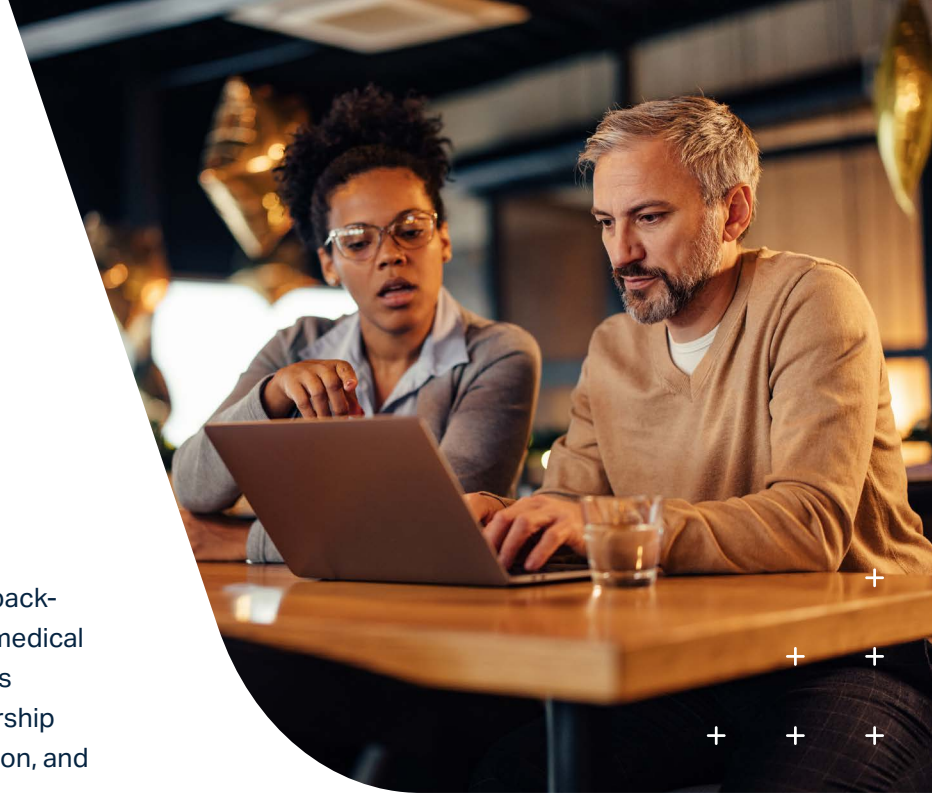
Cutting Benefits Costs **While Making Coverage Easier to Use**



Story Overview

A multi-state restaurant group came to IMA after back-to-back double-digit increases in its fully insured medical program. The client was managing multiple carriers and plan designs across several states, and leadership needed a way to reduce cost, simplify administration, and make benefits more usable for employees.

Challenge

The client's benefits structure had become difficult to manage. It involved three carriers, six plans, and separate designs for different states, all while serving a workforce with very different needs across hourly and management populations. In a fully insured arrangement, the client had limited ability to influence rising costs, and the status quo was pointing toward more disruption, not less.

> Savings came from smarter plan design, not shifting more cost to employees.

IMA's Strategy and Actions

IMA's hospitality benefits team acted to support the client by:

- Reviewing the renewal, current plan structure, and enrollment patterns to pinpoint where cost and participation were falling short
- Designing a hospitality-focused alternative that could consolidate carriers and simplify plan design across states
- Recommending plan options with $0 copays for primary care, specialist visits, labs, X-rays, and generic drugs to reduce barriers to care
- Working directly with a carrier partner to shape a proposal around the client's goals for lower cost, stronger enrollment, and easier administration
- Coordinating implementation and open enrollment support with employee advocacy and pharmacy sourcing resources to help employees navigate the transition and support longer-term savings

Why It Worked

IMA did more than re-market a renewal. The team connected plan design, carrier strategy, pharmacy support, and employee guidance around one clear objective: lower the client's cost while making the program easier for employees to understand and use. That gave the client a stronger path forward than simply accepting another large increase or shifting more cost to employees.

Key Takeaways

For employers dealing with multi-state complexity, savings do not always come from asking employees to absorb more. In this case, IMA identified an opportunity to simplify the structure, reduce friction at the point of care, and support adoption with the right implementation resources.

THE RESULT:

In the first year, the client saved **$1,520,778** and increased enrollment from **512** employees at renewal to **691** at the start of 2025. Employees also moved from standard copays on routine care to **$0 copays** on key services, and the client renewed with the same carrier again in 2026 with roughly 100 additional enrollees.

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