

EHCONNECT

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Northwestern
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& Pipefitters

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2025 Annual Forum Recap

CVS Weight Management™

Virtual care program designed to help members lose weight and drive medical and pharmacy savings for clients

UP TO
5:1 ROI
observed



Optimize clinical outcomes for members wherever they are in their weight loss journey



High engagement with members meeting virtually with their dedicated registered dietitian **monthly** and chatting and logging their biometrics **weekly**

13x TOTAL WEIGHT LOSS

For members previously struggling to lose weight on medication alone¹

92% MEMBER SATISFACTION

“My RD has changed my life for the better. She’s been wonderful and contributed to my success in weight loss tremendously. She is a fantastic motivator.”
– Enrolled member

26% LESS CLIENT SPEND

on GLP-1s for weight loss compared to clients who did not adopt the program²

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Flexible program components

For seamless integration with your pharmacy benefits and a better experience for your members

Engaging digital app

Health Optimizer uses FDA-cleared technology to deliver clinically-precise, AI-driven support and coaching³

Source: CVS Health Analytics, 2024. Weight Management Pilot Results. Data from August 2023 through September 2024. 265K Total Covered Lives, as of 9/30/24. Conditions for ROI guarantee apply, and full guarantee requires final sign-off by CVS Caremark Actuarial and Underwriting. Actual savings vary based on client benefit plan design, implementation, and promotion.

1. Reflects relative increase in total weight loss from weight management medication start before and after enrollment in CVS Weight Management.
2. Comparing pilot client to a comparable client peer group in Q3 2024.
3. Health Optimizer® diabetes capabilities are FDA-cleared (“Welldoc™”), intended for use by adults with type 1 or type 2 diabetes. For full labeling information, visit www.learn.welldoc.com/caremark. The other Health Optimizer app features are non-FDA-cleared and intended to promote general wellness and education/self-management of various cardiometabolic conditions.

Summer 2025

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Christopher V. Goff, Esq.
Chairman, President & CEO

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NPC Inc.

Pella Corporation

Rummel, Klepper & Kahl, LLP

SKF USA Inc.

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Upbound Group Inc.

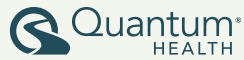
Zachry Holdings

It has been a busy year so far at Employers Health. With annual review season behind us, we hope you enjoyed meeting with your client solutions representatives and clinical advisors. Our team always enjoys connecting with each of you to ensure your organization is getting the most out of its pharmacy benefit.

We continue to hit milestones across the entire organization, including a significant increase in mid-year starts. Typically, we have about five new clients join us mid-year. As of this writing, we have welcomed 15 new clients. This momentum could not be possible without the confidence and trust of our clients, consultants and talented team. To our newest clients, welcome! We are grateful for the opportunity to improve your pharmacy benefit and look forward to supporting you throughout the implementation process.

To support this growth in new business, our team continues to grow as well. We now have over 100 employees working with clients and behind the scenes to enhance your pharmacy benefit management experience. I am proud of the talented team we have assembled and thank you for your support. Growth allows us to strengthen our purchasing power and achieve new milestones.

I want to thank everyone who participated in our two-day Annual Benefits Forum in April. Our insightful speakers, knowledgeable vendors and incredible staff at the Polaris Hilton made it a success. It is always a great opportunity to not only learn from industry-leading speakers but also our colleagues. If you were unable to attend, recordings of all sessions will be made available as webinars on demand on our website at employershealthco.com/events. A full list of webinars can be found on page 19. We hope you can join us for next year's Annual Benefits Forum on March 24 and 25, 2026, at the Polaris Hilton in Columbus, Ohio.



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Good Reasons vs. Real Reasons:

How Employers Can
Successfully Lead
Workplace Health and
Well-Being Initiatives

Marcas Miles, M.A.

Vice President, Industry Relations

Employers have made remarkable progress in workforce well-being. Over the past decade, they've built initiatives grounded in what any thoughtful organization would consider "good reasons": corporate responsibility, employee morale, compliance and optics. These efforts should be acknowledged and celebrated.

