 days with the vendors you already have. **Soon:** not in your plan today, but you can buy it. It needs a new vendor, a new contract, or the next renewal.

Move	What it does	Groups reached	When	First step
Value-based design	**$0 cost share for chronic conditions.** Drugs, visits and tests for chronic conditions cost the Member $0. Built on University of Michigan research.		Today	Take away what Members pay for chronic conditions.
Ask Members how the plan is doing	**Hear from Members who gave up.** Ask one question: would you recommend this plan? Ask again after each claim. Set up one email address for problems.		Today	Send the one-question survey this month.
A call before care happens	**Point Members to $0 care first.** When a Member asks for planned care, someone calls first and points them to a $0 option. The goal is to guide, not to say no.		Soon	Ask for a daily list of approval requests. Name who calls.
A nurse calls as claims grow	**Help early, before it gets big.** When one Member's claims pass a set amount, a nurse calls. This is early, before the stop loss limit is reached.		Soon	Pick the amount, such as $20K. Name who calls.
One place to ask for help	**Where to go, what it costs, who helps.** A personal guide, not a website to hunt through. Members ask once and are walked all the way through.		Soon	Ask your broker about member support, care concierge and care navigation. Share one phone number and one link.

BUILD

Add what is missing to manage what care costs.

Groups reached under $1K to $100K and up

Today: start in 60 days with the vendors you already have. **Soon:** not in your plan today, but you can buy it. It needs a new vendor, a new contract, or the next renewal.

Move	What it does	Groups reached	When	First step
Every claim, every week	**See what was paid, every week.** Who was paid, how much, and for what. Every other move builds on this.		Today	Ask your TPA or carrier to set up a claims feed every week.
$0 direct contracts	**Direct contracts at set prices.** Scans, scopes, surgery, and just about anything that can be scheduled. The plan pays less. The Member pays nothing.		Soon	Ask your broker for direct contracts near you. Turn on the $0 option.
Advanced primary care	**Same day or next day care.** Members get support on what to do and where to go next.		Soon	Map your population to nearby advanced primary care practices.
Move infusions to a better place	**Move the place, not the drug.** Infusions are drugs given through a needle. These will always cost far more at a hospital than at home or an infusion center.		Soon	Dig into your infusion claims sent by your TPA. Offer $0 at home or an infusion center.
Centers of excellence	**Top providers for hard care.** Pre-approved centers for spine, heart and cancer care. Insurance companies cannot rank their own network.		Soon	Pick two kinds of care. Name the centers. Pay for travel.
Second opinion	**Is surgery needed, and where?** An expert looks before the surgery. Joint and spine surgery are big costs from $30K to $100K.		Soon	Offer it for joint and spine surgery first.
A guide through cancer care	**One team from diagnosis to treatment.** Cancer drug treatment is the top cost in every group above $100K. The team helps with expert review, where to go, and infusions.		Soon	Ask your broker who is great at cancer support. Start with expert review and where to get treated.
Maternity and newborn care	**Plan the delivery, watch the risk.** Newborn stays are among the top costs above $250K. Choose where to deliver. Watch high-risk pregnancies.		Soon	Ask your broker for a maternity program. Plan the delivery place. Watch high-risk pregnancies.

FORTIFY

Protect the plan from the claims that can sink it.

Groups reached under $1K to $100K and up

Today: start in 60 days with the vendors you already have. **Soon:** not in your plan today, but you can buy it. It needs a new vendor, a new contract, or the next renewal.

