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# What gets a member to try something new? Often, a $0 copay.

A guide to designing cost-share incentives for specialty infusion, from PPO waivers to HDHP-safe alternatives

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# Home infusion on her schedule, and a $0 copay helps

Every other week, an employee at a self-funded employer who received Gammagard and her husband drove two hours round trip to an infusion center, and he took two half-days off work on back-to-back days to go with her. Between the drive, the waiting room, and the insurance approvals, infusion day was a regular strain on the whole family.

Within a few weeks of her employer launching Leap, she was receiving the same Gammagard infusion at home, on a schedule built around her life.

For many employees like this one, switching to Leap is a decision to think through. What helped her make it was simple: She had no copay.

Her employer had waived it as part of a broader activation strategy. Six months in, the employer was on track for nearly $1 million in annualized savings per 10,000 covered lives.

The waived copay didn't produce that result on its own, but it removed one more reason for a member like her to stay with what she knew.

For self-funded employers, cost share is something the employer controls directly, and it's an effective tool benefits leaders and consultants have for turning a promising impact analysis into savings the plan actually captures.



## Did you know...

Less than 3% of savings capture is diverted to pay out member incentives, according to Leap internal data.

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# What is cost share?

Cost share is the portion of a covered service the member pays out of pocket.

It usually comes in the following forms:



## Copay:

A flat dollar fee per service



## Deductible:

What the member pays before the plan starts covering services



## Coinsurance:

A percentage of the allowed amount the member pays after meeting the deductible



## Out-of-pocket maximum

The annual ceiling on what a member can pay before the plan covers 100% of covered in-network costs

Specialty infusion affects cost share in a way primary care doesn't, because specialty drugs are so expensive. A single hospital-billed Ocrevus 600mg encounter can run about $89K, well above the annual deductible in most employer plans. Members on long-course therapy often meet their deductible with their first infusion of the year and move quickly toward their out-of-pocket maximum after that.

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# What waiving or reducing cost share looks like

Most employers already use cost share to shape member behavior, such as:

- Lower copays for generic drugs
- Higher coinsurance for out-of-network care
- Tiered networks that reward members for choosing preferred providers

Waiving or reducing cost share for specialty infusion applies that familiar approach to one high-cost category. The employer sets a lower cost-share level, such as no copays, for infusion care coordinated through a preferred solution that can reduce costs for the employer, improve the patient experience, or both.

Encounters coordinated through that solution are identified on the claim by National Provider Identifier (NPI), so the plan can apply the lower cost share without changing the broader network, the medical policy, the pharmacy benefit manager (PBM) relationship, or the member's ID card.



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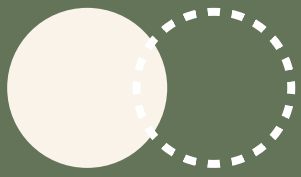
# Choosing how strong the incentive should be

Employers typically choose from a range of designs, listed here from the strongest incentive to the lightest:



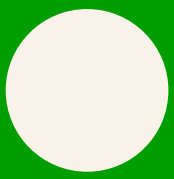
## Waive the deductible and coinsurance entirely

$0 for eligible infusion encounters



## Waive coinsurance but keep the deductible in place

The deductible, then nothing more for eligible encounters



## Replace coinsurance with a flat, low copay

A predictable copay per encounter



## Lower the coinsurance percentage for eligible encounters

A smaller share of each encounter

Once the employer adopts the change, the carrier or third-party administrator (TPA) configures it within its existing claims process, and the health plan keeps full control of prior authorization, utilization management, and medical necessity decisions. For members, coverage works the way it always has, except that they owe less when they choose the preferred option.

Get a detailed analysis →

# How much can cost share move participation?

Because specialty drugs can be expensive and buy-and-bill can bury markups inside the claim, employers have a real incentive to drive utilization in programs that acquire these drugs at the lowest cost and remove the markup. In Leap's experience, the more an employer does to reduce or eliminate cost share, the higher member participation climbs.

Picture it from the member's side. A member who has received infusions at the same hospital outpatient clinic for two years has a routine, a nurse they know, and a parking spot they like. Even if that routine costs a full workday every cycle, staying put feels easier than trying something new, and some members have simply accepted that infusion day is going to be a chore. A reduced or waived cost share gives that member a concrete reason to consider an option they might prefer.

