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Employer Spotlight

Mackenzie Hundley
Churchill Downs Inc.

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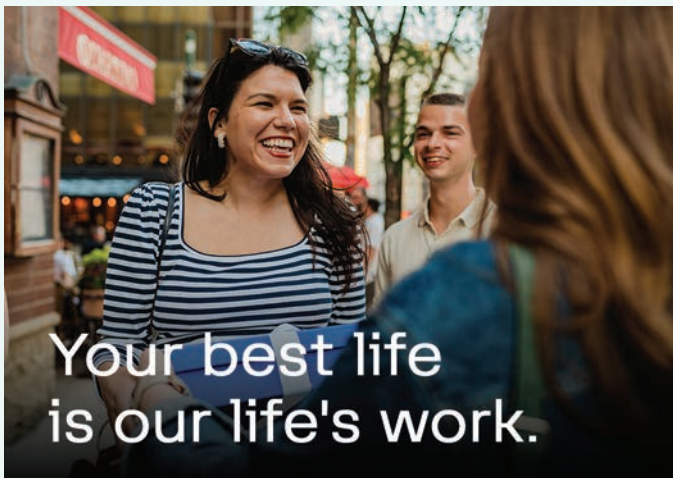
2024 has been a busy yet exciting year so far at Employers Health, and there is one word that sums it all up: growth. We continue to strengthen our purchasing power, expand our team and enhance our services. Our team is grateful for your ongoing support and looks forward to a successful fourth quarter.

Since our first PBM offering in 1995, we have been dedicated to making the PBM experience better. This commitment includes providing the latest educational resources for benefits professionals and consultants. Our team of experts continually curates a variety of content including webinars, podcasts and articles that can be shared with colleagues. This year, we have hosted 21 webinars that are available to view on demand, including many sessions from our 2024 Annual Benefits Forum. I encourage you to view these valuable resources at www.employershealthco.com/resource-center.

By the time you read this, we will have settled into our new corporate headquarters, conveniently positioned next to our existing Canton office. When we moved into our existing office seven years ago, we never anticipated how quickly our organization would grow. Our new headquarters has plenty of room to accommodate substantial growth and new team members. We look forward to hosting many of you there in the future and **hope to see you at our holiday open house on December 4.**

In this issue, you'll hear from our clinical team on page 3, as they cover "Closing Gaps in Women's Health Care: How Employers Can Help." Madison Connor, senior vice president, regulatory compliance and external affairs, details "Health Care Policy Proposals and the 2024 Election" on page 9. Finally, we hope you enjoy this edition's client spotlight featuring Mackenzie Hundley, senior director of benefits and compensation at Churchill Downs, home of the Kentucky Derby.

My very best for a happy and healthy fourth quarter!



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Closing Gaps in Women's Health Care: How Employers Can Help

Alexis Sova, PharmD
Clinical Advisor

Catherine Berger, PharmD
Clinical Advisor



When people think of women's health, conditions like breast cancer, cervical cancer and pregnancy come to mind. However, women's health encompasses a wide range of diseases and conditions that are often overlooked. Women's health and well-being are far more complex than most realize. Unfortunately, it remains significantly misunderstood with many women feeling they receive inadequate care compared to men.

On average, a female will spend nine years of her life in "poor health" or disability, 25% more than her male counterparts. Poor health affects a woman's ability to live a healthy, happy life at home, within her community and work.¹ Employers have a vital role in helping bridge the gap between men and women's quality of care by ensuring benefit plans address the unique needs of women. By recognizing the ongoing challenges and conditions women face, employers can take proactive measures to foster a supportive, inclusive environment.

Where the gap began

Many inequities date back to the early days of medical research, where women were often excluded from clinical trials. Women were gradually integrated into testing until the late 1970s when the Food and Drug Administration (FDA) created a policy excluding all childbearing-aged women from phases I and II of clinical trials. The policy went as far as to recommend excluding women on birth control, those who were single or had sterile partners. It wasn't until 1993 that Congress passed a law requiring women to be included in clinical research.²

Take into consideration the American heart health crisis; although cardiovascular disease is the leading cause of death among U.S. women, only one-third of cardiovascular clinical trial subjects are female. Men and women often experience different symptoms, risks and medication side effects for the same conditions, reinforcing the need for more inclusive studies.³

While progress has been made to include women in studies over the last several decades, they remain severely underrepresented. Uncertainty remains about how certain diseases, conditions and risks affect women compared to men. Despite these gaps, several conditions that primarily affect women are not well understood. Employers should be aware of these conditions to maximize their benefit plans and effectiveness for all.

