Virginia Association of School Business Officials

Spring Conference

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Lowering Pharmacy Costs, Improving Healthcare Access, and Improving Outcomes

A ddiscussion about pharmacy management and on-site clinics

Gregory K. Snow
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About your Presenters

Gregory K. Snow, PAHM
Senior Vice President

Greg is a Senior Vice President in USI Insurance Health and Welfare practice in Richmond, Virginia specializing in health and welfare consulting services for mid to large size clients. He has over 25 years of experience in the insurance and consulting field. Greg has extensive knowledge in the areas of program evaluation, program design, funding, competitive marketing, carrier negotiations, and contribution strategies.

Most recently, Greg has focused on working with clients to evaluate and improve their pharmacy programs. These efforts have lead to lower prescription costs, saving clients millions of dollars, with average savings of $300-$650 per employee per year. Lower costs may also lead to improved patient compliance, better medical outcomes, and lower prescription costs for consumers with Healthcare Savings Accounts.

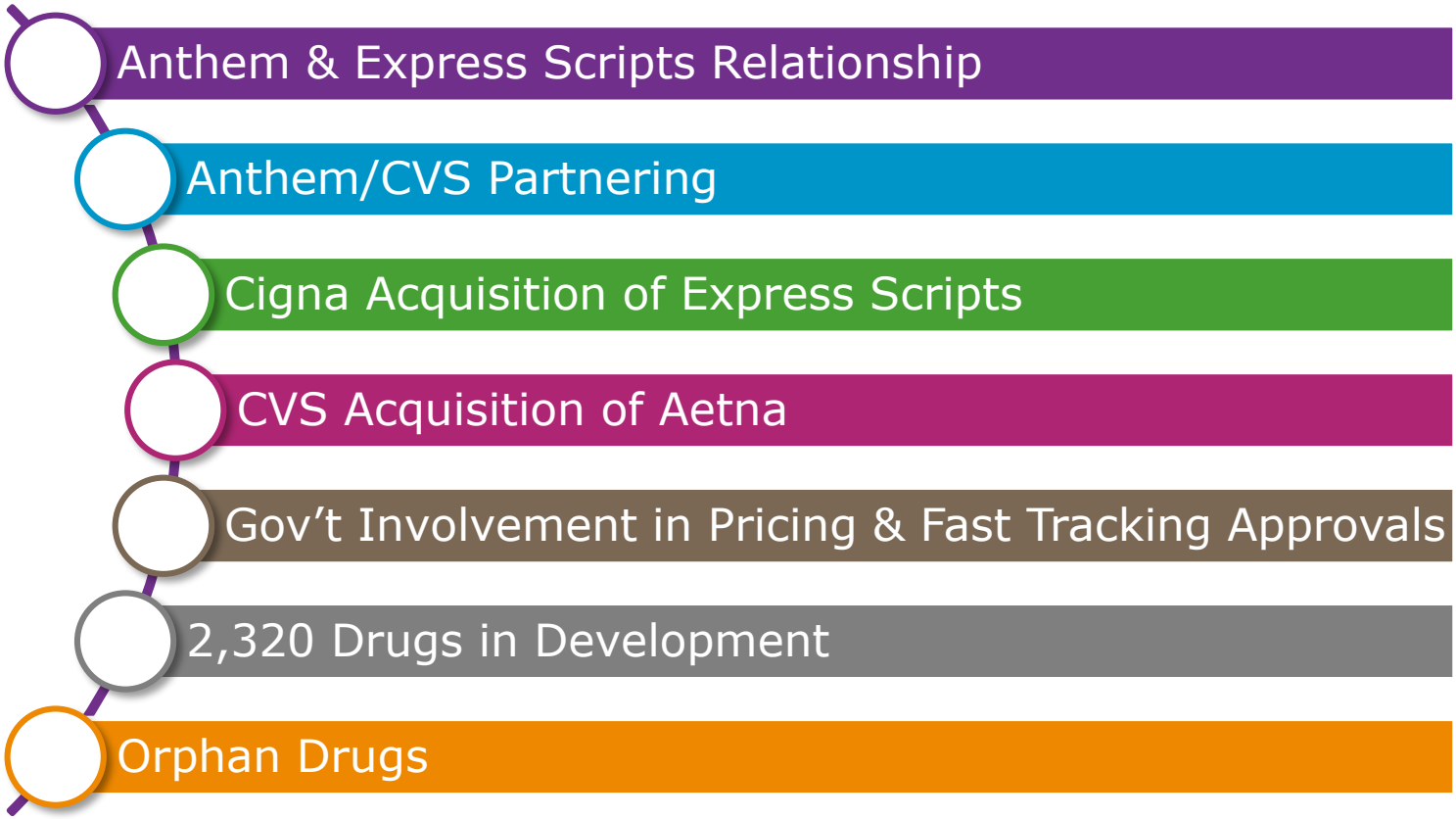
Kevin Cowden
National Practice Consultant, Health and Productivity

Kevin is a national practice consultant with the health and productivity practice in the employee engagement area. He provides thought leadership in multiple areas including population health and productivity program strategy and development and employee engagement strategies. Kevin has over 18 years of healthcare experience within a variety of fields to include clinical delivery, business intelligence, and data mining. Kevin has extensive knowledge in the development and deployment of wellness, prevention, and disease management strategies within the employer market.

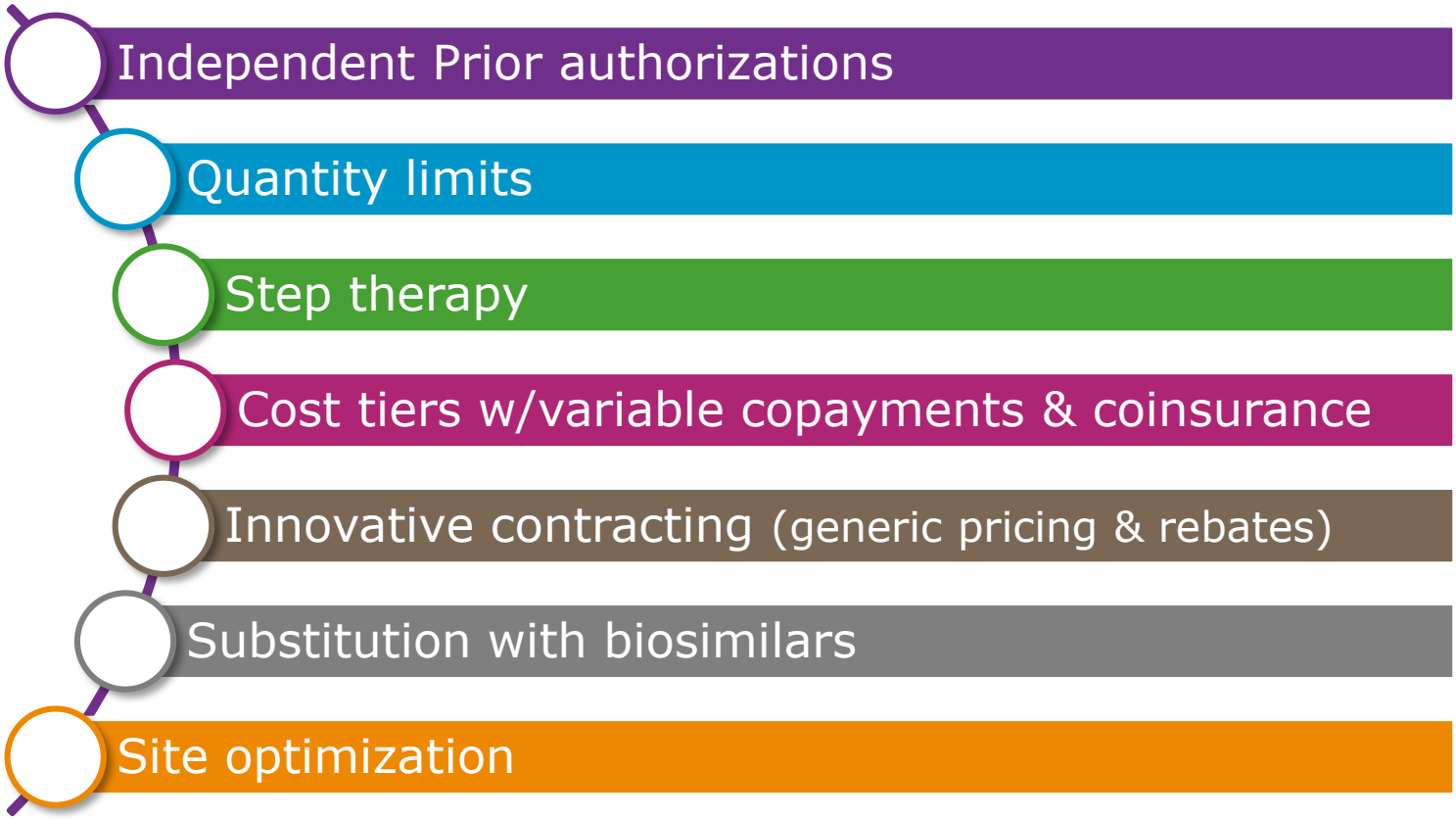
A recent assignment includes implementation of both an on-site medical clinic and pharmacy for a large municipality and school system, where he provided analytic support, conducted the feasibility study, developed the employee engagement strategy and project managed the deployment of services. The project has enabled the local government and school system to improve access to evidence based primary care and acute services to their constituents in conjunction with their culture, goals, and objectives.

