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ChampionX



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Christopher V. Goff, Esq.
President & CEO

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As we already find ourselves nearly halfway through 2024, I am happy to share with you some of the exciting organizational updates at Employers Health. Four colleagues have been promoted over the past several months including General Counsel & Corporate Secretary, Garret Brown; Chief Operating Officer, Zach Hostetler; Vice President, Marketing & Communications, Emily Clevenger; and Senior Director, Actuarial & Data Analytics, Jack Sullivan. You will find additional information about these highly-effective colleagues on page 13.

Despite it only being May, our team has been incredibly busy working toward our goal to expand purchasing power to provide affordable prescription benefits for our clients and their employees. The organization continues to grow with the addition of internal team members, plan sponsors and educational resources and events we are proud to host and offer.

Since last spring, we have hired 11 new team members to ensure you continue to receive first-class support and service from Employers Health. Two of these team members are pharmacy residents who joined us through our managed care pharmacy residency program in 2023. Effective July 1, 2024, these residents will become permanent clinical advisors. Looking ahead, we will add two more pharmacy residents also on July 1 as well as three additional data analytics professionals with staggered start dates in June and July.

I am proud of the talented team we have assembled. As our team continues to grow, we can continue providing you and your team with the pharmacy benefits expertise you've come to expect. To that end, please never hesitate to reach out; we are always eager to support you.

I would like to thank everyone who participated and made our two-day Annual Benefits Forum a success; from our knowledgeable speakers to the incredible staff at the Polaris Hilton. I enjoyed seeing both old and new faces and am looking forward to doing it all again next year. If you were unable to attend, recordings of many sessions are available on the Employers Health website at employershealthco.com/resource-center/events. We hope you can join us for next year's Annual Benefits Forum on April 22 and 23, 2025 at the Polaris Hilton in Columbus, Ohio.

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1. GRAIL Data on File GA – 2022 – 0083 – MR.
2. Klein EA, et al. Ann Oncol. 2021;50923-7534(21)02046-9.
*Study demographics included 314 respondents, age 40+, who were employed full-time at larger organizations.

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The Latest in Pharmacy Benefit Legislation

Madison Connor, J.D., CEBS
Senior Vice President, Regulatory
Compliance and External Affairs





In the past year, state legislatures introduced hundreds of bills regarding pharmacy benefit plans, while congressional committees held an unprecedented 20 hearings scrutinizing various stakeholders in the pharmacy benefit industry. This momentum has only continued into the 2024 legislative sessions.

Prescription drug pricing remains a strong bipartisan priority for Congress. In early December of 2023, the House of Representatives passed the Lower Costs, More Transparency Act. The bill bans spread pricing in Medicaid contracts, strengthens existing transparency rules from the Trump administration including requirements for machine-readable file publication and member cost-comparison tools and requires site neutrality for Medicare payments. While the measure has yet to be considered in the Senate, Congress could pass some form of health care transparency-related package by the end of the year. What ultimately passes may be a stand-alone bill or included as part of a broader appropriations package or spending bill.

State Regulatory Activity

In addition to introducing bills through the formal legislative process, states have begun to advance meaningful pharmacy benefit changes through regulatory rulemaking via state departments of insurance. States may pass laws that require pharmacy benefit managers (PBMs) to register as regulated entities with the state's department of insurance and grant the department the authority to draft implementing rules for that state law. The department then has the power and discretion to further regulate PBMs and, by extension, plan sponsors' underlying benefit plans. Such state regulatory actions add another avenue for plan sponsors to monitor when considering changes that may need to be made to their pharmacy benefit plans.

Last year, New York undertook extensive regulatory rulemaking that went far beyond what was originally included in the bill passed by the legislature. The legislation initially focused on setting licensure and disclosure requirements for PBMs, while the proposed rules included several additional provisions impacting benefits design such as anti-steering provisions, minimum pharmacy reimbursement levels plus a statutory dispensing fee of \$10.18 and restrictions on plan communications regarding pharmacy network options. The department rules were ultimately withdrawn last year, however, similar proposed rules were reintroduced this February.

The most significant industry developments continue to be driven by state-level efforts. Some noteworthy trends from last year that have continued into 2024 include:

Restrictions on utilization management.

Any willing pharmacy provisions.

Regulatory action through administrative rulemaking.

Copay accumulator restrictions.

Traditional (spread) pricing bans.

Regulation of self-funded ERISA plans.

Extraterritorial Enforcement

Arguably the most alarming trend observed in 2023 was the extraterritorial enforcement of state pharmacy benefit laws. **Extraterritorial enforcement occurs when a state seeks to enforce its law against out-of-state plans that have participants residing within that state.** For example, Oklahoma law prohibits plans from incentivizing participants to use mail-order pharmacies via lower copayments or reductions in cost-sharing. Historically, such a law was assumed to only apply to plan sponsors operating an Oklahoma-domiciled health benefit plan. However, in 2021, Oklahoma argued that 1) its law applied to self-funded ERISA plans and 2) its law extended to out-of-state plans by nature of a plan providing coverage to participants living in the state of Oklahoma. So, while a Kansas-based plan may select a national plan design that incentivizes mail-order pharmacies, that plan design would not be permissible for its participants based in Oklahoma.