But good reasons don't guarantee real results. Caring is not the same as changing. Too many employer-led health and well-being initiatives are built on good reasons, yet meaningful change only comes when we focus on the real reasons:

[REDACTED], [REDACTED],
[REDACTED] and [REDACTED].

The patterns we can't ignore

Many employers have invested time, resources and attention into workforce health and well-being. Yet even well-funded, well-intended programs often stall or fall short. Why?

- Capacity and bandwidth — teams are stretched too thin
- Lack of a clear prioritization framework — what to do first and why
- Unclear return on investment (ROI) — difficulty justifying population health investments to finance and leadership
- Competing priorities — retention; diversity, equity and inclusion; compliance; talent acquisition
- Solution fatigue — too many vendors, too little differentiation

GOOD INTENTIONS ARE NOT A STRATEGY. Employers understand they should do more, but they struggle to identify what will actually work and how to prioritize competing demands.

From idea to impact: four real reasons to act

Employers who implement successful population health initiatives focus on four key actions:



Data-driven assessments of employee health trends are essential, but they must focus on what matters most, not every possible variable. Many struggle with knowing which metrics matter most and how to access reliable data. Employers that leverage claims data, biometric screenings and pharmacy utilization insights can pinpoint risks early.

EXAMPLE:

Understanding that depression and anxiety are prevalent among many working adults, an employer may launch a mental health awareness campaign, believing it's the right thing to do. That's a good reason. But the real reason to act is to reduce productivity loss [REDACTED], minimize disability claims [REDACTED] and reduce turnover [REDACTED] by addressing mental health in ways that deliver measurable business outcomes.

Health programs must improve productivity, reduce absenteeism and manage costs. A Harvard Business Review study found that organizations investing in targeted workforce health and well-being programs see a 3-to-1 return through health care savings and productivity gains.

EXAMPLE:

Offering paid gym memberships might seem like a valuable perk for employees. But unless it's integrated into a broader strategy to reduce musculoskeletal issues or cardiovascular risk, conditions that directly impact absenteeism and health care claims, the investment may only benefit already active and healthy employees. The real reason for such a program should be tied directly to reducing future high-cost claims [REDACTED], supporting employee engagement [REDACTED] and improving workforce productivity [REDACTED].

Employers should start with programs where ROI can be measured early and clearly. Small, focused initiatives create momentum, build leadership support and provide proof of concept before scaling.

EXAMPLE:

Many employers offer on-site biometric or cancer screenings since early detection is crucial — a good reason. But real impact happens when those screenings are connected to programs that help prevent chronic disease or risks of cancer in the first place. Pairing screening initiatives with targeted lifestyle coaching or risk management interventions can reduce future diagnoses [REDACTED], lower absenteeism [REDACTED] and support employee longevity [REDACTED].

Employers need partners who help prioritize and execute, not just provide products. The right partners offer guidance, analytics and implementation support that align population health strategies with business goals.

EXAMPLE:

It's common for employers to engage multiple vendors like employee assistance programs (EAPs), wellness apps and screening providers. Offering a broad array of solutions seems like a good reason to meet diverse employee needs. But real value comes from selecting partners that not only provide services but also integrate data, offer strategic insights and help focus efforts where they'll have the greatest business impact: [REDACTED], [REDACTED], [REDACTED], [REDACTED].

Why progress has stalled, and why it matters now

Employers have not failed. They have simply reached the limits of what fragmented, good-intentioned efforts can achieve. The issue is not a lack of caring or effort, it is the absence of a unified, strategic framework that connects population health to broader business outcomes. Multiple national employer surveys, including those from Business Group on Health, KFF and Mercer, consistently show that while benefit investments remain high, many organizations report limited clarity on long-term health ROI and ongoing challenges in prioritization. This reinforces what the team at Employers Health has observed firsthand in our work with hundreds of employers.