Pharmacy Benefit Management

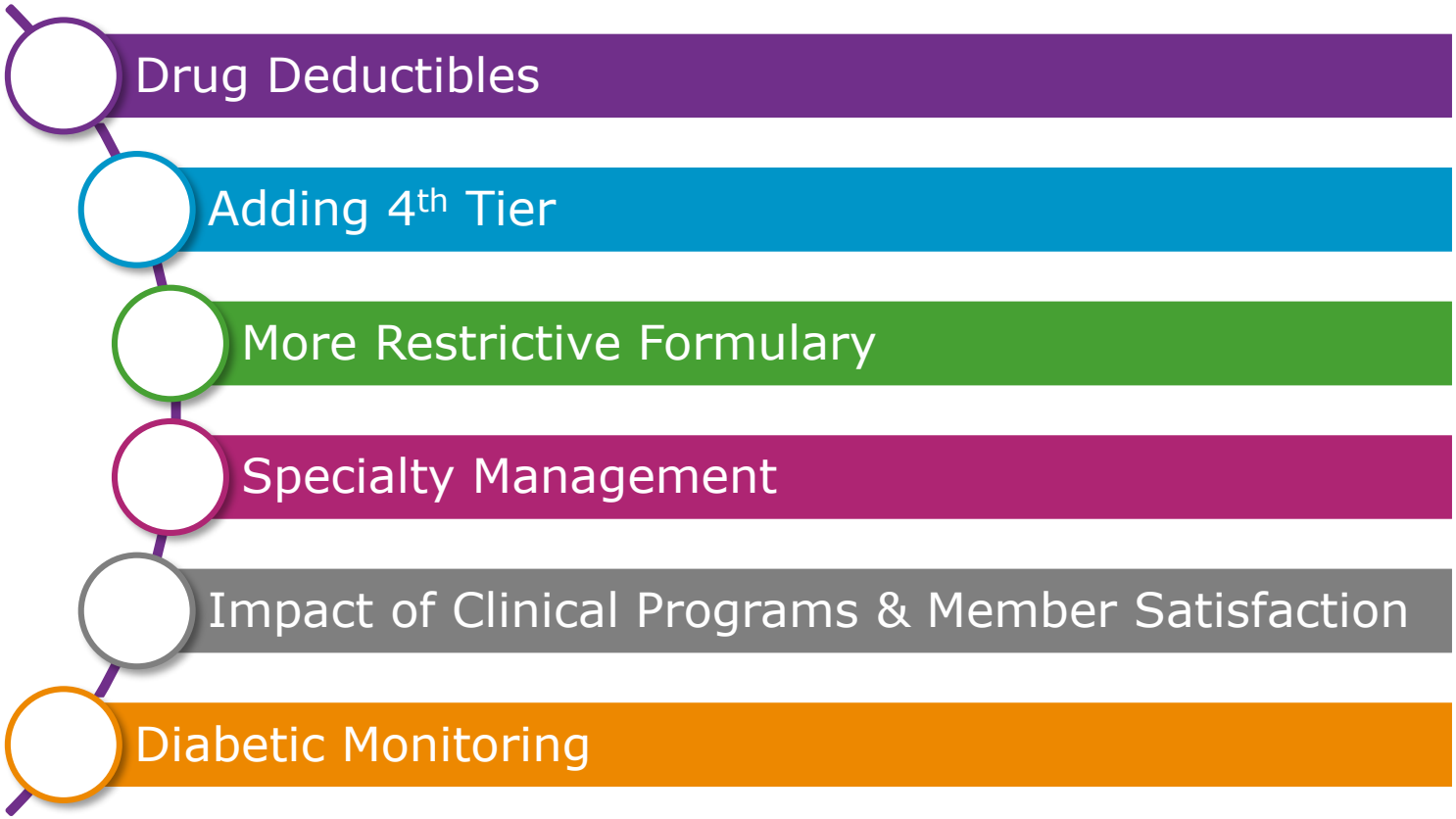
Prescription Drug Landscape



RX Cost Management



RX Cost Management



Prescription Drug Industry

Pharmacy Benefit Managers (“PBMs”) administer our client’s pharmacy benefits

Examples of PBMs include: CVS/Caremark, ESI/Express Scripts, or a commercial insurance carrier such as Cigna or UnitedHealthcare

PBMs provide the following services to our clients and plan sponsors:

- PBMs establish pharmacy networks so employees have access to retail pharmacies (CVS, Walgreens, Kroger, Rite Aid, local, etc.)
- PBMs negotiate reimbursement amounts paid to pharmacy for filled prescriptions
- PBMs administer the claims and report claims (aggregate reporting) back to our Clients/Plan Sponsors; some Carriers report the monthly claims to employer
- Pharmacy claims reporting is NOT detailed

What is the best kept secret in pharmacy benefits?

Retail pharmacies (i.e., CVS, Walgreens, Kroger, Rite Aid) **DO NOT** charge our clients and plan sponsors for the prescriptions filled for employees and family members, instead:

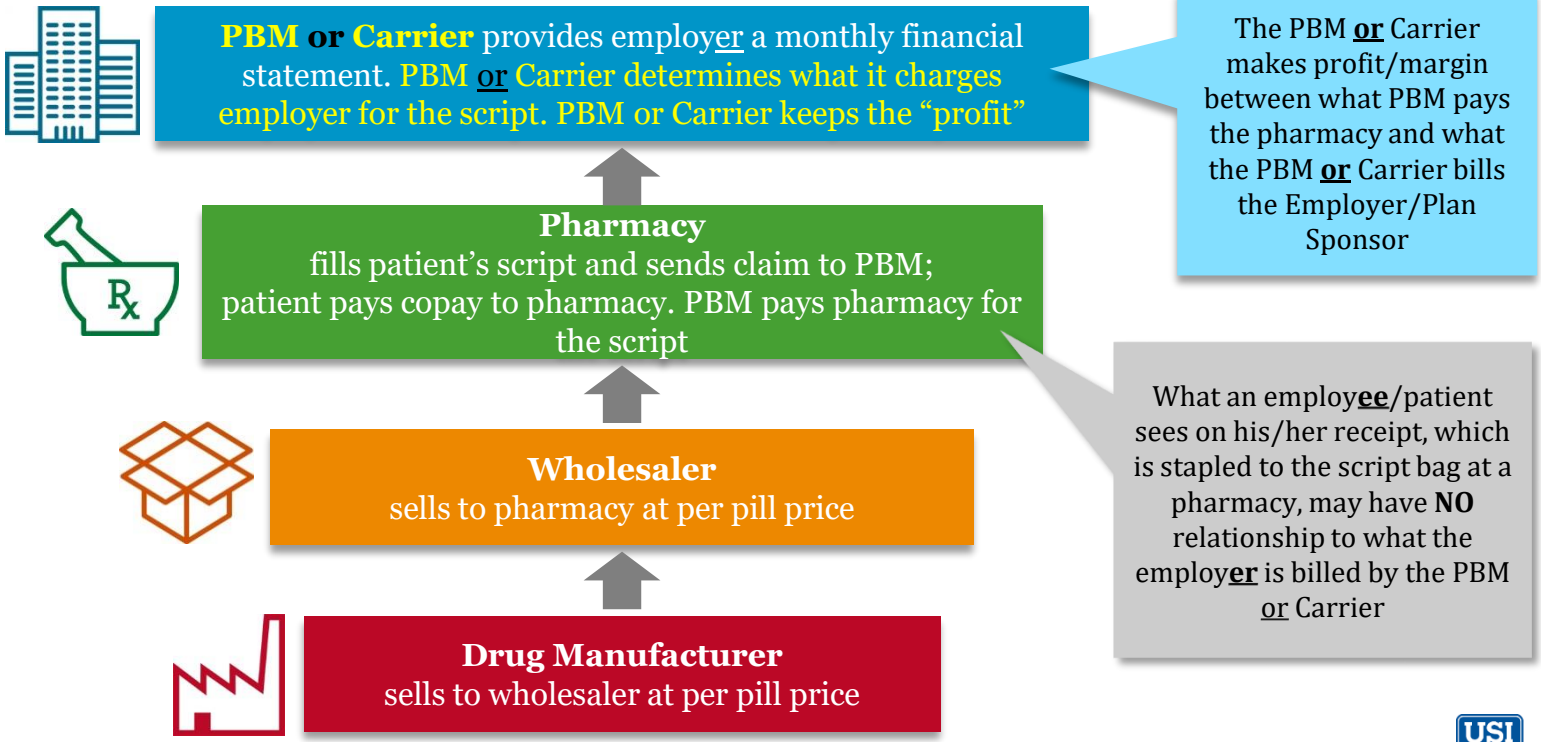
PBMs or Carriers charge employers for the prescriptions filled for employees and family members