Key women's health issues impacting the workforce

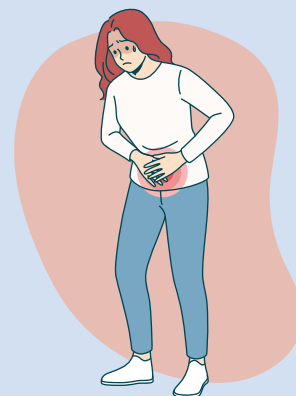


Postpartum depression (PPD)

Some women develop a longer and more intense form of depression after giving birth that goes beyond the “baby blues” called postpartum depression (PPD). Risk factors for PPD include a history of depression or anxiety prior to pregnancy, hospitalizations during pregnancy and lack of social support. It is estimated that one in eight women experience PPD within a year of giving birth. With approximately four million live births annually in the U.S., up to 500,000 women may be diagnosed with PPD each year.⁴

Various treatments for PPD are available, including cognitive behavioral therapy and medications such as antidepressants. The American College of Obstetricians and Gynecologists currently recommends selective serotonin reuptake inhibitors (SSRIs) as first-line treatment for PPD. SSRIs are not labeled for PPD but have been proven to be effective and safe.

In August 2023, the FDA approved Zuruvae (zuranolone), the first oral medication specifically for PPD. Taken once daily for a 14-day course, Zuruvae runs an average gross cost of approximately \$14K according to Employers Health's book of business. While the upfront cost of Zuruvae may appear exorbitant, it provides benefits over traditionally used SSRIs. It improves depressive symptoms quicker and only requires a short course which can lead to improved medication adherence.



PCOS and endometriosis

Two common conditions that affect millions of American women that are widely misunderstood are polycystic ovarian syndrome (PCOS) and endometriosis. Both conditions have unknown causes, means of prevention or cures. Despite their prevalence, these conditions often go undiagnosed for years, leaving many women to suffer in silence without proper treatment or support.

Endometriosis occurs when tissue similar to the lining of the uterus (womb) grows outside of the uterine wall. An estimated 6.5 million American women from ages 15 to 44 suffer from endometriosis. Endometriosis is characterized by various types of pain: extreme menstrual cramps, chronic lower back and pelvic pain, pain during and after intercourse, intestinal issues and painful bowel movements or pain when urinating, particularly during menstrual periods. Other common symptoms include bleeding or spotting, digestive problems and infertility issues.⁵

PCOS is caused by an imbalance of reproductive hormones, affecting 1 in 10 women of childbearing age with approximately 70% of women remaining undiagnosed.⁵ Common symptoms include irregular menstrual cycles, acne or oily skin, thinning hair or male-pattern baldness, weight gain or difficulty losing weight and excessive hair on the body or face. Many women with PCOS have other health conditions like Type 2 diabetes, high cholesterol and heart disease.

While there is no known cure for either condition, treatments, including hormonal contraceptives, are used to alleviate symptoms. These conditions can take an immense toll on a woman's overall quality of life and may impact a woman's self-esteem, ability to maintain personal relationships or ability to work. The emotional and psychological toll is evident, with studies showing that 26% of women with PCOS⁶ and 47% of women with endometriosis develop depression.⁷

With a lack of effective treatment options for these conditions, women may seek health care more frequently. Hospitalizations and physician visits comprised more than half of the direct costs associated with endometriosis; however, the costs from productivity loss were nearly three times higher.⁸ In PCOS, costs associated with diagnosis and treatment accumulated to \$6 billion in 2021. The excess costs associated with mental health disorders in women with PCOS were \$3 billion for depression, \$2 billion for anxiety and \$694 million for eating disorders.⁹ Without increased attention to diagnosis and treatment, the physical, emotional and financial burdens of these conditions will continue to weigh heavily on women and the health care system.



Menopause

Menopause commonly affects women between the ages of 45 to 60, with an estimated 1.3 million U.S. women entering menopause each year. Menopause is a natural part of the aging process for women and is defined as the final menstrual period a woman will experience. It is usually confirmed after a woman has missed her period for 12-consecutive months. Other related symptoms include hot flashes, sleep disturbances, vaginal dryness, changes in mood and cognitive issues.

Based on results from a 2014 Yale study, women who experienced hot flashes had significantly more health care visits than those who did not, resulting in over \$339 million in additional spend.¹⁰ A Mayo Clinic study published in 2023 estimated an annual loss of \$1.8 billion from missed workdays due to menopause symptoms.¹¹ With women representing half of the U.S. workforce, employers cannot afford to ignore the impact menopause may have on employees.