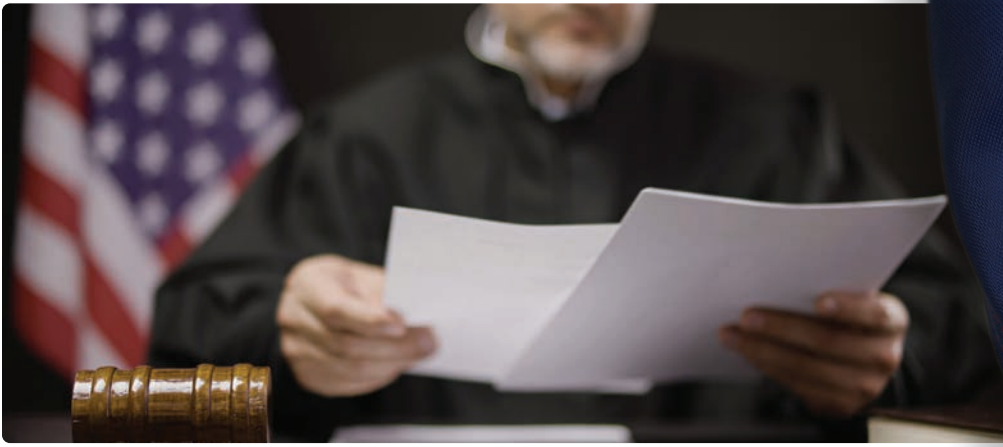


In addition to Oklahoma, other states that have sought extraterritorial enforcement of their laws include Florida, Tennessee and Minnesota. These laws have created operational challenges and inefficiencies for plans seeking to operate uniform benefits schemes across state lines. Fortunately, solutions are available to accommodate some of these inefficiencies. For example, participants in certain states may be covered by a state-specific broad retail network to ensure participants are not incentivized to use a preferred or exclusive network. This state-specific network can operate independently without disrupting a plan sponsor's national plan design offered in other states.

These state laws present a novel issue that could be met with legal challenges based on the commerce clause of the U.S. Constitution. A long-standing judicial interpretation of the commerce clause forbids states from passing laws that regulate out-of-state activity. Similar arguments have been made in previous cases challenging state generic drug pricing laws.

ERISA Preemption Concerns

Plan sponsors monitoring the unique laws of every state in which they provide coverage to participants is part of the fundamental issue that the Employee Retirement Income Security Act (ERISA) sought to solve. An ongoing case challenging the enforcement of state pharmacy benefit legislation against ERISA plans is *PCMA v. Mulready*. This case challenges the Oklahoma Patient's Right to the Pharmacy Choice Act, the same law discussed previously, based on ERISA preemption grounds and is the most significant legal development in the industry since the Supreme Court's consideration of *Rutledge v. PCMA* in 2020. The Oklahoma law in question prohibits the utilization of preferred pharmacy networks and incentivizing the use of mail-order pharmacies via cost-sharing discounts or reductions in copayments.



In August 2023, a three-judge panel for the 10th Circuit Court of Appeals held that the Oklahoma law was preempted by ERISA, meaning the law was unenforceable against self-funded ERISA plans. Shortly after the circuit court's ruling, the Oklahoma insurance commissioner filed a motion for a rehearing and a motion to stay the ruling pending appeal to the U.S. Supreme Court — this effectively would suspend the court's latest ruling while Oklahoma filed a petition for review by the U.S. Supreme Court. The court denied both motions.

Since the 2020 ruling in *Rutledge*, plan sponsors have been left in a state of uncertainty as to the extent of state laws that apply to their benefit plans. *Rutledge* involved an Arkansas pharmacy reimbursement statute which the U.S. Supreme Court said was not preempted by ERISA. States have broadly interpreted this ruling to allow for complete state regulation of PBMs without considering how the law impacts the underlying benefits plan. If the Supreme Court decides to reconsider the extent of ERISA preemption in the PBM space, it could provide welcomed clarification on the extent of the *Rutledge* decision's applicability and distinction between laws that mandate reimbursement levels and laws that dictate network composition, copay structure and other plan design features.

Considerations for Plan Sponsors

So far this year, new legislation that would impact network design has been introduced in Alabama, Indiana, Illinois, Kentucky, Massachusetts and Pennsylvania. With 2024 being an election year, much of the legislatures' time will be consumed with election business. The highest potential for bill passage will be before primary elections and after the general election during lame duck sessions.

Employers should remain aware of developments in the states where they have covered lives. Certain state laws may apply to out-of-state pharmacy benefit plans based on where a plan's participants are physically located. As this year marks the 50th anniversary of ERISA, discussions around the sustainability of ERISA preemption will be prevalent in the employee benefits industry. Employers Health will continue to monitor state and federal developments and advocate for strong protection of employer-sponsored health plans.