PBMs **may reimburse pharmacies less money than what they charge employers** for prescription drugs. We would call this "profit" or "margin;" **also**, your health insurance carrier may charge an employer more on monthly accounting statements than what the PBM they hired to administer pharmacy claims reports to the Carrier

Clients/Plan Sponsors have no idea how much "profit" or "margin" their healthcare Carrier or PBM is making because there is a **lack of transparency**

Generic spread pricing: *Too many questions and no transparency*

Employer plan sponsor is billed the amount paid to pharmacy by the PBM or Carrier + additional "spread pricing" or margin charged by the Carrier or PBM to the employer, as illustrated below:



Transparency: *Too many questions and no transparency*

Data is a Plan asset and is very valuable to Plan Sponsors

There is the ability to position a Plan Sponsor with the most optimal solutions related to contract terms and pricing to deliver the lowest net cost result along with control of their data:

- Healthcare data
- Prescription drug data
- Clinical data
- Any and all data from all sources:
    - Must be assimilated in a manner that is conducive to measurable, statistical validation
    - Observational/summary data is not typically valid nor to be relied upon for accurate assessment of cost and/or risk analysis

Data is a Plan asset and is very valuable to Plan Sponsors

"Measurement is the first step that leads to control and eventually to improvement. If you can't measure *something*, you can't understand *it*.
If you can't understand *it*, you can't control *it*.
If you can't control it, you can't improve *it*."

– H. James Harrington

Total Improvement Management

ERISA Fiduciary Responsibilities

- Operate and maintain the plan in best interest of the participants
- Administer the plan solely in the interest of participants and beneficiaries
- Exclusive purpose: providing benefits and paying plan expenses
- Plan sponsors, including sponsors of self-funded plans, are subject to those fiduciary obligations
- Plan sponsor (usually the employer) is the covered entity and the ERISA plan fiduciary for the self-funded plan (and individuals responsible for its management) are directly liable to its participants

Data is a Plan asset and is very valuable to Plan Sponsors

- Public sector employers (although not subject to ERISA fiduciary rules) still maintain a fiduciary responsibility to operate and maintain the Plan in the best interest of the participants

- Additionally, public sector employers have the responsibility to be good stewards of taxpayers dollars

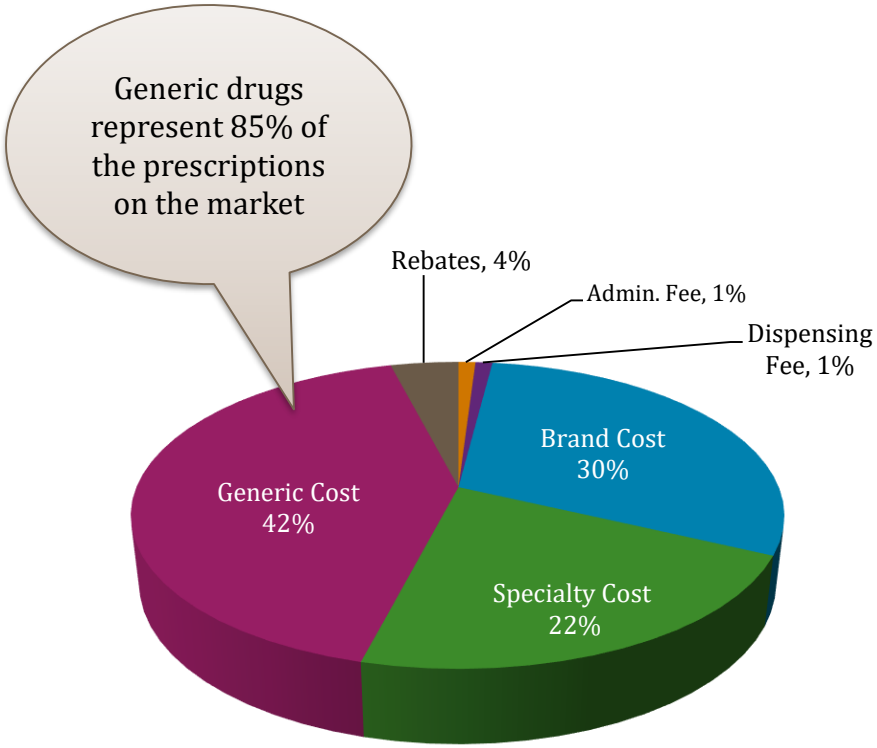
- The primary responsibility of fiduciaries is to run the Plan solely in the interest of participants and beneficiaries and for the exclusive purpose of providing benefits and paying Plan expenses

The Role of Service Providers

- Third-party administrators (TPA) or insurance carriers who provide administrative services are *not* plan fiduciaries of the plan
- Service providers generally abdicate fiduciary responsibility
- A service provider cannot withhold:
  - Its own data, including PHI, used to process or pay claims by the plan
  - Operational results of transaction management
- Withholding or non-disclosure puts the plan sponsor at risk
- Service providers are subservient to the plan and **cannot** withhold information or preclude disclosure of proprietary information unique to their organization

