

# The Small Business Owner's Complete Guide to Employee Health Benefits

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# Proven Cost-Cutting Benefits Strategies For Companies With Under 50 Employees

Struggling to provide quality health benefits without breaking your budget?

Wondering if there's a smarter, more affordable approach to employee healthcare?

This comprehensive guide reveals four distinct healthcare benefit strategies specifically designed for small business owners. Plus, discover expert tips for selecting the right plan for your unique company needs.

## Executive Summary

Healthcare costs are crushing small businesses. With average family coverage exceeding \$25,000 annually, many owners feel trapped between providing competitive benefits and staying profitable. This guide reveals four proven strategies that help small businesses slash healthcare costs by up to 50% while improving employee satisfaction.

## The Four Strategies:

1. No Benefits Strategy - Understanding the real cost
2. Traditional Group Insurance - Making conventional plans work better
3. Health Sharing Plans - Cutting costs by 50% with alternatives
4. Health Reimbursement Arrangements (HRAs) - Getting maximum flexibility and budget control

**Bottom Line:** Our clients typically save \$8,000-\$12,000 per employee annually. For a 10-employee business, that's \$120,000 back in your pocket—enough to hire more staff, upgrade equipment, or build reserves.

**Who Should Read This:** Business owners and HR professionals at companies with 49 employees or fewer who want to escape rising premiums and poor coverage.



# Table of Contents

1. A Personal Message from Our President and CEO

2. Why This Guide Is Different

3. Why You Need an Employee Health Plan

4. The Employee Healthcare Pyramid

5. The Four Employer Health Benefits Strategies

- Strategy 1: Don't Offer A Plan
- Strategy 2: Offer a Traditional Group Health Insurance Plan
- Strategy 3: Offer a Health Sharing Plan
- Strategy 4: Offer a Health Reimbursement Arrangement (HRA)

6. Supplemental Benefits: Enhance Your Value Proposition

7. How To Choose the Best Health Insurance Plan For Your Employees

8. Your Journey to Smarter Benefits Starts Here

9. Conclusion: Smart Strategies for Employee Healthcare Benefits

10. Best Health Insurance Carriers (2025)

# Forward: A Word from The President and CEO



**Wiley P. Long III**  
President HSA for America

America faces a growing healthcare affordability crisis. Complex regulations, hidden pricing, and aggressive sales tactics leave consumers overpaying with little control over their care.

The current healthcare maze leaves many small business owners feeling helpless, trapped by rising costs and confusing options that don't truly serve their employees' needs. You're caught in an impossible position: your employees depend on you for quality benefits, but every year the insurance companies demand more money for less coverage. You lie awake at night wondering if you can afford next year's premium increase, or worse—if you'll have to cut benefits and watch your best employees walk away.

That's why I founded HSA for America—to help consumers escape the frustration of today's healthcare system. Our mission is to find innovative ways to cut your healthcare costs. From tax-saving Health Savings Accounts to personalized, low-cost Health Care Cost-Sharing Programs, we're here to improve access and save you money.

At HSA for America, we understand this burden because we've helped thousands of business owners just like you break free from this cycle of frustration and financial strain. Since 2004, we've helped over 16,000 people save as much as \$12,000 per employee per year with smarter healthcare strategies.

By the end of this guide, you'll be ready to meet with a Personal Benefits Manager to explore your options and lower your costs. But don't wait—your savings start when you take action! Call us at 1-800-913-0172 for a free consultation with an expert Personal Benefits Manager.

At HSA for America, we work for you, not the insurance companies. We'd love to do the same for you.

A handwritten signature in blue ink that reads "Wiley Long".

Sincerely,  
**Wiley Long**  
President, HSA for America

# Introduction

If you're a small business owner trying to figure out how to offer good health benefits without losing your shirt, you're in the right place.

We founded HSA for America to expose the dirty little secrets of the health insurance industry—and help business owners like you finally fight back!

We've saved some of our clients over \$12,000 per employee every year.

For a 10-employee business, that's **\$120,000 back in your pocket annually**—enough to hire two additional full-time workers, upgrade critical equipment, or build a substantial emergency fund.



Sound crazy? It's not—if you know what you're doing. And we do.

This guide will walk you through the real options no one else is telling you about—the unconventional or lesser known employee benefit strategies that your traditional insurance broker conveniently never mentions... because they generate lower commissions!

In this guide, you'll discover:

- How to slash your healthcare costs by up to 50%—that's \$12,500 saved per family covered
- How to give your employees better care and more flexibility while reducing their financial stress
- How to escape the trap of rising premiums and poor coverage that's bleeding your business dry

Let's get started.

# Why This Guide is Different



Unlike most similar guides you'll find on the Web, this guide is written specifically for owners and HR professionals at small businesses – That is, businesses with 49 employees or less.

If you know every single one of your workers by their first names, this guide is for you.

In this whitepaper, we'll walk you small business owners and HR professionals through all your available employee health plan options. We'll discuss the various strategies available to keep costs down, while still providing your workers with the quality health benefits that today's workers expect and deserve.

## We Talk About ALL Your Options

This guide is also different because we discuss all the health plan options available to small business owners, including low-cost, non-insurance health sharing plans.

This is significant because these are effective plans available at just a fraction of the cost of traditional health insurance plans. But most insurance brokers don't want you to know about them. They don't even sell them!

Most traditional insurance brokers won't even mention health sharing plans to their clients. Why? Because these brokers earn significantly higher commissions from expensive traditional insurance policies—sometimes 10 times more than they'd make helping you save money with health sharing.

At HSA for America, we operate differently. We get compensated for finding you the best solution, regardless of the product type. That's why we're one of the few firms that will honestly present health sharing alongside traditional insurance, explain the pros and cons of each, and help you make the decision that's right for your specific situation.

It may not cost as much as you think.

In this guide, we're going to explore the different employee health insurance plan options that are available to small business owners with 50 employees or less.

# Why You Need an Employee Health Plan

**Research shows compelling statistics about what employees really want (as of 2024):**

- 61% of workers say the employee health plan health had a positive impact on their decision to accept their current job. 80% say it is an important factor in their decision to stay at their current job.
- 46% of workers say they would forgo added pay for a more generous health plan - up from 36% in 2010.
- 50% of adults would leave their current job for one offering better benefits.

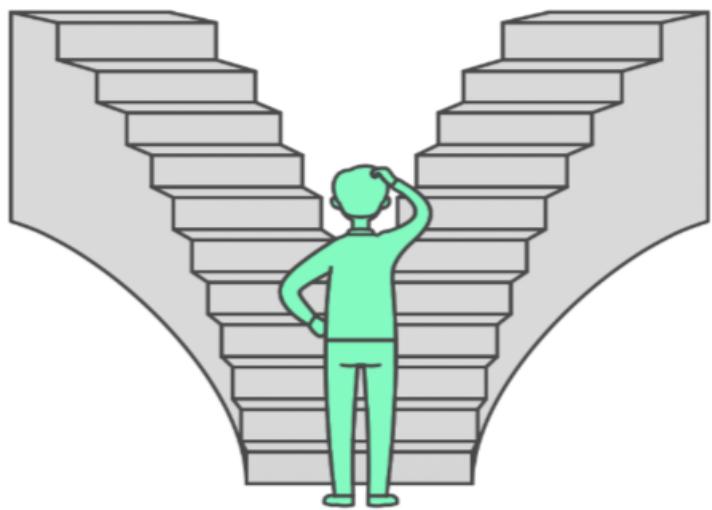
**50% Would Leave Their Current Employer for One With Better Benefits.**

**Stay With Current Job**

**50%**

**Leave for a Better Health Plan**

**50%**



# Medical Benefits: Worth the Investment

Yes, offering a full-fledged traditional employee group health plan is expensive. The average cost to insure an employee and his or her family now tops \$25,000, according to the 2024 KFF Employer Benefits Survey.

But employers overwhelmingly find that the investment in talent is worth the cost: Six in ten employers actually plan to expand their benefit offerings over the next five years.

But that doesn't necessarily mean they will choose a traditional, straight-ahead, conventional group health plan. In fact, those have become too expensive for many small businesses.

That's where HSA for America's expertise becomes invaluable. We've spent two decades helping businesses navigate these exact challenges. An increasing number of businesses with fewer than 50 full-time workers are looking for lower-cost, alternative strategies that still provide the robust benefits that today's quality workers expect and deserve.

In this guide, we'll look at four contrasting strategies available to business owners:



**Strategy 1.** Offer no benefits, and let workers buy their own coverage.



**Strategy 2.** Offer a traditional group health insurance benefit.



**Strategy 3.** Offer a health reimbursement arrangement, or HRA.



**Strategy 4.** Offer employees an affordable non-insurance health sharing plan.

Each of these strategies has advantages and disadvantages. Here's a brief overview of each of them.

This guide will walk you through each of these four strategies in more detail.

# Supplemental Benefits

We'll also explore some supplemental benefits that improve employee access to healthcare, build employee engagement and loyalty, and help you lower absenteeism, presenteeism, and turnover costs over time.

These supplemental benefits include employer health savings account contributions (HSAs), accident and hospital insurance, critical illness coverage, direct primary care, and many others.

These supplemental benefits are just that: supplements. They aren't designed to replace a quality employer health plan. Instead, these are optional benefits that go alongside your primary major medical plan.

They aren't designed to replace major medical plans. But they can help "bridge the affordability gap," and make accessing medical care much more affordable - especially for lower-wage employees.

Your primary major medical plan and your supplemental health plans should work together to make healthcare accessible and affordable for all your hard-working employees, from entry-level rank-and-file to senior management.