Since menopause is associated with a decrease in estrogen production, typical treatment consists of hormonal replacement therapy (HRT). HRT mimics the female hormones estrogen and progesterone, helping to primarily relieve hot flashes as well as sleep disturbances, mood disorders and even helping to prevent bone loss, fractures and osteoporosis.¹² For menopause treatments in the first three quarters of 2024, we are seeing a total cost across the Employers Health book of business of \$9.8 million.

For individuals who may not be suitable candidates for hormonal therapies, such as those with a history of coronary artery disease, stroke, blood clots, or estrogen-dependent cancers, non-hormonal treatments may be more appropriate. While some classes of antidepressants (SRI/SNRIs) have been used off-label, Veozah (fezolinetant) is the only commercially available FDA-approved treatment of hot flashes secondary to menopause. This medication recently received approval in May of 2023 with an annual wholesale acquisition cost (WAC) of \$6,692. While HRT remains the gold standard, Veozah is a viable treatment option for those unable to proceed with HRT.

Encouraging testing and preventive care

Regular health screenings are crucial for maintaining good health, preventing diseases and detecting conditions early. The U.S. Preventive Services Task Force emphasizes the importance of regular screenings for the well-being of the American population. It is recommended for both men and women to receive regular health screenings with multiple, more frequent screenings specific to women.

Cervical cancer screenings: Pap smears are recommended every three years for women ages 21 to 29. It's recommended a combination of a Pap smear and HPV test be done every five years for women ages 30 to 65.

Mammograms: Per the American Cancer Society, women aged 40 to 44 have the option to start screening annually. It is recommended women aged 45 to 54 receive a mammogram every year. For women aged 55 or older, screenings can be conducted every other year or women can continue screening annually.

Bone density tests: Recommended for women at age 65 to detect osteoporosis, the weakening of bones.

Despite the acknowledgment of the significance of health screenings, many women in the U.S. have skipped or postponed recommended tests.¹³ Various barriers such as transportation issues, financial limitations and time constraints often contribute to this delay in care. By recognizing and addressing these obstacles in the workplace, the number of women receiving necessary health screenings could increase significantly.

Supporting your organization's women today and tomorrow

The significant gaps in women's health and well-being will not close anytime soon. As an employer it's important to recognize these disparities and conditions to be able to provide benefits that encompass your entire population. The Employers Health team is here to help you understand and address the unique health needs of women and to ensure all your employees and their families receive high-quality care.

TO LEARN MORE CONTACT
clinical@employershealthco.com



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Employers Health Foundation is organized to fund capital improvement projects in the Greater Stark County community in the areas of physical health, mental health, education and childhood poverty.



The Historic Canton Palace Theatre opened its doors in 1926 as a gift to the community from a local entrepreneur and industrialist. Over the years, the palace has hosted hundreds of famous performers and welcomed hundreds of thousands of patrons, offering the community not only entertainment but also educational opportunities through performances, workshops and programming.

Today, the palace still has a profound effect on the Canton community, hosting over 300 events a year.

As the palace approaches its 100th anniversary, the theatre is launching a transformational capital project aimed at expanding its services, enhancing its space and economic impact and improving accessibility.

This year, the Employers Health Foundation donated \$100,000 to support the project, which will help fund additional seating, increase ADA-compliant areas within the palace and more. By 2027, the revamped theatre will be revealed to the public.

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*Study demographics included 314 respondents, age 40+, who were employed full-time at larger organizations.



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*Actor Portrayal

Health Care Policy Proposals and the 2024 Election

Madison Connor

Senior Vice President, Regulatory
Compliance and External Affairs

As the general election quickly approaches, many Americans are wondering what the next four years will look like. While not a central issue in this election, health care policy impacts the delivery, affordability and sustainability of employer-sponsored health plans. Those in the employee benefits industry should understand the proposed health care policies of both candidates, pending health care legislation in Congress and any forthcoming guidance and rulemaking from the outgoing Biden administration. A closer look into each of these topics offers a glimpse of what the next presidential administration may bring.

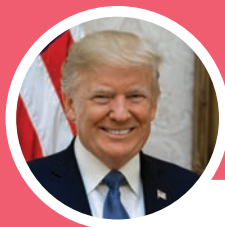




Presidential candidates' stances on health care and prescription drug policy

Former President Donald Trump's approach is marked by a focus on reducing government intervention, emphasizing deregulation and market-driven solutions. Vice President Kamala Harris advocates for a more expansive role of government in health care, aiming to expand and enhance the Affordable Care Act (ACA) and Inflation Reduction Act prescription drug pricing programs.