Fiscal Components of Prescription Claims

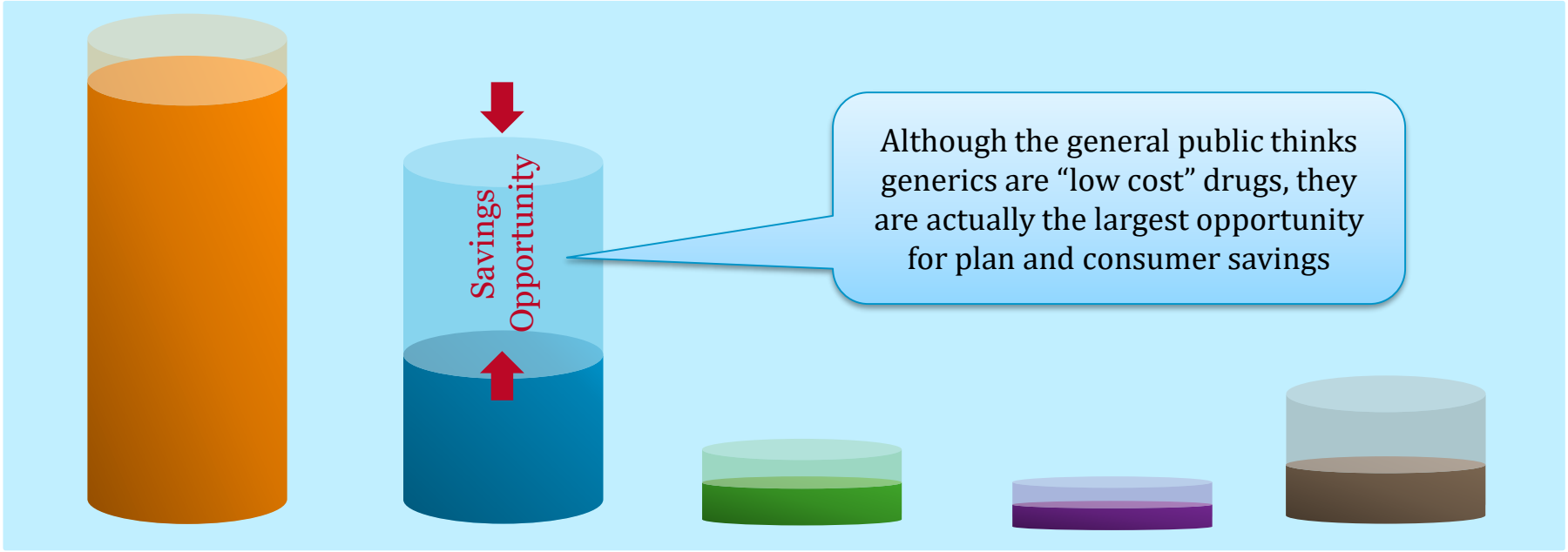
- **Contract negotiation results**
  - Eliminating **administration fee** saves approximately 1%
  - Cutting **dispensing fee** in half may save 0.5%
  - Improving **brand pricing** by 2% on average saves 1%
  - Improving **rebates** by 25% can save 1%
  - Improving **generic pricing** by 30% can reduce overall drug spend 10% and reduce employer overall costs by 3%!!



Source: USI Pharmacy Consulting Group Analysis 2008-2016.

Pharmacy - Areas for Savings Opportunity

Components of Prescription Drug Programs



Savings potential in each of the areas shown above

Generic Pricing Comparison

- The table below illustrates actual PBM pricing for a large employer for some top generic drugs versus USI Pharmacy Consulting Group's pricing that has been negotiated and has the ability to duplicate. Additional cost reduction is very likely as WFPC further reduces negotiated costs for clients.

- "Exhibit A"- Company's actual prescription charges (prior to USI engagement), which were billed by PBM to client, for top utilized generic drugs versus USI negotiated pricing with another large national PBM:

Label Name	Therapeutic Class	Cost per script	USI Negotiated Cost per script	Savings %
Duloxetine Cap 60MG	Neurologic	$228.75	$33.74	85.3%
Duloxetine Cap 30MG	Neurologic	$262.11	$33.75	87.1%
Lansoprazole CAP 30MG	Gastric	$72.90	$14.82	79.7%
Bupropn HCL TAB 300 MG XL	Neurologic	$82.48	$18.87	77.1%
Atorvastatin TAB 80MG	Cholesterol	$54.86	$9.27	83.1%
Gabapetin Cap 300 MG	Neurologic	$61.60	$14.83	75.9%

Outcomes represented in this column are occur on virtually all generic scripts. Negotiated savings are **not** isolated to a few prescriptions, but rather the entire spectrum.

This column represents actual prescription pricing with a major PBM on scripts filled by members covered under a Plan Sponor's plan

This column represents actual prescription pricing USI has negotiated and can be duplicated

Pharmacy consulting case study

Combined Healthcare Plan for Large County and Schools

1

The situation

- Self-funded client with ≈ 10,900 enrolled employees
- Pharmacy claims up significantly over four-year period
- Contract did not have ability to address pricing issues or monitor program
- USI analyzed prescription pricing, administration, dispensing fees, and manufacturer rebates and identified opportunity for savings

The outcome

- Discussed opportunity with Finance Director and Human Resources
- Conducted formal RFP and requested all PBMs to adhere to strict contractual provisions
- Received 5 PBM proposals and reviewed all for consideration
- Client "carved-out" prescription drug program to a large PBM
- Actual 1st year savings will exceed **$4.7 million**; in addition, saved $**1.1 million** on reinsurance premiums
- **No** change in plan design, **no** change in drug formulary, and **no** change in access to pharmacies

Pharmacy consulting case study

State-funded Medicaid Health Plan

2

The situation

- State-funded Medicaid health plan with over 270,000 lives
- Pharmacy claims up significantly, PBM service less than optimal
- Conducted analysis of pharmacy contract and pricing; projected we could save client $8 million per year
- Contract did not have ability to price Rx claims in an objective manner, open to inflation

The outcome

- Conducted formal RFP and requested all PBMs to adhere to strict contractual provisions
- Received four PBM proposals, modeled fiscal impact, and reviewed all for consideration
- Retained current PBM with greatly improved terms in the contract
- Claims cost reduction (verified by CFO) exceeded **$50 million** over three years
- **No** change in plan design, **no** change in drug formulary, and **no** change in access to pharmacies

Can Employers and Plan Sponsors negotiate savings on their own behalf?

- Employers/Plan Sponsors lack the specialty knowledge and data analytics to negotiate the most favorable contract terms to lower costs
- Does an Employer have expertise and resources to determine how they are saving money or to validate the savings??
- Negotiating on your own behalf leaves the Employer/Plan Sponsor trusting their current Carrier or PBM to serve the Employer's best interest. Carriers and PBMs represent their own self interest and not necessarily the Employer's
- Employers/Plan Sponsor do not have the staff, resources or the data warehouse to continually monitor their prescription program to assure continuous price reductions and identify areas for improvement

Conclusion: Key takeaways

Improved pricing and cost management with minimal impact to members:

- READ YOUR CONTRACT and understand pricing dynamics
- Through improved pricing, Rx trend can be reduced
- The cost reduction is in "hard" dollars and immediately recognized as the Employer/Plan Sponsor is buying prescription drugs for a lower cost
- Lower prescription costs may lead to improved patient compliance and better medical outcomes
- Decrease what consumers spend from their Healthcare Savings Accounts due to lower cost of prescription drugs
- Ongoing monitoring of prescription plan data to assure continuous price improvements and identify other areas for improvement

On-site Clinics

Solving for the unsustainable cost

Factors driving the resurgence of onsite

Primary care shortage

Shortage of 40K by 2020

Healthcare reform adds 32MM to system

Medicaid to cover 16MM by 2019

Economics

Hospitals / providers are increasingly gaining market share and are better able to demand higher prices

Affordability

We compensate providers based on doing more rather than being efficient

Hesitancy to seek care due to cost (i.e., HDHP)

