

# 2026 ANNUAL CONFERENCE

*The Employer  
Advantage: The  
Keys to Unlocking  
Your Power*

**June 4<sup>th</sup>, 2026**

**WELCOME!**



# The Employer Advantage: The Keys to Unlocking Your Power





# The Employer Advantage: The Keys to Unlocking Your Power



# Partnering To Help You Unlock Opportunities

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HEALTH

Telligen

Cardio  
Diagnostics

Lilly

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GPBCH  
Greater Philadelphia  
Business Coalition on Health  
DRIVING INNOVATION AND VALUE IN HEALTHCARE

# The Discussion Doesn't End Here...



# Regulation, Reform, and Employer Readiness: A Washington Briefing

**Matt Muma**, Senior Counsel, Health Policy



June 4, 2026

# Health Policy Legislative Activity



# What's Happening in Congress?

- **One-party control**

- Both houses of Congress and the White House are controlled by the Republican party

- **But ... very narrow margins**


- House → 218 Republicans and 212 Democrats
- Senate → 53 Republicans and 47 Democrats

- **Why does this matter**


- More difficult to enact new laws and implement new policies
- Need at least a simple majority to pass a law in the House and, unless “budget reconciliation” is used, need 60 votes in the Senate



# One Big Beautiful Bill Act (OBBBA)

- **GOP priority in 2025, signed on July 4, 2025**
    - Passed through reconciliation, narrowly, with much effort
  - **Extended many expiring tax cuts**
  - **Included several other of the president's priorities**
  - **Included several provisions related to employer-sponsored coverage**
    - Pre-deductible telehealth
    - Direct primary care arrangements
  - **Did not affect or undermine tax exclusion for employer-sponsored health coverage**
- 

# Focus on Health Care Affordability


- **Affordability, affordability, affordability!**
    - Top issue for policymakers and voters before Mid-term elections Focus specifically on health care costs
  - **Enhanced exchange subsidies expired at end of 2025**
    - Will be emphasized in the mid-terms
  - **State of the Union address & Great Healthcare Plan**
    - “Crushing cost of health care”
  - **Congressional Interest**
    - Price transparency
    - Prescription drugs
    - Hospital pricing
    - Consolidation
- 

# Consolidated Appropriations Act (CAA) 2026 (February 3, 2026)


- **Transparency in hospital billing practices**

- Hospitals purchase physician offices and then impose higher facilities fees for services provided at those offices
- “Fair billing” provision included in CAA 2026 aimed at addressing this, allowing payers to see when services are provided off-campus to determine appropriate payment amount
- No payments under Medicare can be made for items or services furnished by a off-campus outpatient department of Medicare provider unless each off-campus outpatient department of a Medicare provider has obtained, and such items and services are billed under, a standard unique health identifier

# CAA 2026

- **Pharmacy Benefit Manager (PBM) transparency**
    - Require PBMs to provide plans with disclosures on direct and indirect compensation and info on amounts paid by the plan on a net unit cost basis for drugs as well as information re the formulary; tri-agency provision.
    - Requires PBMs to provide all plans with a summary document.
    - Plans must provide annual notice to participants and beneficiaries of PBM reporting requirement and must provide participants/beneficiaries with summary data reported to all plans and detailed information for specific claims incurred.
    - Effective for contracts entered into 30 months following enactment
  - **Requires PBMs to pass-through 100% of rebates to plan sponsors**
- 

# CAA 2026


- **The Consolidated Appropriations Act, 2021 amended ERISA to require certain service providers to disclose specified information to plan fiduciaries about direct and indirect compensation**
    - The requirement applied to entities that provided “brokerage services” or “consulting” to plans (with \$1,000 or more in direct or indirect compensation)
  - **CAA 2026 revised this provision**
    - Under CAA 2026 provision ‘clarified’ as not only applying for consulting and brokerage services but essentially all services to the plan
    - No separate effective date but the provision refers to possible DOL regulations that would address time, manner and content of the disclosures
  - **Interplay of CAA 2026 and ongoing rulemaking?**
- 

# Focus on Health Care Affordability – Legislative Proposals

- **Health care price transparency**

- *Patients Deserve Price Tags Act*, led by Senators Roger Marshall (R-KS) and John Hickenlooper (D-CO) includes codification of Transparency in Coverage rule

- **Site-neutral payment reform**

- Medicare reimburses more for some services provided at hospital outpatient departments than independent physician office (even if services are just as safely provided outside of a hospital); leads to vertical integration
  - “Site-neutral payment reform” is aimed at addressing this, so for certain services Medicare would pay the same regardless of location
- 

# Focus on Health Care Affordability – Legislative Proposals

- **340B drug pricing program**

- Safety-net hospitals obtain drugs at deep discounts from manufacturers
- Concerns with expansion of program raising costs for employers and working families; failure to meet original aims to benefit vulnerable populations; impact on consolidation, discounts in the commercial market and promotion of higher-cost therapies

- **Anti-competitive contracting**

- *Healthy Competition for Better Care Act*, led by Reps. Jodey Arrington (R-TX) and Don Davis (D-NC)

# Focus on Health Care Affordability – Legislative Proposals

- **PBM Kickback Prohibition Act**

- Introduced by Rep. Rick Allen (R-GA) would amend ERISA Section 408(b)(2)(B) to prohibit PBMs from providing direct or indirect compensation to third parties for referring business to the PBM

- **Break up Big Medicine Act**

- Introduced by Senators Elizabeth Warren (D-MA) and Josh Hawley (R-MO) would prohibit joint ownership of health insurers, PBMS, providers and wholesalers

# What's Next for Congress?


- **Midterm elections!**
- **Another budget reconciliation exercise in 2026?**
  - Challenging margins, no expiring tax cuts, many policy priorities addressed in OBBBA, focus on midterm elections
  - But ... some would like to try, and it depends on president
  - Future threats to the tax treatment of employer-sponsored health coverage?
- **Bipartisan health care legislation?**

# **Health Policy**


## **Regulatory and Litigation Activity**




# The Administration: The Backdrop

- **Emphasis on executive action**
    - Over 225 executive orders; policy roadmap
  - **Additional pressure on the executive branch when it is difficult to make policy in Congress**
  - **Second year of an administration – very busy time!**
    - Political appointees are in place; “personnel is policy”
    - Clock is ticking
  - **Shutdowns and staffing changes**
  - **Major focus on OBBBA implementation**
- 


# Price Transparency – In General

- **An ongoing focus of Administration**
    - State of the Union; early executive order
  - **Increased visibility to identify areas to reduce costs**
    - Enable employers to drive participants to higher-value care and negotiate more favorably; pair with quality data
  - **Many provisions already on the books – with different audiences including the public, government, consumers and employers**
    - Transparency in Coverage (TIC) rules, hospital price transparency rules, prescription drug (or “RxDC”) reporting
  - **Benefits and burdens to consider**
- 


# Prescription Drugs: PBM Disclosures

- **Drug costs major focus – throughout drug supply chain**
  - **More transparency! And a focus on PBMs**
  - **Proposed DOL rules under ERISA 408(b)(2) (January 29, 2026)**
    - In response to executive order, requires PBMs to report direct and indirect compensation to plans; disclosure needed to avoid a “prohibited transaction” under ERISA; DOL-only rules; proposed to be effective for plan years on or after July 1, 2026;
    - Many overlapping elements with CAA 2026 but not identical; differences in statutory basis, effective dates, agency jurisdiction, etc.
    - How will this all fit together? Will the DOL proceed with its proposed rules?
  - **What should employers expect?**
- 


# Price Transparency – Other Initiatives

- **December 2025 proposed revisions to the TIC regulations**
    - Participant-facing cost-sharing tool and public-facing machine-readable files, including disclosure of negotiated rates
    - Substantial issues with usability and complexity of data
  - **Proposed regulations intended to improve usability**
    - Proposals included reducing file sizes, increasing standardization
    - Focused on in-network file and out-of-network file; Rx file to be addressed separately
    - Comments were due March 2, 2026
    - Follows executive order and request for information
  - **Will continue to be a priority**
- 

# Fertility Benefits Proposed Rules

- **Subject of campaign promises and executive order**
  - **FAQs issued in October, explaining how stand-alone fertility benefits can be offered by employers under current guidance**
  - **Proposed Rules issued on May 10 (Mother's Day!)**
    - Would permit employers to offer self-funded stand-alone fertility benefits (for example, as a reimbursement arrangement)
    - Subject to a per-participant lifetime limit of \$120,000
    - “Substantially all” benefits required to “relate to the diagnosis, mitigation or treatment of infertility or related reproductive health conditions”
- 