Move	What it does	Groups reached	When	First step
AI checks your contracts	**Finds the fees hiding in claims.** AI reads the contracts with your claims company and your drug benefit company. It finds the fees they keep inside your claims.		Today	Send all your contracts and service agreements for an AI check.
Look at captive stop loss	**A group option for big claims.** Small, mid-size, and some large employers pool the risk together. Prices are still influenced by your own claims history, but you can reduce risk and remove volatility.		Soon	Get a price for a captive stop loss next to the normal renewal.
Check your stop loss insurance	**Make the terms fit your money.** Stop loss pays when one claim, or the year's total, gets too big. Match what you pay first to what the plan can handle. Check extra limits on named Members.		Today	Ask your broker to show the terms side by side.
PBM cleanup	**Fixed fees and fair drug lists.** Your PBM runs your drug benefit. Fixed fees, an independent drug list, costly drugs checked one by one, and weight-loss drugs bought directly.		Soon	Start with your PBM contract.
Dialysis and J-code caps	**Cap what the plan pays for dialysis and J-codes.** Many contracts set no price for dialysis or J-code drugs (drugs given in a hospital or clinic), so the plan pays near full list price.		Today	Change the plan document and have your counsel or your broker's counsel review it.
Transplant coverage	**A separate policy, bought mid-year.** It covers one of the biggest single claims, so the plan does not carry it alone.		Soon	Get a price. Buy it mid-year.
Gene therapy	**A separate policy for rare treatments.** Gene therapies can cost millions for one person. A separate policy can cover them. Many give the plan money back if the treatment fails.		Soon	Get a price. Buy it mid-year.
Keep leavers off COBRA	**Find a better fit before they leave.** COBRA is the plan people keep after leaving a job. They join most when sickest. As soon as someone is leaving, help them find a better fit.		Soon	Set a step for every leaving employee: help them find a better-fit plan before their last day.
Fast fix when care is denied	**A named owner, in writing.** When the employer pays claims itself, the employer makes the final call. Send any denial of urgent care to that owner within days.		Today	Name the owner. Put the steps in writing.

YOUR FIRST 90 DAYS

Start with what you can control now. Add the rest as vendors and renewals allow.

Week 1

- Ask your TPA or carrier to set up a claims feed every week
- Ask for the contracts from your TPA and from your PBM
- Name one owner for denied care

Day 30

- Ask Members: would you recommend this plan?
- Open one email address for problems
- Start a weekly one-page update
- Check your stop loss contract and terms

Day 60

- Ask your broker for $0 direct contracts
- Turn on $0 value-based insurance design for chronic conditions
- Start to learn where people are getting infusions and if you can move them to a lower cost setting

Day 90

- Set dialysis and J-code caps
- Look at advanced primary care options that align with your geographic distribution
- Set up a call before care happens
- Pick two centers of excellence

At renewal

- Get a price for captive stop loss next to standard stop loss
- Redraft your PBM contract, then go to RFP
- Get a price for a fully insured transplant policy
- Get a price for a fully insured gene therapy program

Only stop loss coverage and next year's funding wait for renewal. Everything else moves when it is ready.

FEATURES ARE NOT PRODUCTS

Lots of companies are selling just one or two features and trying to call it a product.

- A feature does one job. A product does a whole bunch of jobs.
- AI can now build a decent first version of many of them, fast.
- A feature should not cost per employee per month.

FROM RENTING FEATURES TO OWNING THEM

Today: one vendor for every feature

Plan analyst	per employee per month
Compliance calendar	per employee per month
Budget tracker	per employee per month
Price lookup	per employee per month
Enrollment feeds	per employee per month
Member messages	per employee per month

6 vendors, and 6 fees by the head

AI

With AI: describe it, build it, own it

Plan analyst	no fee per employee
Compliance calendar	no fee per employee
Budget tracker	no fee per employee
Price lookup	no fee per employee
Enrollment feeds	no fee per employee
Member messages	no fee per employee

0 fees by the head

Describe it. Build it. Own it.

A first version is not a finished product, but it's often enough to learn if what you built will work, or what exactly you need.

HOW TO DO IT

You do not need to write code. You need a prompt, your own documents, and 30 minutes.

1

Pick one tool

Start with the one that would save you the most time.

2

Open the AI you use

Claude, ChatGPT, or another. A new chat is fine.

3

Paste the prompt

Fill in the [brackets]. Ask it to question you first.

4

Add your own documents

Plan documents, reports, bills. Remove names first.