THE CANDIDATES' STANCES ON HEALTH CARE AND PRESCRIPTION DRUG POLICY ARE AS FOLLOWS:



Donald Trump

- Likely to reinstate and expand upon previous Executive Order 13948, aimed at lowering prescription drug prices
- Previously proposed a “most favored nation” system, which established an international reference price for certain Medicare Part B drugs that was later invalidated in court
- Removed the safe harbor for Medicare drug rebates, later delayed to 2032 by the Biden administration
- Issued a final rule establishing the FDA's Section 804 drug importation pathway that allows importation of certain drugs from Canada
- Removed tax penalties under the individual mandate and proposes changes that would cap total federal spending on Medicaid programs
- Supports protection of Medicare
- Vows to continue previous Trump administration efforts regarding surprise medical bills and transparency



Kamala Harris

- Supports march-in rights for drug patents, where the federal government can “march-in” and seize a patent for a drug developed with government funding and license it to a lower-cost competitor
- Is likely to continue the path of the Biden administration with further expansion of the Inflation Reduction Act's Medicare Drug Price Negotiation Program
- Supports the Food and Drug Administration's (FDA) Section 804 drug importation pathway, previously finalized by the Trump administration, and the continued implementation of this initiative
- Proposes to protect and expand Medicare by raising taxes on high earners and closing tax loopholes
- Proposes to permanently extend the enhanced ACA subsidies, which were temporarily established under the American Rescue Plan Act and later renewed by the Inflation Reduction Act
- Biden-Harris administration delayed implementation of the Trump administration's drug rebate rule until 2032, which delays projected increases in Medicare spending
- Has previously called for the Department of Health and Human Services to set fair prices for drugs that are sold for a cheaper price in an economically comparable country or when a drug's price increases faster than inflation

Health care legislation in Congress

After the election, Congress will reconvene for a “lame duck” session, which is a lawmaking session that occurs after an election and before the successor’s term begins. In recent years, post-election congressional meetings have largely focused on negotiating appropriations packages and continued funding for the federal government. Legislators also use these end-of-year sessions to consider any major remaining issues or policies that may be set to expire.

Drug pricing legislation

Pharmacy benefit manager (PBM) reform has remained a top priority for congressional committees over the past two years and will continue to be considered as a potential policy rider to be included as part of a broader spending package. This is especially probable given the strong bipartisan support for many of these measures and the increased state and federal scrutiny facing the PBM industry.

Late this summer, the House Committee on Oversight and Accountability held a prominent hearing considering consolidation in the PBM industry and reported favorably on the Delinking Revenue from Unfair Gouging (DRUG) Act, a proposal that delinks a PBM’s compensation from the list price of a drug.

This proposal would shift PBM compensation to a flat fee-for-service payment model. Critics of this approach argue that delinking a PBM’s compensation would remove the incentive for a PBM to negotiate steeper discounts off the price of drugs and would eliminate popular value-based care arrangements. Other noteworthy proposals incorporate provisions from the House-passed Lower Costs, More Transparency Act, which includes the codification of the Trump administration’s

transparency rules (think machine-readable files and member cost comparison tool) and requirements for site neutral payments in Medicare. Some of these provisions already exist as administrative rules but codifying them into federal statute provides a higher level of permanence compared to administrative rules which can be more easily amended or repealed. Pundits also agree that, at a minimum, Congress will likely pass a spread pricing ban for Medicaid. There are also calls to extend this provision to the commercial market.

Telehealth flexibility

A popular measure that has received continued support since the end of the COVID-19 emergency is the extension of telehealth flexibilities. These flexibilities have enabled high-deductible health plans with health savings accounts to offer pre-deductible telehealth services to participants. Without an additional temporary or permanent extension, relief will expire on December 31, 2024, for calendar year plans. Passage of the Telehealth Benefit Expansion for Workers Act would also allow employers to offer telehealth as a standalone benefit.

During the COVID-19 emergency, the U.S. Department of Labor temporarily allowed employers to expand telehealth offerings to individuals ineligible for full medical benefits. This flexibility ended at the end of the 2023 calendar year.