When your work supports the health needs of millions of covered lives, patterns emerge. You stop guessing. You notice what's working and where promising programs stall. You see the friction points others miss, and you recognize the difference between caring and committing. You understand where resource gaps, not apathy, cause promising programs to stall. We're not asking employers to care. We're showing them why decisive action, grounded in real reasons, drives meaningful change.

A challenge to employers

You've done many of the right things. Your intentions have been good, but good reasons don't close the gap between effort and outcome. That's not a failure; it's the starting point for what comes next.

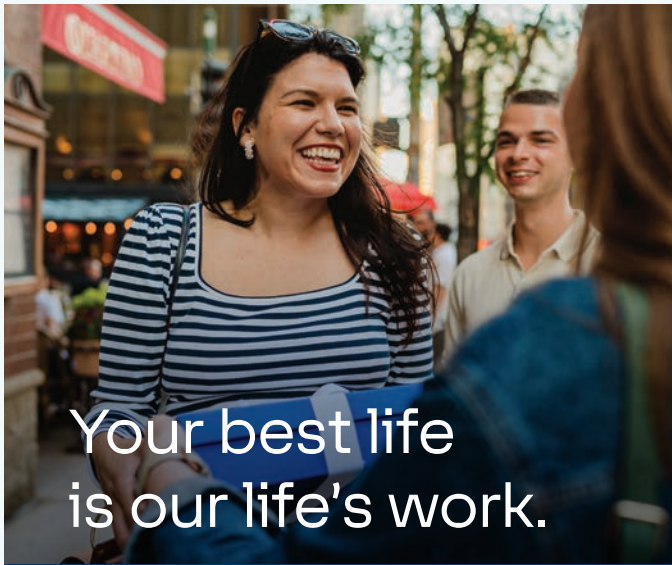
The question is no longer, *"What should we do?"* It's *"What will make the biggest difference — right now?"*

We encourage you to question what's driving your workforce health decisions today, good reasons or real reasons that target: [REDACTED], [REDACTED], [REDACTED] or [REDACTED]?

Employers Health remains committed to helping employers translate good intentions into real, measurable outcomes. To learn more about how Employers Health supports organizations in building business-aligned population health strategies, reach out to Marcas Miles at mmiles@employershealthco.com

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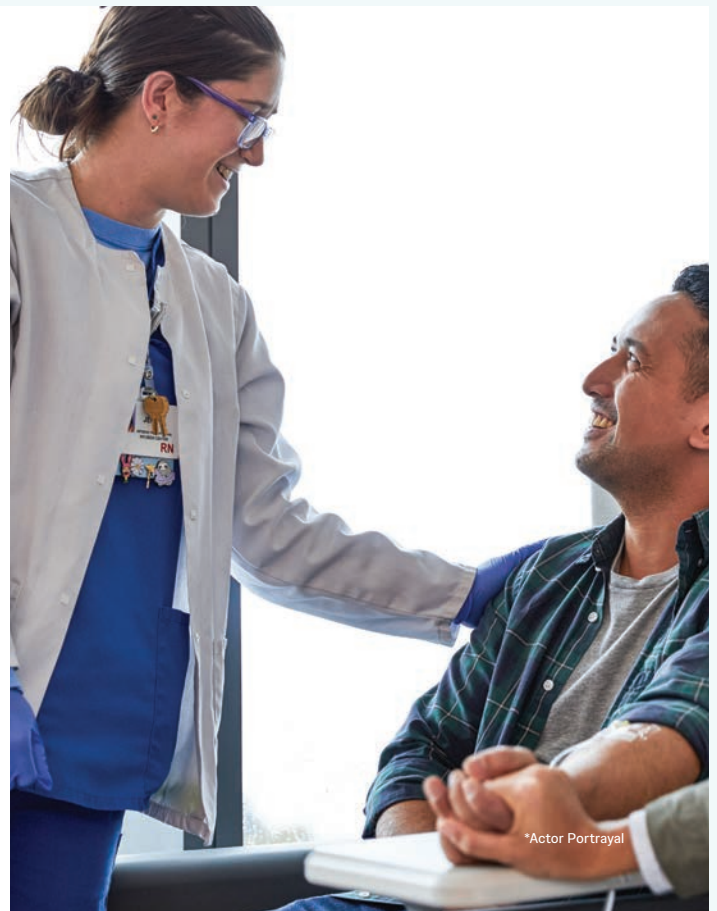
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*Actor Portrayal