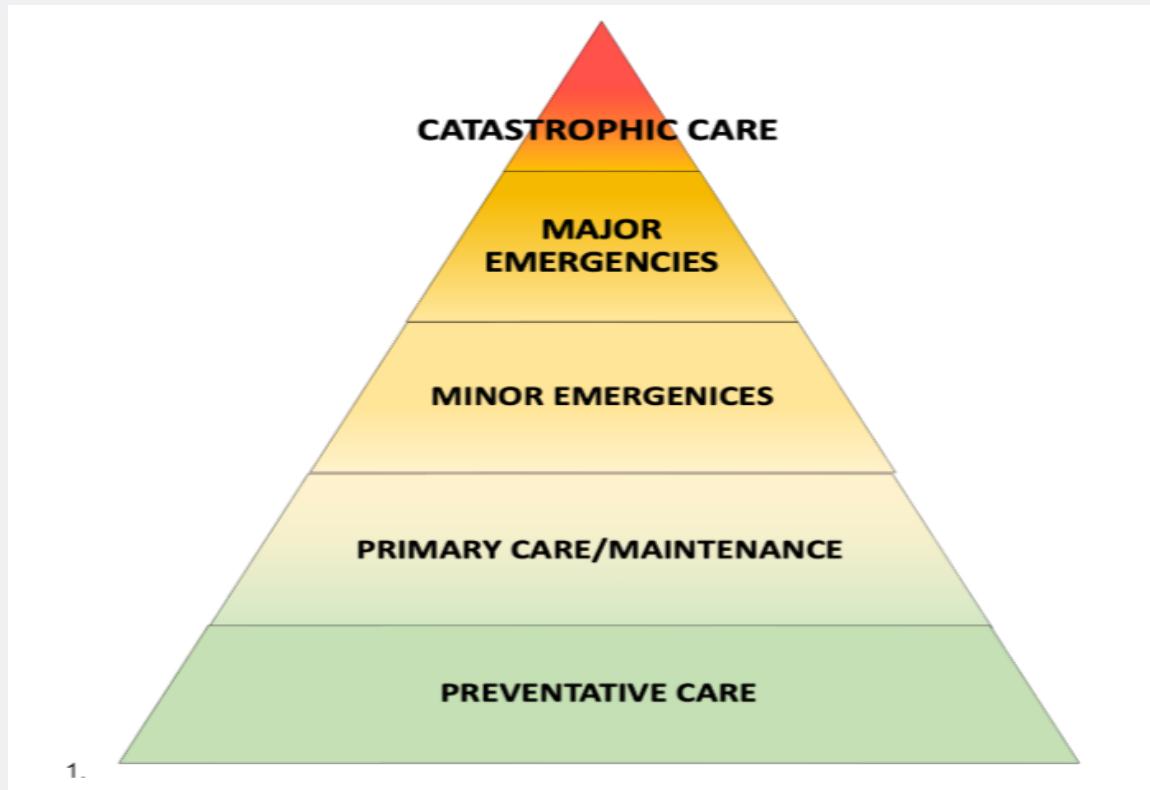
So they can focus 100% on work. And they won't have to worry about how to pay for their child's doctors' appointment tomorrow.

# The Employee Healthcare Pyramid

A good employee health plan should meet two basic criteria:

1.

Address all levels of the Employee Health Care Pyramid, pictured below - from routine preventive care to catastrophic, potentially bankrupting medical events.



And when the cost barriers at the lower rungs are too high, you'll have more incidents at the higher rungs. That's not good for anyone.

2.

Close the "affordability gap." A plan that only addresses the lower levels, and leaves employees vulnerable to catastrophic and potentially bankrupting medical risks is not an effective plan.

Likewise, a plan that helps with major and catastrophic events, but has deductibles, copays, and coinsurance costs that are so high that people can't afford preventative or routine care, such as well-baby visits and medication maintenance visits, is also ineffective.

**But we have a serious systemic healthcare delivery problem that affects millions of workers and family members:**

- About half of all small business employees have a deductible of \$2,000 or more (KFF, 2024). But as of 2024, the average deductible for employer-based health insurance is \$3,733 (KFF Employer Health Benefits Survey, 2024).
- Meanwhile, multiple studies show that most workers do not have more than \$1,000 in savings (Federal Reserve, 2024). And many can't cover a \$400 emergency (Federal Reserve, 2024).

That's a major disconnect—with catastrophic results for many families that need healthcare.

# The Healthcare Affordability Crisis

- 1 out of every 2 Americans cannot handle a \$500 medical emergency without going into debt (Bankrate, 2024)
- 56% of Americans don't have the cash on hand to handle a \$1,000 emergency (Bankrate, 2024)
- But the average health insurance plan deductible is nearly four times that amount, or \$3,733! (KFF, 2024)

This discrepancy illustrates a chasm between what traditional, antiquated traditional health insurance benefits provide and what workers can actually afford. This is especially true for workers who earn less than \$70,000 per year.

We call this chasm the *affordability* gap.

Yes, the plan does a good job of covering catastrophic events like hospitalizations and surgeries. But too many company health plans are like a ladder with the bottom rungs broken off: Employees can't afford to see their primary care provider to manage their diabetes or hypertension, for example.

## "Affordability problems at the bottom of the Pyramid eventually lead to much greater costs at the top."

Or, like around one out of four other Americans, they skip or reduce the medications they need. Or they don't fill their prescriptions because of cost (Commonwealth Fund, 2024).

But affordability problems at the bottom of the Pyramid eventually lead to much greater costs at the top. Left to fester too long, health conditions continue to deteriorate—often undetected—until someone experiences a catastrophic medical event or an expensive chronic disease diagnosis.

That means much higher premiums. And more affordability problems. Which fuels a vicious cost cycle.

Smart employers look for ways to break up this cycle, and help all employees access quality medical care at the base levels of the Pyramid. So they prevent major and catastrophic medical events later on.

This is exactly the type of strategic thinking our Personal Benefits Managers bring to every client relationship. We don't just sell plans—we architect comprehensive solutions that address the entire healthcare pyramid while keeping your costs predictable and manageable.

# The Role of Health Insurance

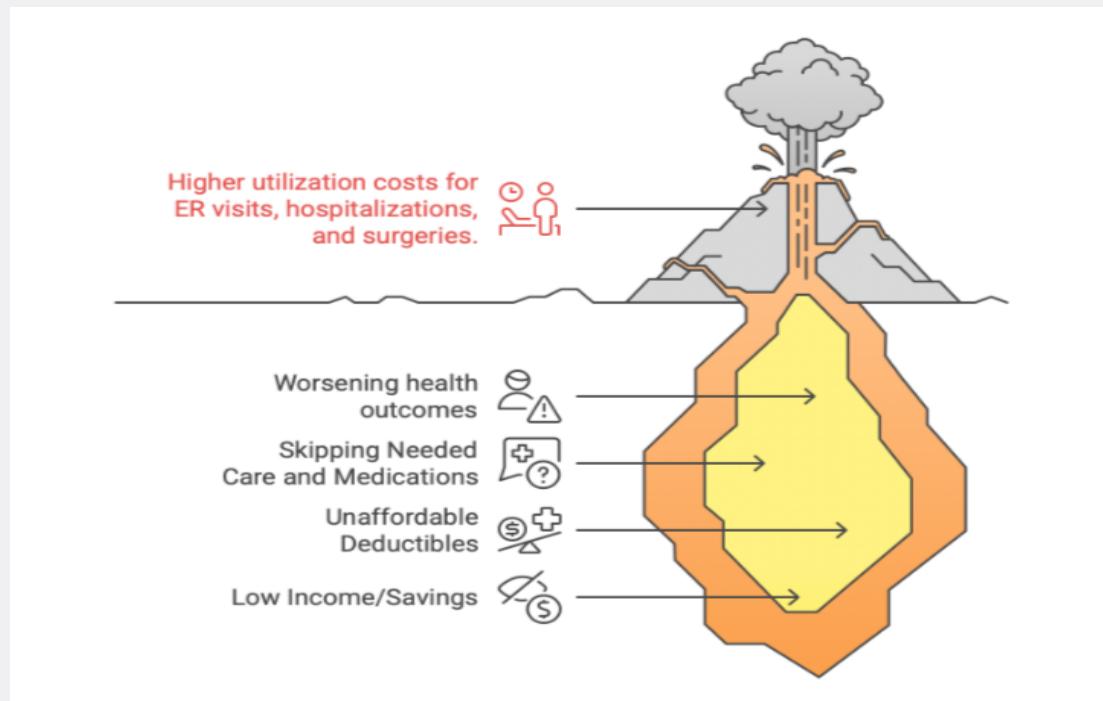
Insurance has an important role to play for many.

But it's tremendously expensive. The average annual premiums for employer-sponsored health insurance in 2024 are \$8,951 for single coverage and \$25,572 for family coverage.

On average, covered workers contribute 16% of the premium for single coverage and 25% of the premium for family coverage. Employers pick up the rest.

*Source: Kaiser Family Foundation, 2022 Employer Health Benefits Survey*

- 50% of small business employees are in a plan with deductible of \$2,000 or higher. But fewer than half of them can handle a \$1,000 emergency.
- Nearly 40% of workers would have trouble with a \$400 emergency.
- 29% of people with a workplace insurance plan said they or a family member had delayed or skipped needed health care or prescription drugs in the last 12 months due to cost.
- 21% of adults with insurance report they have difficulty affording medical care.
- 21% of Americans have not filled a prescription because of cost, while a similar share say they have instead opted for over-the-counter alternatives.
- More than half of people who say they skipped needed medical care due to cost say their health problem got worse as a result.



But today, traditional health insurance is not enough by itself to bridge the affordability gap. Taken by itself, it too often fails to provide meaningful access to healthcare at all levels of the Pyramid that employees can actually use.