Technology

We want new drugs, technologies, services, and procedures

Poor health

We are growing older, sicker, and more obese

NEJM puts non-compliance rates at 50%

System inefficiencies

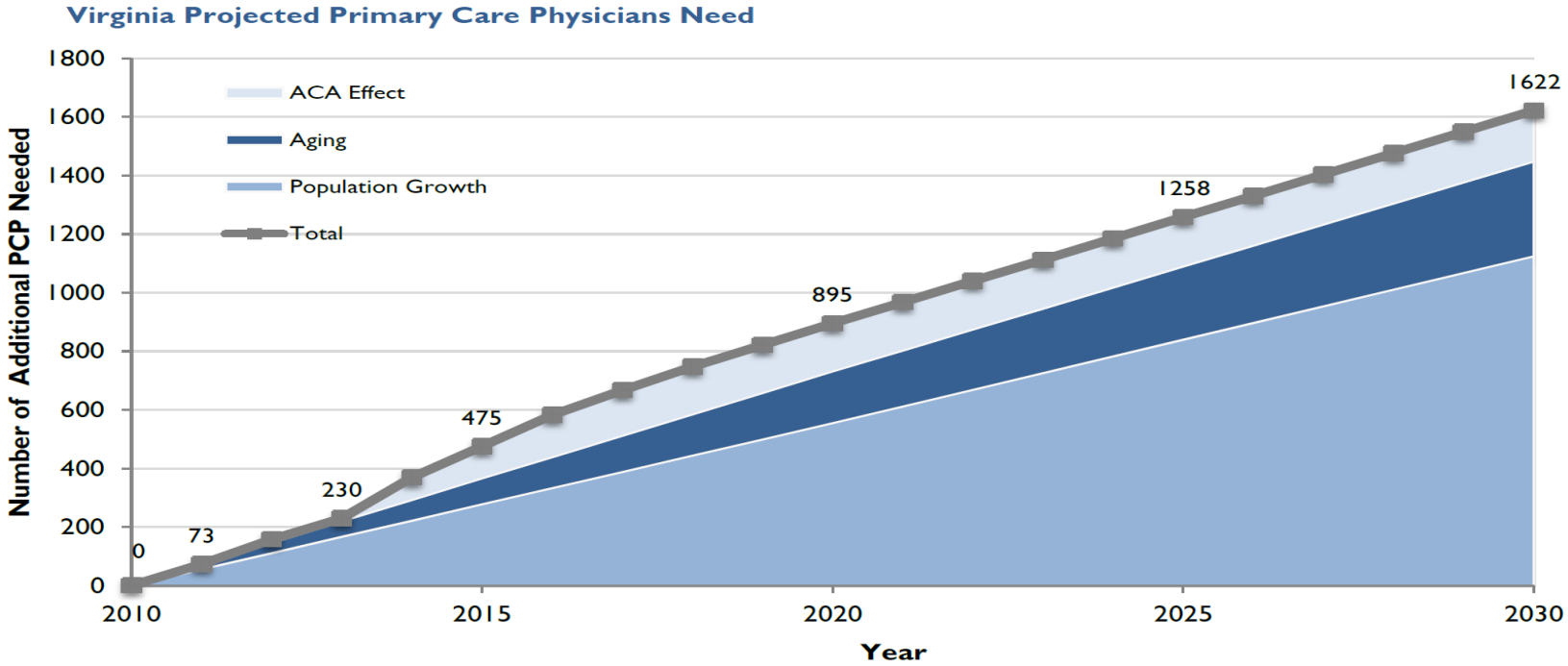
Tax breaks on buying health insurance with minimal transparency

Medical-legal issues complicate change

Source: What is driving U.S. Healthcare Spending, Bipartisan Policy Center, September 2015

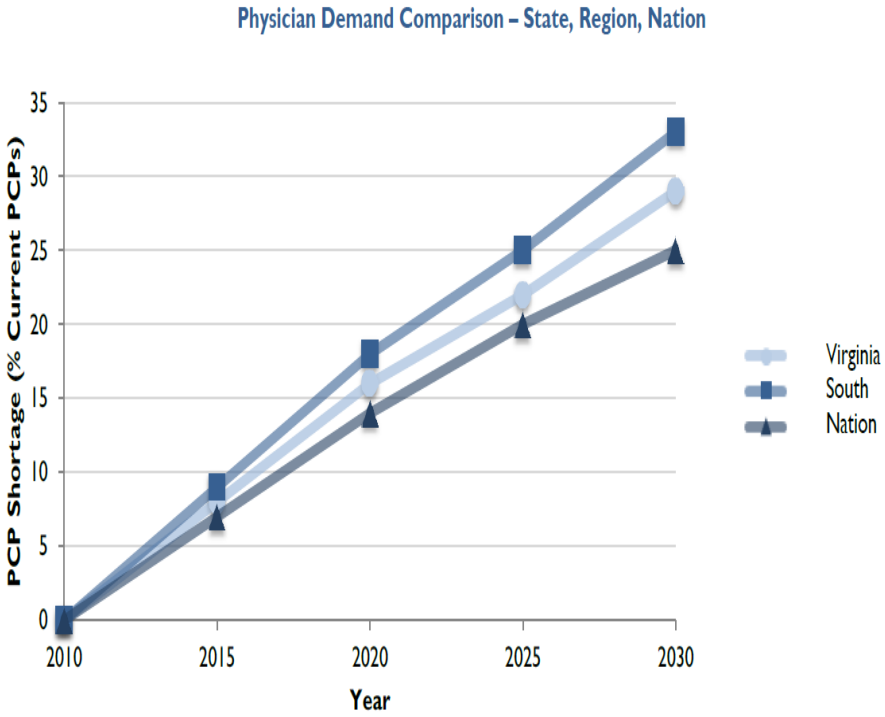
Pressure close to home

To maintain current rates of utilization, Virginia will need an additional 1,622 primary care physicians by 2030, a 29% increase compared to the state's current (as of 2010) 5,471 PCP workforce.



Source: Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.

Virginia Compared to the Region and Nation



Implications:

- **To maintain the status quo 1,622 additional PCPs required by 2030**
- **Virginia's current PCP ratio of 1462:1 is marginally lower than the national average of 1463:1 and slightly better that the region**

- **Increased need for PCPs is reflective of:**
  - **Increased utilization due to aging population**
  - **Population growth**
  - **Greater population of insured due to the Affordable Care Act (ACA)**

Source: Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.

Bottom line…

- Employee health and well-being are strong determinants of **productivity, morale, and retention**
- There is a clear **impact on business performance and share price** as well as on the bottom line[1]
- The health of an organization's population is inextricably linked to its' **long-term viability**
- Investing in employee health and well-being **aligns with better business**

[1] Fabius, Raymond , et. Al., *The Link Between Workforce Health and Safety and the Health of the Bottom Line: Tracking Market Performance of Companies That Nurture a "Culture of Health."* *JOEM*. Volume 55, Number 9, September 2013

Case Example

Background & Objectives

- Health and wellness center has been open for two years
- The health and wellness center is open 54 hours per week
  - 7:00 am – 6:00 pm Monday – Thursday
  - 8:00 am – 1:00 pm Friday & Saturday
- The center provides
  - Acute care
  - Primary care
  - Chronic condition management
  - Health coaching
  - Labs

Engagement

- Improve Access
- Expand Convenience to Care
- Better Quality of Care

Clinical

- Improve Health Outcomes
- Redirect Care from Expensive, Sub-Optimal & Time Consuming Settings

Cost

- Reduce Trend
- Lower Spend
- Mitigate High Cost Claimants

Benefits

- Reduce Lost Time and Absence and Improve Productivity
- Boost Employee Retention, Recruitment & Morale

Executive Summary

Healthcare plan enrollment 1,950

66% engagement of high and chronic risk employees

98% Patient satisfaction

387 Unique Patients showed clinically measurable improvement

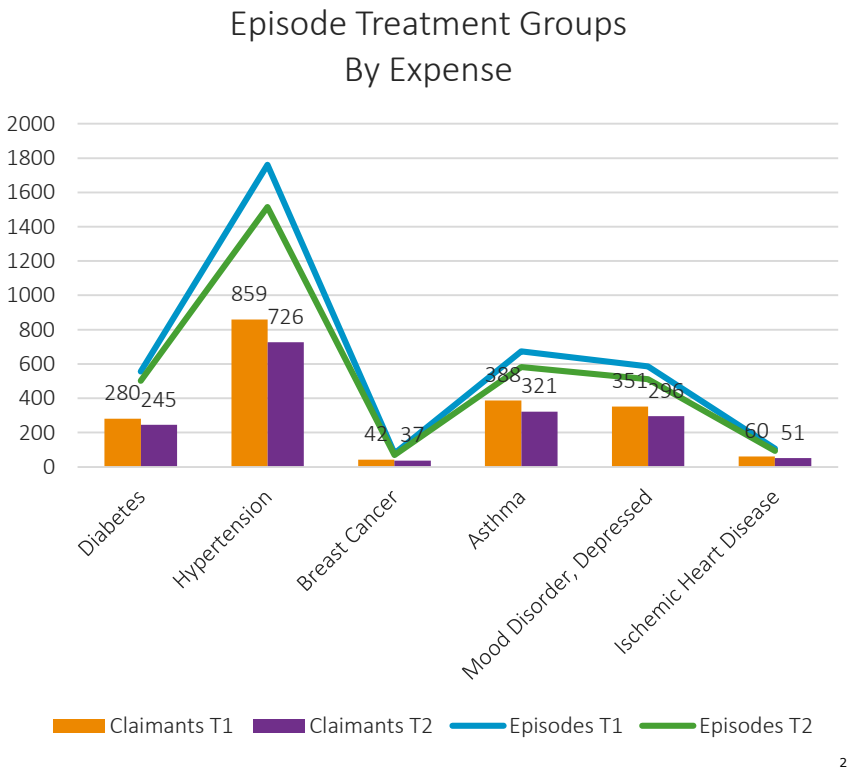
$192K saved time away from work YTD

51% Employee screening rate

$2.53MM savings (med. & Rx), based on a (rolling 12-months)

