

Right Care, Right Place, Right Cost

How Care Navigation & Advocacy Reshapes the Claims Curve

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Plan Design Is Only **Half the System.**

"Plan design shapes demand. Care navigation shapes the journey."

PLAN DESIGN

Controls what's covered

- ✓ Co-pays & deductibles
- ✓ Coverage limits & exclusions
- ✓ Wellness incentives
- ✓ Network rules



CARE NAVIGATION & ADVOCACY

Controls what actually happens

- ✓ Clinical triage & steerage
- ✓ Setting deflection
- ✓ Provider matching
- ✓ End-to-end coordination



This Isn't One Patient. It's Your Whole Book.

Three structural cost leaks — one in every segment you price.

WRONG SETTING

35–40%

of emergency visits are for conditions manageable in primary care

WRONG PROVIDER

45%

cost variance for the same surgical procedure across private hospitals in Singapore

WRONG GEOGRAPHY

30–50%

cost variance for common surgical procedures across Southeast Asian markets



Care Navigation & Advocacy: The Steerage Layer

Four mechanisms acting on severity, frequency and unit cost.

- 1 Early Intervention**
Intercept conditions before severity escalates
- 2 Setting Deflection**
Route to the appropriate care setting
- 3 Panel Matching**
Match procedure to the optimal doctor & facility
- 4 Cross-Border Navigation**
Match clinical complexity to facility capability regionally

Severity reduction
catch it before it cascades

Eliminate avoidable costs
the right door at the right time

Right-siting care
doctor, facility, approach, and financial fit

Right-first-time across borders
avoid revision, avoid paying twice

Concierge-grade care navigation – a critical cost containment infrastructure



MECHANISM 1: EARLY INTERVENTION

Same Back Pain, Same GP — a Different Referral

DIGITAL FRONT DOOR IN ACTION

PATIENT: office professional, 40s • recurrent lower back pain

WITHOUT NAVIGATION — the specialist cascade



ILLUSTRATIVE PATHWAY COMPARISON

~SGD 25,000–35,000

WITH NAVIGATION — a risk-stratified referral



SGD 1,500–3,200

≈ 10× cost differential — same patient, same GP; navigation just changes the referral the GP makes.

For the patient: full clarity on surgical risks — informed choice, not just steerage.



MECHANISM 2: SETTING DEFLECTION

Not Every 11pm Ankle Sprain Needs A&E

DIGITAL FRONT DOOR IN ACTION

PATIENT: teenager • rolled his ankle at football, 11pm

WITHOUT NAVIGATION

Default to A&E / Urgent Care Centre

SGD 1,200–1,800

All-in A&E episode: attendance fee, investigations and treatment.

WITH NAVIGATION

After-hours teleconsult pathway

After-hours teleconsult (incl. surcharge) **\$65**

Next-day imaging (X-ray, multi-view) **~\$230-280**

Specialist outpatient consult **~\$120-150**

Navigated total **≈ SGD 400-500**

For the patient: A&E means a 3–4 hour wait. Navigation is faster and cheaper.



MECHANISM 3: PANEL MATCHING

Cost Clarity Before the Choice, Not After the Bill

BENEFITS MAPPING

PATIENT: long-tenured employee, 60+ • cataract surgery • bill sizes shown per eye, day surgery

DIMENSION 1 • Facility cost tier

Public Hospital — Subsidised



\$900–1,300

Public Hospital — Unsubsidised



\$4,300–5,800

Standard Private Hospital



\$7,000–8,500

Premium Private Hospital



\$9,900–10,300

OUT-OF-POCKET CLARITY



Fragmented cover

Shield, corporate and PA plans — no single view of what applies.



Cost mapped upfront

Which plan pays, and likely out-of-pocket by facility tier



Steorage that sticks

The patient sees the financial logic and makes an informed decision

For the patient: clarity on out-of-pocket costs across multiple insurance plans before choosing a provider



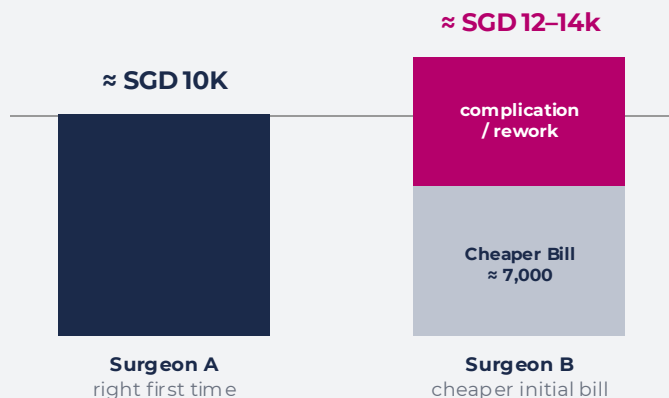
MECHANISM 3: PANEL MATCHING

The Cheapest Bill Isn't the Cheapest Episode

RIGHT-FIRST-TIME

PATIENT: long-tenured employee, 60+ • cataract surgery

ILLUSTRATIVE • TOTAL EPISODE COST



- **Higher sticker, one clean episode.**
High-volume surgeon, meticulous biometry, the right lens.
- **Cheaper sticker, a second episode.**
Capsule rupture → vitrectomy, refractive rework, more follow-ups.
- **Most cases are fine.**
It is the ones that aren't that could move the claims line.
- **Episode cost is what you pay.**
Panel matching weighs facility tier and clinical approach.

