



ValidationInstitute

2026-2027 Validation Report

Review for: Elan Insurance

Validation Achieved: Savings and Outcomes

Valid through: April 2027



Company Profile



Category:	Health Plan
Website:	www.elan.insure
Public or Private:	Private
Year Established:	2016
CEO:	Omar Haedo
Company Contact:	omar.a.haedo@elan.insure

Description Provided by the Company:

Elan Insurance Group delivers a superior alternative in level-funded health plans for small and mid-sized employers—delivering value that is easily and intuitively measurable, and now validated and backed with the \$100,000 ERISA Immunity Guarantee.

Unlike fragmented marketplace solutions that force advisors to cobble together vendors for every client, Elan offers a proven, fully integrated platform. We've strategically curated and locked in master agreements with top-tier, outcomes-focused, mostly VI-validated vendors—including robust reinsurance—to drive superior patient results while reducing healthcare costs.



Description Provided by the Company

By closely aligning and managing the supply chain, Elan eliminates guesswork and complexity. We deliver a true turn-key solution that seamlessly combines quoting, billing, contracting, dedicated customer support, compliance, and transparent reporting, all under one powerful platform.

The results: improved health outcomes, significantly lower out-of-pocket costs for employees (including \$0 copays for most medical services), and sustained, long-term savings for employers. Elan offers upfront savings, locks in predictable rates (often for two years), and removes the uncertainty associated with the possibility of a surplus dividend that plagues other approaches. Elan takes a straightforward winner-take-all approach for groups with fewer than 300 employees, meaning there is no surplus dividend for these group sizes. This eliminates the friction, back-and-forth negotiations, and stress associated with traditional year-end surplus or deficit calculations. It also removes the "gotcha" renewal requirement often used by other carriers, where employers must renew the plan just to access any surplus.

Description Provided by the Company

For groups with 300 or more employees, the employer selects its desired stop-loss attachment point, and 100% of any surplus accrues directly to the plan sponsor (the employer). This structure completely removes the uncertainty and speculation around year-end surpluses that commonly plague other plans.

While other platforms tempt employers with the possibility of receiving a surplus check at the end of the plan year, Elan clients begin enjoying the financial benefit of these savings from the very first day the plan is effective.



Claim Assertion for Validation

Elan has engineered a health plan that achieves a measurable, immediate decline in claims costs in Year One, then consistently outperforms medical trends year over year. This increasing separation between industry trend and Elan's reduced cost baseline compounds savings in the “out years.”

Employers lock in lower rates with predictable savings upfront. Members enjoy significantly reduced out-of-pocket costs through smarter design, focused networks, and outcomes-driven care. All stakeholders benefit from improved health outcomes through clinically led patient steerage, better chronic condition management, and higher-quality interventions that keep people healthier and more productive.

Backed by an A+ reinsurance partner, industry-renowned vendors, and rigorous validation by top financial and actuarial firms, Elan eliminates the guesswork, speculation, and volatility that plague conventional options. It's a true turn-key, fiduciary-aligned powerhouse prioritizing members over margins, transparency over complexity, and results over rhetoric.



Findings and Validation

Elan Insurance Group's savings stand up to scrutiny on multiple validated levels, providing employers with confidence in the results.

Their reinsurance structure is designed for alignment and transparency: they primarily reinsure through OdysseyRe, an independent A+-rated reinsurer. With nearly the entire claims pool covered by this aligned partner, there's no incentive or ability to manipulate outcomes. This setup directly addresses—and eliminates—the three most common ways other programs overstate or misrepresent savings:

1. **Regression to the mean** doesn't apply. They track and measure the full population, not just high- or high-and-medium utilizers selected after the fact.
2. **Trend inflation** is avoided. They deliver an actual reduction in claims costs in the first year, not merely a slower increase compared to trend. In subsequent years, costs rise from a permanently lower base and consistently stay below industry trend lines.

Findings and Validation

3. **Participation bias** is eliminated. Unlike studies that show artificial savings by comparing participants to non-participants (e.g., Aetna/Newtopia designs that reported \$1,464 in year-one "savings" for healthy individuals while non-participants' costs rose sharply), Elan covers everyone in the plan. There's no split cohort to create the illusion of impact.

