

**How to be a
driver of health
plan change:**

**The broker's
affordability
playbook**



Are you the hero your clients need – or the barrier standing in their way to more-affordable healthcare? Consider today’s environment: Employers are out of runway to maneuver on containing healthcare costs. Premiums, deductibles and pharmacy spend are climbing faster than revenues, wages or even inflation. The familiar cost-containment playbook that implements high-deductible health plans (HDHPs), wellness programs, and narrow networks has run its course as data confirms that many of those programs have limited impact on outcomes or long-term spend.

Considering the current economic and political environment, the urgency for employers to change the healthcare decisions they make is real - and they are being pushed in that direction. But employers need brokers’ support to capitalize on the moment and finally shift the system in their favor.

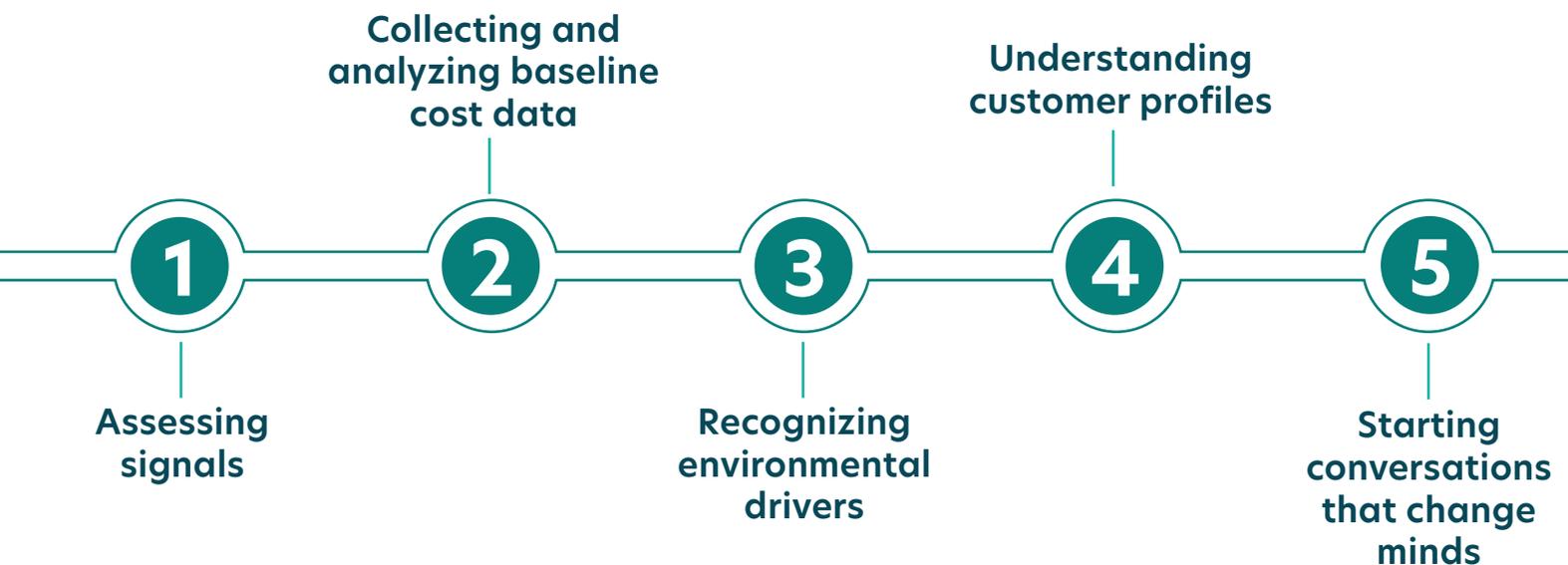
What’s at stake isn’t employers’ margins alone: it’s also access to care. For too many employees, health insurance still means unaffordable care: high deductibles, unpredictable bills and impossible trade-offs. That is when affordability becomes “the line between covered and uncovered care.” When people delay care skip care altogether, costs don’t disappear – they compound over time. And when employers feel trapped in renewal cycles that go only one way - and that’s up - frustration often turns to fatigue and status quo becomes the norm.