# Health Plan ERISA litigation

- **Plaintiffs' firms exploring viability of fiduciary litigation against health plans**
    - Successful strategy against retirement plans, particularly as to forcing settlements
  - **Courts (mostly) have been dismissing cases, so far**
    - On March 3, 2026, in *Navarro v. Wells Fargo*, District Court determined that plaintiffs had not shown injury traceable to plan decisions
    - But on March 9, in *Stern v. JPMorgan Chase*, plaintiffs survived a motion to dismiss.
  - **Plaintiffs' firms trying other angles**
    - In the past several months, several cases involving 'voluntary benefits' were filed making similar allegations of plan mismanagement
- 

# Abuse of the No Surprises Act

- **Intended to protect patients, lower costs and strengthen networks**
    - Concerns it might instead lead to higher costs
  - **Regulations undermined due to provider-backed litigation**
  - **Certain providers are flooding system with disputes, including ineligible claims and seeking amounts well in excess of billed charges**
  - **Exponentially more arbitration than anticipated**
    - 1.2 million claims to IDR in first two quarters of 2025; providers prevailing 88% of the time
  - **\$5 billion in total costs per Georgetown University research**
  - **Final operations regulations released May 28; unlikely to substantially change the situation**
- 

# Other Health Care Regulatory Priorities

- **Overfunded Voluntary Employees' Beneficiary Associations (VEBAs)**
    - Proposed regulations may be “coming soon”
    - Council continues to advocate; filed a letter on Friday, May 29.
  - **Mental health parity**
    - DOL announced in ongoing litigation that they no longer intend to defend 2024 final rules and will instead publish new proposed rules
    - Statutory obligations under the 2021 Consolidated Appropriations Act (i.e., the comparative analysis requirement) remain in effect
  - **Expanded electronic delivery for health plans**
    - Proposed rule currently under White House Review;
- 

# Other Health Care Regulatory Priorities

- **Individual Coverage HRAs (ICHRAs)**

- Included in House-passed version of OBBBA
- Employer mandate final rules – forthcoming for some time
- Broader effort underway to amend regulations

- **Dependent Care Assistance Programs**

- Employers have not had guidance on non-discrimination standards
- Treasury & IRS intend to address along with non-discrimination standards for “Trump accounts”, possibly before July 4





AMERICAN BENEFITS  
COUNCIL

# Keep in Touch



[www.americanbenefitscouncil.org](http://www.americanbenefitscouncil.org)



[@benefitscouncil](https://twitter.com/benefitscouncil)



[www.linkedin.com/company/342048](http://www.linkedin.com/company/342048)



Main number: (202) 289-6700



[info@abcstaff.org](mailto:info@abcstaff.org)

# Chamber View: The Impact of Healthcare on Regional Competitiveness



**Jim Rhodes (Moderator)**  
VP, HIF Fund Governance &  
Executive Director



**Luke Bernstein**  
President & CEO



**Michael Quaranta**  
President

∞ MAVEN

# Maven for GPBCH

June 2026



A decade of trust & innovation on a mission to make *healthcare work for all of us*



The largest, most evidence-backed women's and family health platform

28M  
COVERED LIVES

175+  
COUNTRIES

2,300+  
CLIENTS

40+  
PEER-REVIEWED  
PAPERS/ABSTRACTS

\$9.6k  
SAVED PER BIRTH

4.9/5  
MEMBER SATISFACTION

TIME 100  
NEXT





# The most comprehensive virtual care platform for women & families in the market



Fertility &  
Family Building

30%  
Fertility treatment  
avoidance for  
subfertile members



Maternity &  
Newborn Care

97%  
Singleton IVF  
pregnancy rate



Parenting &  
Pediatrics

27%  
Lower NICU  
admission rate



Menopause  
& Midlife Health

93%  
Report improved  
menopause symptoms

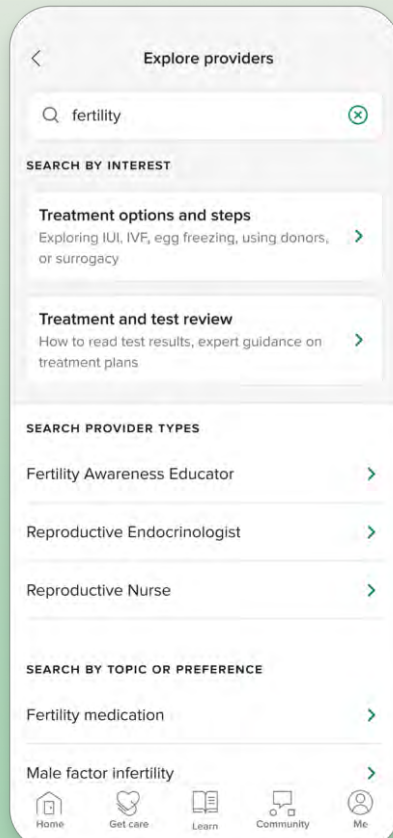


# With 24/7 guidance in your pocket, our care extends beyond the clinic to help members reach their health goals

**Dedicated care teams**  
identifying ways to improve  
mental & physical health



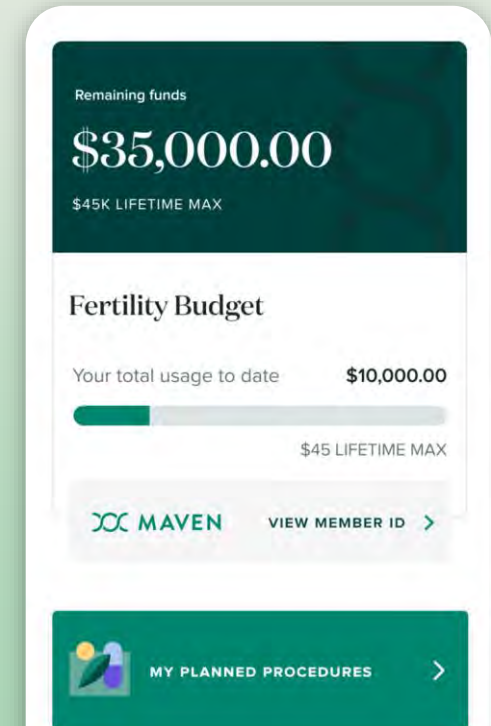
Education & second  
opinions from **experts**  
in **<1 hour**



**Clinically-validated**  
live classes, articles, &  
forums



Simple and inclusive  
**benefit administration**



Up to

Recent charges

# Unlocking Compliance Power: Managing Fiduciary Risk In a New Era of Scrutiny

Jamie Greenleaf, Co-Founder, Fiduciary In A Box

Julie Selesnick, Founder, Health Plan Legal Counsel, Executive  
Director, Legal and Compliance, Judi Group



# Fiduciary Standards Are HARD

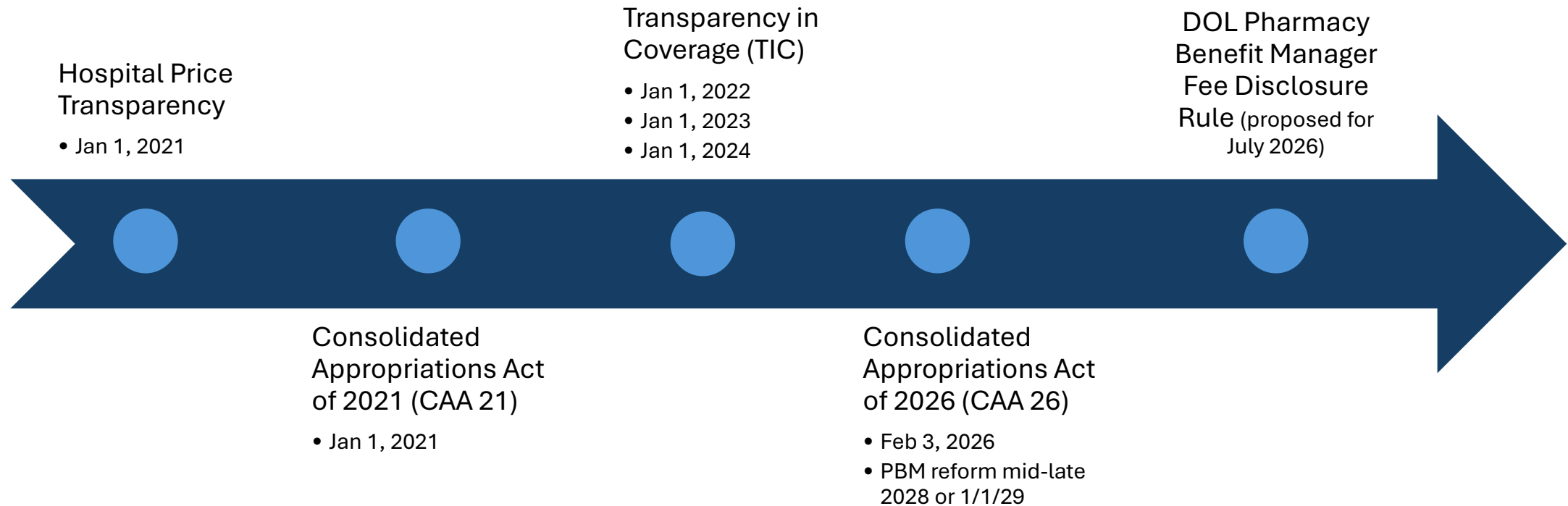
ERISA Establishes:

- ✓ Minimum standards for most voluntarily established **retirement and health plans** in private industry
- ✓ **Fiduciary standards**
- ✓ Provides participants the **right to sue for benefits due and breaches of fiduciary duty**



# Changing the Fiduciary Landscape for Employers

*Regulatory and legislative action has focused on controlling cost by mandating transparency.*

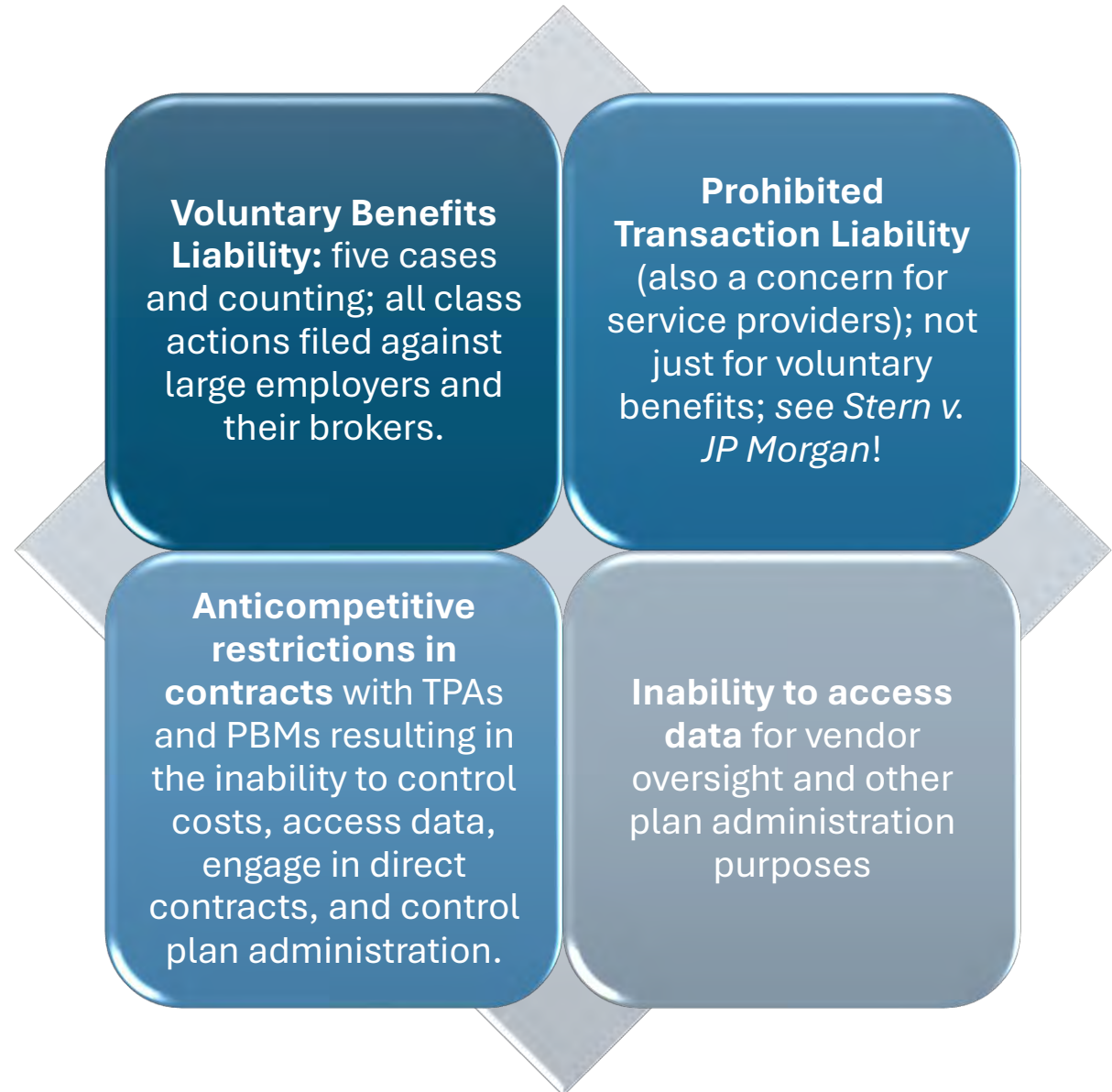


# CORE DUTIES OF A HEALTH PLAN FIDUCIARY

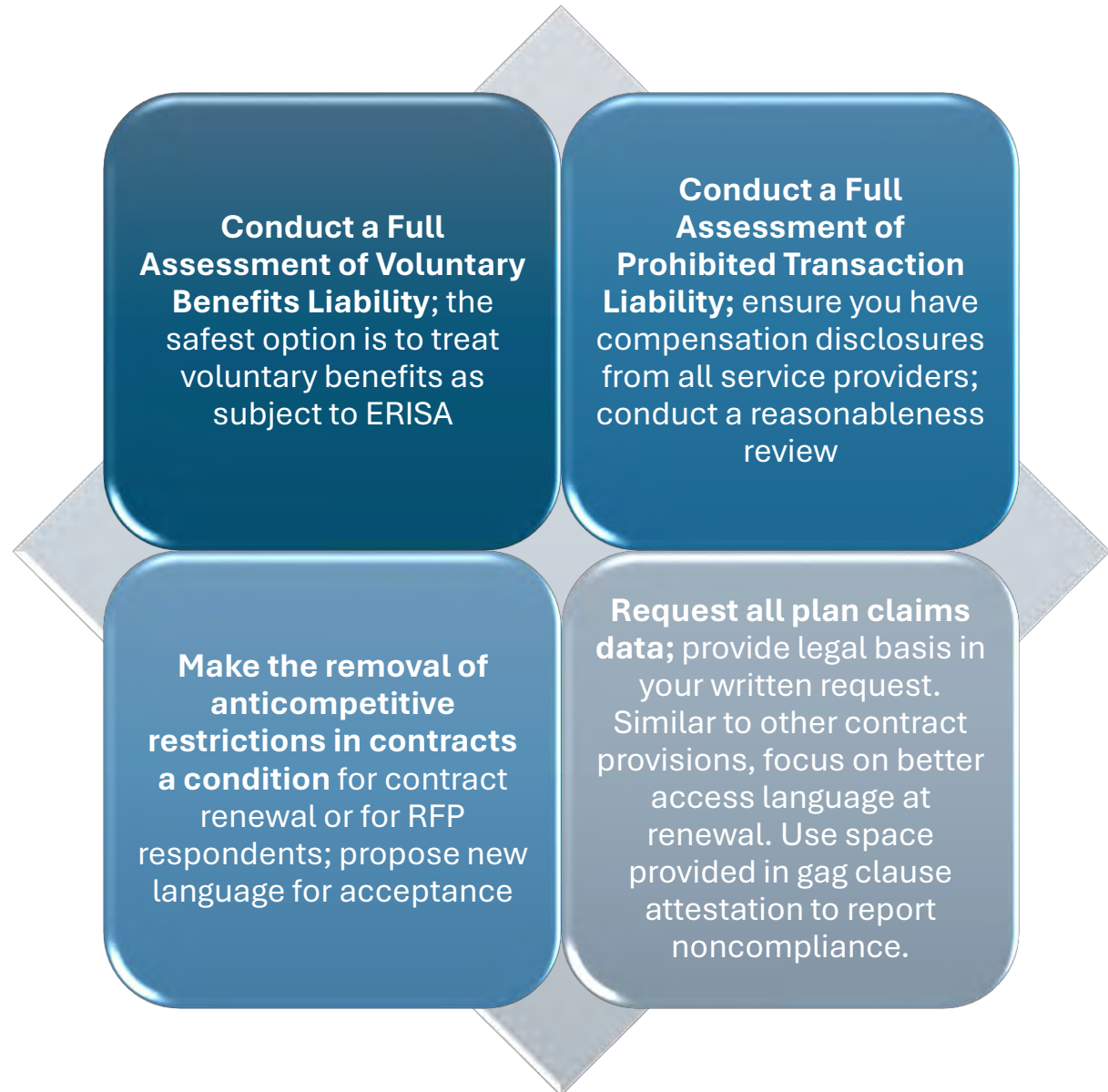


- **\*\*Duty of Prudence:\*\*** Fiduciaries are required to act with the care, skill, prudence, and diligence that a knowledgeable expert would demonstrate under similar circumstances. *This includes the obligation to hire service providers with the necessary expertise in areas where the fiduciaries may lack knowledge, as well as the ongoing and nondelegable duty to monitor all plan service providers.*
- **\*\*Duty of Loyalty:\*\*** Fiduciaries must act solely in the interest of participants and beneficiaries, focusing exclusively on providing benefits and covering reasonable plan expenses. *This duty involves avoiding conflicts of interest and ensuring that compensation for services remains reasonable.*
- **\*\*Duty to Follow Plan Documents:\*\*** Fiduciaries must adhere to the terms of the plan, unless those terms conflict with applicable laws.

# Biggest Concerns for Health Plan Fiduciaries



# How to Address these Major Concerns





# Where to Start

- Establish a fiduciary committee for the health plan, or if a smaller group, designate the people that will make fiduciary decisions.
- Create a committee charter setting out the duties and responsibilities of the fiduciaries/committee. Consider hiring an outside fiduciary to assist if overwhelmed by the responsibilities.
- Purchase fiduciary liability insurance and, if an ERISA plan, an ERISA bond.
- Have regular committee meetings, establish & document the processes used to carry out fiduciary responsibilities/make decisions.
- Gather all your contracts and review or have outside review conducted for anticompetitive provisions or provisions that restrict access to data,
