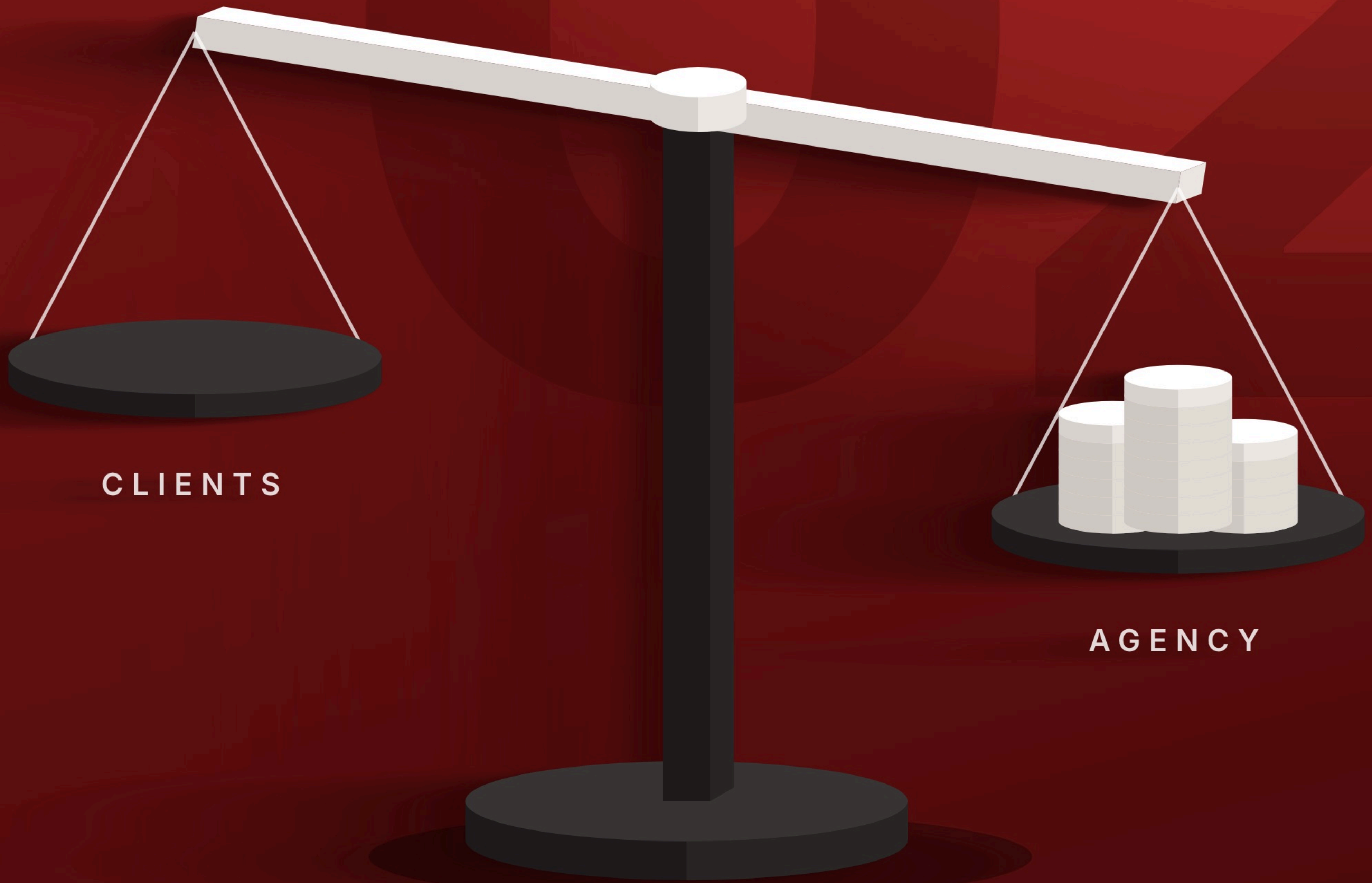




# HOODWINKED

Are Brokers working for their clients **or** their agency?

IN THIS ISSUE    Danny Rosenfield    Samuel Molnar    Allison De Paoli    Nelson Griswold

# Introduction

## Hoodwinked: Exposing the Truth Behind Your Health Plan

You’ve been told your healthcare plan is performing. That your broker is fighting for you. That your PBM is delivering savings.