This playbook for brokers offers strategies to interrupt that cycle. It has been developed for brokers ready to test their own assumptions, assess health plan strategies, and have harder, better conversations with employers. Drawing on new cost transparency rules, market data and lessons from employers already resetting their cost baselines, this playbook helps brokers guide employers toward choices that make healthcare more sustainable—for their clients and the people they employ.

Inside the playbook

This playbook includes frameworks, diagnostics and real-world signals to identify where employers’ affordability is breaking down – and how those signals can lead clients back to stability. From uncovering cost drivers to asking the hard questions that expose blind spots, you’ll discover how to translate the chaotic current state into clarity, and conversations into measurable long-term value.

This tool kit guides brokers through a step-by-step approach for change:



1

Assess the signals of unsustainable cost growth

Not every employer will be ready to overhaul its health plan, but some employers can't afford not to. A broker's first step is to recognize when organizations' cost pressures have shifted from budgeting concerns to broader financial challenges. These are the clients whose health plan costs and benefit structures are eroding both financial and workforce stabilities.

Affordability strain leaves clues. By learning to detect early warning signs, brokers can focus their energy where it matters most: on employers that are already on unsustainable trajectories. This section offers a proactive, evidence-backed alarm system for detecting when an innovative approach to health plan design is no longer optional.

Recognize the signals

Each of the following signals that a traditional health plan carrier may not be delivering value – for both the business and its people.

- **Employees' delaying or avoiding care due to cost:** Especially common in HDHPs in which short-term savings mask long-term health and productivity losses.
- **Flat utilization with rising total healthcare spend:** Strong evidence that prices, not consumer use, are driving cost escalations.
- **Renewals justified by so-called discount language:** Health plan carriers' emphasizing savings percentages rather than total cost – often a sign that inflated baseline prices are being disguised as value.
- **Stop-loss premiums' climbing year over year:** The quiet alarm that signals that volatility and high-cost claims are building faster than the plan's ability to absorb them.
- **An escalating pharmacy trend despite formulary controls:** When drug spend grows faster than medical costs: a possible reflection of rising exposure to specialty and GLP-1 drugs within the employer's own employee population.
- **Carriers' blocking or delaying access to claims data:** A transparency red flag indicating that when data is limited, it's often because someone benefits from the opacity.
- **Wellness or engagement programs that shift cost but do not produce outcomes:** Programs that move expenses onto employees without changing the total cost curve.
- **High waiver or opt-out rates:** Evidence that employees no longer view the health plan as affordable or worth the deduction.
- **Employee financial stress showing up in human resources (HR) metrics:** Increased absenteeism, delayed care, or higher 401(k) loan rates, which can all point to affordability strain.

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Collect and analyze baseline data and benchmarks

An affordability framework helps brokers learn what to measure and how to assess baseline healthcare costs against industry benchmarks with a view to build an evidence base for change. Such a framework guides brokers through a step-by-step process so they can understand a plan's performance, analyze the outcomes and build an approach to prioritize action and align leadership around a sustainable health plan design.

Evaluate employers' plan design through an affordability lens

Look beyond rates and discounts to the structures that determine real cost impact. Collect baseline data, benchmarks and employer information across the following categories:

- **Health plan benefits' mix:** Collect HDHP, preferred-provider-organization, and health-maintenance-organization utilization data to reveal whether cost sharing is having an impact on the healthcare choices employees make. Look beyond initial cost savings to longer-term care and cost patterns.
- **Program performance:** Evaluate the real cost and outcome impact of wellness initiatives, HDHPs and other so-called cost-control programs. Many of them shift costs to employees without delivering long-term, measurable reductions in total spend or improvements in health outcomes.
- **Network dynamics:** Identify markets in which hospital consolidations could be driving above-market rates hidden by "discount" language. Use claims data and publicly available data to compare pricing.
- **Health plan alternatives:** Assess which services and geographies could transition effectively to reference-based pricing (RBP) without disrupting access or quality.
- **Pharmacy exposure:** Model current spend and projected spend tied to specialty drugs and GLP-1 utilization trends under multiple scenarios (e.g., adoption rates, manufacturer pricing, rebate assumptions) to gauge future cost exposure and funding needs.
- **Out-of-pocket load:** Quantify average employee contributions, and model affordability by family size.
- **Benchmarks:** Determine whether employers have visibility into claims repriced against Medicare or RAND Hospital Data – and identify gaps. When data access is limited, brokers should push carriers or third-party administrators (TPAs) to fill those gaps so that employers can determine their true cost position and negotiating leverage.

Broker action checklist: Turn insights into action

- Rank impact versus influence:** Identify which cost drivers have the greatest financial impact and where the employer has leverage to act – and prioritize those first.
- Validate what's controllable:** Distinguish between external market pressures (e.g., regional consolidation) and controllable plan design choices (e.g., contribution strategy, network configuration).
- Quantify business risk:** Translate affordability gaps into projected cost growth, wage suppression and turnover risk to elevate the issue from one involving benefits to one involving business strategy.
- Identify quick wins:** Surface one of two actions that would deliver immediate visibility or cost relief (e.g., improving claims transparency, addressing pharmacy trend volatility).
- Compare health plan models side by side:** Conduct a cost-and-care analysis of the current plan against an RBP model to quantify savings potential, care impact and member experience differences.
- Model RBP adoption scenarios:** Use repriced claims data to test phased or hybrid approaches, projecting both savings and employee impact over time.
- Address pharmacy cost integrity:** Analyze pharmacy-benefit-manager contracts and explore transparent pharmacy models that pass manufacturer savings through, directly to employers.

3

Recognize environmental drivers of cost growth

Even the most thorough evaluation of cost baselines can miss what isn't readily visible in the data: the environmental factors for cost growth. Many employers believe their biggest cost drivers are employee behaviors or rising utilizations, but data doesn't support those assumptions.¹ Costs are climbing because of the price dynamics built into provider markets, contract terms and broader drug economics.² This section helps brokers surface those dynamics and reframe the affordability conversation with employers around what's really shaping spend.

Network pricing and “discounts”

Hospitals with concentrated market power can charge two to four times Medicare rates³, yet network agreements still market those rates as “savings.” Discounts hide starting prices. Brokers should pressure carriers and TPAs to show the actual allowed amounts – not just discount percentages – so that employers can see true price baselines.

Diagnostic cues

- Renewal packets highlight large “savings” without showing reference benchmarks.
- Utilization trends are flat, but total spend rises year over year.
- Network access is touted as a strength, but specific hospital pricing data is unavailable.

Geographic market concentration

Research shows that regional hospital consolidations – especially in dominant systems – explain much of the price escalations employers face.⁴ Costs swing wildly between markets – even for the same procedures. Brokers should map geographic spends to identify where monopolized markets are driving outlier costs.

Diagnostic cues

- High spend is concentrated in one or two health systems.
- Plan participants in consolidated metropolitan areas pay per-member, per-month costs far above rural or competitive regions.

Contract terms that limit leverage

Employers typically sign multiyear carrier or TPA agreements that prevent access to claims details or comparative data. And the clauses in the agreements keep brokers and clients blind to pricing patterns, which undercuts their negotiating positions.

Diagnostic cues

- Health plan carrier is unable to release deidentified claims data.
- Contracts contain so-called proprietary-pricing language or penalties for data requests.