Inflammatory Insights:

Treating Chronic Conditions While Containing Costs

Alexis Sova, PharmD
Clinical Advisor

Nowadays, it's nearly impossible to sit down and enjoy your favorite show without seeing at least one pharmaceutical commercial. Of course, you'll likely see ads for GLP-1s targeting weight loss, but you're also likely to see another promoting treatment for inflammatory conditions, like psoriasis. With big, manufactured smiles and optimistic testimonials, these commercials make it seem as though these biologic drugs offer quick, life-changing solutions. While they may highlight real success stories, they rarely address the financial complexities that come with these medications.

Four inflammatory conditions alone — psoriasis, psoriatic arthritis, ulcerative colitis (UC) and Crohn's disease (CD) — account for \$27 in total gross cost per member per month (PMPM) across the Employers Health book of business. While newer biologic medications are highly efficacious, they tend to be significantly more expensive than traditional treatments. As the prevalence of these conditions continues to rise and risk factors become more prominent, Employers Health aims to identify a balanced approach to managing these disease states, ensuring access to high-quality therapies for members while containing costs for the plan sponsor.

Inflammation explained

To understand these chronic conditions and their treatment options, we need to understand inflammation. Inflammation is the body's natural immune response to illness, injury or foreign substances. In a normal immune response, white blood cells are sent to the site of injury to surround and protect the area, causing redness or swelling. For most, acute inflammation lasts only a few hours or days and is usually the result of something minor like scraping a knee or rolling an ankle. In those with autoimmune inflammatory conditions, the body's inflammatory response is chronic, persisting for months or years, because it mistakenly sends inflammatory cells despite the absence of illness or injury.

In the U.S., nearly 125 million people are living with a chronic inflammatory condition.¹ It is predicted the prevalence will only continue to rise with the increase in those experiencing risk factors associated with chronic inflammation, including obesity, exposure to environmental factors, increase in stress and sleep disorders. While there are various types of autoimmune and inflammatory conditions, this article focuses on only a few of those conditions — including psoriasis, psoriatic arthritis, CD and UC.

Skin conditions: understanding the complexities of psoriasis and psoriatic arthritis

Psoriasis, also known as plaque psoriasis for its distinct scale-like patches, is an autoimmune, inflammatory condition that affects 3% of adults aged 20 and older. Typical symptoms include itchy, cracked, dry or discolored skin and those aforementioned scaly plaques. Although there is no cure for psoriasis, there are effective treatment options on the market.²

Treatment largely depends on the severity of the condition and a patient's comorbidities. Mild-to-moderate psoriasis may be well controlled with topical therapies — over the counter or prescription topical corticosteroids,

topical calcineurin inhibitors, vitamin D analogs, etc. — or with phototherapy. Patients with more moderate-to-severe psoriasis may use a combination of topical treatments and a systemic agent. Systemic options include non-biologic therapies that target the entire immune system — such as methotrexate, cyclosporin, acitretin — or biologic therapies that target specific parts of the immune system. The American Academy of Dermatology Association generally recommends biologics to treat moderate-to-severe psoriasis for more targeted symptom control and to reduce risk of broader immune suppression and complications.³

Inflammatory conditions can affect far more than an individual's skin. Roughly 1 in 3 people with psoriasis may also develop psoriatic arthritis. An estimated 2.4 million Americans are diagnosed with psoriatic arthritis, with more than 15% of people with psoriasis likely having undiagnosed psoriatic arthritis. Psoriatic arthritis can resemble other forms of arthritis, causing joint pain, swelling, tenderness and stiffness. Its severity depends on the number of joints affected and is unrelated to the severity of a person's psoriasis.

