

INDIVIDUAL BENEFITS GROUP

Historical ROI Case Study

Documented outcomes from individualized health coverage transitions

The point is not to force a savings outcome.

The point is to make a well-supported coverage decision when health needs, budget, provider access, medication requirements, and timing all matter at once. Historical results show what disciplined individual-market guidance can make possible in the right situation.

USD 100,000 to under USD 3,000

Documented negotiation result for a hospital procedure in Case 1

USD 800

Documented out-of-pocket maximum reached in Case 2

What this document covers

Case 1: urgent back surgery

An ACA transition involving a limited household budget, a rural-network need, and an imminent surgical procedure.

Additional historical transitions

A catastrophic illness, out-of-state surgery planning, and specialty-medication/network evaluation.

Historical results are not guarantees. Coverage options, provider participation, medical needs, carrier terms, tax-credit eligibility, enrollment rules, and individual circumstances vary.

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1 Case 1: urgent surgery, limited budget, rural-network need

Situation

A 60-year-old client needed back surgery soon after enrolling in coverage. The household needed to stay within a limited budget while accounting for spouse and child coverage, and the client needed a hospital system close to a rural area.

THE NEED

Coverage that could support immediate care

The case required a plan decision before an anticipated procedure, without losing sight of family cost constraints.

THE APPROACH

ACA tax credits and a Bronze plan review

The recommendation used available ACA tax credits to help manage premium cost while preserving access to the needed hospital system.

THE TIMING

Enrollment and surgery coordination

The client enrolled immediately and scheduled the surgery during the first week of the initial month of coverage.

DOCUMENTED RESULT

A USD 100,000 surgery was negotiated down to under USD 3,000.

The source case notes that the client had not yet met the deductible and was able to retain a low monthly payment.

1.1 What this case demonstrates

The economic result did not stand apart from the coverage decision. It depended on coordinating timing, eligibility, provider access, household budget, and plan design around a real clinical need. That is the work: help the person make a decision that can support the care they need while giving the employer, broker, and family a clear understanding of the tradeoffs.

Important limitation

This is a historical case result, not a promise of a negotiated price, approval, coverage outcome, savings amount, or deductible treatment in another situation.

2 Additional historical transition outcomes

Each of the following cases required the same practical discipline: understand the individual's health and financial context, identify reasonable options, and make the available tradeoffs understandable before enrollment.

CASE 2

Catastrophic illness with an USD 800 out-of-pocket maximum

Context

A 50-year-old client sought affordable coverage and was otherwise healthy before a severe accident, septic diagnosis, and month-long hospitalization.

IBG approach

ACA tax credits were used to help manage premium cost. The review emphasized local doctors and hospitals, elevated correspondence during illness, and an Ambetter plan with a low out-of-pocket maximum.

Documented result

The source case reports that surgeries, treatment, and hospitalization reached the USD 800 out-of-pocket maximum; other covered costs were then covered under the plan terms.

CASE 3

Out-of-state surgery planning with local follow-up

Context

A 60-year-old transitioning from work coverage needed a plan that could support knee surgery, care at the Mayo Clinic in Florida, and local doctors after returning home.

IBG approach

With no tax-credit eligibility, the client selected a Gold PPO Extend plan through BCBS of South Carolina after evaluating network access and surgery-related needs.

Documented result

The source case reports successful Gold plan coverage with a lower out-of-pocket maximum available for surgery in Florida and aftercare at home.

CASE 4

Specialty medication and relocation considerations

Context

A 55-year-old client taking a specialty medication planned a move from Georgia to South Carolina and wanted nearby hospitals and labs plus emergency coverage.

IBG approach

The review explored BCBS of South Carolina options with Tier 4 medication coverage, a robust network, and the requested facility access.

Documented result

The documented review identified plans aligned with the stated medication, network, and emergency-coverage priorities.

THE IBG STANDARD

Lead the decision, not just the enrollment.

IBG helps turn complicated coverage transitions into organized decisions—balancing medical needs, provider access, medication requirements, budget, timing, and the goals of every party involved.

Bring us the case.

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Source: The Menk Agency, **Client Cases and Results**, pp. 5–12. Historical results are not guarantees of future coverage, network, treatment, negotiated-price, premium, tax-credit, or savings outcomes.