Pharmacy costs outpacing controls

- Innovation outruns cost control.
- Specialty drugs and GLP-1s represent a small fraction of claims but a growing share of total spend.
- Brokers must help employers anticipate—not react to—this wave.

Diagnostic cues

- Year-over-year pharmacy trend exceeds medical trend by two points or more.
- Formulary changes are explained by so-called pipeline management rather than by data.

Broker action checklist: Uncover cost drivers

- ❑ **Verify real pricing:** Compare paid claims with independent benchmarks or public data to uncover pricing variances across hospitals, markets and service lines.
- ❑ **Map market concentration:** Use transparency tools to identify where provider consolidations limit competition and inflate costs; flag those markets for contract renegotiation or alternative plan designs.
- ❑ **Pursue affordability-first plan models:** Explore transparent health plan designs that integrate RBP, direct provider relationships and fair-market reimbursement so as to lower costs without reducing care quality.
- ❑ **Secure data access:** Push for contract language that guarantees claims transparency. Shorten renewal terms or add performance clauses tied to data availability.
- ❑ **Quantify cost escalators:** Review health plan carrier and TPA contracts for clauses that automatically raise administrative fees or inflate billed charges year over year.
- ❑ **Model emerging pharmacy risk:** Build multiyear spend scenarios for specialty and GLP-1 drugs by incorporating manufacturer pricing shifts, rebate uncertainty and projected utilization growth.
- ❑ **Identify false savings claims:** Audit “discount” reporting and carrier-provided savings summaries for accuracy, and verify that reductions are tied to unit price, not inflated baselines.
- ❑ **Translate findings into financial-risk language:** Present hidden cost exposure in the business terms of future spend growth, stop-loss volatility and compliance risk – to prompt employer action.

4

Recognize the kinds of client behaviors that shape decision-making

Every employer approaches the challenge of affordability differently. The broker's advantage comes from knowing who sits across the table – whether it's the chief financial officer, who naturally focuses on financial return; or the chief HR officer, who focuses on workforce impact; or the CEO, who's balancing both – and what truly drives each one's decision-making. Some buyers respond to data and control; others respond to stability, equity or leadership vision.

Understanding those motivators enables brokers to tailor the tone, the evidence and the message: financial for the C-suite, operational for the chief operating officer or emotional for people centric leaders. The right framing can turn hesitation into curiosity, and curiosity into change.





COST-DRIVEN LEADERS

Motivation: Savings above all else. These leaders think in spreadsheets, not sentiment. They measure value through bottom-line impact and expect brokers to prove that affordability gains are both real and sustainable.

Profile:

- Typically, C-suite in lower-margin industries or private-equity-backed firms
- Impatient with complexity and drawn to clear return on investment and control.
- Skeptical of anything that sounds like soft value, such as engagement, equity or experience.



BALANCED PRAGMATISTS

Motivation: Balance business health with workforce stability. These employers want affordable coverage that attracts and retains talent without exposing the company to volatility.

Profile:

- Often HR or finance leaders in midsize firms
- Value predictability and fairness more than disruption
- Open to innovation when it reduces risk or improves retention



CHANGE-MINDED INNOVATORS

Motivation: Reformers who see the health system's flaws and want to correct them. They're eager to lead on affordability and are open to consumer centric and data-backed solutions.

Profile:

- Generally senior HR or executive leaders in growth-oriented companies
- Curious, values-driven and motivated by the chance to "do things differently"
- Comfortable with experimentation if backed by credible modeling and peer examples



CAUTIOUS STEWARDS

Motivation: Risk averse. These leaders care deeply about employees and fear unintended consequences. Stability and trust outweigh potential upside.