But what if **none of that is true?**

Hoodwinked is a quarterly publication that uncovers the conflicts of interest, hidden fees, and profit-driven schemes silently draining your health plan. We feature voices from the front lines—independent advisors, reform-minded consultants, and risk-taking employers—who are breaking the silence and exposing how the system really works.

This is not theory. This is not politics. **This is your money, your people, and your reputation on the line.**

**OUR MISSION IS SIMPLE:**

To arm forward-thinking employers, CFOs, and benefits decision-makers with the truth — and the tools — to reclaim control of their plan.

You don’t need to accept **15% increases.**

You don’t need to keep paying the **healthcare tax.**

You just need to **stop trusting the wrong people.**

Welcome to **Hoodwinked** — the publication your current broker hopes you never read.

Every profile in this issue highlights a leader who has pulled back the curtain on:

- 01 Misaligned broker compensation structures
- 02 Pharmacy benefit manipulation and rebate distortion
- 03 Carrier-dominated networks that prioritize profit over care
- 04 The illusion of transparency in bundled contracts



If you're a 200-life group and your consultant is telling you you're not large enough to go self-funded, it's time to **re-evaluate if your current consultants' interests are properly aligned** with those of your company.

IN THIS ISSUE

DANNY ROSENFELD

CSFS, Employee Benefits  
Blue Harbor Benefits



DANNY ROSENFELD

# EDUCATION, ALIGNMENT, AND THE COURAGE TO SELF-FUND

## Why Employers Can't Afford to Ignore Better Solutions

Rising healthcare costs are no secret — but according to Danny Rosenfield, the real crisis lies in how little is being done to address them. For employers, the danger isn't just in higher premiums; it's in the lack of transparency, the lack of employee education, and the lack of exposure to cost-containment strategies that could change the game.

Rosenfield warns that too many employers have grown comfortable in fully insured arrangements, while ignoring the savings and flexibility of level-funded or self-funded plans. The result? Companies continue to pay more, employees remain confused, and consultants profit from the status quo.

"If you're a 200-life group and your consultant is telling you you're not large enough to go self-funded, it's time to re-evaluate if your current consultants' interests are properly aligned with those of your company."

For Rosenfield, the solution is clear: employers must do their due diligence, challenge easy answers, and demand broker partners who prioritize employee well-being above all else.

Innovation in the benefits space is fueling optimism. New cost-containment strategies — from alternative pharmaceutical sourcing to creative risk-transfer models — are emerging every week. With the right partners, like ScriptSourcing, employers can not only access these tools, but implement and manage them effectively.

The message to employers is simple: **ask harder questions, explore smarter funding models, and refuse to settle for a system that thrives on waste.**

FROM FULLY INSURED TO SELF-FUNDED



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Behind every claim is a family  
facing **one of their most  
vulnerable moments.**

IN THIS ISSUE

**SAMUEL MOLNAR**

President, Health Insurance Services Inc.  
Chief Commercial Officer, Wellyfe



SAMUEL MOLNAR

# EMPATHY, ALIGNMENT, AND A NEW PATH FOR COST CONTAINMENT

## Why Employers Must Look Beyond the Numbers

Samuel Molnar, Executive Vice President at Health Insurance Services, Inc., believes healthcare must begin with people — not profits. When employers remember that behind every claim is a human story, decisions shift from cutting costs to protecting lives.

“Healthcare works best when we lead with empathy and compassion. Behind every claim is a family facing one of their most vulnerable moments,” Molnar says.

That human-first perspective fuels his skepticism toward glossy presentations from carriers and PBMs. While they showcase attractive numbers, Molnar warns that real costs are often buried in the fine print.