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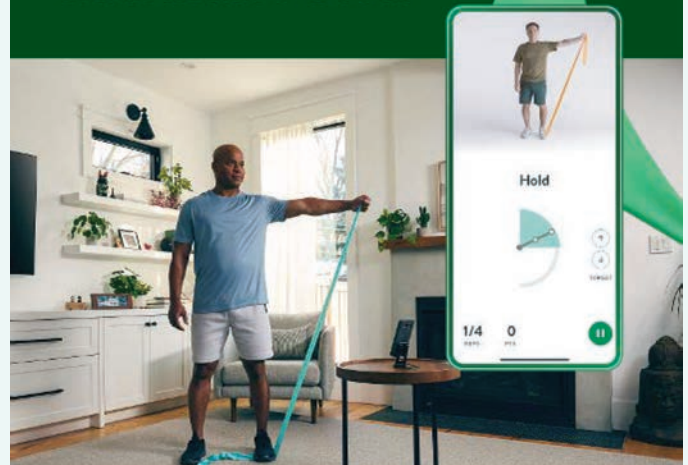


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Employers Health™

The Value and Role of Prior Authorizations in Modern Health Care

Hannah Whitesel, PharmD
Clinical Advisor



Employer-sponsored insurance has evolved significantly over the past century. Beginning with prepaid health insurance at Baylor University in 1929, it has now expanded to provide plan sponsors extensive management options with modern plan designs. Before the 1960s, doctors would often prescribe treatment plans without much scrutiny from other clinicians. With many medications and procedures becoming available for the first time, there was no reason to restrict access to these services, but as medical advances expanded, patients were more inclined to seek medical services, leading to crowded hospitals.

The rapid evolution of the health care system would eventually create a need to review patient therapies and hospitalizations to limit unnecessary hospital stays and reduce health care costs. Utilization reviews, initially for Medicare and Medicaid, gradually evolved into the prior authorizations (PAs) widely used in the health care system today. A PA is used to assess a variety of factors including insurance coverage, patient clinical background, etc., to determine if a particular medication, procedure or service is appropriate for a given patient.

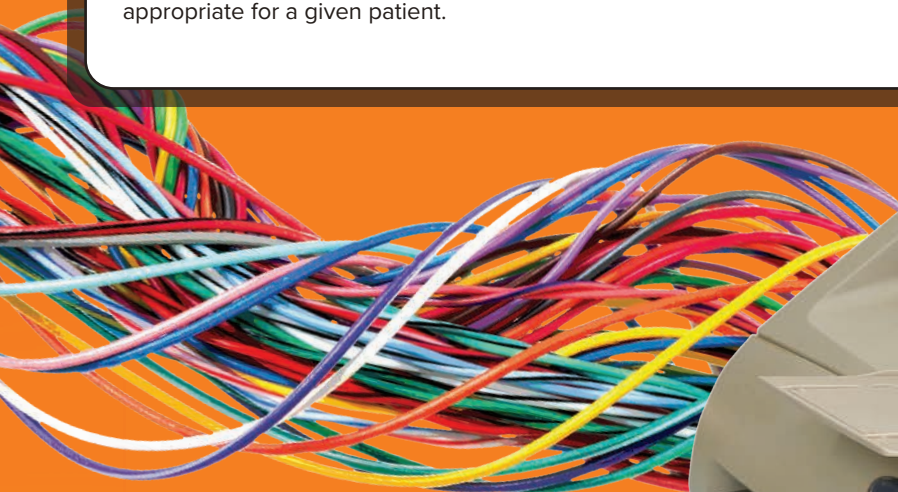
Physicians and providers often criticize the use of PAs in today's health care landscape for potentially increasing the utilization of resources, delaying care and adding administrative burdens to physicians and staff. While PAs ensure clinical appropriateness and cost-effectiveness, there are still areas for improvement that would benefit insurers, prescribers and patients alike.


Much of the discord around PAs is arguably not based on their existence but their administration, often through slow and cumbersome methods such as fax and phone calls.

These lengthy processes can be a large detriment to patients in need of symptom relief. However, the continued adoption of electronic PA (ePA) processes, especially when integrated with electronic health records (EHR), has significant potential to improve accuracy, reduce staffing requirements and accelerate turnaround times.

While many are opposed to PAs due to time constraints or the belief that if a doctor prescribes a medication it must be suitable, PAs have proven to be beneficial in ensuring patient safety and cost effectiveness of treatments. Consider the effectiveness a robust PA system on opioids would have had before the opioid crisis began. These protocols could have significantly reduced the number of excessive opioid prescriptions. The implementation of PAs has been instrumental since the height of the crisis in controlling access to potentially addictive medications, helping to manage access and reduce the misuse of opioids.

Sending...