5

Test it and share it

Check every answer against the source. Ask for changes. Then share it with your team.

Before you start

- Do not paste Member names or PHI into a tool your company has not approved.
- Treat the first version as a draft. The AI can be wrong, so check what it says.

TOOLS FOR HR, BENEFITS AND FINANCE

Each one is a tool, not a service. Build it yourself, or ask your vendors to give it to you.

Tool	Prompt to paste into Claude, ChatGPT, or the AI you use
Plan analyst *Ask anything. See the page.* Learns how your plan really works. Flags cost spikes and gaps. Answers cite the page.	`You are my health plan analyst. I will give you my plan contracts, plan documents and claims reports. Learn how my plan really works. Flag cost spikes, coverage gaps and enrollment confusion. When I ask a question, answer in plain English and cite the document and page. If you are not sure, say so and ask me.`
Compliance manager *Every filing, one calendar.* Every filing and notice on one calendar, with an owner, proof, and a walkthrough for each item.	`Act as my health plan compliance manager. Ask me a few questions about each plan I offer: the type, my company size, and the states I operate in. Then build one calendar of every filing, notice and disclosure I owe. For each one, show the due date, who owns it, and the proof to keep. For any item I pick, give me the first message to send, a to-do list, the documents, and where to send them.`
Minimum value and affordability *Does the plan pass both tests?* Checks the two tests the law sets for each plan, and keeps the proof.	`Help me check whether each plan I offer passes the two Affordable Care Act tests: minimum value and affordability. Ask me for the plan details and the employee prices. Show how you checked, which rules you used, and what to fix if a plan fails. Remind me to confirm the result with my broker or a lawyer.`
Budget tracker *Is the money you set aside enough?* Compares what you fund with claims paid and claims owed. Writes your Monday update.	`Build me a simple budget tracker for a health plan where my company pays the claims. I will give you the amount I fund each month, the claims paid, and the estimate of claims not yet paid. Show where the plan year is headed. Write a short Monday update I can send to finance, my broker or leadership. Flag anything that looks off.`
Price explorer *See what care typically costs.* Type a procedure and a ZIP code. See what a typical PPO bill looks like.	`I will give you a procedure name or code, my ZIP code, and public price files. Show what a typical PPO bill looks like for that procedure in my area. Tell me where each number came from and how sure you are. If you cannot find a price, say so. Do not guess.`

TOOLS FOR HR, BENEFITS AND FINANCE

Fill in the [brackets], then add your own documents.

Tool	Prompt to paste into Claude, ChatGPT, or the AI you use
Network comparison *Which network costs the least?* Shows which network prices the same care for less, with a confidence score on every result.	`I will give you the public price files for two or more networks, plus my current network. Compare how each one prices the same set of services. Measure each one against my current network and give a confidence score for every result. Show your math and your sources.`
One bill for every carrier *One invoice. Every carrier.* One invoice for every carrier, with employee detail and every mismatch flagged.	`I will give you bills from several carriers and my enrollment list. Combine them into one invoice with detail for each employee and costs split by entity. Flag every mismatch with my enrollment data, and explain each one in plain English.`
Enrollment feeds *Built for you.* Builds the enrollment file each carrier expects and catches errors before they do.	`I will give you an enrollment export from my HR system and the file layout each carrier needs. Map my fields to theirs. Find errors before a carrier does. Build the file for each carrier, and show me how to run it on a schedule.`
Member communications *One campaign. Every channel.* A full campaign on a calendar, with every message written.	`I want to run an education campaign for my employees. The goal is [goal] and the key date is [date]. Build a calendar of messages. Write the email, Slack, text and Teams message for every step in plain words. Let me edit anything.`
Request for proposals builder *Write it in minutes.* A finished request, a scoring sheet, and a form showing how each vendor is paid.	`Help me write a request for proposals. I am buying [what]. Ask me a few questions first. Then write the full request, a scoring sheet with weighted criteria I can change, and a form that shows how each vendor is paid.`

TOOLS FOR MEMBERS

Each one is a tool you build for your Members. Paste the prompt, then add your plan documents.