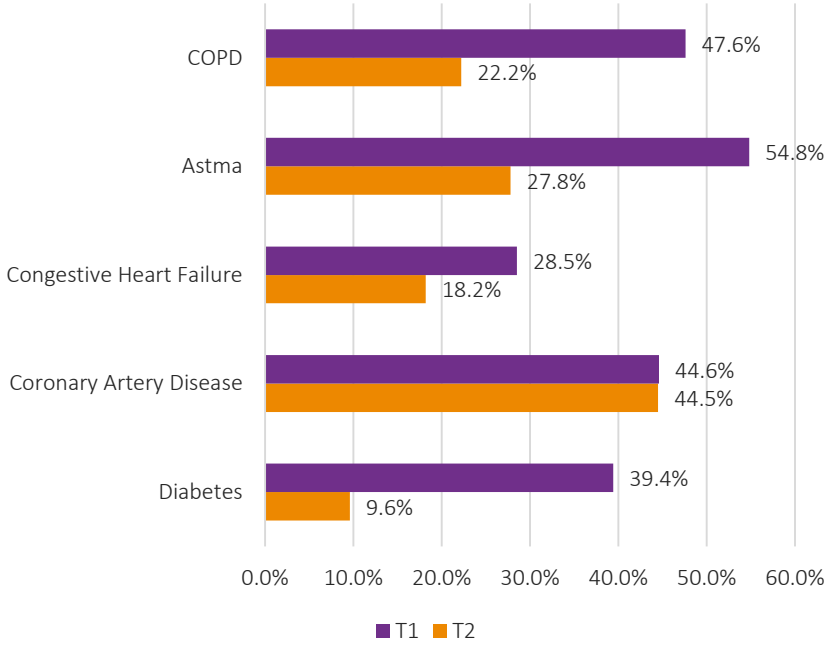
Source: Marathon Health 2016 Annual Review.

Change in Episode Treatment Groups



- Over the period of time which the wellness program (and clinic) have been established we have observed a decrease in both claimants and episodes in six of the top 10 most costly chronic diseases to treat.
- Savings due to specialty care visits avoided (due to clinic traffic stimulated by the wellness program) in the most recent period (01.2017-12.2017) are predicted to be $247,671.

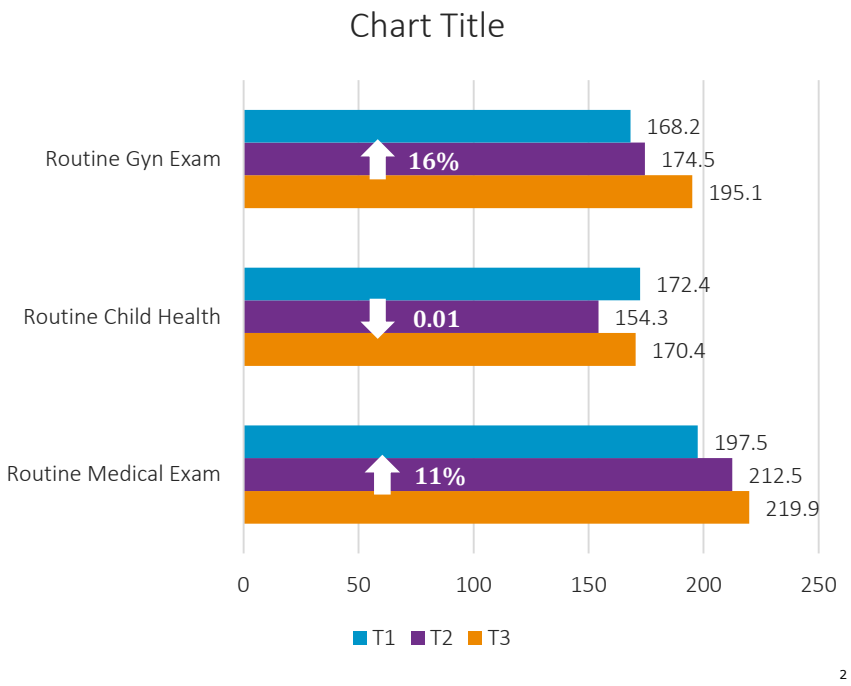
Change in Chronic Condition Prevalence



2

- Biometric screening requirements within the wellness program drive onsite clinic traffic
- A decrease in the prevalence of several costly chronic diseases has been observed year over year
- While decreases man not solely attributed to the wellness program, the biometric screening requirement is the trigger to identify and engage chronic and high risk individuals for intervention and risk reduction

Wellness & Prevention Visits per 1,000



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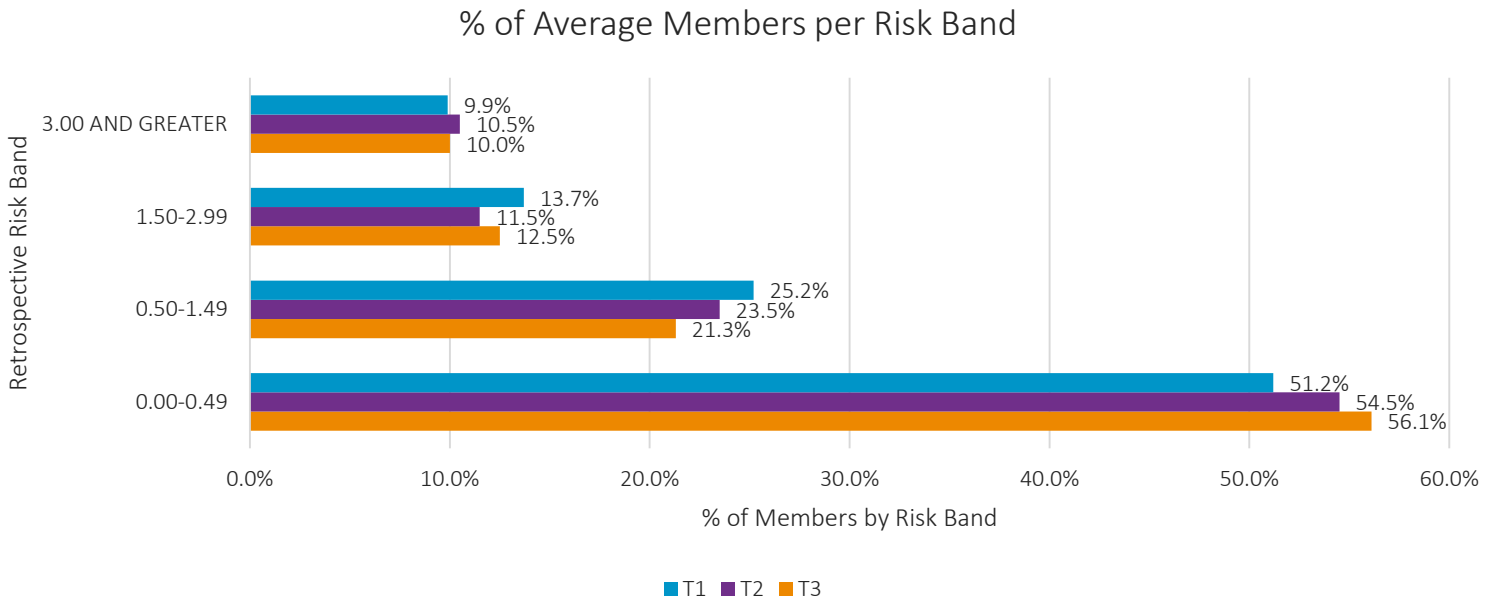
- Visits to the onsite clinic motivated by the wellness program correlates to the improvement in routine annual examinations as participants begin to engage in their health