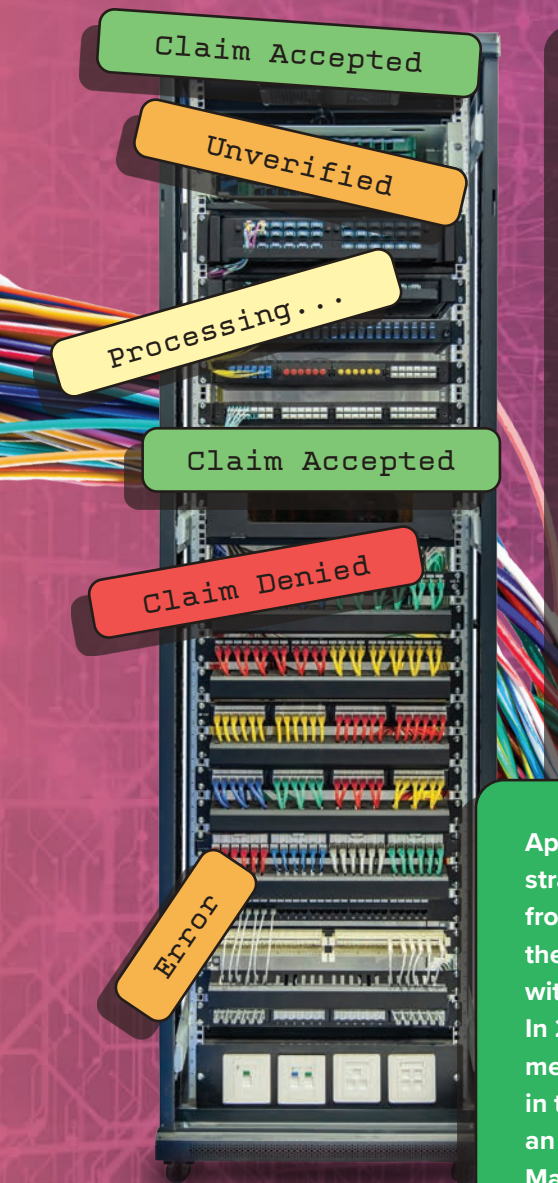
Beyond enhancing patient safety, the routine use of PAs can also offer significant cost-saving benefits. In 2022, spending on medications in the United States reached \$429 billion, with specialty medications accounting for 51% of total spending compared to just 32% in 2012. With the continued rising costs of medications, PAs are important tools pharmacy benefit managers (PBMs) use to assess the clinical necessity of medications, particularly when cost-effective alternatives may exist. For instance, PAs are appropriate for branded specialty products reserved for patients who do not benefit from generic, non-specialty therapies. Plan members should start with cost-effective generic products when appropriate and receive treatments following clinical guidelines. When treating different types of cancer, PAs may require appropriate testing to confirm a patient's responsiveness to therapy before approval. Beyond clinical assessments, PAs also contribute to maintaining formulary integrity and rebate programs that are contractually negotiated, helping to reduce spend for plan sponsors and their members through improved pricing, discounts and rebates.

Artificial intelligence (AI) also poses a unique opportunity to streamline data processing and communication in health care. AI, computer systems capable of tasks typically requiring human intelligence, can sift through data to highlight important information and speed up provider verification, potentially reducing PA review times. Automating appropriate administrative components through AI tools can help address concerns voiced by many physicians and prescribers. However, the road to completely transitioning to AI-supported PA models comes with its own challenges and moral dilemmas. While the use of AI in health care is exciting and innovative, there are concerns it may replace some health care professionals.

Large insurers like Cigna have begun to utilize AI to quickly review and facilitate PA decisions. A ProPublica article reported that Cigna doctors denied over 300,000 claims for payments by utilizing AI, with doctors spending an average of just 1.2 seconds per case. Traditionally, doctors would need to review patients' charts to verify requested treatment plans. However, this new technology automated that process, leading to many PA denials. While promising, these new technologies require further refinement to minimize mistakes and ensure patients are receiving safe and efficient care.

Similar to how PA administration has changed over time by adapting to new technologies and market events, the clinical approach to PA management and creation must be dynamic and adaptive as well. This requires ongoing reevaluation of PA criteria to ensure time spent going through the PA process is driven by evidence-based, guideline recommendations and works toward an intended outcome. For example, if the approval rate for a PA is consistently in the 90th percentile, reconsidering the validity of the intervention is appropriate to either change the criteria or remove the requirement entirely.

Some of the greatest impacts on the evolution of PAs come from state and federal legislatures. Many laws concerning PAs revolve around the time frame from the initial submission of a PA for review to the decision of approval or denial, along with addressing concerns and complaints regarding retrospective denial of claims. Most states set review time limits, usually 48 to 72 hours. Legislation in most states also addresses retrospective claims denial, prohibiting reversals of paid claims. In addition, the Gold Card Act, supported by The American Medical Association (AMA), serves to exempt physicians from the Medicare Advantage plan PA requirements if the practicing physicians have 90% of their PAs approved in the last 12 months.



The Employers Health clinical team recognizes the value of PAs in managing trend and spend, as well as their value in minimizing the misuse of drugs. Identifying drug targets with no additional clinical benefits compared to the alternative, more cost-effective therapies present a prime opportunity for cost management through custom exclusions or PAs. Particularly in the specialty space, these edits can result in significant savings. Historically, many custom clinical edits offered by Employers Health primarily targeted non-specialty products. While the cost mitigation of each claim is less than specialty drugs, considerable savings and trend reduction were seen in plan sponsors that elected to adopt.

Approval rates for our custom strategies this past year ranged from 19% to 66% which showcases the significant need for oversight within the managed medications. In 2023, adopters saw a 2.67% per member per month (PMPM) trend in targeted products compared to an 88.44% trend for non-adopters. Managing trends to be as close to negative as possible continues to be the goal for plan sponsors.