Treatment options are primarily systemic in nature. When developing a systemic drug for psoriasis, manufacturers oftentimes choose to have the drug undergo clinical trials for the additional indication to treat psoriatic arthritis and vice versa. Crossover does exist between the biologic and systemic treatment options available for psoriasis and psoriatic arthritis, as shown in **TABLE 1**.

FDA-Approved Treatments for Psoriasis and Psoriatic Arthritis

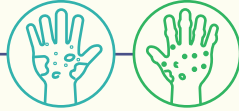


FDA-approved for the treatment of psoriasis



FDA-approved for the treatment of psoriatic arthritis

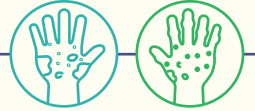
Bimzelx®
(bimekizumab-bkzx)



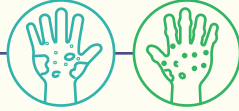
Cimzia®
(certolizumab pegol)



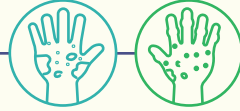
Cosentyx®
(secukinumab)



Enbrel®
(etanercept)



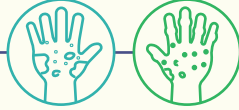
Humira®
(adalimumab)



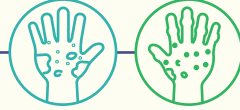
Ilumya™
(tildrakizumab)



Remicade®
(infliximab)



Siliq™
(brodalumab)



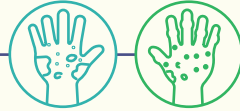
Simponi®
(golimumab)



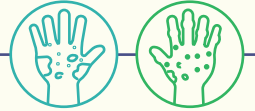
Skyrizi™
(risankizumab)



Stelara®
(ustekinumab)



Taltz®
(ixekizumab)



Tremfya™
(guselkumab)

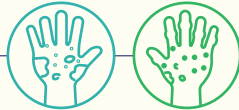


TABLE 1. Modified from the American Academy of Dermatology Association website on the biologic treatment options for psoriasis and psoriatic arthritis⁵



These conditions can significantly impact an employee's ability to work, potentially leading to absenteeism, reduced productivity or job loss. In the U.S., psoriasis and psoriatic arthritis contribute to an estimated \$35 billion in health care costs annually, with \$11.2 billion stemming from productivity losses (32%) and \$11.8 billion from reduced health-related quality of life (34%).⁴ Across the Employers Health book of business for 2024, these conditions accounted for approximately \$15 in total gross cost PMPM, with those costs rising each quarter. This trend is heavily driven by drug price inflation, new utilizers and increased utilization of higher-cost biologic products including Skyrizi® and Tremfya™.

Inflammation in the gut: a closer look at ulcerative colitis and Crohn's disease

Another type of inflammation, often not visible externally, affects the gastrointestinal (GI) tract and is classified as inflammatory bowel disease (IBD). IBD is an umbrella term for GI conditions, including two of the most common IBDs, UC and CD. The two conditions are chronic inflammatory diseases of the GI tract but differ in the specific area where inflammation occurs. In CD, inflammation can involve all layers of the bowel wall and occurs anywhere in the GI tract, from the mouth to the anus. In UC, inflammation is limited to the inner lining of the colon. In both conditions, patients may experience gut-related symptoms, such as abdominal pain, changes in their stool frequency, blood in their stool, weight loss, fatigue or vomiting. While patients can be diagnosed with IBD at any age, most patients are diagnosed between ages 15 and 35.

An estimated 2.39 million Americans have IBD, with roughly 1.25 million diagnosed with UC and 1.01 million with CD.⁶ Treatment for moderate-to-severe cases has rapidly evolved in the past few decades. With the evolution of treatment options comes a rise in the cost of care for IBD. In 2018, the overall costs for IBD-related care were \$8.5 billion with

71% of those costs stemming from prescription medications. A recent study published in Clinical Gastroenterology and Hepatology estimated overall IBD care costs in high-income countries range from \$9,000 to \$12,000 per person annually and depend heavily on patient location and disease severity, with higher costs experienced by moderate-to-severe patients in the U.S. This estimate is solely based on direct costs of IBD and does not account for costs associated with overall quality of life or indirect health care costs. The study notes that historically, costs were caused primarily by inpatient care, surgeries or hospitalizations; however, in recent decades a majority of costs have shifted to outpatient care and newer biologic therapies.