**“More than half of people who say they skipped needed medical care due to cost say their health problem got worse as a result.”**

– Commonwealth Fund

# Key Takeaways: The Employee Healthcare Pyramid & Affordability Gap

- Address all levels of the Employee Healthcare Pyramid.
- Financial hardship leads to delayed care
- Employees who skip needed care due to cost generate even higher costs in the future.
- Health insurance alone is not enough.
- Close the “affordability gap.”

## The Four Employer Health Benefits Strategies



### Strategy 1: Don't Offer A Plan

The first strategy — offer no major medical plan at all — is not uncommon for very small businesses, and those with very low-wage employees.

The Affordable Care Act does not legally require you to offer group health insurance if you have fewer than 50 full-time workers. So some companies don't.

With this strategy, workers are on their own for finding medical coverage. You provide little or no company assistance.

This doesn't necessarily mean that workers will go entirely without health insurance. They may get coverage from several sources:

- A subsidized individual plan via the Affordable Care Act Marketplace
- A spouse's plan
- A parent's plan (if under age 26)
- Medicaid
- The VA

But today's talented workers increasingly expect an employee group health plan of some type. And most employers are willing to provide it. Most quality employees have options, and will quickly leave for a company that offers a competitive health plan for themselves and their dependents.

Meanwhile, for companies that don't offer any kind of health plan, there is a very steep cost to be paid in the form of turnover, low morale and engagement, absenteeism, presenteeism, and poor productivity.

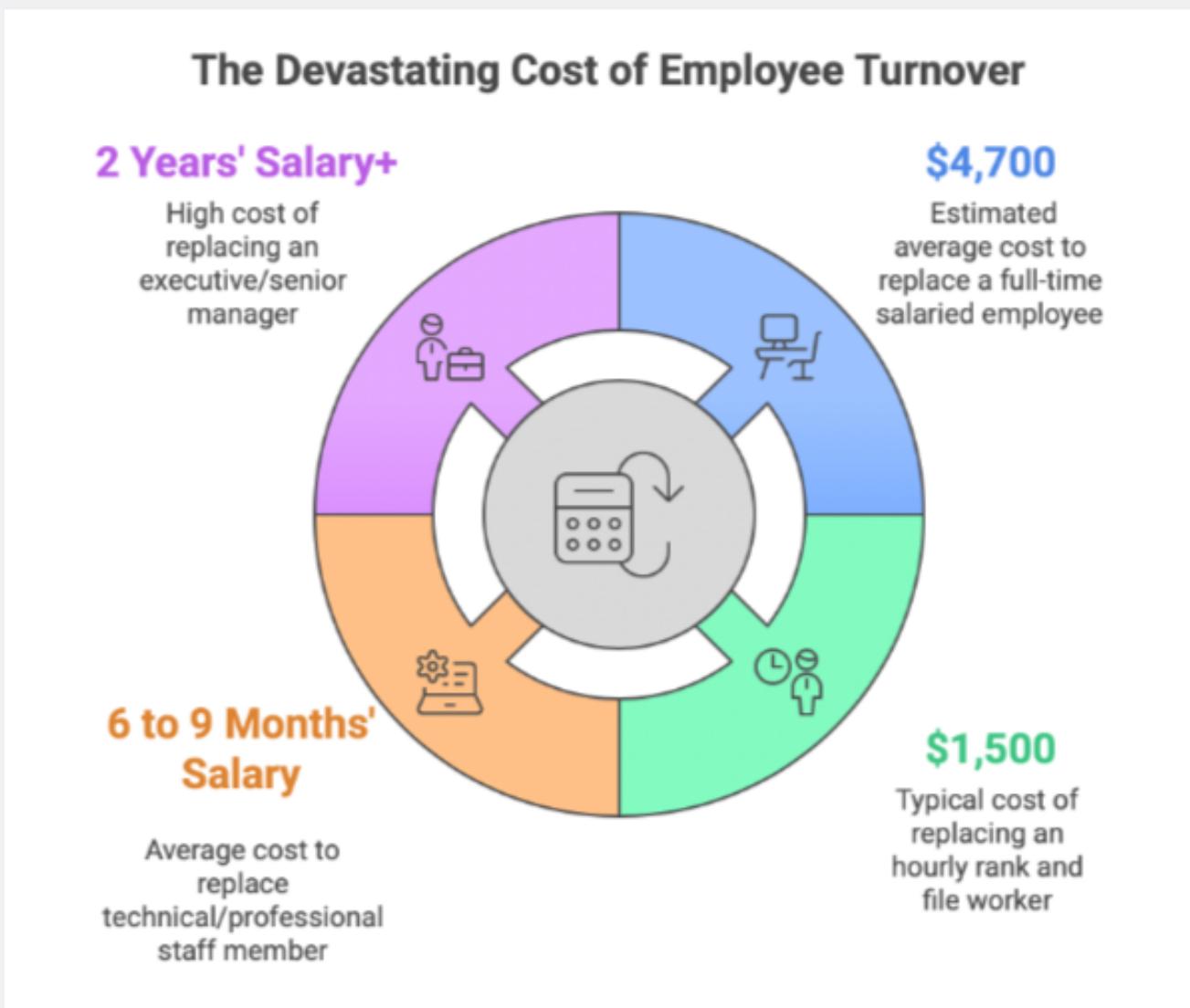
Consider:

- 83% of organizations believe their benefits package has a **positive impact on worker productivity.**
- One in three millennial workers, and 27% of other workers, **have turned down a job offer due to the lack of health insurance**, or the low quality of the plan.
- 51% of workers say it is "extremely important" for them to have a job that offers health insurance.
- 55% of workers say **health coverage is the greatest driver of job satisfaction**—more important than paid vacation (18%), overtime pay (11%), and retirement plans (10%).

# Turnover Costs: The High Price of Being Cheap

While declining to offer health benefits appears cheap in the short run, the indirect costs of failing to attract and retain good workers can be devastating.

- \$4,700 - the average cost of hiring a new full-time employee (SHRM)
- \$1,500 - The average cost of replacing an hourly employee lost due to turnover.
- 6 to 9 months of salary - the average cost of replacing a technical worker or professional lost to turnover
- 213% of pay - the average cost of replacing an executive or highly-skilled employee (SHRM)



## Strategy 1: No Health Benefits

Pros	Cons
Low initial costs	Difficulty attracting and retaining talent
Simple to administer	High turnover
No ERISA liability	High absenteeism and presenteeism costs
Workers may qualify for an ACA subsidy	Low growth potential
No shared responsibility penalties (if fewer than 50 full-time employees)	Low morale and engagement

## Key Takeaways: The High Cost of Not Offering Health Benefits

Most workers expect health benefits. And good workers can command them, or quickly find employment elsewhere.

Turnover is costly.

Most Successful Businesses Offer Health Benefits. They don't stay in the "no health plan" phase for long, if at all.

For a business with 15 employees earning an average of \$45,000 annually, losing just 3 employees per year to turnover costs approximately \$31,050—more than enough to fund a quality health benefits program.

Our Personal Benefits Managers help you calculate these real costs and show you how investing in benefits actually saves money.

## 2 Strategy 2: Offer a Traditional Group Health Insurance Plan

The second and most common strategy is to **offer a traditional group health insurance plan** via an insurance company.

This is also the highest-cost strategy: The average total cost to insure a worker and his or her in 2024 was over \$25,000. Of that workers pay about 25%, on average, according to the 2024 Employer Health Benefits Survey.

One way to lower costs with a more traditional health insurance plan is to enroll in a level-funded plan. With this type of plan you are insuring against catastrophic costs, while some of the premiums are used to pay claims. If the group stays relatively healthy, you may receive a refund at the end of the year.

## Strategy 2: Offer a Traditional Group Health Insurance Plan

Pros	Cons
Highly-valued by employees	High cost (app. \$25,000 per family, on average). Compare with health sharing.
Very competitive value proposition	Limited authorized network providers
Immediate coverage for pre-existing conditions	Deductibles and coinsurance may be unaffordable for some workers
High-deductible plans are HSA-eligible	May have long wait times and short appointment times (compare with DPC)
High capacity to pay even catastrophic claims	Potential ERISA fiduciary liability
Benefits are tax-free for employees	Limited customizability. "One-size-fits-all" plans may not suit a diverse workforce. (Compare with HRAs)
Includes mental health benefits	Exposure to high and rising premiums, which you cannot control
Prescription drug coverage normally included	Lack of portability. Coverage is tied to employment.

## Table of Major Group Health Carriers

This is a very brief, basic guide to most of the top health insurance carriers with a national footprint.

Each has advantages and disadvantages. But this table can be a starting point for analysis, and help you narrow down your list of candidates and crystalize your priorities.

## Top National Group Health Insurance Carriers (2025)

Carrier	Pricing	Network Size	Drug Benefits	Unique Features	Advantages	Disadvantages
Aetna	Mid-range	Large	Comprehensive formulary; mail-order options	Wellness programs; digital tools	Strong telehealth; extensive network	Mid-range pricing; customer service varies
BlueCross/BlueShield/ Anthem	Varies by state (often mid-high)	Largest in the U.S.	Broad coverage; some specialty drug exclusions	National presence; robust provider access	Huge network; flexibility in plan design	Pricing varies; some plans complex to navigate
Humana	Competitive for small businesses	Moderate	Emphasis on generics; tiered coverage	Focus on wellness & prevention; Go365 rewards	Strong customer service; wellness integration	Smaller network than some competitors
Kaiser Permanente	Generally mid-high	Regional (CA, CO, GA, HI, etc.)	Integrated pharmacy; on-site pharmacies	Integrated care model (insurance + providers)	Coordinated care; good for chronic condition management	Limited to regions; less flexibility in providers
UnitedHealthcare	Mid-high	Very Large	Extensive formulary; OptumRx pharmacy network	Strong digital tools; HealthiestYou telehealth	Extensive provider options; strong data tools	Pricing on the higher end; complex billing
Cigna	Mid-range	Large	Comprehensive; specialty drug support	Global presence; EAP and mental health support	Integrated wellness programs; strong mental health	Price transparency can vary; customer service issues
CVS Health (formerly Aetna)	Mid-range	Large	CVS Pharmacy integration; specialty drug management	MinuteClinics; broad pharmacy access	Strong retail presence; convenient care	Limited to CVS pharmacies; some narrow networks

Also, most markets have one or more local or regional carriers not listed here. These plans can be very cost-effective and competitive as well, especially local to their coverage areas.