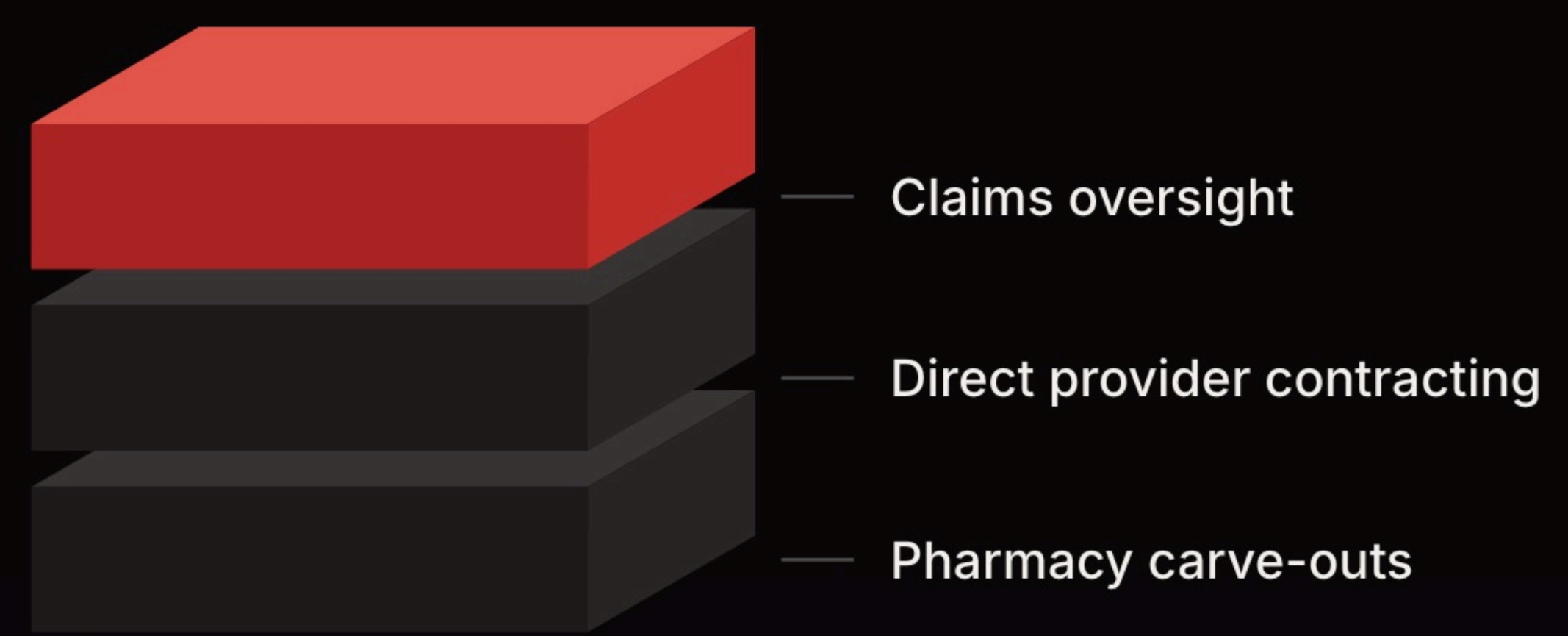
“The crucial question isn’t just ‘What are the numbers?’ but ‘Are our interests truly aligned with this partner?’” he explains. “When incentives aren’t aligned, even the most attractive savings can disappear over time.”

He believes employers have more power than they realize. By questioning long-standing assumptions and demanding transparency, they can reset the dynamics that keep costs climbing.

Looking ahead, Molnar sees opportunity in thoughtful vertical integration — not carrier-driven consolidation, but employer-driven control. For self-funded employers, that means building internal capabilities like claims oversight, direct provider contracting, or pharmacy carve-outs. These don’t have to be sweeping overhauls, but strategic moves that build leverage, transparency, and long-term savings.

Protect the human element, demand alignment, and take deliberate steps that put **employers — not vendors —** back in control.

### BUILDING EMPLOYER-DRIVEN CONTROL



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# Healthcare isn't broken — it's being exploited.

IN THIS ISSUE

## ALLISON DE PAOLI

Founder, Altique Consulting



ALLISON DE PAOLI

# THE HEALTHCARE CONUNDRUM

## What's Wrong and How to Fix It

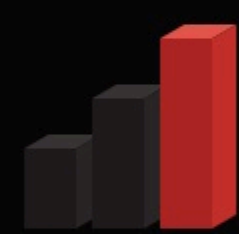
Allison De Paoli, founder of Altique Consulting, believes the problem with American healthcare isn't complicated — it's intentional.

"The system isn't designed to protect the fiscal health of employees or employers. Or, if we're honest, their physical health either. It's designed to extract revenue."

Employers often fuel this machine unknowingly — signing opaque contracts, relying on flawed cost controls, and trusting traditional advice that rarely benefits their plans or members.

Too often, brokers offer solutions that shift costs instead of solving them. Premium reductions and high-deductible plans may look like fixes but only push more burden onto employees while true cost drivers remain untouched. Wellness programs that don't produce ROI add noise, diverting attention from the real issues: specialty drugs, inflated hospital pricing, and limited access to affordable care.

De Paoli points to proven, employer-led strategies that change the equation:



### Data-Driven Decisions

Demand and analyze claims data to identify the biggest cost drivers.