- Review compensation disclosures for reasonableness and document the outcome for fiduciary protection; request them from any service provider that hasn't provided one and require one in advance of entering or extending any contracts. If an ERISA plan, report all plan service providers that do not provide 408(b)(2) disclosures after a formal request.
- If you haven't already done so, request all claims data and set up a relationship with the data warehouse or payment integrity/data analytics vendor. Getting the data isn't enough; set up an ongoing review to monitor service providers, confirm compensation, and ensure adherence to contracts and plan terms.

# Contact

**Jamie Greenleaf**

Jamie@fiab.co

**Julie Selesnick**

Julie@judigroup.com or  
julie@healthplanlegalcounsel.com

# Morning Break

Thank You To Our  
Beverage Station  
Sponsor



Please Be Back  
At 10:30 AM

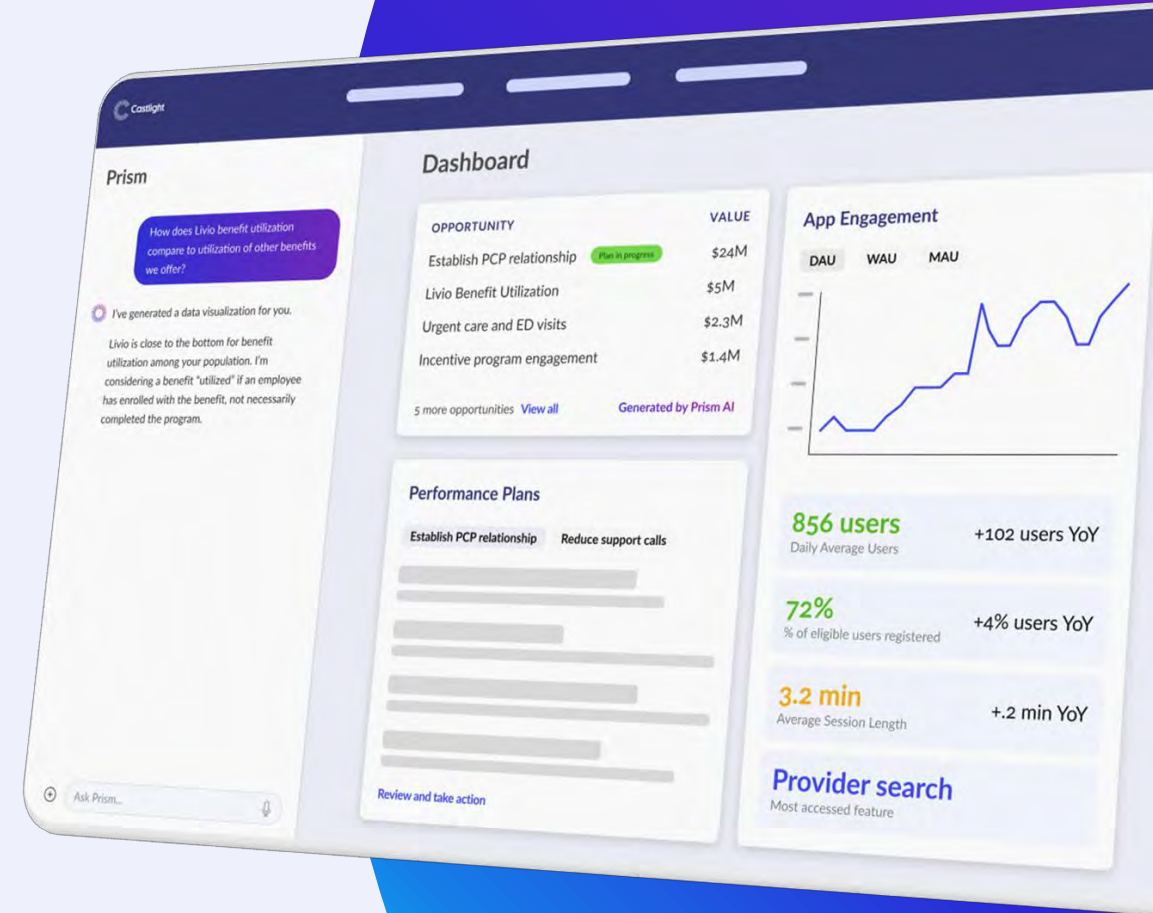
**Check out our Sponsor Tables & The Morning Snacks!**



You do not need more solutions.  
**You need your strategy to perform.**

Castlight aligns the system you already built, guides decisions across the member journey, and adds clinical accountability where cost is won or lost.

**That is how healthcare investment becomes performance.**



You have the strategy.

# Castlight Healthcare Performance Platform

Castlight makes it perform.

## YOUR BENEFITS STRATEGY

 Health Plan & Network

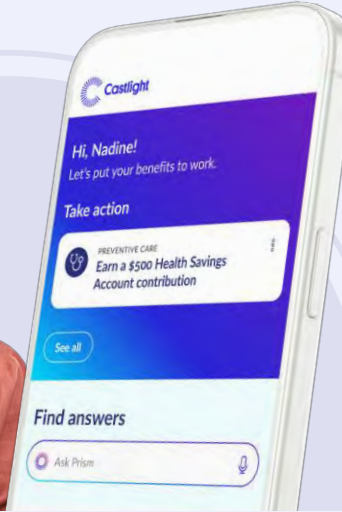
 Point Solutions

 Virtual Care

 Wellbeing & Incentives

 Specialty Care

 Vera Advanced Primary Care



IDENTIFY

before need becomes cost

ACTIVATE

toward better decisions at scale

ADVOCATE

clinical accountability, proven outcomes

PROVE

Your benefits command center. Every program, every outcome, visible from day one

## HEALTHCARE PERFORMANCE\*

**65%** Higher Population Engagement  
avg. employer population

**\$1M-\$1.4M** Leakage & Steerage Recovery  
avg. client

**3.25x** Point Solution Engagement  
third-party validated

**56%** Less Avoidable ED  
Care Guide + RN cohort

**\$33.83** PMPM Care Guide Savings  
third-party validated, CY2024

**Day 1** Performance Visibility  
in Conductor, for every tier

15+ years of real-world member data

263 clinical segments refreshed daily

40+ ecosystem partners surfaced in context

29 Vera owned care centers in 11 states

\*Top-performing customer cohort, CY2024. Third-party validated where noted. Engagement: platform average. Care Guide savings: Care Guide + RN cohort only.