Your HSA for America Personal Benefits Manager can help you identify the best local and regional carriers, and help identify which may provide the best value for your specific organization.

## How To Establish Your Employee Group Health Insurance Plan

There are four easy steps to establishing a group health plan, illustrated here:



When you are investigating which plans to offer, be sure to consider these important factors:

- **Age and demographics** – Younger employees may prefer lower-cost plans, while older employees or those with families may prioritize comprehensive coverage.
- **Chronic conditions and prescription needs** – Employees with ongoing medical needs may require lower deductibles and better prescription drug coverage. This may be worth paying a little more in premiums.
- **Preferred doctors and hospitals** – Ensure your provider networks align with employee needs. For example, choose plans that include the best local hospitals and providers in their networks.

## High-Deductible Health Plans and Health Savings Accounts

**High-Deductible Health Plans (HDHPs)** paired with **Health Savings Accounts (HSAs)** offer small businesses a strategic approach to manage healthcare costs while still providing valuable benefits to your employees.

HDHPs allow employees to benefit from tax-free contributions to HSAs - the most powerful tax-advantaged savings tool in the tax code.

They also provide important benefits to employers, as well.

For example, when members are spending their own money, rather than the insurance company's money, they are more likely to make smarter, more cost-effective decisions. For example, they will be more likely to choose generic medications where possible, or schedule an office visit or urgent care center visit rather than a vastly more expensive ER visit.

This translates into savings: in 2023, the average annual premiums for workers in HSA-qualified HDHPs were \$7,662 for single coverage and \$22,378 for family coverage - a savings of 8.1% and 6.8%, respectively, compared to average premiums in general.

## How Much Does HDHP Insurance Save?

Plan Type	Average Single Coverage Premium	Average Family Coverage Premium
HDHP	\$7,982	\$23,436
Traditional	\$8,951	\$25,572
Average Premium Savings	\$969	\$2,136

For a 12-employee business where 8 employees have family coverage and 4 have single coverage, switching to HDHPs saves \$21,364 annually in premiums—money that goes directly to your bottom line.

## Tax Advantages of HSAs

HSAs provide significant tax benefits for both employers and employees:

### Benefits For Employees:

- Pre-Tax Contributions:** Contributions to HSAs are made with pre-tax dollars, reducing taxable income.
- Tax-Free Growth:** Funds in HSAs grow tax-deferred as long as they stay in the account.
- Tax-free withdrawals.** Distributions for qualified medical expenses are tax-free.

Effectively, workers who have money in their HSAs get a steep discount on their out-of-pocket healthcare costs, on an after-tax basis.

## **Benefits For Employers:**

•**Payroll Tax Reduction:** Employer contributions to employee HSAs are excluded from payroll taxes, leading to potential tax savings. **Example:** A business contributing \$1,200 annually to each employee's HSA saves approximately 7.65% in payroll taxes (\$92 per employee) while providing a valuable benefit that employees appreciate more than equivalent cash compensation.

## **HSA Balances Bridge the Affordability Gap**

Employees with HSA balances can get the care they need without worrying about costs: They can access their cash to pay for qualified medical expenses - tax-free.

Your workers with HSA balances can use them to pay for hundreds of possible medical expenses, including:

- deductibles
- co-pays
- coinsurance
- prescription and OTC drugs
- dental expenses
- durable medical equipment
- medical travel and lodging costs
- private nursing care
- rehab

...and much more.

Here's a more complete list of qualified medical expenses eligible for tax-free HSA withdrawals.

## HSAs Help Bridge the "Affordability Gap"



## Benefits of Employer Contributions to HSAs

Employers can enhance the value of their benefits package by contributing directly to eligible employee HSAs.

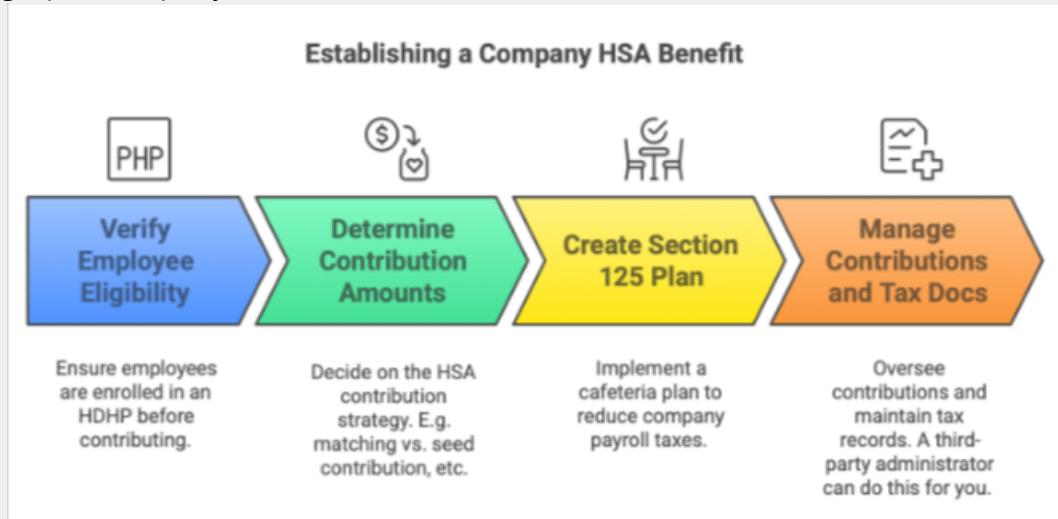
Offering an HDHP, and then contributing to workers' HSAs can be a fantastic idea for forward-thinking employers. According to the Kaiser Family Foundation, about 45% of employers actually contribute tax-free cash to employees' HSAs.

Employer contributions to HSAs offer several significant advantages.

- **Enhanced Recruitment and Retention:** Offering HSA contributions can make a compensation package more attractive to current and prospective employees.
- **Lower Premiums:** Employer contributions encourage employees to enroll in HDHPs, reducing premiums and utilization costs.
- **Greater tax-efficiency.** Contributions are exempt from payroll taxes. They are a more efficient form of compensation than paying cash directly to workers.
- **Employees with HSAs are less likely to skip needed care.** This reduces major and catastrophic costs at the higher end of the pyramid.
- **HDHPs and HSAs tend to attract healthier employees.** Further reducing long-term health care costs.

# How to Set Up an HSA Benefit for Your Employees

Starting a small business HSA program is a simple process. Here are the four main steps of setting up a company HSA benefit:



For individualized help with coordinating your benefits program and setting up an HSA benefit for your workers, contact an HSA for America Personal Benefits Manager.

## Tips

- Consider making HSA enrollment automatic—that is, require employees to “opt out,” rather than “opt in.”
- Make “seed” or matching contributions to employee HSAs.
- Invest in a benefits communications effort to ensure workers understand the value of their HSAs and how to use them.
- Establishing a new group health insurance plan? Take advantage of the Small Business Health Care Tax Credit.

## Choosing the Best Health Insurance Plan(s) For Your Company

Choosing the best health insurance plan involves balancing cost, coverage, and employee needs. Here's a step-by-step action plan:



# 3

## Strategy 3: Offer a Health Sharing Plan

Health sharing is a viable, affordable, and increasingly popular alternative to traditional group insurance products.

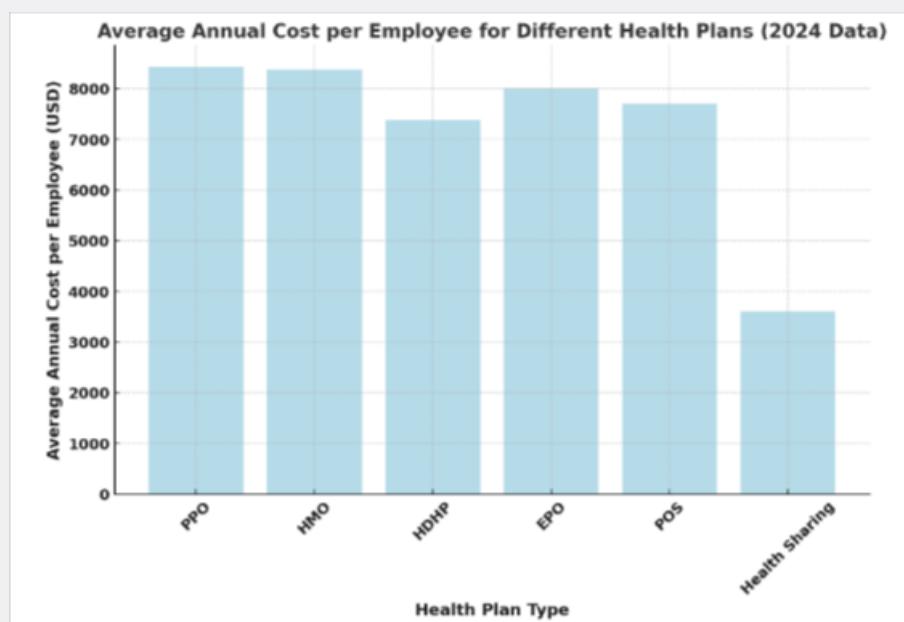
They aren't insurance policies at all. Instead, health sharing plans are simply non-profit, voluntary associations of like-minded and health-conscious people who share common values, and who have agreed to help share the unexpected medical expenses of other members.