The first biologic therapy approved for the treatment of moderate-to-severe IBD was Remicade® (infliximab), receiving approval for CD in 1998, and UC in 2005. **TABLE 2** showcases recent FDA approvals in these disease states and how the landscape of IBD is evolving. As these newer therapies hit the market, the current American Gastroenterological Association (AGA) guidelines recommend a biologic-first approach to treatment, considering patient-specific factors and other trialed therapies.

Costs and considerations

As the prevalence of these inflammatory conditions rises, there is a continued focus on the management and containment of costs for treating these diseases. Despite biosimilars already having entered the market, in February 2024, Humira® retained 96% of the market share. It wasn't until April 2024, when CVS became the first pharmacy benefit manager (PBM) to exclude Humira® from its template formularies in favor of the biosimilar, Hyrimoz®, that the market began to shift. By the end of 2024, Humira® accounted for only 72% of the adalimumab market with biosimilars accounting for 23% of the market share.⁷ Across the Employers Health and CVS shared book of business, there was over a 90% conversion rate to Humira® biosimilars, which offer an 80-83% list price discount per prescription compared to Humira®. Optum Rx and Express Scripts followed suit, excluding Humira® from all formularies effective January 2025.

Holding roughly 55% of the market share in the Employers Health book of business for the treatment of UC and CD, Stelara® biosimilars represent the next big opportunity for savings. Wezlana® was the first Stelara biosimilar launched in January 2025. All Stelara biosimilars that have launched so far claim to offer a significant discount of 80-90% off the list price. The big three PBM's Stelara® biosimilar decisions are mirroring those of the early Humira® biosimilar decisions, first placing the biosimilars at parity and then moving to exclude the reference product.

FDA Approvals for UC and CD

Drug	FDA approval to treat moderate-to-severe UC	FDA approval to treat moderate-to-severe CD
Tremfya® (guselkumab)	Mar 2025	Sep 2024
Omvo® (mirakizumab-mrkz)	Oct 2023	Jan 2025
Skyrizi® (rizankizumab-rzaa)	Jun 2024	Jun 2022
Stelara® (ustekinumab)	Oct 2019	Sep 2016
Entyvio® (vedolizumab)	May 2014	May 2014
Simponi® (golimumab)	May 2013	-
Humira® (adalimumab)	Sep 2012	Sep 2014
Cimzia® (certolizumab pegol)	-	Apr 2008
Tysabri® (natalizumab)	-	Jan 2008
Remicade® (infliximab)	Sep 2005	Aug 1998



Optum Rx was first to place the biosimilar Wezlana® (by Nuvaila) on its template formularies at parity with Stelara® on January 1, 2025. Similarly, Express Scripts announced its plans to add ustekinumab-ttwe (by Quallent), Yesintek® and Selarsdi® at parity with Stelara® throughout the first half of 2025. Although first to market with its Humira® biosimilar decision, CVS was the last of the big three to announce its Stelara® biosimilar strategy, placing Pyzchiva® (by Cordavis and Sandoz) and Yesintek® at parity with Stelara®, effective July 1, 2025. Out of these three, Optum Rx will be the first to exclude Stelara® with preference toward the biosimilars also effective July 1, 2025. Since a majority of the Stelara® biosimilars are coming to market with interchangeability status and FDA approval for the same indications as the reference product, transitioning patients from Stelara® to a biosimilar should be less complex and less nuanced than the shift to Humira® biosimilars.