The evolution of employer-sponsored insurance and the health care landscape have made PAs crucial tools for managing pharmacy benefit costs. As the health care industry progresses, dynamic and adaptive approaches to PA management will be pivotal, driven by evidence-based criteria and legislative reform, ultimately serving the shared goal of delivering safe, efficient and cost-effective care. Employers Health stands ready to navigate this evolving landscape, providing custom solutions to meet the ever-changing demands of pharmacy benefit management.

By embracing PAs as strategic allies in cost containment, employers can secure a healthier and more sustainable future for their employees and organizations alike.

TO LEARN MORE CONTACT

The Clinical Team
clinical@employershealthco.com

Promotions

At Employers Health, we take pride in our ability to grow and evolve, constantly working to better serve our clients. We are thrilled to announce the promotion of four deserving team members who have demonstrated exceptional skill, dedication and leadership within our organization. The promotions of these individuals allow us to maximize our organizational mission and vision so we can continue the unparalleled service you expect from the Employers Health team. We are excited for all of these individuals as they take on their new roles.



Garrett Brown started at Employers Health in 2011 as a legal intern. His role within the organization has since grown to include corporate governance, compliance, human resources and PBM vendor management. He oversees PBM claims audits and reviews all pass-through payments and reconciliations due to clients. In October 2023, Garrett was promoted to general counsel, a role in which he leads the organization's legal, business intelligence and analytics teams.



Emily Clevenger joined the Employers Health team in 2016 as a marketing and events specialist, responsible for publication of the Employers Health magazine, newsletters, podcast and other communication and educational collateral. Through that time, she has worked in many roles including marketing executive and marketing director. In March, Emily was promoted to vice president, marketing and communications, a role in which she leads the organization's marketing, events and communications team.



Zachary Hostetler began his time at Employers Health in 2014 as a legal intern while in law school. After graduating, he took on the role of associate counsel. Since then, he has worked in various roles including vice president, account management; senior vice president, client solutions, and in March, he was promoted to chief operating officer. As COO, he oversees the organization's clinical and client solutions teams and is responsible for client retention and satisfaction and the annual market check.



Jack Sullivan joined Employers Health in 2019 as an actuarial and data analytics specialist. Over time, he has taken on the role of manager, actuarial and data analytics and obtained his Associate of the Society of Actuaries (ASA) certification. In April, Jack was promoted to senior director, actuarial and data analytics, a role in which he leads the analytics team in providing custom data analysis and strategies relating to medical and pharmacy benefit plans to drive positive results for employers.

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Noteworthy News

Client solutions specialists, Matt Esterle and Madison Simmons, and client solutions intern, Style Henry, were honored to attend Ohio Governor Mike and First Lady Fran DeWine's Black History Month reception at the Governor's Mansion in Bexley, Ohio in February. The event featured prominent political figures from counties across Ohio, alongside several members of Governor DeWine's cabinet. During the event, Governor DeWine spoke of the importance of improving literacy rates across the state, particularly within communities heavily populated by minorities and marginalized groups.

Regional Vice President, Business Development, Grant Goff recently joined the board of First Tee Canton, a youth development organization that integrates the game of golf with a life skills curriculum, enabling children to build self-confidence, leadership skills and more.

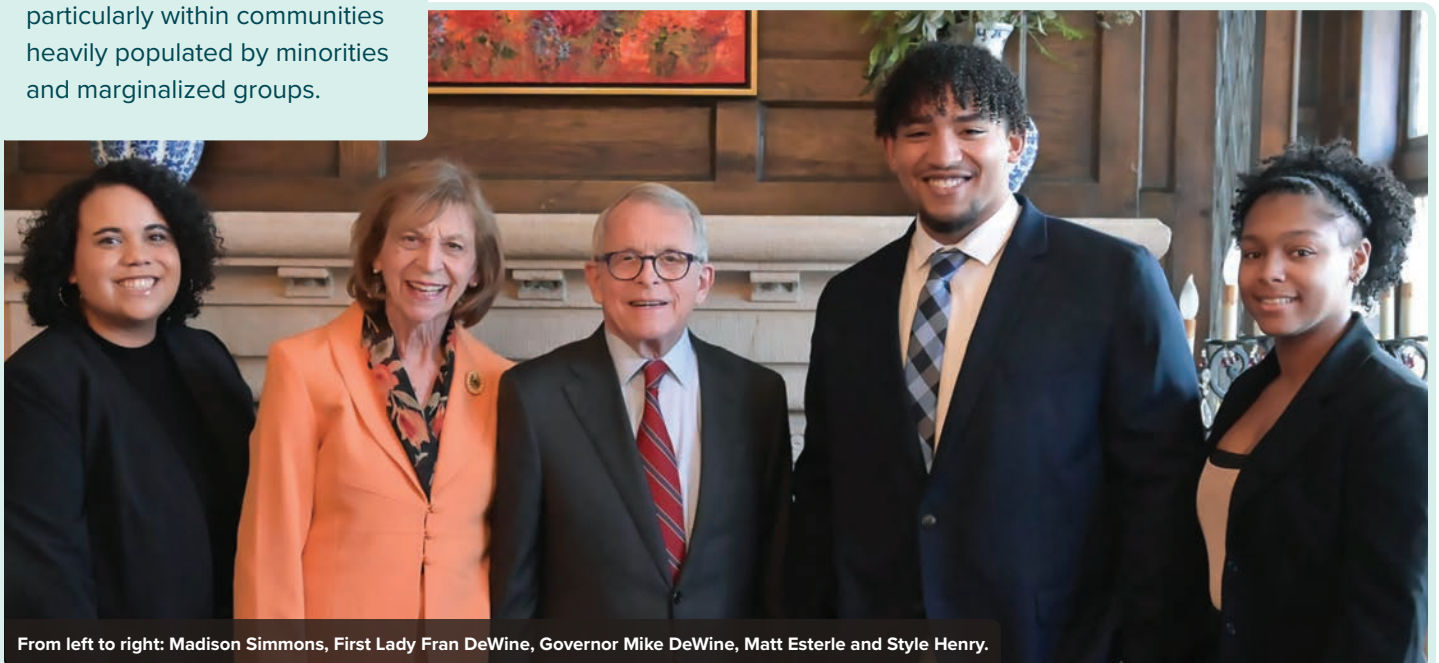
Dan Dorman, client solutions specialist, received his MBA from Fitchburg State University and graduated from Leadership Stark County's Spotlight program for young professionals.