They are tremendously cost-effective, and excel at helping individuals and families afford even catastrophic medical costs, such as surgeries, hospitalizations, and transplants.

And they do so at a fraction of the cost of a full-fledged, ACA-qualified group health insurance policy.

***"Health sharing plans cost about 50% less than the cost of a traditional group health insurance policy."***

Today, an estimated 1.7 million Americans rely on health sharing plans rather than insurance products to access healthcare. And according to the Alliance of Health Care Sharing Ministries, an industry trade group, member health sharing organizations paid more than \$1.1 billion in medical costs on their members' behalf.



**Source:** Kaiser Family Foundation 2024 Employer Benefits Health Survey, HSA for America actual health sharing quote data.

Typically, monthly **health sharing plan costs are about 50% less than the cost of an ACA-qualified traditional health insurance plan.** This is true for both individual and family plans.

# No Narrow Networks: Health Share Members Can Choose Their Own Doctors

Most health share plans don't use limited provider networks. Your workers and their families in health sharing plans can use their plan with any doctor, clinic, hospital, or provider.

This is a massive advantage over traditional group health insurance, which nearly always restricts non-emergency care benefits to in-network providers.

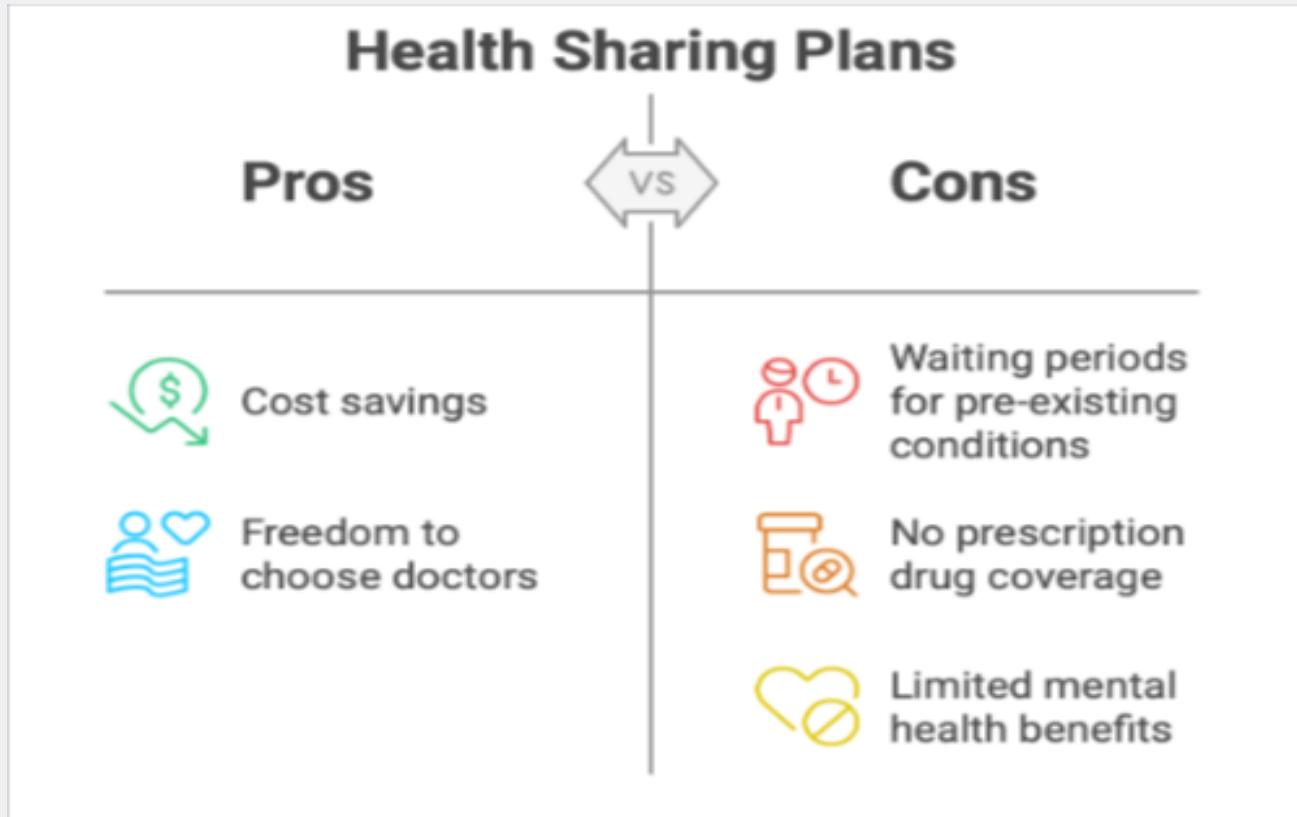
## Pre-existing Condition Waiting Periods

Health sharing offers substantial cost savings for employers compared to traditional health insurance - but it's not a good fit for all employees.

That's because unlike traditional health insurance, **health sharing plans impose waiting periods before they will share costs related to pre-existing conditions.** These waiting periods can be several years long.

Health sharing plans also have much more **limited prescription drug and mental health/addictions treatment benefits** compared to traditional health insurance.

Additionally, some health sharing plans **restrict maternity benefits to married couples** (except in cases of pregnancy through rape). Traditional health insurance plans do not have this restriction.



# When Health Sharing Offers Better Protection than Health Insurance

For employees that don't have pre-existing conditions, **health sharing often offers superior protection compared to traditional ACA-qualified health insurance HMOs and PPOs**, as the following example shows:

## COMPARING THE COST OF A BROKEN ANKLE

Medical Service	Actual Cost of Service	With Conventional Health Insurance Policy (Silver-Tier, With \$5,000 Deductible)	With DPC + Healthshare (With \$2,500 IUA)*
ER Visit With X-Ray	\$2,500	\$2,500	\$2,500
Surgery	\$20,000	\$7,750 (remaining half of \$5,000 deductible), plus 30% coinsurance on remaining costs)	\$0. Everything above your IUA is 100% shareable
Follow-up visit with surgeon	\$400	30% coinsurance (\$120) + \$25 copay = \$145	\$25 copay. \$0 additional cost after
Physical therapy	\$1,500	30% coinsurance (\$450) + 5 visits x \$25 copay.	\$0. Up to 35 physical therapy visits fully shareable (up to max \$7,500)
<b>TOTAL COSTS</b>	<b>\$24,400</b>	<b>\$8,800</b>	<b>\$2,525</b>
			<b>Savings from Health Sharing = \$6,275</b>

\*We are using the Zion Healthshare Member Guidelines for this hypothetical. Specifics vary with the healthshare plan.

# 3 Steps to Integrating Health Sharing



## **Step 1: The business chooses one or more health sharing organizations.**

There are many possible health sharing organizations to choose from, and each of them have their own advantages and disadvantages.

JHS Community, HSA Secure, and Thriver are among the most popular choices for employer groups. There are also hybrid options where you can give the employees a choice between a healthshare plan and health insurance.

### **Religious Considerations**

Some excellent health sharing plans have a religious component for membership. netWell and Medi-Share, for example, require members to affirm their Christian faith as a condition of enrollment.

So take this into consideration when designing your benefits package.



## **Step 2: Employees sign a Statement of Principles or equivalent member agreement.**

Medical cost-sharing organizations ask members to agree to live by a set of moral, ethical, and health-conscious principles.

For faith-based health share organizations, this is referred to as a statement of faith.

Common elements include an agreement to abstain from drug and alcohol abuse, tobacco use (for some plans) and criminal activity, and not to engage in extreme sports or dangerous hobbies.

For religious health sharing organizations, the statements often express belief in God, or are specifically Christian.



## **Step 3: The Business and Employees Share the Monthly Health Sharing Contribution Cost**

You as the business owner decide how much you want to contribute per employee.

You can also decide whether to extend your benefit to include dependents, though the majority of businesses do so.

The employee contributes the rest, usually via payroll deduction. Costs are fully tax-deductible to the business as a compensation expense. However, unlike traditional health insurance costs, company health sharing contributions are fully taxable to your workers.

See the section below for more details on the tax treatment of health sharing benefits.

Some employers choose to “plus-up” wages or salaries to compensate for taxes on health sharing plans. However, the savings with health sharing are usually more than adequate to compensate employers for these plus-ups.

### **Tax Treatment of Health Sharing Benefits**

Health sharing is taxed differently from health insurance.

- Contributions are fully deductible to the business.
- Employer health sharing contributions are fully taxable to employees.
- Amounts employees pay for health sharing benefits are not tax deductible.

Group health sharing plan costs are fully deductible to the business as a compensation expense. However, unlike employer-paid health insurance premiums, employer-paid costs are taxable to the employee.

**Tip:** Consider the tax ramifications of health sharing plans to employees. It may be worthwhile to take part of the savings of converting to a health sharing plan from a traditional health sharing plan and “plussing up” employee compensation to compensate for employee taxes.