Tool	Prompt for the person building it: paste into Claude, ChatGPT, or the AI you use
Find and schedule care *Booked, and kept in the loop.* Finds a specialist or test in your network or through direct contracts, books it, and shows where you are.	`I work in HR. Help me build a tool that finds a specialist or a test for my employees, in my plan's network or through my direct contracts, and helps them book it. Ask me first what I have: the provider directory, the direct contract list, and how booking works. Then build a first version that shows options with cost and wait times, plus a status for each request, like a package tracker. Do not store health information.`
Chase it *Someone else makes the calls.* A person or an AI agent chases the refill or the office that will not call back.	`I work in HR. Help me build a service for employees who are stuck, like a refill that will not go through or an office that will not call back. Ask me how a person on my team or an AI agent would step in. Then build the intake form, call scripts, message templates, and a log of every try, with an owner and a follow-up date for each case. Collect only the health details needed.`
Record any visit *Never forget what was said.* Records the visit, catches what must be ordered, offers options, books it, and writes a summary.	`I work in HR. Help me design a tool where an employee records or pastes notes from a doctor visit and gets a short summary: what was found, said and ordered, and anything still to order, like a scan or a specialist. It offers options, helps book the next step, and lets the employee share the summary with family. Ask me about consent and privacy rules before you build.`
Questions for every visit *Nothing gets missed.* Family adds questions ahead of time. The AI brings them up during the visit.	`I work in HR. Help me build a tool where an employee shares an upcoming visit with family, and family adds questions ahead of time. The tool puts them on one page, adds ones the employee may have missed, and reminds the employee to ask each one during the visit. Ask me which channel to use, like text or a simple web page, then build a first version.`
Care circle *Everyone who matters, in one place.* Everyone who matters sees the referral, the booking, what happened, and what is next.	`I work in HR. Help me build a shared timeline an employee can open to family and friends they choose. For each care step it shows when the referral was made, when it was booked, what happened, and what comes next, and it sends a short update to the group. Ask me what inputs I have first. Sharing must be opt-in, and the employee controls who sees what.`

TOOLS FOR MEMBERS

Build with plan documents and a provider list, not real Member records.

Tool	Prompt for the person building it: paste into Claude, ChatGPT, or the AI you use
Everything about your plan *What is covered, and what is left.* What is covered, how, which programs you can use, and how much deductible is left.	`I work in HR. Help me build an assistant that answers employees' plan questions in plain English: what is covered, how, which programs they can use, and how much deductible is left. I will give you my plan documents. It must cite the page for every answer, say when it is not sure, and hand hard questions to a person. Tell me what data I need for the deductible, and write test questions.`
Package tracking *Referrals, like a delivery.* Referrals show up like a delivery. The doctor can message you. The front desk can ask about times.	`I work in HR. Help me build a referral tracker that shows each referral to the employee like a package delivery: Referred, Scheduled, Seen, Results back. Each step shows the status, who owns the next move, and when to expect news. The doctor can message the employee, and the front desk can ask about times. Ask me what systems I can connect, then build a first version.`
Price check *What it costs, and what you pay.* What a service normally costs, what you would pay, and any $0 options.	`I work in HR. Help me build a price check tool for employees. They type a procedure, service or code. It shows what that care normally costs, what they would likely pay under my plan design, and any options that might cost $0. I will give you the plan design and public price files. It must show its sources and how sure it is, and it must never guess a price.`
Bill review *Check any bill, with proof.* Checks any bill or insurance statement against your plan, with proof and what to say.	`I work in HR. Help me build a bill review tool. An employee uploads a photo of a bill or insurance statement. The tool compares it to my plan documents, explains each line in plain English, cites the page that applies, and flags anything that looks wrong. If it finds a problem, it says who to call or email and exactly what to say. Keep uploads private, and delete them after the review.`

PLANS DO NOT IMPROVE BY BEING REVIEWED. THEY IMPROVE BY BEING RUN.

zero