Profile:

- Often long-tenured HR or benefits directors with prior bad experiences
- Loyal to current partners and wary of anything that feels experimental
- Sensitive to workforce morale and backlash

5

Start conversations that change minds

When it comes to affordability, the difference between a broker that is a hero to clients' needs or a barrier standing in the way lies in the questions asked. With a full analysis now complete, the right conversation will reveal what employers don't know — and what health plan carriers aren't required to disclose. Heroic brokers will also demonstrate to clients that they understand the things that are truly driving costs, not just the ways costs get reported. Use these prompts to start more-strategic conversations that shift the focus from short-term savings to long-term cost control and affordability built around innovative health plan design, such as RBP.

The broker's role is to translate the assessment into a side-by-side story: what the employer is paying now versus what it could pay if pricing were visible and negotiated on true costs of care. The idea is not to replace a health plan immediately; it's to show what control looks like when every dollar spent is transparent. That's the moment employers stop seeing affordability as an unattainable ideal state and instead start to see it as a real possibility within their grasp.

Initiate the conversation tailored to each customer profile type

Cost-driven leaders: Present evidence-based, side-by-side comparisons of current plan costs versus Medicare-based pricing and RBP cost scenarios. Quantify savings potential and how RBP reins in cost year over year.

How to engage: Keep the narrative concise and financially focused. Employers will act faster if they fully understand how the math works in their favor.

Balanced pragmatists: Connect RBP to fairness. Explain how paying reasonable, transparent rates with a percent above Medicare helps employers keep costs steady and reduce the financial strain on employees that drives turnover.

How to engage: Frame affordability as part of a broader workforce strategy: better retention, fewer waived plans and stronger employer brand for hiring and retention. Emphasize transparency and long-term control over cost volatility.

Change-minded innovators: Position RBP as a leadership decision. Early adopters prove to peers and employees that affordability and quality can coexist when pricing is transparent and can be managed.

How to engage: Prove to leaders that transparency and fiscal discipline can coexist with strong employee support. Present RBP as a way to modernize benefit strategies and demonstrate leadership.

Cautious stewards: Focus on the guardrails of stop-loss protection, employee experience and provider support. Emphasize that RBP does not limit coverage but redefines what fair payment means.

How to engage: Reassure and lead with proof of continuity in the way of member support, provider navigation and limited disruption. Use pilot programs or phased transitions. Buy-in comes from believing change can happen responsibly, not dramatically.



In joint strategy sessions with the C-suite

- Turn findings into a plan the room can align on.
- Present the RBP comparison as a baseline for health plan redesign.
- Use financial modeling to show multiyear stability under transparent reimbursement.
- Tie affordability to measurable business outcomes such as slower premium growth, wage flexibility and employee trust.
- End with a clear next step consisting of pilot, carve-out, or phased rollout so that the shift from discovery to action feels concrete and actionable.

Become the hero of change

Brokers talk about the value they provide employers in many ways such as good service or productive relationships, but none of that matters if healthcare affordability keeps slipping out of reach. The real work consists in helping employers see what they're actually paying for, what they're overpaying for and what options exist to change the math.

Brokers that take that step to bring forward RBP and other innovative health plan strategies aren't just saving employers money. They're also helping employers regain control, rebuild trust with their employees and prove that affordable healthcare is still possible.

Becoming the hero in this story isn't about the next renewal. It's about leading clients through hard conversations with clarity and conviction and by showing – by means of evidence and real-world data – that transparency and better outcomes can coexist in the same plan.

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About Imagine360

Imagine360 is a leading healthcare solutions provider that helps self-funded employers take control of their healthcare costs while delivering better experiences for members. With more than 18 years of expertise in RBP and health plan administration, Imagine360 develops fully integrated solutions that combine deep industry knowledge, data-driven strategies and concierge-level support for employers. The company partners with employers, brokers and consultants to design and manage customized health plans that lower costs, increase transparency and improve outcomes – without compromising quality or access. Backed by dedicated advocacy, legal protection and proven results, Imagine360 is reimagining what smarter healthcare can look like for organizations and their employees.

Learn more at [Imagine360.com](https://www.imagine360.com) or [subscribe](#) for more content like this.

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