	Traditional Health Insurance Premiums		Health Sharing	
	Employers	Workers	Employers	Workers
Employer Contributions	Premiums fully deductible	Non-taxable to employees	Contributions fully deductible	Fully taxable to workers
Worker Contributions	N/A	Premiums are typically deducted pre-tax	N/A	Not tax-deductible

## Health Sharing Advantages and Disadvantages

Pros	Cons
<b>Affordability</b>  Health sharing typically costs 35% to 50% less than traditional group insurance	<b>Less protection.</b>  Limited sharing for mental health treatment, addictions, and prescription drug costs compared to health insurance.
<b>Year-round enrollment.</b>  Health sharing doesn't have a limited enrollment period.	<b>Pre-existing condition waiting periods.</b>  Health sharing plans impose a waiting period of 12 to 48 months before costs related to pre-existing conditions become fully shareable.
<b>Portability.</b>  If the member leaves your company, they can easily take their health sharing plan with them. They retain credit for all IUs paid, and preexisting condition waiting periods. They won't have to start from scratch with another plan.	<b>No Tax Benefits.</b>  Unlike employer-paid health insurance premiums, health sharing benefits are taxable to the worker. Furthermore, employees cannot deduct their own health share contribution costs.

## Portability.

If the member leaves your company, they can easily take their health sharing plan with them. They retain credit for all IUAs paid, and preexisting condition waiting periods. They won't have to start from scratch with another plan.

## No Tax Benefits.

Unlike employer-paid health insurance premiums, health sharing benefits are taxable to the worker. Furthermore, employees cannot deduct their own health share contribution costs.

## Lower out-of-pocket costs.

Most health sharing plans share 100% of eligible expenses once the member's chosen IUA has been met for the year. With no "coinsurance" costs, members typically experience lower out-of-pocket costs in the event they need significant medical care compared to health insurance.

## Not regulated by state insurance | commissioners.

Your health sharing plan is enforceable under state contract laws, like any other contract. But they are outside the purview of state insurance commissioners.

## Healthier risk pools.

Health sharing plans typically attract more health-conscious, lower-risk members. Plans actively encourage healthy lifestyles and preventative care. This helps keep costs down.

## Limited maternity benefits.

Some plans will only share maternity/childbirth costs if the member is married to another member, or in the case of rape. Plans may cap sharing for childbirth costs and complications. C-section costs are typically shareable, but limits may not be sufficient for very high-cost NICU situations.

# CASE STUDY: How One Florida Business Saved Over \$5,000 a Month

## The Challenge

One business we worked with had 24 employees on the company group health insurance plan. They were all married, so the per employee cost was close to the national average at \$25,000 per year in total premiums.

They needed to solve two big problems:



They believed they were spending way too much on employee health insurance, especially after they received a big premium increase.



Employees couldn't afford their deductible, which was over \$2,000. This led to employee stress, distraction at work, and to family members skipping needed treatment due to costs.

They called on HSA for America to help find a solution.

## The Solution



The company wound up cancelling their group health plan altogether.

Instead, they implemented a three-pronged strategy that helped them reduce their health benefit costs:

They offered a non-insurance health sharing plan at half the cost per worker of their previous group health insurance coverage. This drastically reduced costs for both the company and their employees.



They implemented a health reimbursement arrangement. This HRA provided tax-free reimbursement of premium costs for any employees who chose to continue with a health insurance plan.



They added a hospital indemnity insurance plan and a critical illness plan that effectively reduced every participating employee's deductible to \$100. Employees could sign up for just a few dollars per month through the company's existing Section 125 cafeteria plan.

This took care of the deductible problem for anyone needing hospital care. This component was important, because most employees couldn't afford the thousands of dollars in ER deductibles and coinsurance costs that would otherwise result if, for example, a child broke her leg at soccer practice.

## The Results

- 7 employees chose to use their HRA benefits to help pay for a traditional individual health insurance plan via the Marketplace.
- 17 employees chose the group health sharing plan - saving more than \$5,000 dollars per employee per year.
- **Total annualized cost reduction: (17 employees x \$5,000) = \$ 85,000 per year, or \$7,083 per month.**

The company passed on part of the savings to employees to encourage them to choose the lower-cost health sharing option. But still saved just over \$5,000 per month per employee who chose health sharing rather than traditional insurance.

It was a win-win for both employers and employees

# Key Takeaways

- Health sharing is not insurance, but a lower-cost alternative.
- Typically costs about 50% less than ACA-qualified group insurance for both individuals and families.
- Members can generally choose their own doctors and hospitals. Health sharing plans typically do not use narrow regional or proprietary networks of authorised providers.
- Expect waiting periods costs for pre-existing conditions are fully shareable.
- No prescription drug insurance component. However, plans typically offer a steep discount program.
- Members must sign a statement of principles (or faith) that often promotes healthy lifestyles.
- Year-round enrollment
- Fully portable: Members take their plans with them if they leave your company.
- Benefits are taxable to employees.
- Clear benefits communication is crucial to ensure employees understand and value the plan.

All together, offering employees a lower-cost health sharing alternative still saved the business more than \$5,000 per month, compared to the cheapest traditional group health insurance plan they had been considering.

As a result, the business is more profitable, has more free cash flow, and employees have more financial security, thanks to these innovative approaches to small business health benefits

## Strategy 4: Offer a Health Reimbursement Arrangement (HRA)

Health reimbursement arrangements (HRAs) provide a way for businesses to reimburse employees for health insurance premiums or other out-of-pocket medical expenses, *tax free*.

They are a great alternative for employers who don't want to administer a group health insurance plan in-house, or who don't want to tie diverse employees to a one-size-fits-all health insurance plan.

HRAs come in many different forms. But for small businesses, the most popular and practical HRAs to consider are the *qualified small employer health reimbursement arrangement* (QSEHRA), and the *individual coverage health reimbursement arrangement* (ICHRA).

We'll discuss QSEHRAs first, then explore ICHRAs.

### About QSEHRAs

QSEHRA benefits are capped, while ICHRA benefits have no maximum. But QSEHRAs are only available to small companies with fewer than 50 employees.

### How QSEHRAs Work

QSEHRAs are specially designed for small employers with fewer than 50 full-time workers and who do not offer a group insurance plan of their own.

For 2025, qualified employers can reimburse employees up to \$6,350 for individuals and \$12,800 for families who enroll in their own ACA-qualified health insurance plans on the individual and family market.



## Step 1. Define your benefit.

You as the employer decide how much they want to contribute to your HSA benefit. There are no minimum contribution amounts for HRAs. This means that small businesses can offer an amount that makes financial sense.

This also insulates your business against unexpectedly large health insurance premium increases. You can keep your per-employee HSA contribution the same, even if health insurance companies raise rates on your employees.



## Step 2. Employee Self-Enrolls.

Your employee enrolls in their own ACA-qualified health insurance plan via the individual and family market.



## Step 3. Your QSEHRA Reimburses Employees With Tax-Free Dollars

Employees submit proof of their ACA-qualified health insurance premiums. You reimburse them through your QSEHRA, up to the plan limits that you decide, or up to the federal maximum (\$6,350 for individuals and \$12,800 for families, as of 2025.)

These reimbursements are tax-free. They are also not subject to payroll taxes.

You can also use your QSEHRA to reimburse employees for deductibles, co-pays, and other out-of-pocket expenses specified in IRS Publication 502 - Medical and Dental Expenses.

How do I define my benefit for a QSEHRA?

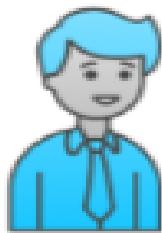
You decide how much to contribute to your HSA benefit; there are no minimum amounts, allowing flexibility for small businesses.

What is the advantage of employees self-enrolling in their own health insurance?

Employees can choose any ACA-qualified plan, providing flexibility to suit their budget, location, medical needs, and preferred providers.

How does the reimbursement process work for employees?

Employees submit proof of their ACA-qualified premiums, and you reimburse them tax-free through your QSEHRA, up to your set limits or federal maximums.



## Individual Coverage Health Reimbursement Arrangements (ICHRA)

You can't offer a QSEHRA if you have more than 50 full-time employees, or if you currently offer an employee health plan.

However, even if you do offer a group health insurance plan, you can still offer an **Individual Coverage HRA** to your workers, which has many of the same benefits.

# What is an ICHRA?

An Individual Coverage Health Reimbursement Arrangement (ICHRA) is a type of employer-sponsored health benefit that allows employers to reimburse employees for individual health insurance premiums and other qualified healthcare expenses on a *pre-tax* basis.

## How ICHRAs Work

### You Decide Contribution Policies

No government minimum or maximums. You also define what you will reimburse for.



### Flexible design with employee classes

Employers can tailor benefits for different classes of workers.



### Employees Choose any ACA-Qualified Insurance Plan They Want

No 'one-size fits all. Workers can select plans that best suit their needs.



### Company Reimburses Worker Tax-Free

Reimbursements also free of payroll taxes, saving money.



## Key Takeaways

- HRAs let employers reimburse employees for premiums and eligible out-of-pocket expenses tax free.
- A flexible alternative to traditional group health insurance plans.
- Employees self-enroll in an ACA-qualified plan of their choice.

- Two main types:



**QSEHRA:** For small employers (<50 employees) with no group health insurance plan, with set annual reimbursement limits.



**ICHRA:** Available to all employers and allows customized reimbursements by employee class.

- You set your health benefits budget. HRAs shield employers from unexpected insurance premium hikes.
- ICHRAs allow for varied benefit amounts based on employee classification, enhancing flexibility. QSEHRAs do not allow for class discrimination.
- Benefits communication is critical to plan success.

## **Supplemental Benefits: Enhance Your Employer Value Proposition**

*Supplemental health benefits*—also called *voluntary benefits*—are additional insurance options offered to employees, over and above the core health insurance and retirement offerings.

These valuable and popular benefits include plans like these:

- **Disability income insurance**
- **Long term care insurance**
- **Vision and dental plans**
- **Critical illness insurance**
- **Pet insurance**
- **Legal services**

**...and much more!**

In most cases, employers set up a Section 125 cafeteria plan. This allows you to make employee payroll deductions exempt from income and payroll taxes.