Recent and anticipated rulemaking from the Biden administration

The Biden administration has remaining policy goals and agenda items to wrap up before the end of the term. Given President Biden's decision not to seek reelection, the coming months will be the administration's final opportunity to tie up any loose ends and solidify its impact. The following is a look at some outstanding health care-related regulations that are anticipated by the year's end.

Copay accumulator rule

After the Washington D.C. district court invalidated the Department of Health and Human Services' (HHS) rule allowing plans to decide whether to count manufacturer copay assistance toward a participant's deductible and maximum out-of-pocket, the Court directed HHS to engage in further rulemaking on the topic. The Court held the 2021 rule was "arbitrary" because it allowed a plan to choose its own definition of cost-sharing in a way that was inconsistent with the ACA's existing definition. The Biden administration announced a non-enforcement policy of the ruling and will likely address the issue in the Notice of Benefit and Payment Parameters Final Rule for 2026. These annual rules are typically released in November and finalized in April of the year prior to the rule going into effect. Most stakeholders suspect the administration will rewrite the rule in favor of payors. Either position will likely be met with legal challenges.

Essential Health Benefits (EHB) designations

In the final Notice of Benefit and Payment Parameters for 2025, the Departments of HHS, Labor and the Treasury (the tri-agencies) indicated that if a health plan covers prescription drugs in excess of the plan's current definition of EHB, the additional drugs would also be considered EHBs. This means all covered drugs would be deemed EHBs and, therefore, subject to the ACA's maximum out-of-pocket limit and annual and lifetime dollar limit prohibitions. In a subsequent FAQ guidance document (FAQ 66), the tri-agencies clarified this requirement only applies to individual and small group market plans and not large group market or self-funded group health plans. However, the tri-agencies have indicated that they do intend to align these requirements for the large and self-insured market in future rulemaking. Application of this policy to the self-insured market would inhibit plan sponsors' ability to use innovative plan designs intended to reduce drug costs, such as copay maximizer programs.

Mental health parity final rule

In mid-September, the tri-agencies released the long-awaited mental health parity final rule, which detailed a new comparative test for employers to ensure that mental health benefits are on par with medical and surgical coverage. The initial draft of this rule was proposed in 2023 and criticized by stakeholders as vague and burdensome for employers. Employers are still unclear on the exact requirements and benchmarks needed for a complete non-quantitative treatment analysis, an area where parity violations continue to persist. This rule is also likely to be met with legal challenges as several employer interest groups have argued the rule exceeds the Departments' authority established in the underlying mental health parity law.

Closing thoughts

Employers should remain aware that these proposals could impact their delivery and management of prescription drug benefits. As these dynamics unfold, employers must work with their vendors to determine how these new policies, as well as any subsequent litigation, may impact their plans to ensure any necessary changes are implemented. Employers Health will continue to monitor these developments and release timely updates for its employer clients.

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Upcoming Events

Take a look at our upcoming in-person and virtual events, or rewatch our past events on-demand at

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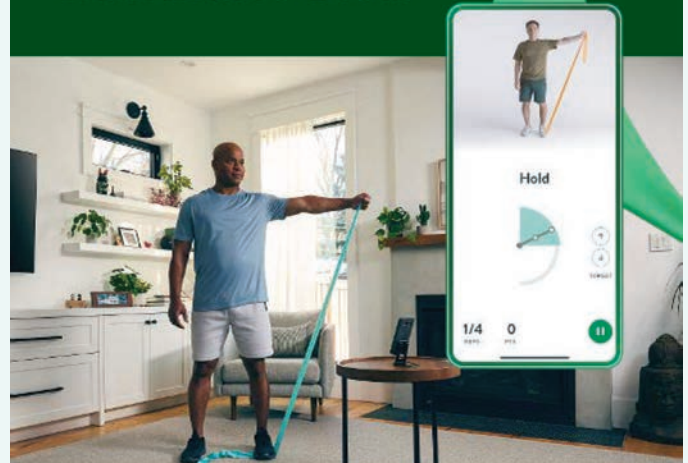


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Side Effects of GLP-1s: Weighing the Risks and Rewards

Elizabeth Brewster, PharmD
Pharmacy Resident

Obesity trends in the U.S.



In 2023, approximately 47% of U.S. men and 55% of women stated they wanted to lose weight.¹



The Centers for Disease Control and Prevention estimates that over 41% of Americans are obese.²



As of 2022, the five states most affected by obesity are West Virginia, Oklahoma, Louisiana, Mississippi and Tennessee.³

Recently, if you have a conversation with anyone regarding weight loss, chances are you'll hear, "I've been thinking about going on Ozempic," or "It's all Ozempic!" While more Americans are openly taking GLP-1 receptor agonists such as Ozempic, Trulicity and Victoza, commonly referred to as GLP-1s, most don't realize that weight loss is a side effect of using these drugs, not the primary intent. When the first GLP-1, Byetta, was in the early stages of drug development, the intention was to manage Type 2 diabetes.