### Transparent Contracts

Eliminate PBM spread pricing and misaligned vendor incentives through fiduciary oversight.



### Access Over Avoidance

Direct Primary Care, international drug sourcing, and fair-market pricing for imaging and surgery deliver better outcomes for less.

Healthcare isn't broken — it's being exploited. Employers who demand transparency, hold vendors accountable, and prioritize access to care can turn the tide. The choice, she says, is simple: **continue being hoodwinked or take control.**



### ALLISON DE PAOLI

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The problem with America's healthcare system is simple and singular: **misaligned incentives.**

IN THIS ISSUE

NELSON GRISWOLD

President, NextGen Benefits



NELSON GRISWOLD

# THE HEALTHCARE CONUNDRUM

## What’s Wrong and How to Fix It

Nelson Griswold believes the problem with American healthcare isn’t complicated — it’s misaligned incentives.

“The problem with America’s healthcare system is simple and singular: misaligned incentives.”

That misalignment starts with brokers. Most are paid a percentage of premiums by insurance companies — so when costs rise, their commissions do too. The conflict extends to BUCA carriers (Blue Cross, UnitedHealthcare, Cigna, Aetna) and PBMs, whose profits grow as spending increases. “Organizations will not change their behaviors until their incentives change,” Richard Branson once told Griswold — a principle that defines both the problem and the solution.

The fix begins with CEOs and CFOs who take ownership of their healthcare spend and work with forward-thinking advisers to remove unnecessary middlemen. Griswold urges employers to move beyond high-deductible plans and wellness programs that don’t control costs.

Instead, he champions strategies that restore control:

### Population Health Management

Identify risks early and prioritize second opinions.

### Direct Provider Contracts

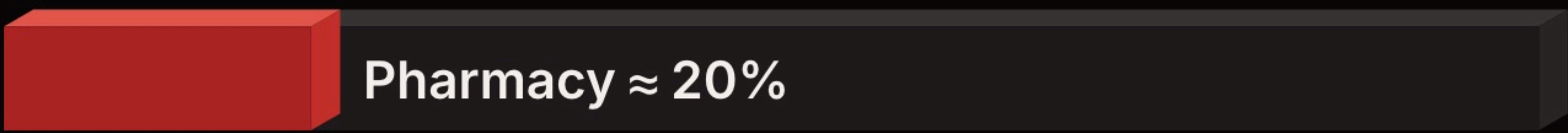
Build direct relationships for care and surgery.

### Transparent PBMs

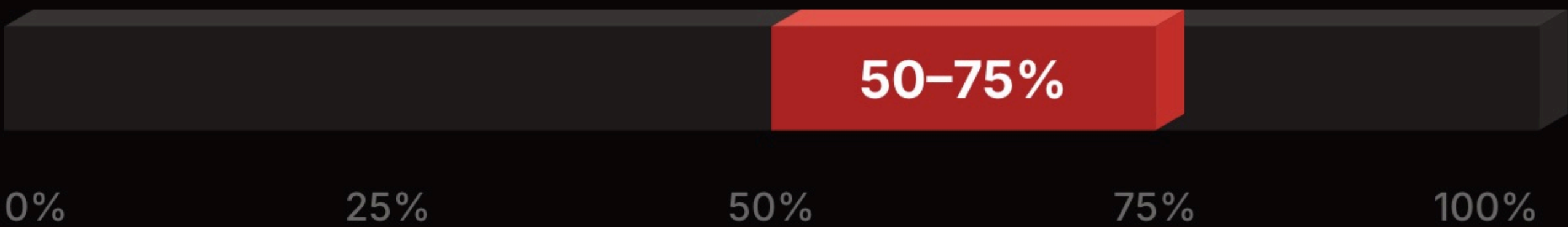
Use fiduciary models and alternative sourcing for high-cost drugs.

Pharmacy spend — **about 20 percent of total costs** — is often the lowest-hanging fruit. With the right PBM strategy, employers can cut this expense by **50 to 75 percent** while employees pay nothing out of pocket.

SHARE OF TOTAL PLAN COSTS



POTENTIAL CUT TO PHARMACY SPEND



The path forward is clear: **align incentives, protect employees, and regain control.**



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# Final Thought

**What you don't know is costing you.**

And the people profiting from that silence are counting on you to stay in the dark.

The time for passive plan management is over.

It's time to challenge your assumptions, question your vendors, and demand better.

**You've been hoodwinked.**

Now you know.

What will you do next?



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