Employers can offer a wide menu of benefits in their cafeteria plan. And employees can sign up for whatever benefits they like. There's 'no one-size-fits-all' problem: Voluntary benefits offered through a cafeteria plan make it easy and cost-effective for workers to customize their benefits package according to their own individual needs.

## **Little or No Cost To Employers**

Usually, these valuable benefits cost little to nothing for you as an employer. Typically, your employees will select the benefits they want from your cafeteria plan "menu."

Then, they'll pay the premiums or other costs via payroll deduction.

You just deduct the premiums from their paychecks, and send the insurance company or benefits vendor a single list bill payment each month or each pay period.

Every dollar your employees choose to spend on benefits in your Section 125 cafeteria plan saves both you and your workers payroll taxes. These amounts are also exempt from income tax for your employees.

***62% of employees under 50 wouldn't consider working for a company that didn't offer voluntary benefits.***

***– BenefitsPro Magazine***

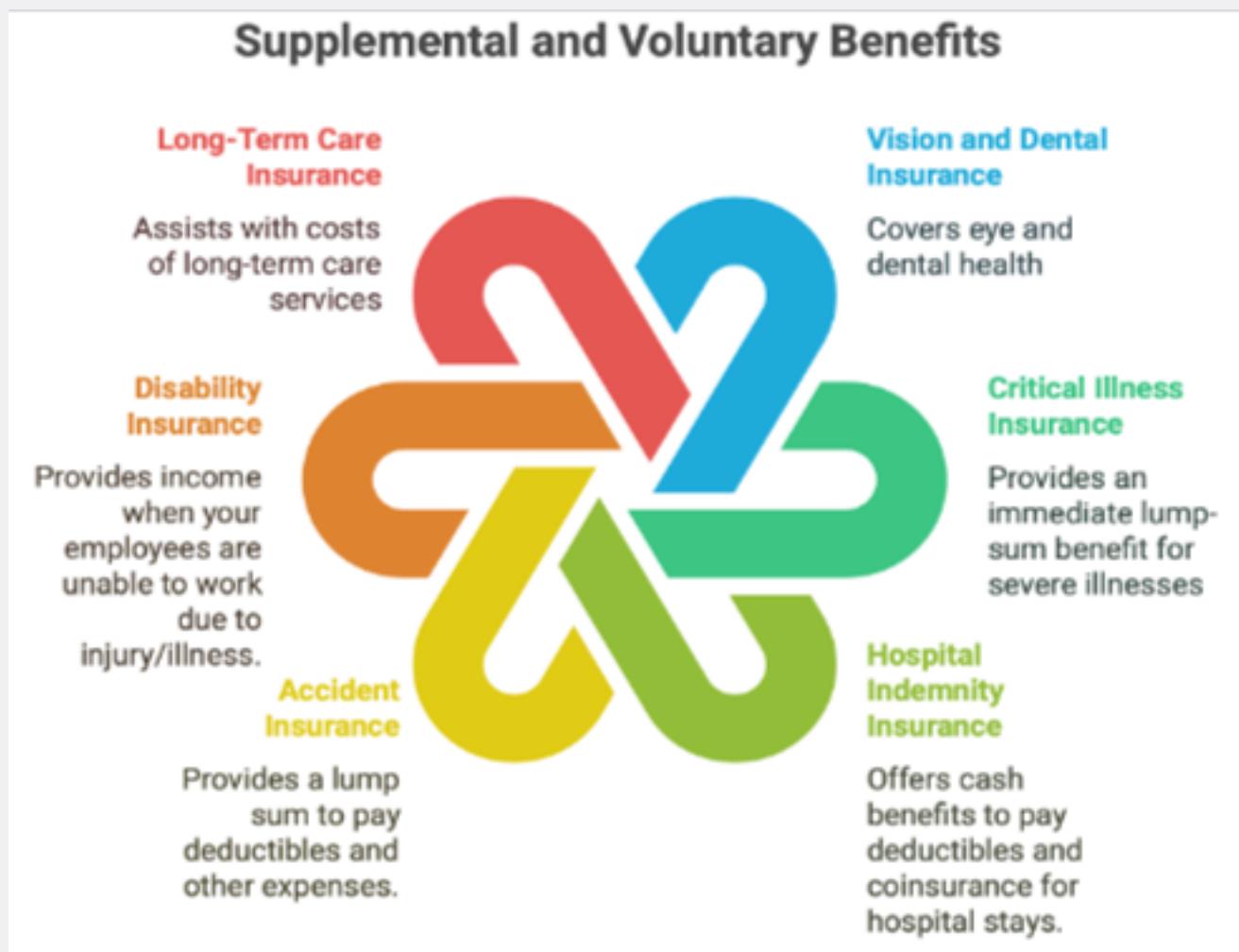
# Why Offer Voluntary Benefits?

Employees highly value **voluntary benefits**. These plans boost retention, engagement, and loyalty while making recruiting easier.

- **78% of employees** say access to voluntary benefits improves job satisfaction.
- **70% of workers** are more likely to stay with an employer offering robust voluntary benefits.
- Companies with strong voluntary benefits see **higher engagement scores** and reduced turnover.

Offering these benefits shows you care about employee well-being without increasing your costs.

## Popular Supplemental Health Benefits



# Financial Benefits for Employers

1

## Little or No Cost to Employers

- With supplemental benefits, premiums and other costs are typically borne by the employee. Employees voluntarily “sign” up for these benefits, and pay for them themselves via payroll deduction, typically through a Section 125 plan.

2

## Payroll Tax Savings

- Premiums paid through pre-tax payroll deductions via a Section 125 plan reduce taxable income for both employers and employees.
- Employers save on FICA taxes with every deduction.

## Benefits for Workers

- Improved access to health care
- Financial security
- Benefits and protection employees could not easily access on their own

## Direct Primary Care

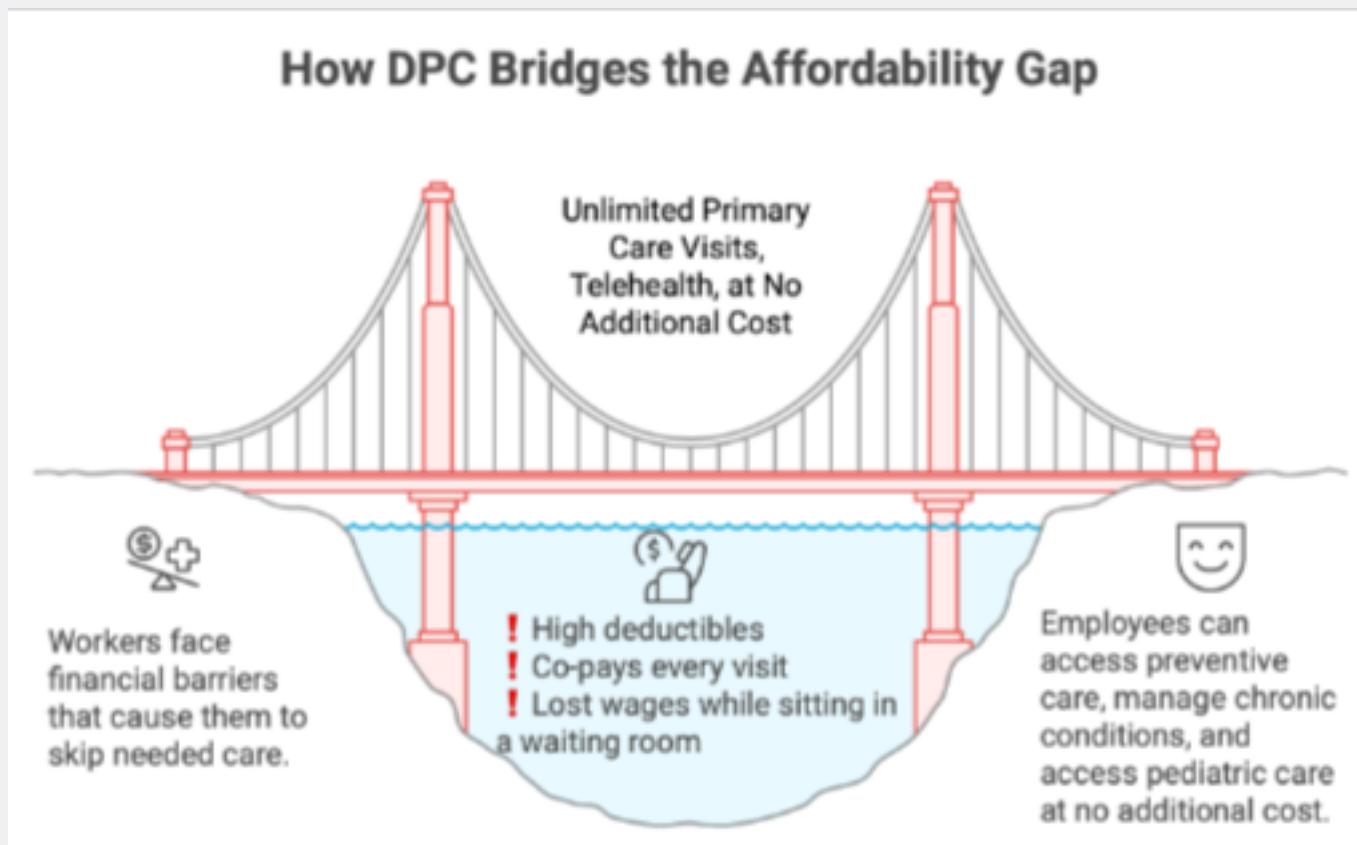
Direct Primary Care (DPC) is a healthcare approach where patients pay a fixed monthly fee to a conveniently located local primary care doctor—usually between \$80 and \$150) per month—for unlimited access to primary care services.