In addition, their core cost-management partners are independently validated and focused on delivering high-value care:

- **Ault International Medical Management (AIMM)** – Certified by The Validation Institute for meaningful savings, with even stronger performance in tightly managed plans like Elan's. They address the largest single expense category: inpatient care.
- **US-Rx Care** – Also Validation Institute-validated, demonstrating consistent cost reductions, transparency, and positive clinical outcomes in pharmacy management—the other major driver of claims.

Findings and Validation

- **Employers Health Network (EHN)** – A high-performance network that delivers excellent savings in a network environment, with reported average savings of 20%+ against traditional PPO models. EHN unites employers with quality, local providers through transparent, collaborative partnerships that control costs, improve access to high-value care, and support better health outcomes.

Combined with Elan’s own fiduciary certification from The Validation Institute under ERISA (covering both Elan and its key vendor stack), this creates a multi-layered foundation of credibility.

The outcome is straightforward and sustainable: measurable first-year claims cost declines, consistent outperformance of medical trend, lower overall rates for employers, reduced out-of-pocket costs for members, and better health outcomes—all benefits that accrue directly and entirely to plan sponsors and their participants.

Limitations

There is always the chance of “black swan events”

No health benefits model is without limitations, and Elan Insurance Group's level-funded approach is no exception, even with its built-in safeguards.

Potential Limitations and Realistic Considerations:

1. Member Engagement and Navigation: The U.S. healthcare system is complex, and the plan's effectiveness relies on members engaging with AIMM, following guided pathways, and reaching out for support. Lower engagement, delayed care, or non-adherence can limit savings and outcome improvements. Elan addresses this with proactive education through live meetings with members, ongoing communication, and always-available nurses to help navigate care and answer questions. Still, individual choices vary, and when issues occur, we respond promptly to resolve them and support the member.

Limitations

- 2. Claims Variability in Level-Funded Structures:** Like other level-funded plans, there is exposure to year-to-year claims fluctuations. High-cost events or unexpected clusters can affect future rates, even with strong reinsurance. Actuarial projections help, but they are not perfect. Elan mitigates this via aligned reinsurance (OdysseyRe), a focus on actual first-year cost reductions, and a lower baseline that helps contain increases over time.
- 3. Transition and Implementation Hurdles:** Moving to a new plan can involve adjustments to networks, pharmacy protocols, or management processes. Some members may need time to adapt, and initial administrative steps can present short-term challenges. We prioritize smooth onboarding with education and direct support, but transitions aren't always seamless. When problems arise, we address them promptly to maintain trust.
- 4. Suitability for All Groups:** The model works best for employers open to long-term cost management, proactive member engagement, and the structured elements of the plan. Groups with very high-risk populations, minimal interest in education/support, or preference for simpler fully insured options may see less benefit or face greater variability.

Limitations

Elan is transparent about these realities and focuses on mitigation through validated components, fiduciary standards, and responsive support. When challenges occur, the approach is to handle them responsibly, learn from them, and continue refining the vendor partnerships for sustainable results in cost control, member costs, and better health outcomes.



Validation and Credibility Guarantee

Elan Insurance has achieved validation for Savings and Outcomes. Validation Institute is providing a \$100,000 ERISA Immunity Guarantee as part of their Credibility Guarantee Program. To learn more, visit:

<https://validationinstitute.com/credibility-guarantee/>.



Validation Expiration: April 2027



CERTIFICATE OF VALIDATION

Applicant: **Elan Insurance Group**
9350 S. Dixie Hwy. Suite 1550
Miami, FL 33156

Product: **Level-Funded Health Plan**

Claim: Elan offers a turnkey health plan that lowers claims costs in the first year and continues to outperform medical trends over time. By combining independently validated vendors, it delivers transparency, better outcomes, and sustainable long-term savings for small to mid-sized employers.

Validation Achieved: **Validated for Savings and Outcomes**

Award Date: April 2026

Al Lewis
Founder & Validator-In-Chief
Validation Institute



About Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.