

# Employer Buyer's Guide

How to evaluate a voluntary, clinically governed overseas Center of Excellence pathway for high-cost elective surgery spend.

## Audience

Self-funded employers, CFOs, HR benefits leaders, brokers, consultants, TPAs, carriers, and plan administrators.

## What this PDF helps users do

- Understand whether the opportunity is relevant before speaking with sales.
  - Frame the evaluation around savings, governance, member trust, privacy, and reporting.
  - Prepare a more qualified conversation with CareCostDown, a broker, or a TPA.
  - Avoid confusing a governed employer pathway with unmanaged medical tourism.
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# Why this guide matters

Self-funded employers often see a small number of elective surgeries create outsized plan-cost pressure. The goal is not to send employees into unmanaged medical tourism. The goal is to determine whether selected high-cost procedures can be evaluated through a physician-led, clinically governed pathway with voluntary member education, clear privacy boundaries, and employer-ready reporting.

- Clarifies whether the plan has enough elective surgery spend to justify a deeper review.
  - Frames the buyer questions CFO, HR, broker, and TPA stakeholders should ask before a pilot.
  - Separates savings potential from clinical governance, member trust, privacy, and reporting requirements.
  - Helps leadership evaluate a pilot before committing to a broader rollout.
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# Best-fit employer profile

The strongest fit is usually a self-funded or level-funded employer with meaningful elective surgery volume and a leadership team that wants conservative savings modeling before launch.

- 500+ employees or enough covered lives to create recurring elective procedure volume.
  - Meaningful claims exposure from knee replacement, hip replacement, or selected orthopedic procedures.
  - CFO interest in avoidable allowed amounts and net plan savings after program costs.
  - HR interest in member trust, voluntary participation, and continuity of care.
  - Broker, consultant, TPA, or carrier willingness to review workflow fit.
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# Red flags and non-fit scenarios

CareCostDown should not be positioned as a direct-to-consumer medical travel referral service. It is an employer-sponsored benefit evaluation pathway.

- Emergency care, unstable medical conditions, urgent surgery needs, or high-risk cases that are not travel-suitable.
  - Direct patient inquiries outside an employer-sponsored program evaluation.
  - Any process that asks users to submit patient names, diagnoses, SSNs, dates of birth, medical records, or insurance cards through a public website.
  - Programs that cannot support voluntary member education, informed consent, and clinical exclusion boundaries.
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# Employer evaluation checklist

<b>Savings model</b>	Domestic allowed amounts, eligible volume, participation assumptions, travel, coordination, and support costs.
<b>Clinical review</b>	Who reviews appropriateness, exclusions, travel suitability, and post-op continuity expectations.
<b>COE criteria</b>	Facility standards, surgeon credentials, procedure volume, outcomes, infection control, and escalation pathway.
<b>Member support</b>	Voluntary education, care navigation, travel support, language support, and expectation setting.
<b>Reporting</b>	Finance-ready savings reporting, pilot performance, utilization, and privacy-conscious employer summaries.
<b>Workflow fit</b>	Broker, TPA, carrier, plan document, consent, and administrative handoff considerations.

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# Recommended buying process

A practical evaluation should move from plan-level opportunity review to workflow validation, then to a limited pilot when the opportunity is material.

- Start with a no-PHI plan-level opportunity review.
- Identify high-cost elective categories and domestic allowed amount ranges.
- Review whether knee, hip, or selected orthopedic cases may be suitable for voluntary education.
- Confirm clinical governance, privacy, reporting, and TPA workflow requirements before launch.
- Pilot before full rollout when stakeholders need operational confidence.

## Recommended next step

Next step: Model plan-specific savings or request a Surgical Savings Review.

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