# From Information to Impact: Empowering Employers Through Actionable Analytics



**Tom Belmont**  
(Moderator)  
President & CEO



**Dare Henry-Moss**  
Director, Benefits Analytics  
and Evaluation



**Paul Coty**  
VP, Total Rewards  
Analytics



From Information to Impact:  
Empowering Employers through  
Actionable Analytics

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June 4, 2026

# Comcast

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Dare Henry-Moss, MPH  
Director, Benefits Analytics & Evaluation



Contributing Teams:  
Total Rewards Data Services  
Medical & Strategic Initiatives

# Cognitio Analytics

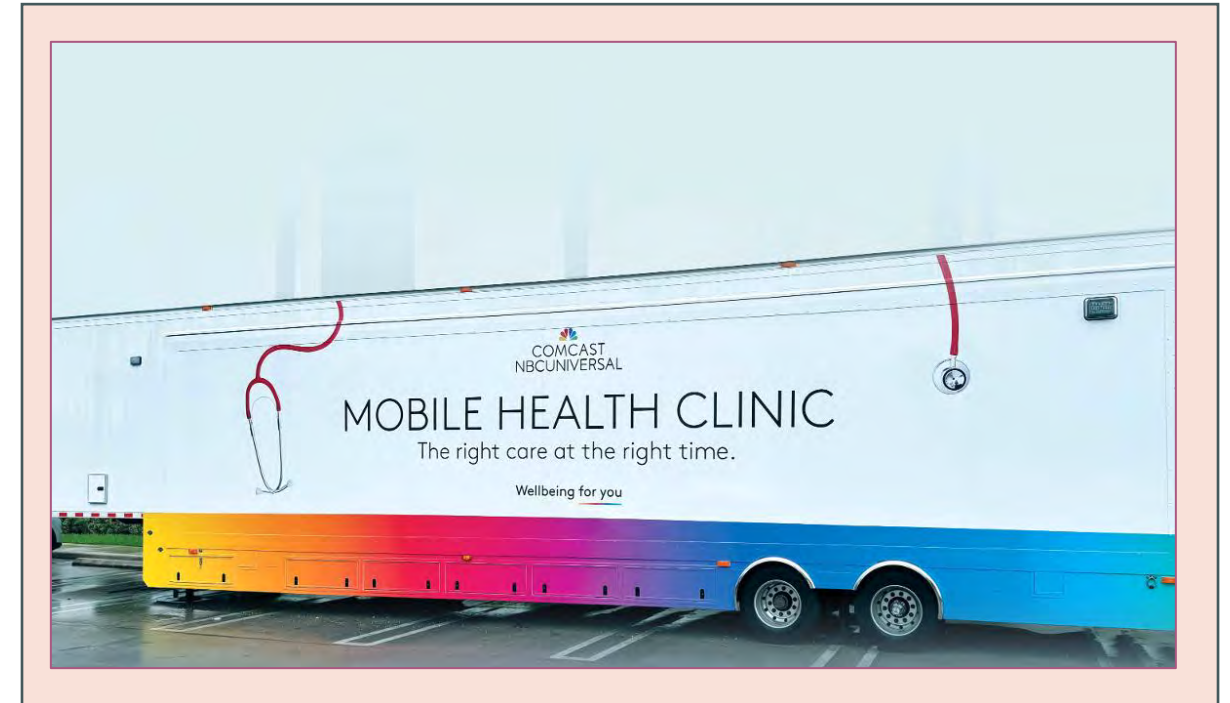


Paul Coty  
VP, Total Rewards Analytics



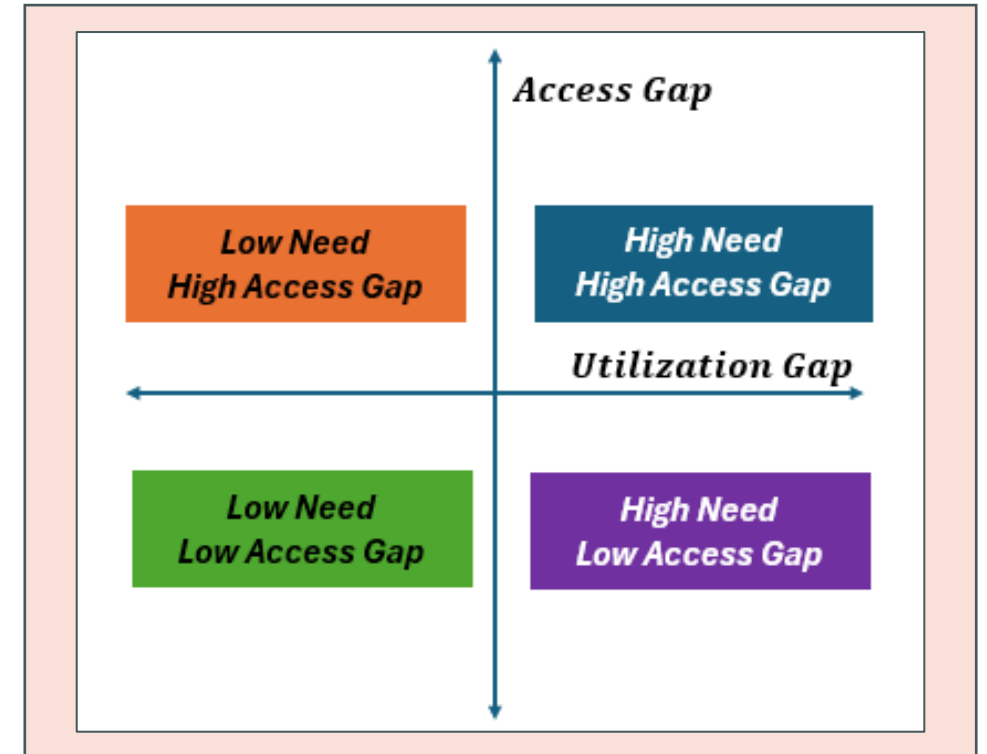
# Mobile Clinic Business Question

- Initially, purchased to supplement primary care services for specific employee populations with high utilization of emergency and urgent care services for low acuity conditions.
- Since 2021, MSI has used the clinic to support production of marquee sporting events, such as the Olympics and World Cup.
- Between events, an opportunity exists to deliver occupational, urgent, and preventive healthcare services to employees at their worksite.
- MSI partnered with Data Services and Cognito to identify work locations with biggest opportunity for impact.



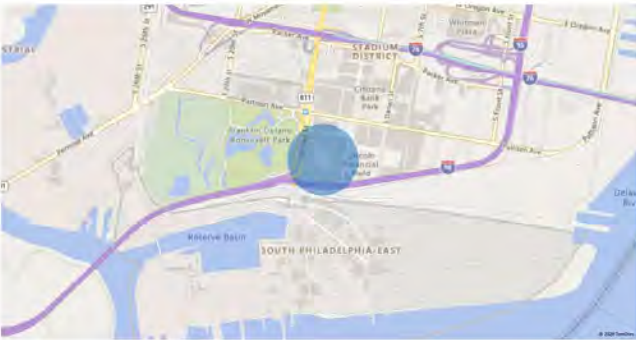
# Mobile Clinic Analysis- Methods

1. Comcast identified utilization and access as key concepts in determining opportunity and established criteria to identify candidate sites
2. Cognitio developed Utilization Gap & Access Gap measures and scoring methodology
3. Cognitio and Comcast collaborated on visualizations to translate scores to useful insights