For the patient: one procedure, one recovery — less hassle and less anxiety



MECHANISM 4: CROSS-BORDER NAVIGATION

What the Plan Covers & What the Case Needs

PATIENT: regional employee based in Indonesia • orthopaedic surgery • regional corporate plan

BENEFITS MAPPING

	Indonesia	Malaysia	Singapore
Corporate regional	Cashless	Network-dependent	Reimbursement
Individual international	Cashless	Network-dependent	Network-dependent
Travel insurance	n/a	Not for planned treatment	Not for planned treatment

Cashless is never a plan-level answer. It is provider-level, market by market.

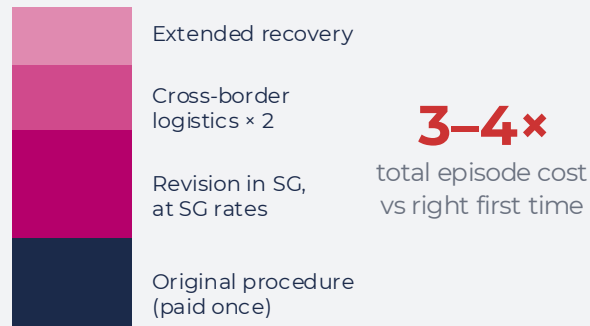
Travel cover pays for care arising during travel, up to a limit. It does not fund treatment you travelled to obtain.

RIGHT-FIRST-TIME

ILLUSTRATIVE • COST ANATOMY OF A REVISION

~15%

of the surgical cases we coordinate into Singapore arrive as revisions



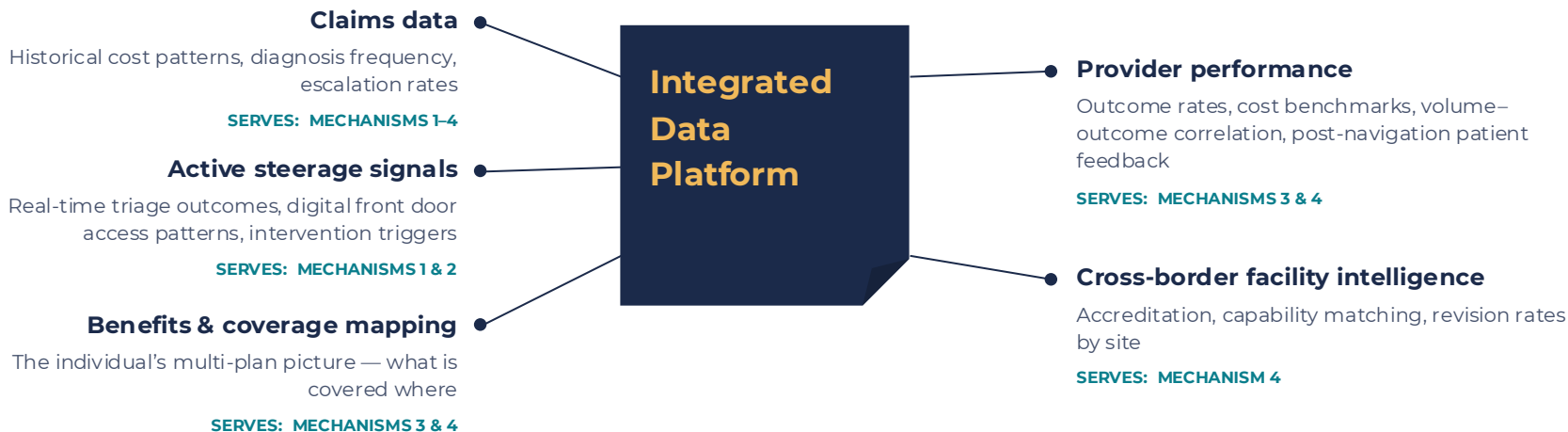
For the patient: the cover and the capability are known before the flight, not after the bill.



THE DATA LAYER

Navigation Is a Data-Driven Routing System

The same data that powers each steerage decision is what makes that decision auditable.



Steerage becomes a repeatable routing decision, not a judgement call.



One Mechanism Saves Money. Four Shift the Curve.

Professional, 40s • LBP

Early intervention

Teenager • 11pm injury

Setting deflection

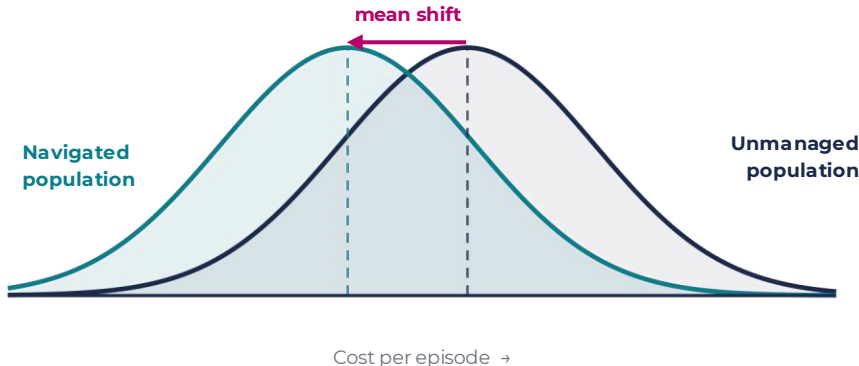
Employee, 60+ • cataract

Panel matching

Regional employee • ortho

Cross-border navigation

These are four segments in every employer book you price — the compounding effect over your entire portfolio



15–20%

realised cost reduction per specialist case from active navigation & steerage and claims-integrity checks, on a book with plan design in place. Best modelled together



No one prices the referral.
Everyone pays for it.
Care navigation is in the room to
change the decision, and the claim.

Kinship
by DA