GLP-1s are effective in managing Type 2 diabetes and have become first-line treatment options in select patient populations. However, this is often overshadowed by the drugs' use in weight loss. With more than half of the U.S. population trying to lose weight and endorsements from A-list celebrities, it's no surprise that GLP-1s, which can reduce weight by up to 20%, have become a hot topic. As the use of GLP-1s continues to grow, many are questioning how safe these drugs are long-term.



How GLP-1s work

GLP-1 receptor agonists stimulate the naturally occurring GLP-1 hormone produced in the small intestine. Stimulation of this hormone helps our body increase insulin secretion, decrease glucose production, slow stomach emptying and increase satiety, the feeling of fullness. This is why GLP-1s are so effective in treating diabetes. These drugs have shown significant reductions in A1c levels, a measure of blood sugar control, and have the potential to delay or bypass the need for insulin injections in people with Type 2 diabetes.

GLP-1s induce weight loss in many ways. GLP-1s slow the release of stomach contents into the intestines and affect certain areas of the brain that control hunger and satiety. Similarly to GLP-1 receptor agonists, there are also GLP-1/GIP receptor agonists. Currently, there is only one drug on the market in this class, tirzepatide. While oftentimes grouped in with other GLP-1s, tirzepatide has an added mechanism of action, GIP stimulation, that gives this drug added efficacy in both diabetes and weight loss.

GLP-1 products on the market

Outlined in **TABLE 1**, there are four GLP-1 receptor agonists and one GLP-1/GIP receptor agonist currently on the market. Three of these drugs have two brand names, one with the FDA-approved indication for the treatment of diabetes and one for weight loss.



TABLE 1

GLP-1 & GLP-1/GIP agents currently on the market

Drug Name	Class	Brand Name for Diabetes	Brand Name for Weight Loss
Semaglutide	GLP-1 receptor agonist	Ozempic, Rybelsus	Wegovy
Dulaglutide	GLP-1 receptor agonist	Trulicity	
Liraglutide	GLP-1 receptor agonist	Victoza	Saxenda
Exenatide	GLP-1 receptor agonist	Byetta, Bydureon BCise	
Tirzepatide	GLP-1/GIP receptor agonist (dual action)	Mounjaro	Zepbound



Short-term side effects

GLP-1 side effects are closely related to how they work, with the most common complaints relating to the gastrointestinal (GI) tract. Up to 50% of patients experience nausea and vomiting when starting a GLP-1. This can be attributed to the stomach not emptying as frequently and may be mitigated by eating smaller meals. Other common complaints relating to the GI tract are diarrhea and constipation. These side effects may subside as treatment is continued or when the dosage is decreased.

An additional side effect seen in new users of GLP-1s is a skin reaction at the injection site. All GLP-1s, except Rybelsus, are injected with a short and thin needle into the fatty tissue under the skin, above the muscle. This can result in a small, red raised area around the injection site. This will usually dissipate within a few hours to a day after the injection and is harmless. Some patients report itchiness where the drug was injected, which can be treated with over-the-counter anti-itch cream. These skin reactions tend to wane as the body becomes accustomed to the injections.

The viral social media term “Ozempic face” is also commonly associated with the use of GLP-1s. However, this is not specific to Ozempic or GLP-1 drugs at all. This can happen to anyone rapidly losing weight. “Ozempic face” is characterized by changes in the lips, cheeks and chin, but is notoriously known for wrinkles, sunken eyes and sagging skin around the jaw and neck. The fast pace of weight loss with GLP-1s tends to make these facial features more obvious than if weight was lost at a slower rate.

Long-term side effects

As for the long-term side effects, there have yet to be any confirmed since the drugs are so new to the market. Most clinical trials for these drugs are less than four years in duration, not a sufficient duration for establishing long-term risks. While there have been case reports citing more serious adverse events, there is not enough evidence to know if this is a causal relationship. These case reports have contained adverse events such as pancreatitis, gallstones and acute kidney injury but GLP-1s cannot be confirmed as the cause.