Looking ahead

As we start to see the movement of the Stelara biosimilar products entering the market, Employers Health's clinical team is seeking additional avenues to encourage biosimilar adoption and early opportunities for savings. This includes exploring a biosimilar first strategy for the aforementioned conditions to promote early biosimilar treatment before moving to higher-cost biologic therapy options based on current clinical treatment guidelines. **For additional insight, register for the Employers Health Inflammatory Insights webinar presented at the 2025 Annual Benefits Forum by clinical advisors Catherine Berger and Ernesto Munoz at <https://www.employershealthco.com/resource-center/events/>**

TO LEARN MORE CONTACT
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TABLE 2. This table only includes biologic products and does not include the adalimumab, infliximab or ustekinumab biosimilars that are approved in the treatment of moderate-to-severe UC or CD.

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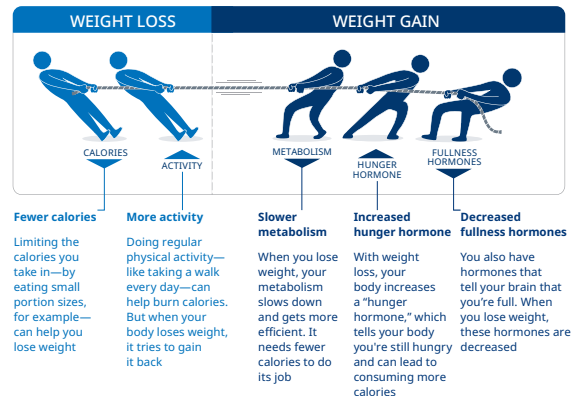
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Strategies, Stories and Solutions: 2025 Annual Forum Recap

Cassidy Burger

Content Marketing Specialist

The Employers Health 2025 Annual Benefits Forum featured over 200 attendees, 30 speakers and 17 presentations. Plan sponsors, vendors and benefits professionals across the U.S. gathered in Columbus, Ohio eager to learn, network and recharge with industry-leading professionals. The event delivered a powerful mix of insight and inspiration, leaving participants with real-world strategies they could take home and put into action.

To keep the energy high, the two-day forum featured a dynamic lineup of general and breakout sessions and two lively panels. Presenters covered everything from expected topics like GLP-1s, legislative updates and cost trends, to the often overlooked — like combating workplace loneliness and streamlining benefit communications for all populations. The employer-and-consultant panels sparked open dialogue from the beginning, setting the stage for candid conversations among the larger group that continued throughout the event.

Two standout moments were the presentation of two annual awards. The Larry L. Morgan Service Award, presented annually 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 Jonathan Ijaz of Merck & Co., recognizing his immense contribution and dedication to the Employers Health and Merck relationship.

The Excellence in Benefits Award, presented since 2017, recognized Misi Holmberg, director, benefits at Panera Bread. Holmberg has been sharing her contagious energy and passion for benefits with the Panera Bread benefits team for over a decade. Nominated by her peers, she has been instrumental in breathing life into new, innovative benefits and initiatives across Panera Bread.

"Misi is a great asset to the Panera benefits team because of her heart. She has expertise and is very intelligent, but it all boils down to the heart that she brings to work every day," exclaimed Courtney Higgins, vice president, total rewards and HR technology at Panera Bread. *"Her ability to connect with others is a huge part of who she is and makes her great at what she does."*





Throughout the forum, one message was clear: there's no one-size-fits-all approach to benefits. Every organization — regardless of size, industry or location — faces unique challenges. Innovation and timely resources are key to staying up to date in an evolving landscape that won't be getting less complicated or costly any time soon. Attendees were reminded that asking questions and flexibility is critical to ensuring their benefits are competitive and low cost for plan members. Most don't enter the benefits industry planning to navigate the complexities of health care, but the decisions they make every day have a profound impact on the lives of hundreds or even thousands of people and, Employers Health is honored to provide a yearly event that can help make those decisions easier.

The participation of employers, consultants, vendors and more showcased our shared dedication to creating healthier workplaces and better access to pharmacy benefits for all. It proved once again that when you bring together passionate professionals, exciting conversations happen. The Employers Health team is already working to make the 2026 Annual Benefits Forum even better. We hope you'll join us at the Hilton Columbus Polaris on March 24 and 25, 2026.