Chief Financial Officer, Steve Burger was appointed the finance committee chair for the Stark State College Foundation.

Chief Sales Officer, Mike Stull, and Vice President, Client Solutions, Travis Johns joined the Paul and Carol David YMCA board of directors.

Liz Donley, client solutions specialist, was elected as a member of the board of directors of JRC, an organization enriching, inspiring and empowering the lives of children and seniors in Canton, Ohio.

Brooke Knollman and Megan Long, members of the Employers Health client solutions team, completed their CEBS certifications through the International Foundation of Employee Benefit Plans.



From left to right: Madison Simmons, First Lady Fran DeWine, Governor Mike DeWine, Matt Esterle and Style Henry.



A Luncheon of Legacy: Celebrating Black History Month at Employers Health

Cassidy Burger
Content Marketing Specialist

In February, we honored Black History Month — a powerful opportunity to deeply reflect upon, celebrate and gain wisdom from the remarkable accomplishments and invaluable contributions of individuals of African descent. Established by University of Chicago graduate Dr. Carter G. Woodson in 1926, the celebration served as an opportunity for all to delve into the rich and inspiring history of African Americans. Before his efforts, Black history was widely misrepresented and, in many cases, avoided entirely.

“Honoring Black History Month is important for all of us. It serves as an opportunity to embrace the richness of diversity and gain wisdom from those who have paved the way for progress. At Employers Health, we believe that fostering a sense of belonging and inclusion is essential to our success as an organization,”

said Chris Goff, president and CEO of Employers Health.



George Lemon, retired president of Technical Products Group, Inc., addressed the audience.

Client solutions specialist Matt Esterle knew there was a way to bring a celebration to his coworkers and community. Under his guidance, multiple team members at Employers Health worked to bring Esterle’s vision to life. We welcomed community leaders, business owners and advocates to our Canton office for a luncheon reflecting on the legacy of those who came before us, sharing knowledge with one another and committing ourselves to continuing the conversation and celebration of Black history beyond February. Attendees were treated to a full array of soul foods and desserts and were encouraged to read and discuss quotes from famous Black entertainers, philosophers, athletes and more with their peers.

“It’s important to embrace ethnic and cultural celebrations, not only Black History Month, but others as well, as it allows a very real opportunity to step into others’ shoes and learn what motivates them not only as a professional, but as a person. It’s only then that you can break down barriers and accept someone for their fullest and authentic self,” said Esterle.

Today, Black History Month has earned permanent and official recognition in our nation. The holiday is enjoyed by all ethnicities and has even been adopted internationally in several countries. Since 1928, the Association for the Study of African American Life and History has chosen a theme that is endorsed by the President, with this year’s theme being African Americans and the Arts. To encourage attendees to continue the celebration beyond the luncheon, everyone received flyers with ways to honor the work of local Black artists, musicians and more.

Employers Health was honored to host such a meaningful event celebrating Black History Month. We are committed to fostering inclusive spaces where diversity is celebrated and history is honored. The team looks forward to making this a tradition in the future.

Empowering Professionals, Enhancing Benefits: 2024 Annual Benefits Forum

Cassidy Burger
Content Marketing Specialist

“We are in this field because we care about people and want them to live their healthiest lives.”

— Jennifer Birdsall,
clinical director, ComPsych and speaker at 2024 Annual Benefits Forum

Birdsall's words during her presentation, *Supporting Caregivers in the Workplace*, perfectly encompass the atmosphere, attendees and topics presented at this year's Employers Health Annual Benefits Forum. The inaugural two-day event was held March 5 and 6 in Columbus, Ohio and was attended by over 200 benefits professionals. Guests traveled from throughout the U.S., including Texas, Oklahoma and Florida to the Hilton Columbus Polaris Hotel.

Over the two days, the hotel's ballroom was full of attendees who heard from over 20 seasoned benefits professionals on the latest in the employee benefits industry. General sessions included legal experts, certified employee benefit specialists and dynamic panels featuring employers and pharmacy benefit consultants. These sessions not only provided crucial updates but also unveiled innovative strategies for navigating the ever-changing benefits landscape. Presentations offered perspectives on cost-effective solutions and emerging trends participants can implement within their organizations.

