Synchrony Health Initiatives

Are you tired of waiting on the promises of the *Un*-Affordable Care Act?

The wait is over...Affordable Healthcare is finally here!

Synchrony Health Initiatives delivers an integrated health program designed to stabilize employer health costs and simplify access to quality affordable treatment.

What does Synchrony Health Initiatives offer?

- Four health plan options
- 4-tier composite rates
- Turnkey level funded health plan structure
- Pooling risk of like minded employers
- Accountable Care for both provider and patient
- Pricing designed to remain level for 2-3 years

For more information and a quote contact:

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Affordable Health Quality Health Coverage

Synchrony Health Initiatives offers cost effective, level funded health plans to mid-market employers. If your clients are tired of escalating costs and erosion of member benefits then Synchrony Health may be the solution to your problems.

Unlike fully insured plans, Synchrony products operate as Federally qualified ERISA plans that eliminate premium bloating created by State Premium Taxes, State Mandated Benefits, ACA Minimum Loss ratios and cost shifting associated with many Exchange Plans.

Traditional PPO plans are a victim of their own success. In order to expand networks, many PPOs have agreed to contracts that eliminate an employers ability to audit claims or address inappropriate billing practices. This has caused PPOs to lose traction in controlling overall claim costs resulting in higher premiums and reduced benefits.

At Synchrony Health Initiatives we believe it is time to stop the madness and get down to improving access to healthcare, managing treatment to ensure quality care while paying reasonable and appropriate claim costs.

How can Synchrony save you money? Our program utilizes risk assessment and management tools to ensure the program is a good fit for the employer. These tools include 1) medical underwriting, 2) interactive clinical oversight and management for both medical and pharmacy benefits as well as 3) reimbursement based on providers cost of care or an aggressive, national PPO network. The results are reductions as much as 20% when compared to traditional PPO plans.