

Benefits Forum
March 20, 2025

Employer Benefits Roundtable Discussion

Discuss your 2024/25 benefit changes and open enrollment

BHCG, Jennifer LaMere

- Benefits Roundtables held on an annual basis to:
 - Have peers share information re. benefit structure, what's changed over the years, vendor experiences, things of significance re. your organization, etc.
- Introductions (in-person & virtual)
- Will be doing a summary of the meeting
 - Open enrollment materials will be shared electronically on Members Only section of BHCG website; other good information and materials from past meetings (get password from Jennifer, if needed)

BHCG, Jeffrey Kluever

- Executive Director of BHCG, been involved since its inception
 - Incredibly motivated to continue to see BHCG success – significant success in '24 and expect to move significantly forward at a more accelerated rate in '25
- Looking for open dialogue; should be no subject that is “untouchable”
- Probably hold another meeting in April for new members

Charter Manufacturing, Monica Hinek, Sara Schroeder, Karly Jackson

- Two medical plans through UMR – HSA and HRA
 - Very good support from UMR
- Delta Dental plans – base and buy-up offerings
- Group term life and optional life insurance offerings
- New in 2024, offered voluntary benefits with Prudential (accident, critical illness, hospital indemnity, debt relief)
- Implemented wellness solutions with Omada (diabetes) and musculoskeletal with Hinge Health
 - Determining success and how to keep increasing engagement overall
- Quantum Health for navigation services
- Willis Tower Watson consultant
- Use Workday as HRIS system and benefits enrollment
 - Don't have an enrollment provider, Workday for open enrollment – works fairly effectively
 - Do all integrations with carriers internally
- Communications
 - New communications every month (general promotions, awareness of services, promotion of different materials)

- Intranet to post everything (legal notices, benefits guide, open enrollment materials – some kept all year round for reference)
- Use signs and monitor postings; QR codes
- HR newsletter every other month promoting different materials each round (saved on the intranet as well)
- Home mailings for open enrollment (dedicated HR newsletter to all employee homes); have steered away from mailings except for required mailings and promotional mailings like tobacco cessation
- Use HR Service Center to make calls instead of email or mailers
- Questions
 - Q: Using HRIS system to feed information to the carrier? A: Yes
 - Q: Know there is a lot of compliance issues with that – we are considering but even HRIS system team is reluctant
 - A: HRIS team does participate in the integration setup; specify who has access to any PHI data; have pretty full access to enrollment data; carrier data on the back end is more exclusive to the team – maybe some reports with finance has access to but mostly HR team on enrollment side of things
 - A: Payroll is not Workday; changing payroll systems to UKG this year (have UKG lead helping to support integrations for the contribution side)
 - Q: Two plans through UMR, anticipate any changes to Centivo?
 - A: Definitely discuss but sensitivity about everyone in one program; continued conversation about transitioning away from that and have WI look different – 40% of population in IL and OH
 - Q: Who do you use for pharmacy?
 - A: Navitus through BHCG

School District of New Berlin, Jackie Wagner & Patrick Miller

- Three medical plans incl. traditional high deductible plan
 - District has put money aside to offset high deductible for some cases
 - Other two are Centivo plans launched in July of '24 (WI-1 network w/Aurora; WI-2 w/no deductible)
 - So far, so good – employees learning how to call for referrals (fairly educated due to changes over the years); appreciate they have to do a little extra work, but zero deductible
 - Wanted to change focus from a wellness focus (believe people who need it, don't really use it) to a PCP focus – led to Centivo with a strong PCP component; smoothest transition yet
 - Still have wellness but it's changed (those in Centivo require physicals for ee and spouse – either with PCP or nearsite clinic)
 - Don't pick PCP (in high deductible), go to nearsite clinic; biometric screening (only have copay)
 - Wellness incentive keeps premium share at no or low cost

- Hold annual wellness fair (required to attend; have the day off); many vendors (physical health, mental health, financial health); if anyone would like to attend, send Patrick an email (usually held in February)
 - Been pretty successful – not exceeded health insurance spend since 2000
- Also offer family savings plans with Network Health for those who want to stay off the medical plan (people love it)
- Two dental plans
 - Delta Dental (fairly traditional)
 - Care Plus Dental (only use Dental Associates or Midwest Dental); get more benefits in WI (still figuring out if it's worthwhile – only 30 families on it)
- Traditional vision plan
- Many voluntary benefits
 - Voya for life insurance, TransAmerica for cancer and accident, permanent life insurance options
 - Health Joy mobile app to house all benefits in addition to intranet to educate on how to use benefits and remind them of benefits; been a great partner, but so much more they could be doing with it
- Smith Rx for pharmacy benefits
- Near-site clinic – Marathon Health
 - Individuals on health plan can use Marathon but encourage them to use primary care; an option for sick/urgent care; can do quite a few things, very intertwined with the District, understand Centivo referral process
- ATI physical therapy for medical plan enrollees (free for WI-1 and WI-2 and \$39 for high deductible plan enrollees)
- Questions
 - Q: How are you reaching employees' spouses?
 - A: Mainly through employees and encourage the use of Health Joy app, can add a family member; held a series of meetings to encourage use of app
 - Q: Does that integrate with your HRIS system?
 - A: District HRIS system is integrated with payroll – Skyward; for benefits administration use SellerX through Transamerica; start with benefit system and then have to pull info over; would love to use Skyward for one-stop shop, but getting pushback
 - Q: How many employees do you have?
 - A: 700 employees; 400 full-time benefit eligible
 - A: Have some challenges: still have retirees who are still eligible for full-time benefits (reason for high deductible plan); not all stay in WI, like to migrate to warmer places, up north, etc.)
 - Q: Can you explain more about your family savings plan?
 - A: New hires can enroll in the plan immediately; existing employees have to have been on one of the medical plans for a year or access to another medical plan (e.g. spouse's) – must have proof; two advantages: premium differential and medical claim

reimbursement through another plan; can't contribute to an HSA; Network Health has been a good partner; does not work for ACA, Medicaid/Medicare