Our employer panel featured insights from leading benefits professionals at Panera Bread, Purdue University and Designer Brands. All three took the opportunity to discuss their organization's approach to benefits and what makes them stand out

in a growing competitive landscape. The open discussion emphasized the need for ongoing updates to align benefits with changing employee needs and expectations and stressed the importance of ensuring employees have a thorough understanding of benefits and feel comfortable when asking for help.

“Approachable language is a must when it comes to writing and presenting your benefits. Make it easy for your employees to understand. We've [Designer Brands] found success in using humor and targeting employees through email and other forms of communication,” said Erin Penland, benefits manager at Designer Brands.

A dynamic panel of consultants representing a national pharmacy practice, a privately-owned advisory firm and a leading pharmacy and health care consulting firm shared their candid insight with an audience of both consultants and employee benefits representatives. The trio discussed rising drug prices, the effects of legislation on pharmacy benefit plans and of course debated if plans should cover GLP-1s. While there was no consensus amongst the group on GLP-1 coverage, the insight from industry-leading consultants was appreciated.

Among the sessions, two of the standout moments were the presentation of two annual awards. The Larry L. Morgan Service Award, presented since 1988, acknowledges individuals for outstanding support and contributions to Employers Health, aligning with its principles of high-quality, cost-effective care. This year's recipient was Diane Brake of Optum Rx, recognizing her pivotal role in growing the Employers Health and Optum Rx relationship.

“I was completely shocked and overwhelmed by this great and meaningful honor. I put my heart and soul into the Employers Health relationship every day and enjoy working with the team to continually improve our relationship and value for our clients,” exclaimed Brake.

The Excellence in Benefits Award recognized Maria Martin, director of total rewards, global benefits at Royal Caribbean Group, for her significant contributions to the industry and her organization. Martin has been with Royal Caribbean for over 25 years. Nominated by her peers and unanimously selected by an independent panel of human resources and benefits industry professionals, she has been instrumental in the organization's recognition as one of the Top 100 Healthiest Companies in the U.S. for several years, ranking 16th in 2023.



Excellence in Benefits recipient, Maria Martin of Royal Caribbean Group and Employers Health President and CEO, Chris Goff.

During the second day, attendees could participate in breakout sessions, selecting three of nine presentations. These sessions covered a wide range of topics, including the effects of depression on workplace productivity, leveraging digital care to reduce costs and implementing cost-effective cancer care benefits. Between sessions, attendees had the opportunity to interact with sponsors and vendors to gain insights into their products and services to see how they can enhance their benefit offerings.

The conference concluded with a highly anticipated general session focusing on one of the industry's most pressing topics: GLP-1s. Presented by Employers Health clinical advisors, Courtney Keefe and Ernesto Munoz, the session delved into the expanding class of GLP-1s and the utilization management strategies for diabetes and obesity. Keefe and Munoz discussed how GLP-1s work, coverage dynamics, current trends within Employers Health's book of business and provided a glimpse into the predicted growth trajectory of this class.

The inaugural two-day Employers Health Annual Benefits Forum was a resounding success, bringing together over 200 benefits professionals from across the nation for enlightening discussions and invaluable networking opportunities. The participation of employers, consultants, vendors and more **showcased our shared dedication to creating healthier workplaces and better access to pharmacy benefits for all.** The Employers Health team is excited to do it again next year. **We hope you'll join us at the Hilton Columbus Polaris on April 22 and 23, 2025.**

2024 Annual Benefits Forum Webinars

Missed this year's Annual Benefits Forum? You can still hear from more than 20 seasoned benefits professionals on various employee benefits topics. These sessions provide exclusive insights into benefits trends and cover value-based strategies that help plan sponsors design and deliver comprehensive yet affordable pharmacy benefits.

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The View from Washington: Legislative and Regulatory Outlook

What You Should Know About GLP-1s

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Upcoming Webinars

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May
16

The Effects of Biosimilars and the Inflation Reduction Act on Prescription Drug Plans

May
29

Musculoskeletal Claims:
A Cost You Can Control

June
6

Innovators in Employee Benefits:
An Employer Panel

June
11

Competitive and Cost-Effective Pharmacy Benefits:
Perspectives from Leading Consultants

June
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Medical Stop Loss & Risk
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Client Spotlight

*Interview with Sarah B.
Fletcher, PHR, SHRM-CP*
Benefits Manager, North America



ChampionX

is a global leader in chemistry solutions, artificial lift systems and highly engineered equipment and technologies that help companies drill for and produce oil and gas safely, efficiently and sustainably around the world. With over 7,000 global employees, ChampionX is dedicated to fostering a world-class safety culture that fuels its mission for improving lives inside and outside the workplace for all. We recently spoke with ChampionX's North American benefits manager to discuss her approach to benefits and how ChampionX puts its employees first through benefit and plan options.

From left to right: Randi Francis, Sarah B. Fletcher and Maria Denio

How long have you been at ChampionX and have you been with the HR/benefits team the entire time? What do you enjoy most about being a part of the benefits team?

I started at ChampionX on March 13, 2020, just one day before we were all sent home due to the pandemic. Despite the craziness of working at a new-to-me organization during COVID, I have been with the benefits team ever since.