Distribution of Retrospective Risk

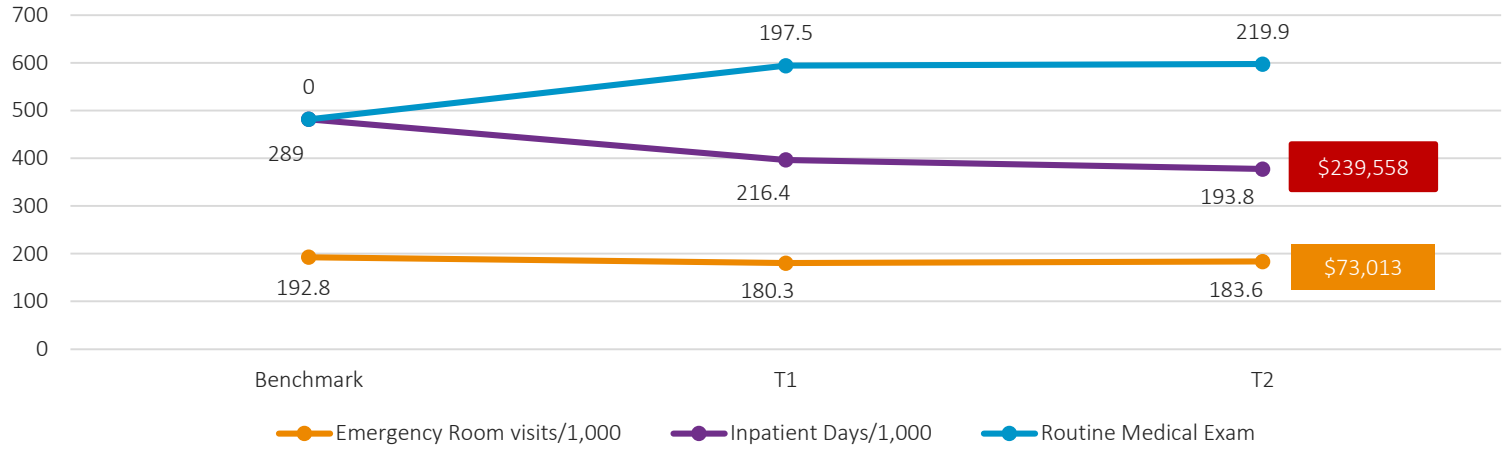


1.0 Represents the average risk within a population

2

The population with the lowest proportion of risk at HCS has improved 4.9% while the population with the highest proportion of risk has remained fairly stable

Routine Medical Exam v. ER Visits & Inpatient Days/1,000



1

As compliance with routine annual examinations increases, we should see a corresponding decrease and/or more appropriate utilization of emergency room and inpatient services. Data suggests savings due to redirected care equated to $239,558 in Inpatient savings and $73,013 in ER savings for the most recent reporting period (01.2017-12.2017)

Closing Remarks

What Employees are Saying

"Best benefit we have."

"I have had nothing but positive visits and outcomes."

"I feel that they really wanted to help me."

"Very pleased with my visit and the follow up plan for my care. I am so happy to have this service available to me."

"Extraordinary medical team. Very thorough in evaluating and determining further treatment A+++; thank you."

"Our On-site pharmacy saved me over $4,000 per year in prescription costs that I had been getting filled at a retail pharmacy."

Growing Consensus

Health and Productivity

- The health of the workforce is inextricably linked to workforce productivity
- Continuing current health care strategies is not a sustainable option
- Employers can manage the health-related productivity of the workforce
- The impact of a healthier, more productive workforce is quantifiable
- Evidence-based medicine needs to incorporate functional impacts on productivity, as well as, health


What Questions Do You Have?

For more information, contact

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Thank you!

Appendix

Additional Case Studies on Pharmacy Contents

Pharmacy consulting case study

USI Virginia Public Sector Client

3

The situation

- Self-funded client with ≈1,800 enrolled employees
- Pharmacy claims up significantly
- Conducted analysis of pharmacy contract and pricing. Projected we could save client $400,000+
- Contract did not have ability to address pricing issues or monitor program

The outcome

- Conducted formal RFP and requested all PBMs to adhere to strict contract provisions
- Received 5 PBM proposals
- Results- client "carved-out" to a large PBM
- Actual 1st year savings exceeded **$500,000**
- **No** change in plan design, **no** change in formulary, and **no** change in access to pharmacies
- Negotiated savings on generics during 1st year of contract resulted in additional **$174,000** savings. **Total 1st year savings of $674,000**
- Negotiated savings on generics during 2nd year of contract resulted in additional **$130,000** savings
- Renegotiated rebates in 3rd year (mid-contract) and **saved an additional $200,000+**

USI Client

The situation

- Self-funded client with ≈4,400 enrolled employees
- Pharmacy claims up significantly over three-year period
- Contract did not have ability to address pricing issues or monitor program
- **Pharmacy program with major PBM through a health benefit broker-based "coalition"**
- USI analyzed prescription pricing, dispensing fees and rebates, and identified opportunity for savings

The outcome

- Conducted formal RFP and requested all PBMs to adhere to strict contractual provisions
- Received six PBM proposals and reviewed all for consideration
- Client "carved-out" to a large PBM
- Actual first year savings exceeded **$550,000**
- **No** change in plan design, **no** change in drug formulary, and **no** change in access to pharmacies

Pharmacy consulting case study

USI Virginia Public Sector Client

5

The situation

- Self-Funded client with ≈3,500 members
- Prescription costs up significantly over a 4-year period
- Contract did not have ability to address pricing issues or monitor program

The outcome

- Renegotiated pricing with current PBM resulted in **$442,000** savings
- Conducted formal RFP and requested all PBMs to adhere to strict contractual provisions
- Received six PBM proposals and reviewed all for consideration. Kept Rx with carrier at reduced pricing
- Negotiation in 1st year resulted in additional savings of **$326,000**
- Negotiation in 3rd year resulted in additional savings of **$206,000 ($974,000 total)**
- **No** change in plan design, **no** change in drug formulary, and **no** change in access to pharmacies

Pharmacy consulting case study

USI Virginia Public Sector Client

6

The situation

- Self-funded client
- Approximately 2,000 enrolled employees
- USI Consulted on pharmacy and decision was made to “carve-out” prescription from Carrier/PBM

The outcome

- Savings 1st year of **$517,000**
- Generic cost per script reduced from $32.80 to $19.44, with no shift in utilization
- Drug trend 1st year (July 2013-June 2014) reduced to -0.4%
- Trend for two subsequent years averaged under 5%, which compares very favorably to benchmark (*Segal Survey Rx Carve-out Trend Report*) average of 11%
- Negotiated additional savings during 2015-2016 of $247,000.
- Additional negotiated savings in 2017 of $295,000. Total 3-year additional savings of **$542,000**

Pharmacy consulting case study

USI Virginia Public Sector Client

7

The situation

- Self-funded client with ≈2,500 enrolled employees
- Pharmacy program with major PBM
- Prescription cost up 57% over past four years
- Very poor generic pricing, which resulted in cost per generic script of $40

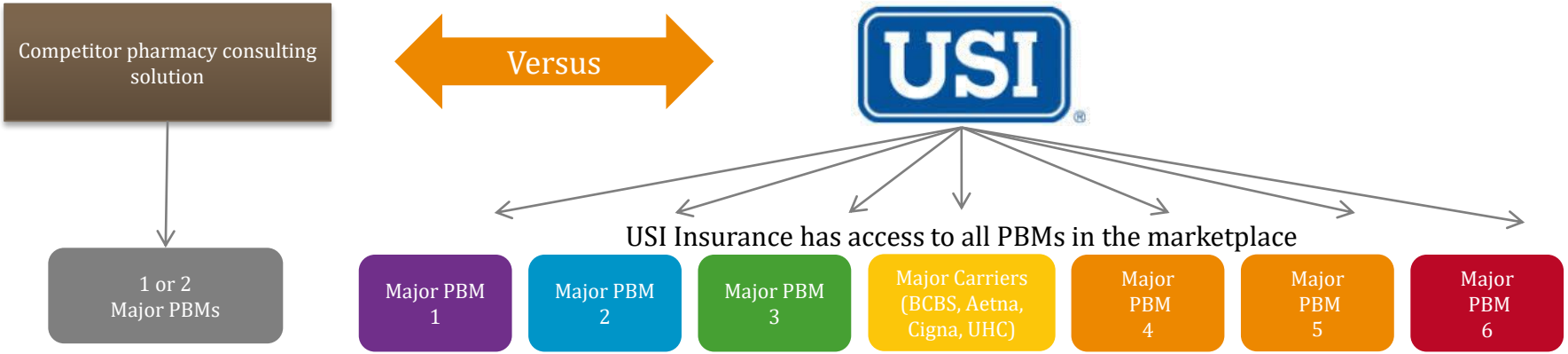
The outcome

- USI conducted analysis of program and determined there is opportunity to save **$1.5 million**
- Generic cost per script will be reduced 30%+
- Savings will be obtained in all areas of program: generic; brand; specialty; dispensing fees; and rebates
- **No** change in plan design, **no** change in drug formulary, and **no** change in access to pharmacies

USI Pharmacy Consulting

How can we help?