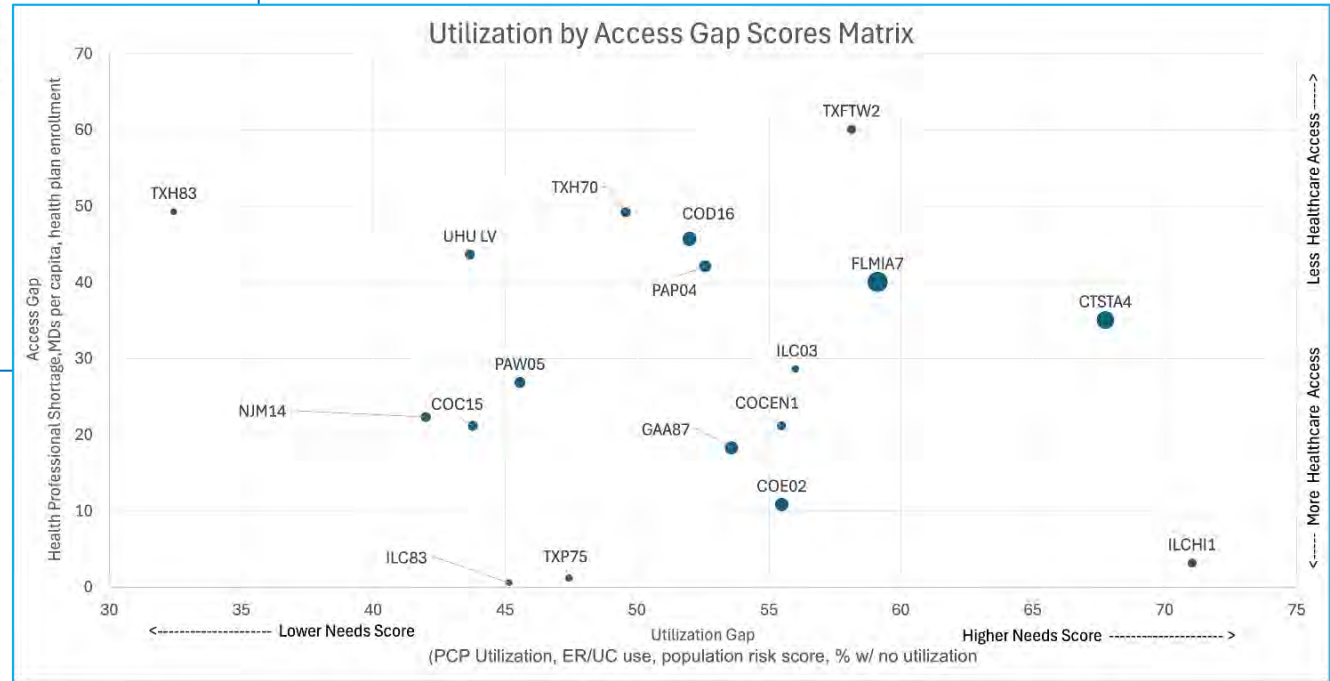
# Mobile Clinic Analysis- Visualizations

## Philadelphia; Pennsylvania



- **Work Location:** PAP04 (High Need high access gap)
- **#Employee:** > 600
- **<10 Miles distance from Comcast HQ Crossover**

	Classification	Rank
Utilization Gap	High Need	9
Access Gap	High Gap	6





# Thank you



COMCAST

**Cognitio Analytics**

# From Information to Impact: Empowering Employers Through Actionable Analytics



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**Paul Coty**  
VP, Total Rewards  
Analytics



# Greater Philadelphia Business Coalition on Health

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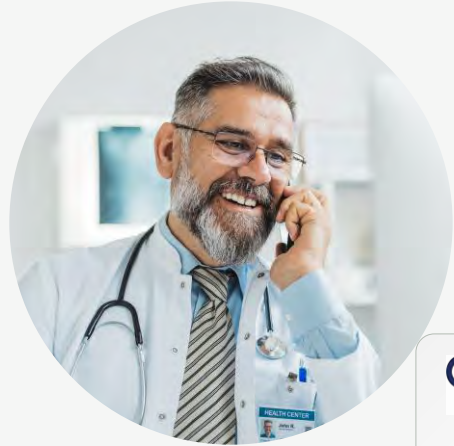
Joe Gilbert, VP Consultant Relations

[joe.gilbert@quantum-health.com](mailto:joe.gilbert@quantum-health.com)

June 4, 2026

# Healthcare is complex. We make it simple.

Quantum Health simplifies a fragmented system - guiding members to high-quality, cost-effective care – which lowers costs



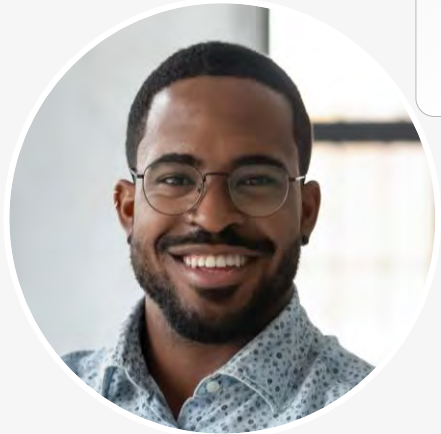
**Quantum Health**

**Members:**  
Contact Card Coordinators  
for any healthcare need  
1-800-257-2038  
[www.myqhwarriors.com](http://www.myqhwarriors.com)

**John Smith**  
Member Number  
12345678900

RxBIN	RxPCN	RxGRP
610096	9999	COQ

**Network**



## Quantum Health

Connecting resources and curating the experience:

- Provider quality ratings
- Member services
- Provider services
- Real Time Intercept
- Clinical and care coordination services

Coordinate with:

- Claims administrator and network
- Pharmacy benefits manager
- Point solutions
- Community resources
- All benefits and benefits administration platform

**20M+**

combined  
members  
nationwide

**500+**

combined  
total  
clients

*One shared mission:*

Guiding members to the  
right care at the right time for better  
outcomes

**MOST EXPERIENCED**

25+ years  
Founded the category

**THE LARGEST**

2000+  
Healthcare Warriors<sup>®</sup>

**FINANCIALLY STRONG**

Financially stable  
and well-capitalized

**HIGHEST ENGAGEMENT**

90% of members engaged  
with claims \$10-\$100k

**PROVEN RESULTS**

10% claim savings  
and 5x ROI in year 3

# Direct Hospital Contracting: The Keys to Building a Win/Win Strategy



**Dave Houston (Moderator)**  
Growth Executive / National  
Director of Business  
Development



**Rebecca Adkins**  
SVP Enterprise  
Population Health



**Heather Gelting**  
Executive Director



**James Startare**  
Vice President, Benefits



## Thomas Jefferson University

**200+**

Graduate and undergraduate programs

**77,000+**

Alumni

**17**

NCAA Division II teams

**8,300+**

Students (full/part time)

Over **\$200 million** In applied, basic, clinical and scholarly research

**1,000+**

Patents for new drugs, software innovations, medical devices and diagnostic tools

Data is FY24 - updated January 2025



## Jefferson Health

**4,350**

Employed physicians

**32**

Hospital campuses

**13,600+**

Nurses (full/part time)

**4**

Magnet® designated locations

**700+**

Sites of care

**4**

Pathway to Excellence® designations

**8.8+ million**

Outpatient visits (hospital and physician)

Data is FY24 - updated January 2025



## Jefferson Health Plans

**362,000+**

Total members

**40+**

Years of service

**316,000+**

Medicaid members

**750**

Employees

**13,000+**

Medicare members

**20,000+**

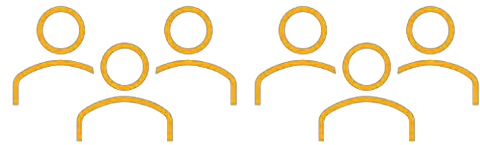
CHIP members

**13,000+**

Individual and family plans

Data is 12/24 - updated January 2025

# Jefferson- Managing Populations



760,000

Lives in Value Based Arrangements



## Lines of Business

Commercial (371K)

Medicaid (224K)

Medicare FFS/ACO (87K)

Medicare Advantage (78K)



65,000  
Jefferson  
Employees

# Direct Hospital Contracting: The Keys to Building a Win/Win Strategy



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Vice President, Benefits

# A SPECIAL PRESENTATION



**GPBCH**   
Greater Philadelphia  
Business Coalition on Health  

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DRIVING INNOVATION AND VALUE IN HEALTHCARE



# Marsha Greene-Jones

## Board Chair

### 2022 - 2026

*“With gratitude for your exemplary leadership and lasting contributions to workforce health”*

# Lunch Break

Thank You To Our  
Lunch Sponsor



Insurance | Risk Management | Consulting



Please Be Back  
At 1:00 PM

**Check out our Sponsor Tables & Buffet Lunch**

# Employers Share your Voice

## Pulse of the Purchaser 2026

The National Alliance, is conducting a survey of employers/purchasers to learn current perspectives, concerns and gain insights to address workforce environment, healthcare affordability, benefit design approaches along with health and wellbeing...

[qualtrics.com](https://qualtrics.com)

Interested in joining PPR1?  
Please visit our website for  
more information  
<https://pulseofthepurchaser.org/>



Double click above  
or use the QR code  
to take the 2026  
Survey Now!