# Bridging the Affordability Gap

There's no copay, no co-insurance, nor any additional fees for the visit, though the doctor may forward lab and testing and similar costs, depending on the service provided.

That's it. The patient gets as many visits as needed to take care of the medical problem or receive routine checkups and screenings, all included in the monthly subscription.

The absence of copays, coinsurance, or any additional out-of-pocket cost goes a long way to bridging the affordability gap that too often exists with traditional health insurance or health sharing plans offered alone.



Typically, health insurance plans provide one annual wellness visit and a few very basic screening services free of charge. But many families need more frequent visits:

- **diabetics**
- **families with multiple young children**
- **hypertensives**
- **people with heart disease**
- **people with mental illnesses**
- **anyone who needs ongoing medication monitoring and management**

For these people, primary care copays, deductibles, and coinsurance costs add up fast. If they're living paycheck-to-paycheck, they will likely skip care, without a DPC plan or other assistance.

They simply cannot afford the relentless expenses associated with seeing their doctor.

DPC benefits eliminate the financial barriers that prevent these people from getting the care they need. They also save employees money. Especially those who need to see a doctor frequently.

And when employees get the care they need at the base of the Pyramid, they prevent or mitigate much more serious or catastrophic problems at the top of the Pyramid.

DPC has important benefits for employers, as well:

### Benefits of Direct Primary Care For Employers



**IMPORTANT: Direct primary care does not cover major or emergency medical events, such as hospitalizations or emergency room visits.**

DPC should always be combined with a major medical plan - either health insurance or a health sharing plan. Having evolved over several decades, DPC is gaining momentum as part of modern, cost-conscious healthcare strategies amid today's shifting global health landscape.

## Synergy With Other Benefits

Because DPC covers only routine care, patients generally opt for separate supplemental coverage to handle other expenses such as emergency room visits and hospital stays.

With DPC taking care of everyday health needs, **workers have more flexibility to choose a lower-cost strategy**, such as a higher-deductible health plan or health sharing arrangement—to cover major medical events.

**Note:** Under current law, DPC members are not eligible to make new contributions to health savings accounts. However, they can still take tax-free withdrawals of existing HSA balances to pay qualified medical expenses.

## How To Choose the Best Health Insurance Plan For Your Employees

### Making the Right Decision

Choosing the best health insurance plan involves balancing cost, coverage, and employee needs. Here's a step-by-step action plan:



## Employee Survey

Gather employee input on healthcare priorities.

Analyze different plan types for cost and coverage. The best plan isn't always the cheapest.

## Plan Comparison



## Cost Review

Determine your budget. Examine premiums and deductibles for affordability. Compare costs with health sharing plans.

Can your employees actually afford to see a doctor under this plan? Do you need a lower deductible, or to offer a hospital plan as a voluntary benefit? .

## Affordability Reality Check



## Check Plan Network for Local Access

Verify access to preferred doctors and hospitals.

Employees must be enrolled in an HDHP to make or receive HSA contributions. .

## Consider HSAs and HDHPs



## Compliance Check

Ensure adherence to laws and regulations.

Seek expert advice from an HSA for America Personal Benefits Broker.

## Broker Consultation



Providing the right health benefits boosts employee retention, improves productivity, and enhances workplace morale, making it a smart investment for any small business.

# Review: Smart Strategies for Employee Healthcare Benefits

Providing the right health benefits boosts employee retention, improves productivity, and enhances workplace morale, making it a smart investment for any small business.

Options like fully insured plans, self-funded plans, level-funded plans, ICHRAs, and MEC + health sharing combinations offer flexibility and cost control.

Supplemental benefits like critical illness, accident, hospital indemnity, disability, and dental and vision insurance add significant value. These benefits are typically employer-funded, with little or no cost to the employer.

Self-funded and level-funded plans provide customization, transparency, and risk protection. They also reduce costs, significantly compared to traditional fully-insured group health insurance plans.

Cost-containment strategies such as wellness programs, telemedicine, generic drug promotion, and regular utilization reviews—can all help manage healthcare expenses.

Choosing the right plan requires understanding your workforce, budget, and compliance requirements. The right strategy saves money, ensures compliance, and supports long-term growth.

# Three Reasons to Contact HSA for America Today

If your company has fewer than 50 full-time equivalents, there are three immediate benefits of calling HSA for America today:



**Instant Clarity:** Within 48 hours, you'll know exactly how much you could save and which strategies work best for your business.



**Custom Solutions:** Get a personalized benefits strategy designed around your specific needs—not a one-size-fits-all insurance product



**Immediate Relief:** Start saving money and reducing the stress of healthcare costs within 30 days.

Why thousands of business owners choose HSA for America: We provide unbiased advice, proven cost savings, expert guidance, and the peace of mind that comes from having a true partner in your success.

Your breakthrough is one phone call away. Don't let another month of overpaying slip by.

Whether you're exploring health insurance, health sharing, or other cost-effective solutions, finding the right fit for your business can make all the difference. Schedule a call today to get expert guidance and explore the best benefits for your team and your bottom line!

# APPENDIX

## Best Health Insurance Carriers (2025)

Carrier	Pricing	Network Size	Drug Benefits	Unique Features	Advantages	Disadvantages
Aetna	Mid-range	Large	Comprehensive formulary; mail-order options	Wellness programs; digital tools	Strong telehealth; extensive network	Mid-range pricing; customer service varies
BlueCross/BlueShield/Anthem	Varies by state (often mid-high)	Largest in the U.S.	Broad coverage; some specialty drug exclusions	National presence; robust provider access	Huge network; flexibility in plan design	Pricing varies; some plans complex to navigate
Humana	Competitive for small businesses	Moderate	Emphasis on generics; tiered coverage	Focus on wellness & prevention; Go365 rewards	Strong customer service; wellness integration	Smaller network than some competitors
Kaiser Permanente	Generally mid-high	Regional (CA, CO, GA, HI, etc.)	Integrated pharmacy; on-site pharmacies	Integrated care model (insurance + providers)	Coordinated care; good for chronic condition management	Limited to regions; less flexibility in providers
UnitedHealthcare	Mid-high	Very Large	Extensive formulary; OptumRx pharmacy network	Strong digital tools; HealthiestYou telehealth	Extensive provider options; strong data tools	Pricing on the higher end; complex billing
Cigna	Mid-range	Large	Comprehensive; specialty drug support	Global presence; EAP and mental health support	Integrated wellness programs; strong mental health	Price transparency can vary; customer service issues
CVS Health (formerly Aetna)	Mid-range	Large	CVS Pharmacy integration; specialty drug management	MinuteClinics; broad pharmacy access	Strong retail presence; convenient care	Limited to CVS pharmacies; some narrow networks

# Next Steps: Partner with HSA for America

At HSA for America, our experienced Personal Benefits Managers provide expert guidance tailored to your business. We help you design and implement affordable, compliant healthcare benefits solutions that work for both your company and your employees.

Since 2004, we've helped over 16,000 people save as much as \$12,000 per employee per year. Our track record speaks for itself:

- We work for you, not the insurance companies
- We present ALL your options, including the ones traditional brokers won't mention
- We handle the complex implementation and compliance details
- We provide ongoing support to ensure your program continues delivering value

There's nothing quite like the feeling of taking back control. Our clients describe the moment they realize they're no longer trapped by traditional insurance limitations—they have choices, flexibility, and most importantly, significant savings they can reinvest in their business and their people. One client told us, "For the first time in years, I'm excited about benefits renewal season instead of dreading it." Another said, "The money we saved allowed us to hire two additional employees and give everyone raises." This is what's possible when you have a partner who truly works for your success, not the insurance companies' profits.

Whether you're exploring health insurance, health sharing, or other cost-effective solutions, finding the right fit for your business can make all the difference.

The savings start when you take action. Don't let another month go by paying more than you need to for employee benefits.

# Take Action Today.

Ready to stop overpaying for health benefits? Our Personal Benefits Managers have already helped over 16,000 businesses save up to \$12,000 per employee annually. Your savings story could be next. Call 1-800-913-0172 for a free consultation and discover how much you could be saving starting next month.

Imagine slashing your healthcare costs by 50% while giving your employees better care and more flexibility. Picture having an extra \$120,000 in your business bank account this year—money you can reinvest in growth, equipment, or simply keep as profit.

Our Personal Benefits Managers can show you exactly how to make this a reality. Schedule your free, no-obligation consultation today and discover your personalized path to smarter health benefits that work for both your bottom line and your team's well-being.

## What to Expect on Your Call:

- Understand YOUR unique situation – We'll analyze your current costs, employee demographics, and business goals
- Explore ALL available options – Including the money-saving strategies traditional brokers never mention
- Identify immediate savings opportunities – Walk away with specific dollar amounts you could save starting next month
- Get a customized action plan – No generic solutions; everything tailored to your business needs
- Zero pressure, maximum value – We're here to educate and empower, not push products

# Schedule a Free, No-Obligation Consultation Now

Every day you wait is another day of overpaying for subpar benefits. Every month that passes is money out of your pocket that could be used to grow your business, reward your employees, or build your financial security. The solutions in this guide aren't theoretical—they're working right now for thousands of business owners who decided to take action. Don't let another year slip by feeling frustrated and financially trapped. Your breakthrough moment is just one phone call away.

Call 1-800-913-0172 today. Or click on the link above and pick a time on your schedule that works for you. Your employees deserve quality benefits. Your business deserves to keep more of its profits. We'll show you how to achieve both.

Your HSA for America Personal Benefits Manager can provide detailed analysis of which carriers offer the best value for your specific business needs and geographic location.

This guide contains proprietary information developed by HSA for America. All statistics and data sources are cited throughout the document. For questions about implementing any of these strategies, contact HSA for America at 1-800-913-0172.

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