**↑7x**

greater engagement when the employer waives the deductible, compared with copay only



**$32K**

median annual savings per member incentivized at $2K for first treatment

**$119K**

median annual savings per member incentivized at $5K

Source: Leap internal data

Get a detailed analysis →

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# Designing for PPO and HDHP members

Plan type changes what a cost-share program can look like. Employers with both preferred provider organization (PPO) and high-deductible health plan (HDHP) options usually need two designs.

01

## PPO Members

PPOs generally give employers the most flexibility. The plan can waive the deductible and coinsurance for infusion or injection appointments outright, so a member on Entyvio every eight weeks or Ocrevus every six months pays nothing for eligible infusions coordinated through the preferred solution.

The design is simple to explain to members and creates the strongest incentive of the four options.

02

## HDHP Members

HDHPs that permit health savings accounts (HSAs) are subject to IRS rules that limit what a plan can cover up front. To preserve members' HSA eligibility, these plans generally can't cover non-preventive services until the member meets the plan's minimum deductible. The IRS list of preventive care for chronic conditions is narrow and doesn't typically extend to specialty infusion therapy, so waiving the deductible for infusion encounters could put HSA eligibility at risk for every member enrolled in that plan.

The cost of infusion therapy works in the employer's favor here. A design that waives or reduces coinsurance after the deductible captures nearly every infusion or injection appointment after the first one, and employers may be able to pair it with an employer HSA contribution or another incentive that offsets the member's deductible exposure without affecting HDHP status.

## The takeaway:

Employers that offer both plan types can pair a full waiver for PPO members with a post-deductible design for HDHP members. Because these rules carry real compliance consequences, confirm any HDHP design with benefits counsel or a tax adviser before it goes live.

Get a detailed analysis →

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# 6 steps to implement a cost-share program

## 01 Size the opportunity with your own claims data

Start with a claims-based impact analysis built from the employer's own data. It estimates the savings opportunity drug by drug and member by member, which gives the employer an accurate picture of what the waiver may cost and what it can return before anything changes.

## 02 Choose a design for each plan type

Use the analysis and input from benefits counsel to decide how strong the incentive should be, applying the PPO and HDHP considerations on the previous page.

## 03 Configure the benefit with the carrier or TPA

Configuration within the carrier's or TPA's existing claims process is crucial, and Leap works alongside the carrier or TPA through setup.

## 04 Update plan documents and member notices

A cost-share change typically requires a plan amendment and updates to the summary plan description and the summary of benefits and coverage. Changes made mid-plan-year may also trigger advance notice requirements, so employers should confirm timing and notice obligations with benefits counsel.

## 05 Tell members about the change

Members can't respond to an incentive they don't know about. HR teams can announce the change through their usual benefits channels, and with employer authorization, Leap Care Guides can reach eligible members directly by email, phone, and SMS.

## 06 Measure member participation

Track how many eligible members choose the preferred specialty medicine solution after the change.

**See what a cost-share program could save your plan.**
Request an impact analysis with your own claims data.

# About Leap

Leap makes specialty medicine more affordable and easier to access. Available in all 50 states, Leap supports more than 300 specialty drugs for cancer, multiple sclerosis, rheumatoid arthritis, Crohn's disease, ulcerative colitis, migraine, immunodeficiency disorders, and other complex or chronic illnesses. Every patient is paired with a dedicated Care Guide who helps coordinate treatment, navigate insurance approvals, schedule care, and provide ongoing support throughout the journey.

**94%**

of members rate their employer or plan 9 out of 10 or better for offering Leap





**~25%**

of Leap's eligible members drive the highest impact savings

**85+**

member Net Promoter Score



**98%**

of surveyed members are satisfied

Source: Leap internal data

# The Care Guide difference

Transparent pricing is one half of the model. The other half is a dedicated Leap Care Guide paired with every member for the duration of treatment. Care Guides navigate prior authorization, coordinate with the prescriber's office, help arrange drug sourcing and scheduling, and serve as the member's single point of contact between visits.

Members notice the difference: 92% of members rate their Care Guide 9-10/10, and 4 in 10 members save 3+ hours per treatment.




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