



The New Foundation: How Alternative Care Models Are Making Self-Funding Feasible

DPC, concierge medicine, and value-based centers of excellence are quietly removing the biggest risks of self-funded and level-funded health plans — putting them within reach of far more employers.

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01 The old barrier: risk

For decades, self-funding was a big-company game. The logic was simple: if you pay claims directly, one catastrophic diagnosis can blow through your budget. Smaller employers were told — often correctly — to stay in the fully-insured pool and swallow the annual increases.

Level-funded plans softened the entry point by capping exposure with built-in stop-loss protection. But caps alone don't make a plan work. What actually determines whether self-funding succeeds is what happens to care and costs underneath the cap — and that's where the ground has shifted.

02 The models changing the math

Direct Primary Care replaces fee-for-service churn with a flat membership: unlimited, unhurried primary care that catches problems early, when they're cheap. Concierge and direct-contract arrangements do the same at a deeper level of access.

Value-based centers of excellence (COEs) attack the other end of the cost curve: instead of letting a knee replacement or cardiac procedure bounce through a fragmented network at whatever price the meter runs up, COEs deliver defined procedures at defined prices — bundled, warrantied, and measured on outcomes.

Add direct contract networks — where employers buy care straight from high-quality providers at negotiated rates — and you have a care layer that simply didn't exist at scale ten years ago.

03 Why this unlocks self-funding

Self-funded and level-funded plans win or lose on three things: how much care costs, where it's delivered, and whether anyone is steering it. Alternative care models answer all three.

DPC drives down unnecessary urgent care, ER visits, and specialist referrals — the slow leaks that drain a claims fund. COEs convert the biggest, scariest line items into predictable, bundled events. Direct contracts remove the spread that traditional networks quietly keep.

Layer that foundation under a level-funded structure and the risk profile transforms: the everyday costs shrink and stabilize, and the catastrophic tail is already capped. What used to be a gamble starts to look like arithmetic.

04 What it looks like in practice

A well-built arrangement might pair a level-funded plan with a DPC membership for every employee, steer surgeries to a value-based COE, and carve out direct contracts for imaging and labs. Employees get same-day access to a doctor who knows them; the employer gets a claims fund that stops leaking.

None of this is theoretical. It's being built — deliberately, contract by contract — by people who understand both the care delivery side and the plan design side.

05 Why we talk about this

Before OneHarvestCo. Benefits, I spent years inside care delivery — directly involved in building out direct care and direct contract networks, including DPC and concierge models. That background is why this agency can evaluate these arrangements on substance instead of sales decks.

For the right employer, this combination of alternative care models and level-funding is the most compelling structure in the market today. Whether you're the right employer is a data question — and answering it honestly is exactly what our process is for.

Let's talk about your plan.

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