Year over year increase  
in responses that drive  
coverage and  
understanding of the  
employer perspective  
in healthcare  
marketplace



## 2025 Coverage from Pulse of the Purchaser Survey

**AJMC**  
News Article | September 10, 2025  
**Employers Lean on Data Transparency to Contain Rising Health Care Costs**  
By: [Author Name]

**USA TODAY**  
**Health Insurance Costs for Businesses to Rise by Most in 15 Years**  
By: [Author Name]

**THE WALL STREET JOURNAL**  
**Health Insurance Costs for Businesses to Rise by Most in 15 Years**  
By: [Author Name]

**MedCityNews**  
**4 Third of Employers Can't Access Medical Claims Data from Vendors, Survey Finds**  
By: [Author Name]

**BENEFITS PRO**  
**PBM reform, drug prices rank as top policy priorities for employers**  
By: [Author Name]

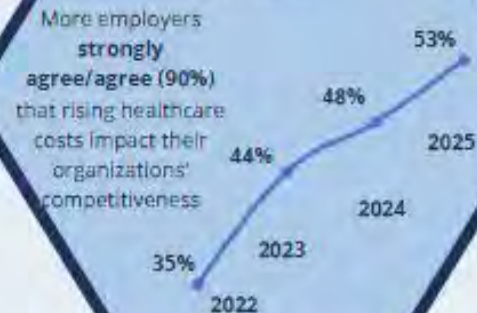
**msn**  
**Your health insurance costs are rising at the highest level since 2010. Here's why.**  
By: [Author Name]

**Managed Healthcare EXECUTIVE**  
**Big Three PBM Use Falls, Transparent PBM Use More Than Doubles, Annual Survey Shows**  
By: [Author Name]

"The current environment is a **dumpster fire with unlimited fuel** as long as employers and plan sponsors put up with the status quo."

- 2025 Survey Respondent

## Healthcare Costs Keep Climbing – So Do Competitiveness Concerns



# Primary Care as a Key to Unlocking Better Outcomes For Employers



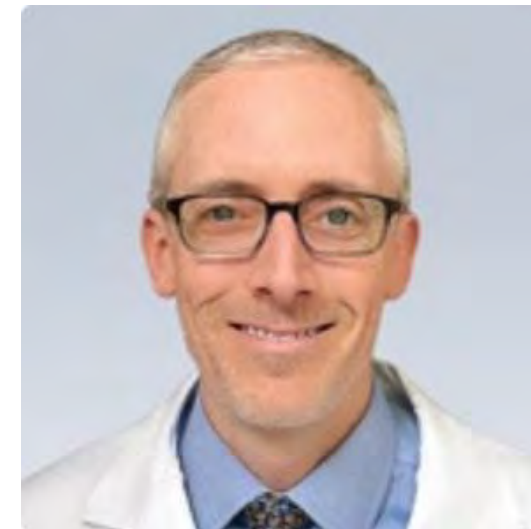
**Tom Belmont**  
(Moderator)  
President & CEO



**Reetika Kumar, MD**  
SVP Chief Customer  
Product, Clinical Solutions  
& Pharmacy Services



**Lindsey Tauber**  
Sr. Director  
Employee Benefits



**Joseph Teel, MD**  
Chief, Regional  
Primary Care

# Improving access to primary care is the lever to simultaneously drive cost, quality, and workforce productivity

Enhanced Access	Total Cost of Care Savings	Improved Health Outcomes	Higher Employee Satisfaction	Reduced Absenteeism and Increased Productivity
<ul style="list-style-type: none"> <li>• Convenient location</li> <li>• Same day appointments</li> <li>• Shorter wait times</li> <li>• 24/7 virtual coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Total cost of care savings of 30% or more for engaged users<sup>1</sup> <ul style="list-style-type: none"> <li>- Fewer specialist visits</li> <li>- Decreased hospital and emergency department utilization</li> <li>- Lower drug costs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increased engagement with primary care</li> <li>• Emphasis on preventive care</li> <li>• Reducing care gaps</li> <li>• Better chronic disease management</li> </ul>	<ul style="list-style-type: none"> <li>• Net Promoter Scores in the high 80s to low 90s<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Reduced time to research and travel to and from appointments</li> <li>• Less sick days or working while sick</li> <li>• Less temp labor needs</li> <li>• Improved morale/focus</li> </ul>



1. Based on what is typically presented by APC vendors

# The Power of Advanced Primary Care

## More Primary Care and Cost Savings for Northwestern Mutual and Their Employees

---



**55% higher**  
PCP utilization (visits)



**28% lower**  
Hospital admissions



**32% lower**  
PMPM healthcare spend



**16% lower**  
Emergency room visits

# Alternative Health Plans in Action

## Clinical Quality

**81.34%**

Diabetes control

(HEDIS is 65.38%)



**93.51%**

Depression screening  
and follow-up

(HEDIS is 80%)



**95.31%**

Hypertension control

(HEDIS is 90%)



**87.94%**

BMI screening and  
follow-up

(HEDIS is 80%)



## Member Experience

**91**

Net promoter score



**1.9 mins**

Average wait time



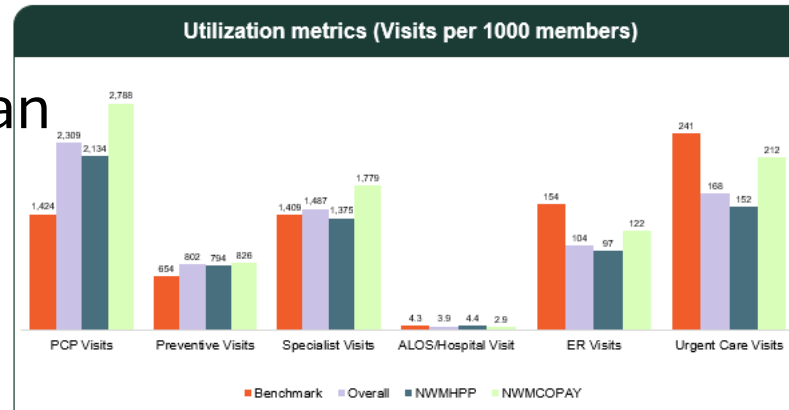
# Favorable Patient Management Outcomes and Utilization Metrics (Centivo)

**76%** of members had a PCP or preventive visit

PCP visits **62%** above Milliman benchmark

Hospital admits **34%** below benchmark

Emergency room utilization **33%** below benchmark



# Primary Care as a Key to Unlocking Better Outcomes For Employers



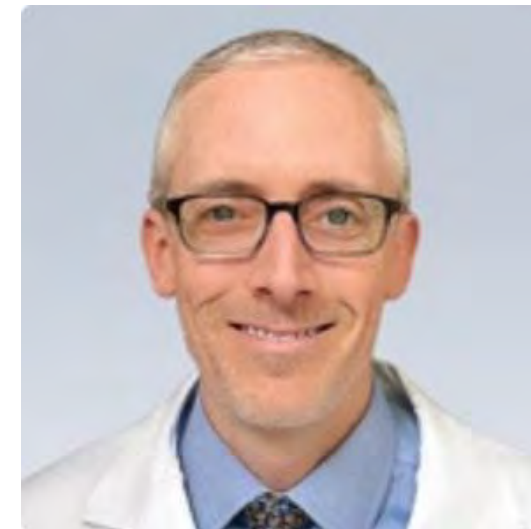
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**Joseph Teel, MD**  
Chief, Regional  
Primary Care

# Navigating Pharmacy Spend: Keys to Transparency, Access and Sustainable Cost Control



**Josh Golden (Moderator)**  
Senior Vice President of  
Strategy



**Lauren Gazonas**  
Sr. Director, Total Rewards



**Maria Scheeler**  
Executive Director/Fund  
Administrator

# Afternoon Break

Thank You To Our  
Beverage Station  
Sponsor



Please Be Back  
At 2:35 PM

**LAST CHANCE TO GRAB YOUR KEYS (and a Snack)!**

# The Accountable Partner Model: The Key to Solving Point Solution Fatigue



Insurance | Risk Management | Consulting



**Dany Matar (Moderator)**  
Chief Operating Officer



**Samantha Boyd**  
Benefits Director



**Christine Hale, MD**  
Chief Medical Officer,  
US Benefits

# THE POWER

*of personalization*



**Bridging Culture and Technology; Creating a Modern and Connected Employee Experience**

*Presented by Jen Peery*

*VICE PRESIDENT, GROWTH & ENABLEMENT*



# A Little About My Background



- *Lead growth strategy at Empyrean*
- *20+ years serving public + private sector employers ben admin + insurance industry*
- *B.A. in Economics and English, Wofford College*