Client Spotlight

Interview with Stephanie DeWitt

Manager, Benefit Plans
Northwestern Ohio Plumbers
& Pipefitters



Northwestern Ohio Plumbers & Pipefitters

The Northwestern Ohio Plumbers & Pipefitters Benefit Plans' office administers comprehensive benefit plans and processes employer contributions for nearly 2,000 United Association (UA) Local 50 active and retired union members and their families. The UA Local 50 Journeymen and Apprentices of the Plumbing and Pipefitting industry, located in Northwest Ohio, provides plumbing, pipefitting and HVAC service to homeowners, businesses, industry and government installations throughout 12 counties in Ohio.

Dedicated to enhancing the quality and safety of the plumbing and pipefitting industries, the union prides itself on rigorously training the next generation of apprentices and upgrading the skills of its current craftsmen.

With a multi-generational population, the Benefit Plans team's tailored benefits approach helps enhance the well-being of plan members from their apprenticeship days long through retirement. Long-time Benefit Plans' Manager Stephanie DeWitt spoke with our team to discuss her team's approach to benefits, how they stay on top of industry trends and more.

How did you get your start in employee benefits?

Twenty-five years ago, I started as an assistant for a specialty food retailer's benefits and risk department. I had an amazing mentor who encouraged me to explore all aspects of benefits, eventually leading me to find my niche in benefits administration. I've been in the multi-employer Taft-Hartley world managing benefits for the UA Local 50 Plumbers & Pipefitters Union for the past 17 years.

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

Fortunately, I work in a benefits role where customer service and administration are still a very personal experience. Real relationships and connections are made, and you witness firsthand the impact your benefits have on plan members and their families. From our self-administered health plan to retirement benefits, I can see the great impact well-thought-out and researched benefit offerings have for our population.



Northwestern Ohio Plumbers & Pipefitters Benefit Plans' team



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

Our benefit plans are governed by a board of trustees equally represented by labor and management. Everyone is a stakeholder, and our members work hard to fund exceptional benefits. Our board focuses on providing benefits that ensure physical and financial wellness for members from apprenticeship through retirement. Benefits are tailored to our population and all plans are carefully evaluated to maintain financial sustainability.

How has your organization been innovative in delivering health care benefits? Are there any specific initiatives or unique benefits your employees have responded positively to?

With an ever-evolving health care system, we've recognized the immense need for strong patient advocacy programs to help them navigate all aspects of their health care journey. To help, we have an on-site nurse who assists members with post-procedure and chronic condition compliance, physician and specialist searches, new diagnosis education and identifies community programs promoting health and wellness. This initiative has been well received, helping our members take better care of themselves on the job and at home.

How does your benefits team stay informed about new trends or changes in employee benefits?

I have an amazing and committed team that, along with managing benefits, handles employer contributions, eligibility, pension and retirement. Our team relies on other industry-leading benefits groups like Employers Health and the International Foundation of Employee Benefit Plans to keep us up to date on industry trends, clinical updates and legislative developments that may impact our population.

What are your thoughts on the future of employee benefits? What changes do you feel employers should be preparing for in the coming years?

I believe the complexity of employee benefits and health care costs will only continue to increase. Employers should prepare to provide more comprehensive benefits education and personalized support to employees, helping them make full use of the benefits, resources and programs available to them.

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

Employers Health provides peace of mind when it comes to navigating the complex pharmacy benefit industry with its knowledgeable staff, comprehensive contract negotiations, personable client services team and educational resources. We are grateful for its guidance and take pride in staying informed on industry trends and services. I feel like there is always someone dependable in my corner with Employers Health.

What advice do you have for someone just getting started in employee benefits?

Your education has just begun! This is an ever-changing industry shaped by demographics, legislation and scientific advances. Every day is an opportunity to learn, grow and make a difference in someone's life.

Have a story to share?
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