More recently, an analysis published by the Journal of American Medical Association (JAMA) investigated adverse events in patients taking semaglutide that can be reasonably presumed to be the result of using GLP-1s. Using the World Health Organization’s (WHO) database of adverse events, it was found that a significant disproportionate number of patients with pre-existing anxiety and depressive disorders had a greater risk of developing semaglutide-associated suicidal ideation. This disproportional analysis cannot confirm that semaglutide causes ideation, however, it has launched an investigation by the FDA to clarify the results. As GLP-1s persist on the market, and more people have access to them, we will likely see more preliminary analyses like this one. While these preliminary analyses are extremely useful to further robust studies, they should not be taken as definitive causation at face value.

Final notes

Although weight loss was originally found to be a side effect of GLP-1 receptor agonists when used in diabetes management, manufacturers have now leveraged this coincidence to market these drugs for weight loss as well. Many of the side effects associated with GLP-1 drugs are not serious, although it has not been determined if more dangerous adverse events are associated with long-term use. If you have any concerns about using GLP-1 drugs, please talk with your doctor for more information. If you are experiencing severe vomiting and diarrhea, severe pain or tenderness in your abdomen, inability to produce a bowel movement or yellowing of the skin with GLP-1 use, please seek immediate medical attention.

TO LEARN MORE CONTACT
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CHURCHILL DOWNS

Client Spotlight

Interview with Mackenzie Hundley

Senior Director of Benefits and Compensation
Churchill Downs Inc.

Churchill Downs Inc.

The Kentucky Derby was just the beginning. It all started with an inaugural race in 1875 that featured two flagship horse races: the Kentucky Oaks and the Kentucky Derby. These iconic races are still run beneath the Twin Spires 149 years later, making the Derby the longest continually held annual sporting event in the U.S. Today, Derby Week is preceded by a month of events celebrating the Kentucky Derby and helps to bring over \$400 million to the local economy each year.

Headquartered in Louisville, Kentucky, Churchill Downs Inc. (CDI) has expanded through the development of live and historical racing entertainment venues, the growth of the Twin Spires horse racing online wagering business and the operation and development of regional casino gaming properties. We recently spoke with Churchill Downs's senior director of benefits and compensation, Mackenzie Hundley, to hear about CDI's approach to affordable pharmacy benefits.

How did you get your start in employee benefits?

I started at CDI in 2017 as a recruiter on the human resources team. Soon after, I was given the opportunity within the HR department to join the benefits team. This role marked the start of my journey in employee benefits.

What do you feel is the most rewarding part about working in employee benefits?

The most rewarding part about working in employee benefits is the opportunity to make a meaningful impact on our team members' lives. By designing and managing comprehensive benefit programs, we help our team members and their families access essential health care, financial security and wellness resources. Witnessing the positive effects CDI's benefits have on the overall well-being, job satisfaction and work-life balance of our employees is incredibly fulfilling. Another layer of satisfaction comes from being able to support our organization in attracting and retaining top talent through competitive benefit packages.

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

In addition to a traditional health and well-being plan, we take a targeted approach to the individual needs of team members by utilizing programs for specific chronic conditions. For instance, we identified a high percentage of members with diabetes, prediabetes and cardiovascular conditions. In response, CDI implemented proactive initiatives to improve health metrics before conditions worsen. These comprehensive strategies ensure we address both general and specific health needs, promoting the overall well-being of our employees.

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

CDI has extremely robust benefit offerings. With locations scattered across the country, it's important we offer a variety of benefit packages that resonate with our entire population. One of our partners, Health Advocate, focuses on a holistic care approach. Health Advocate guides our team members with advocacy products, engages with clinical care management and empowers and inspires them with emotional support and personalized well-being practices.

What are your thoughts on the future of employee benefits?

If you don't stay on top of trends, legislation and the emerging needs of a population, you will fall behind. I find it important to follow case studies and analyses to ensure we are selecting pharmacy benefits and solutions wanted and needed by our population. In doing so, we're able to demonstrate our commitment to the overall well-being of our team members, leading to increased job satisfaction, higher productivity and lower turnover rates.



Senior Human Resources Director
Jennifer Smith and Senior Director of Benefits
and Compensation Mackenzie Hundley



What do you feel is the biggest value your organization derives from Employers Health?