We offer clients **independent and objective consultation** on Pharmacy decisions, competitively bid their program, and negotiate the best contractual provisions and lowest cost.



The value we bring to clients

- ✓ Reduce the cost of prescription drugs to plan sponsors and consumers
- ✓ Increase member affordability – particularly for generics
- ✓ Lower cost drugs **may** increase patient compliance of drug therapy, which can potential to improve patient health outcome. Also, may reduce employee expenses, especially under an HSA plan
- ✓ Improved patient health outcome may reduce overall healthcare expenses for the employer
- ✓ Reduce prescription drug trend (non-specialty trend = 0% or less)

USI Insurance Services

- Develop a business plan for improvement of PBM pricing and overall PBM relationship
- Re-negotiate pharmacy pricing with client's current provider/PBM or conduct competitive marketing/RFP on behalf of client
- Use RFP process to re-negotiate pricing with current provider/PBM **or** "carve-out" pharmacy program to another outside PBM with lowest net pricing, low administrative costs, and service offerings superior to current PBM vendor
- Negotiation and execution of PBM contract which assures the above and serves and protects the client in all manners (optimal pricing with enforcement capabilities, contract terms, etc.)
- Assist in installation of new PBM, contract agreements, copay structure, administrative set-up, eligibility, etc.
- Monitor PBM to assure the interests of client and its members are kept as primary focus of all PBM activities
- Monthly assessment of PBM performance and adherence to contract and discuss pharmacy benefit status, key considerations, and future strategies annually with leadership of client

USI Pharmacy Consulting

Terrance Killilea, Pharm. D. - Vice President, Pharmacy and Integrated Healthcare Metrics

Terrance Killilea, Pharm. D. works in USI Pharmacy consulting group. Having served as a clinical director in a 500 bed hospital, formulary and clinical officer of a large PBM, and Vice President of a health plan, Terry provides strategies and solutions that consider all aspects of health care, from clinical patient care quality to fiscal bottom line. Over the past fifteen years, Dr. Killilea has developed, operated, and expanded cost management and evidenced based clinical programs for a large PBM and a national multi-state Blue Cross Blue Shield plan.

Dr. Killilea was the originator of the internal PBM, RegenceRx. He designed, deployed, and managed the internal pharmacy management program and guided its expansion to cover four stares with over 2.6 million lives. Prior to Regence, Terry was Senior Vice President, Chief Clinical Officer, of a NYSE-traded national PBM serving over 3.5 million lives.

Terry has served as an officer on the clinical and formulary side of a large pharmacy benefit manager. Over the past 20 years, he has developed, operated, and expanded cost management and evidence-based clinical programs for a large pharmacy benefit manager and a national multistate insurance plan. Dr. Killilea has been deeply involved in analyzing and managing biotech specialty risk since 1994. Combining his education and extensive pharmacoeconomic cost management experience, Dr. Killilea has successfully engineered numerous evidence-based protocol programs integrating clinical strategies with fiscal management, and appropriate utilization management controls.

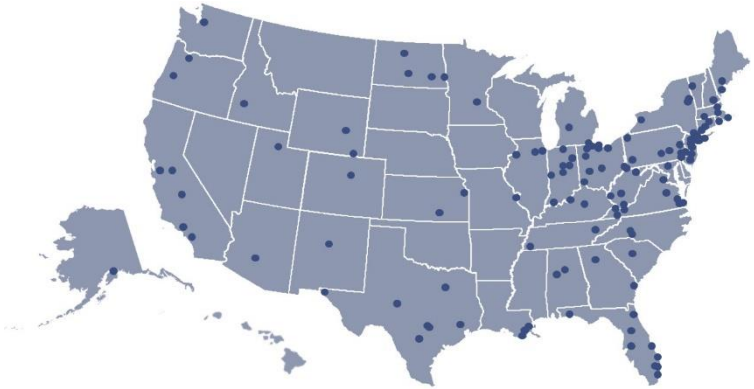
Most recently his focus has been in the areas of improving health plan/employer contracting with and service from PBM's, benefit design, assessment of pharmacy and medical plan performance, and strategic planning for biotechnology. Dr. Killilea has lectured and consulted extensively regarding benefit design, fiscal management, biotechnology risk assessment and reduction, and determining the medical/fiscal value of health plan clinical programs.

Dr. Killilea received his Bachelors in Science in Biochemistry and Cell Biology from UC San Diego and his Doctorate in Pharmacy from UC San Francisco. He did his residency in Clinical Pharmacy, Stanford University VA/1986.

USI Brings National Capabilities & Local Expertise

USI is a national insurance brokerage and consulting firm with more than 140 local offices connected across the U.S. and a leading market position in all core businesses. The USI Richmond office has been serving the local community since 1925.

Leading middle market broker ~$2B in U.S. revenue



Commercial P&C | Employee Benefits | Personal Risk | Retirement Consulting

USI's Mid-Atlantic Region

- Over 300 insurance professionals with an average tenure of 10 years and specialists across a broad range of industries
- Dedicated analytics, underwriting, wellness and compliance experts who make up the region's Technical Resources Team
- Mid-Atlantic offices locate in over 15 cities across PA, MD, DE, VA and WV

USI's Richmond Office

- The USI Richmond office began operations in 1925

USI Insurance Services Public Sector Experience

- USI Insurance provides insurance brokering and consulting services to over 1,000 public sector clients.
- In addition, USI provides services to many public sector clients in VA. The following is a partial listing of VA public sector clients:

- Henrico County & Schools
- Prince William County & Schools
- City of Fredericksburg
- Chesterfield County & Schools
- County of Roanoke & Schools
- City of Manassas
- Petersburg City Schools
- City of Richmond & Schools
- City of Roanoke
- Nottoway County Schools
- Hampton City Schools
- Fauquier County & Schools
- Patrick County & Schools
- City of Hampton
- City of Newport News
- York County
- City of Salem
- Town of Leesburg

USI ONE®, Network Provides Deep Expertise

Dedicated technical experts networked nationally and embedded in local offices with over 6,000 professionals nationwide to build integrated client centered account teams.

370+ Consultants	485+ Account Leads	135+ Underwriters & Analysts	16+ Compliance Attorneys & Experts	20+ Wellness Directors	3 Medical Directors	Pharmacy Consultant	10+ Claims Experts	10+ Comms Experts	40+ Practice Leaders

- Over 2,000 national employee benefits professionals including enrollment, retirement and wholesale
- Over 500 EB professionals within USI Mid-Atlantic Region
- In-house experts, locally based, ensure your full account team is always available
- Hands-on service and ongoing diligent follow-through

Unmatched Breadth and Depth of Local and National Employee Benefit Resources

What We Do- our proven service delivery model enables client to develop a strategic approach to managing their benefits plan

Annual strategy planning. health and productivity

- Benchmarking and trends
- Plan performance
- Annual strategy/objectives
- Service calendar
- Wellness and productivity

Benefits compliance and review

- Legislative updates and webinars, training
- Benefit/ERISA attorneys on staff
- Affordable Care Act
- Benefit compliance (COBRA, HIPAA, ACA, etc.)

Underwriting and actuarial, carrier negotiation

- Sophisticated actuarial and underwriting skills
- Negotiate renewals
- Plan design, funding alternatives, contribution strategies
- Pharmacy management and negotiations

Vendor analysis/market review

- Key decision making criteria
- Client specific RFP development
- Management ready summary report
- Finalist meetings/site visits

Enrollment and communication, benefits administration technology

- Develop enrollment communications
- Web portal interface
- Employee surveys
- Customized benefit statements

Year-end review

- Historical trend analysis
- Review contracts/booklets
- Review vendor performance
- Plan financial performance

Ongoing Services

- Strategy Planning
- Plan Modeling
- Funding Evaluation
- Marketing
- Underwriting
- Benchmarking
- Day to Day Support
- Claim Tracking and Utilization analysis
- Compliance updates
- Training – webinars