When it comes to working in benefits, I have always enjoyed the conversations I get to have with employees. Typically, employees only come to me when something is wrong, so being able to explain and help them understand how benefits work and how the company can provide them and their families with better health care experiences is extremely rewarding. It's great to see the light bulb go off once an employee has a better understanding of their plan and the true support ChampionX provides them.

How does your company approach health benefits and overall well-being for your employees?

Everything in our organization is driven by our purpose of improving lives – for our customers, our employees, our shareholders and our communities. This includes how we deliver benefits. We take a holistic stance, providing competitive benefits encompassing health, retirement and more. Our goal is always to create a win-win scenario for both employees and the organization, ensuring everyone has access to the tools and support needed to live their happiest, healthiest lives.

How has your organization been innovative in delivering health care benefits?

We always strive to deliver the best possible benefits to our employees at a price that allows them to get the care they need without any barriers. By working with Employers Health, we can stay competitive in the marketplace while prioritizing the diverse needs of our employees. It is a true advantage that equips us to provide a culture dedicated to improving the lives of all. This is something that runs through the whole organization at every level. Our team is always working to ensure this is part of our decision-making process.

What are your thoughts on the future of employee benefits?

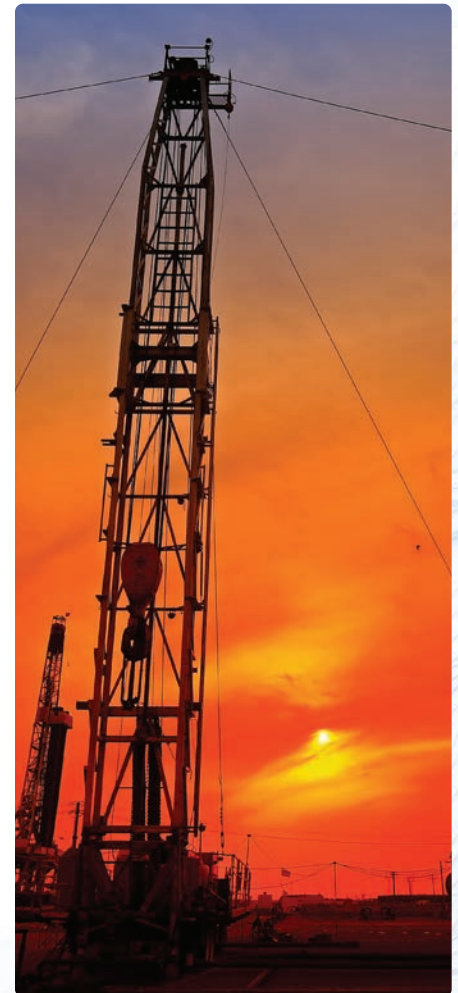
In the past two decades alone, there's been substantial progress and I feel many of us in the benefits industry are optimistic for even better changes, despite some of the setbacks that were made due to the pandemic. I hope there is a future where red tape barriers for care are minimized and affordable health care access is prioritized. By empowering individuals with the tools and knowledge to make informed decisions, we can create a benefits framework that meets both individual and collective needs effectively.

How long have you been engaged with Employers Health?

We initially became a client through an acquisition in 2020 but chose to stay with Employers Health after a successful RFP in 2021.

How does Employers Health contribute to your organization's overall benefits strategy and your organization's mission?

ChampionX is able to achieve its overarching benefits strategy with the support of Employers Health. It plays a pivotal role in helping us to maintain competitiveness in the marketplace. The team's work in mitigating rising health care costs in the pharmacy space is invaluable. It allows us to provide our employees with access to the best medication at the best price. Working together reinforces our dedication to innovation and well-being and equips us to meet our employees' needs and give back to our workforce in meaningful ways.



How has your relationship with Employers Health evolved?

Our relationship with Employers Health has evolved into a true collaboration that helps us fully understand the Employers Health and CVS relationship. The outside perspective assures us everything between all parties is in alignment, making us confident that our employees and their families' needs are met at an affordable cost we're proud of.

What value do you derive by being part of an organization like Employers Health?

Being part of Employers Health brings significant value, especially in gaining insights into the pharmacy landscape's direction and optimizing our pharmacy benefit strategy. This knowledge truly empowers us to create solutions that maximize savings and enhance benefits for our employees. Another piece our team really values is all the educational resources the Employers Health team provides. Having the opportunity to attend a webinar or in-person event led by real benefits experts is invaluable. It keeps the ChampionX team up to date on important topics and helps us make better benefit decisions overall.

Have a story to share?
Contact us at
info@employershealthco.com



How has Employers Health demonstrated its proactiveness and responsiveness to evolving market trends for your plan and employees?

Employers Health always makes sure we are completely informed on all topics regarding pharmacy benefits and PBMs. We continuously receive information that impacts and improves our workforce, along with insights into how other companies partnering with Employers Health are enhancing benefits for their employees. Thorough legislative and clinical updates provide us with the knowledge to stay ahead of the curve and minimize surprises.

Our relationship has evolved immensely since we joined in 2020 and it has been rewarding for all levels of our organization. We look forward to everything we will continue to accomplish for our population together.



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