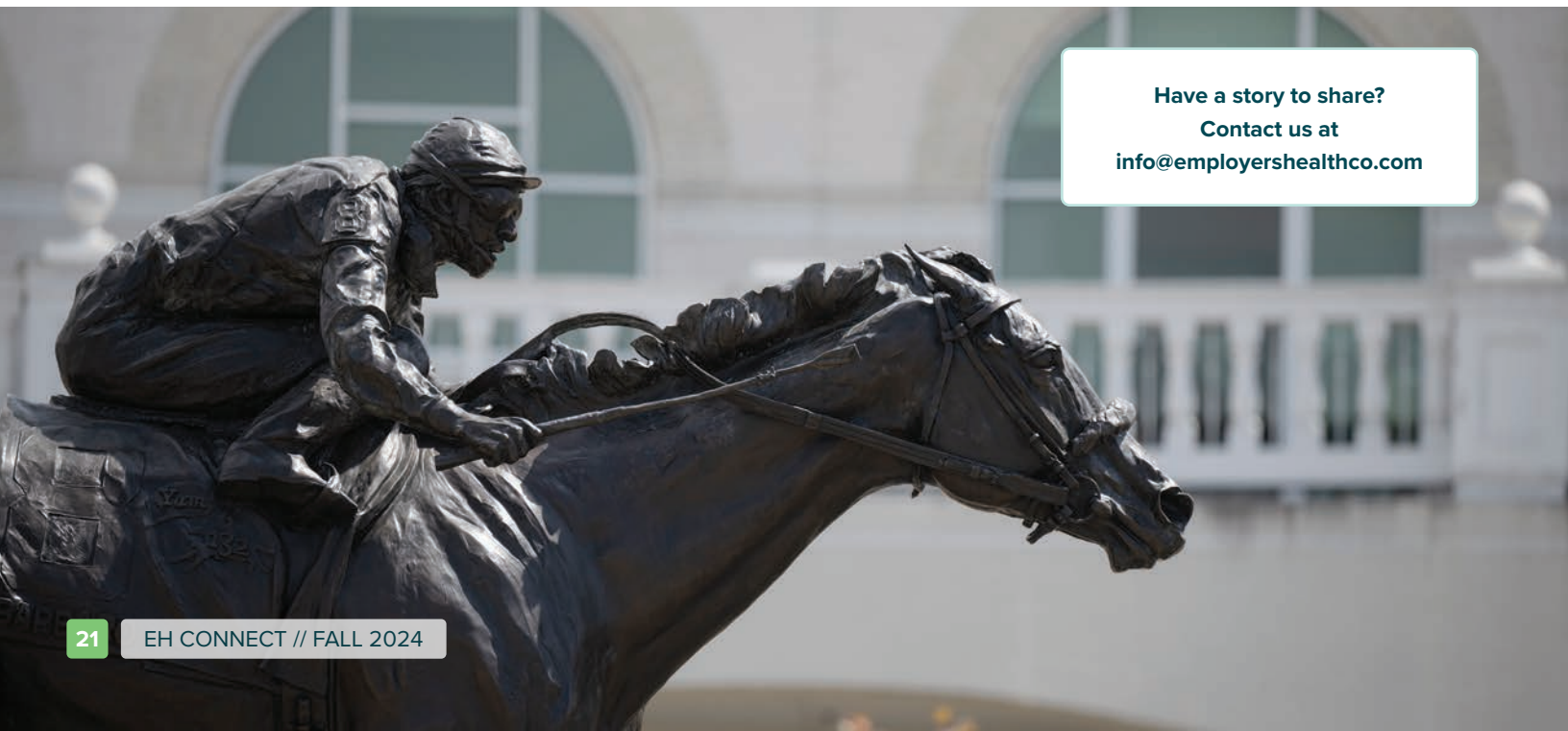
Employers Health provides CDI with invaluable resources and expertise, always prioritizing high-quality care at an affordable cost. The team is dedicated to making pharmacy benefits as affordable as possible for participants, allowing CDI employees and families to receive the best care and outcomes. Their guidance and advice, along with our broker's, allow us to stay on top of emerging pharmacy trends and feel confident when making decisions for our population.

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

CDI is focused on the health and well-being of our team members by creating a supportive and healthy work environment through comprehensive health benefits, financial wellness and professional development. Employers Health actively assists the CDI team with early intervention processes for disease prevention. This proactive approach helps identify and manage potential health issues before they become more serious, leading to improved clinical outcomes and quality and accessibility of care.

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

Through detailed data analysis and close collaboration with our team, Employers Health identifies emerging trends and potential challenges early. This proactive approach assists us in controlling costs and ensures we can continue to provide high-quality, patient-centered care appropriately and cost-effectively. This level of responsiveness and foresight has been invaluable in adapting our plans to meet the needs of our employees while keeping costs contained.



Have a story to share?
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