# Dig a little deeper



- *Spend a lot of time at the beach and pool*
- *2 years ago, I spent 8 days in the hospital and it cost my plan \$76K. Ultimately found out turmeric supplements caused acute liver failure*
- *Celebrated with champagne when a patent ran out on a specialty drug that my husband takes – saves our family \$400/month*
- *I love my pug, even though she's very expensive to keep healthy*
- *My 4 year old went rock climbing recently*
- *An influencer made me buy this outfit*





# AGENDA

1. *Personalization Matters in Benefits & Program Engagement*
2. *Addressing Engagement & Adoption Barriers*
3. *Practical Insights for balancing Digital & Physical Communication Needs*

# Personalization Matters

*One-size-fits all doesn't fit anymore*

- *Employees engage more when benefits feel relevant and personal*
- *Personalization helps boost employees' knowledge about and understanding and appreciation of benefits*
- *It helps overcome reluctance to “market” benefits to employees*
- *Personalization transforms benefits from a cost to a valuable, employee-centric investment*
- *It makes benefits more intuitive and accessible*



# Evolution

*From universal to tailored*

- *Benefits used to be standardized, but today's complexity calls for simplifying complex offerings.*
- *Workforce diversity and generational shifts demand tailored solutions.*
- *Employees expect their work tech experiences to be just like their consumer brand experiences with **Netflix** and **Spotify**.*





# Engagement & Adoption Barriers

# Barrier:

## *The Privacy Challenge*

- *Determine how you can use AI – and be transparent.*
- *Ensure compliance with GDPR, CCPA, and HIPAA*
- *Give employees control over data usage and how to receive communications (opt in/out)*



# Establish Trust

*Build AI trust through transparency & ongoing governance*

- 1. Identify and mitigate risks: involve legal, compliance, and technical teams.*
- 2. Establish governance policies for data usage and storage.*
- 3. Ensure all third-party vendors meet your organization's privacy standards, making AI use optional*
- 4. Clearly communication what & how data is used to personalize benefits & communications*
- 5. Provide employees with control over their data through opt-ins*
- 6. Communicate protection measures for sensitive information*

## What the research shows

16%

*improvement in trust metrics for organizations that implement strategic communication frameworks.*

*— Deloitte, State of Generative AI, 2025*



# Barrier:

*Even the best technology upgrades can make work harder if employees are left guessing where to go for what.*

- *System Fragmentation: As new modules roll out, employees struggle to navigate which system to use for different tasks, which can lead to disengagement and burnout.*
- *Communication Gaps: Critical updates get ignored due to message fatigue, lack of relevance and security concerns—or completely overlooked in overflowing email inboxes.*
- *Increased HR Burden: HR teams often spend excessive time assisting staff with navigating different systems and fielding questions.*



# A Digital Front Door

*Powered by AI & omnichannel communication*

- *Centralize essential resources: benefits information, policy updates, compliance training at staff's fingertips*
- *Deliver timely, relevant communication to staff based on their specific role, location ensuring the right message gets to the right person*
- *Offer a fully branded experience to unify the org with a trusted go-to source – while creating a sense of community & shared purpose*





# Practical Insights

# Deepen Awareness

*Enhance the culture connection*

- *Directly support diversity needs.*
- *Lower attrition rates and better recruiting results.*
- *Signal care and empathy, which strengthen organizational trust and loyalty.*



# Effective Stories

*Share the human side*

*Highlighting personal stories emphasizes the tangible connection between benefits and culture.*

*Share individual stories of employees positively affected by personalized programs.*

*Because medical benefits can be complex, using **personal cause-and-effect stories of healthcare choices** can increase awareness of options and reduce costs.*



# Rally to the Cause

*Encourage leaders to champion personalized benefits*

- *Leaders who champion tailored benefits create lasting cultural impact.*
- *Benefits programs promoted by leaders show that they're aligned with company values, enhancing employee trust and engagement.*
- *When leaders model care, they foster a culture of inclusion, belonging, and support*



# Measure the Impact

- *Use metrics like engagement scores, retention rates, and productivity – evaluate cultural impact*
- *Conduct regular pulse surveys – capture employee sentiment about benefits in real time*



## What the research shows

15%

*higher employee engagement score reported by a multinational corporation within a department of high cultural congruence. – FASTERCAPITAL.COM*

80%

*more likely higher employee satisfaction enjoyed by organizations with a distinctive culture. – PWC.COM*

# Your Next Best Steps

1. *Start by conducting strategic audits and targeted pilot programs.*
2. *Next, leverage tools to streamline personalization efforts.*
3. *Meanwhile, empower leaders to champion employee-first strategies.*





# Appendix

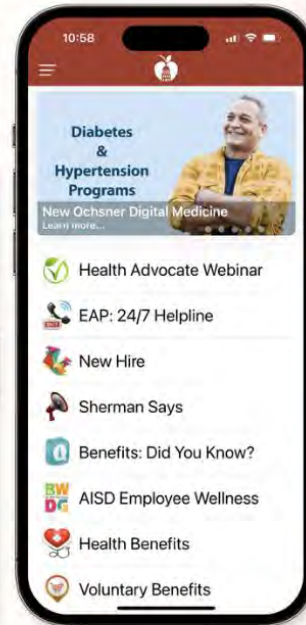
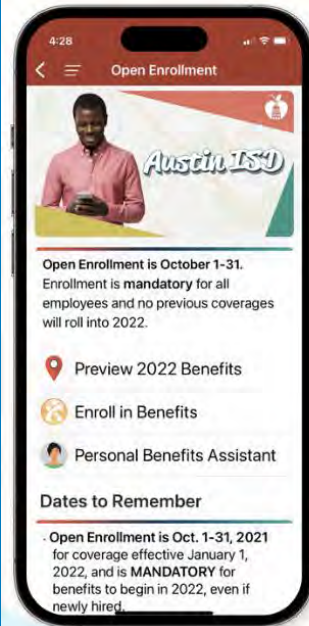


# Austin ISD

“

*We chose Connect because they were nimble, flexible, and able to make changes to the app quickly. That is a huge help to the AISD team.”*

”



Built by Connect to align with AISD’s priorities and brand, employees are in the app every day of the week and are more connected than ever before. The proof is in the 2022 numbers:

- + 4,995 employees as active users
- + 90 employee programs integrated into the app
- + 817 custom app pages / experiences
- + 1,616,117+ interactions

Partnering with Connect’s Digital Strategists, who do all the configuration and updates to the employee app on behalf of AISD, each employee receives the right information at the right time. “We chose Connect because they were nimble, flexible, and able to make changes to the app quickly. That is a huge help to the AISD team,” says Christina Shepard, Director of Benefits at Austin Independent School District.

Using the Connect-powered app, AISD is not only able to recognize their most-valued employees, but they’re able to deliver employee access to essential resources, checklists, and all things benefit- and wellness-related in a single, easily-accessible place.

# AI-Powered Benefits Administration

- Peabody Energy Corporation, a leading U.S. coal producer with 3,500 employees
- Revamped its benefits administration with Empyrean's AI-driven intuitive enrollment platform complemented by AI-powered benefits support
- Results
  - Higher employee satisfaction (50% adopted mobile app)
  - Operational efficiency for HR team
  - Integrated AI-driven, ongoing enhancements

---

## What the research shows

A paper on the [\*Social Sciences Research Network\*](#) discusses how AI transforms employee benefits administration by enhancing efficiency, accuracy, and personalization, leading to increased employee satisfaction.



# 4 Points to Recall

1. *Personalization of benefits has the power to transform*
2. *AI, Data and/or “Digital Front Door” provide scalable solutions*
3. *Everyone benefits when leaders embed personalization*
4. *Create trust and confidence in your systems*



# Culture is Key

*Transform the employee experience*

- *Employees who feel valued are 2x more likely to recommend their company as a good place to work.*
- *Personalized benefits foster stronger connections between teams and leadership, enhancing performance and retention.*
- *Leaders who prioritize employee needs create more adaptive and resilient cultures.*



# Finding the Master Key: Aligning Benefits and Culture



**Kathryn Rider (Moderator)**  
AVP of Benefits



**Jennifer Arches**  
Head of Global  
Benefits



**Christopher Ballard**  
Sr Vice President,  
Director of Total Rewards



**Ginger Miller**  
Director of Health  
and Benefits

# 2026 ANNUAL CONFERENCE

*The Employer  
Advantage: The  
Keys to Unlocking  
Your Power*

**June 4<sup>th</sup>, 2026**

**THANK YOU!**



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**Thank You To Our  
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**Collective  
Health®**



**Claim Your Raffle Prizes**

**Enjoy Sharing Food & Drink**

**Checkout the View of the  
City!**

**Continue The Conversation**

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