ATC, Sara Wilder

- Active open enrollment (must select benefits); utilize Workday
 - Retiree population; have a form online to fill out (send them a link); very rare they make changes, but can export to Excel and load into Workday for changes (much better than the old paper forms)
 - Use The Alliance for population in Madison; everyone else uses UHC Choice Plus
 - 88% of employees enrolled in medical plan: of those, 52% in HDHP w/HSA; 48% in PPO w/HRA
- Optum Rx for pharmacy benefits
- HSA tied to plan through HSA Bank; incorporate wellness plan into medical plan and HSA – if employees and spouse participate, can earn medical plan premium discounts and employer HSA contributions (reflected in open enrollment process)
- If spouses enroll in plan but are offered other insurance, pay a spousal surcharge (removed if not eligible for other plan or must pay 100% of premium)
- Other benefits
 - Added last year: Hinge Health for musculoskeletal therapy
 - Tria Health – pharmacy advocacy partner, diabetes and hypertension management and 'choose to lose' program
 - Quantum Health for health care advocacy
 - Teledoc through medical plan
 - Voluntary benefits through Voya: accident, hospital indemnity and critical illness benefits
 - Dental plan – Delta Dental of WI
 - Standalone vision plan through UHC
 - Limited purpose flexible spending account; dependent care spending account
 - Legal plan through MetLife
 - Aura antivirus protection employees can purchase
- Communication
 - All open enrollment materials on website for employees and spouses; internal share point as well but needed access for spouses who do most of the enrolling (set up folder on OneDrive); also used by retirees; keep some communications up year-round
- Both pre-65 (mirror same benefits as actives) and post-65 retiree benefits (UHC Medicare Advantage plan)
- Questions
 - Q: Is everything fully integrated into Workday (incl. payroll)
 - A: Yes

GE HealthCare, Adam Malinoski & Michelle Rogers

- 60,000 employees globally (17,000 domestic; 14.5 to 15,000 enrolled in U.S. medical plans)

- Two medical plan options (basic PPO/HSA plan)
 - Both high deductible; only HSA plan has qualified HDHP
 - Alight is benefits administrator (relatively new to GE; previously had in-source benefits administration on a Workday chassis)
 - Alight and Strata operating now in a benefits administration and payroll capacity with Workday operating underneath.
 - Blue Shield is national administrator; Centivo in eastern WI (largest administrator in WI with 2,400) and some other markets (14,500 enrolled population with Centivo – 17% of medical plan enrollment)
- PBM is Rightway (1/1/25)
- Use Accolade for health advocacy
- Lots of other programs (e.g. disease management solutions)
- Communication
 - Directs all communication; works with total rewards communicator
 - Runs enrollment and communication process internally with the help of consultant
 - Alight handles all administrative communications (e.g., confirmation of benefits statements, qualified life events, compliance related updates, etc.)
 - Following separation from GE, ended up with smaller teams (from total rewards, delivery and communication perspective); look to administrators for direct communications and some oversight (Centivo, Blue Cross, Virta – diabetes; Lantern – centers of excellence, surgical support and cancer)

Northwestern Mutual, Carrie Spychalla

- Offer two plans through Centivo; two plans through UMR
 - Implemented copay plans at Centivo, did the same with UMR this year (requested by people outside of WI)
 - For people in Centivo market, substantial premium differential if you don't choose Centivo; pay a lot more for UMR – motivator this year, made difference more substantial than in previous years; also defaulted people to Centivo; working well, hoping they will stay with Centivo for next year (however, a lot of people didn't pay attention to open enrollment, so they were defaulted)
- Other benefits
 - CVS Caremark is PBM
 - Benefit Focus is benefits administration system
 - Workday is HRIS – looked at Workday for benefits but concerned about sending eligibility files
 - Teledoc and Livongo for diabetes management and medical experts
 - Hello Heart for blood pressure monitoring
 - Artemis for data and analytics for open enrollment
- Communication
 - Only paper used to send was postcard (for spouses); wanted them to be aware, but stopped doing (didn't know if it was worth it)

- Large black and white enrollment guide; posted on intranet so spouses can access
- Benefit briefings each year
- Lots of emails/internal communication
- Retirees – pre- and post-65; pre-65 are on active plans, post-65 have Alight exchange plan
- Questions
 - Q: Can you talk about Premise Health and if an employee does not select a primary care provider, what your process is?
 - A: Premise is our onsite clinic administrator (downtown Milwaukee campus and Franklin campus; New York); if someone in Centivo market (mostly in SE WI) doesn't choose PCP with Premise, assigned to doctor in the onsite clinic (problematic if they don't choose); trying to get more people to use onsite clinic (building new, bigger clinic – Mutual Health Centers in 2027; also getting onsite pharmacy)
 - Q: Medically homeless population is less than 1%?
 - A: Would say yes, really low; keep most of our people healthy and did a lot of Centivo education re. ease of getting a referral and process (especially due to premium differential; will stay with UMR though; very few people who are not assigned a PCP)
 - Q: What is the premium differential?
 - A: Not sure of the percentage, but enough to make people want to learn more and think

Baird, Kate Scherkenbach & Collette Griffin

- Two high deductible health plans – UHC; Centivo plan in markets with Baird overlap (traditional copay PPO)
- Robust, financially lucrative wellness program
 - Someone with family coverage with premium reduction and contribution (either HSA or deductible credit on Centivo side), associates can earn in excess of \$6,000 annually
 - High participation
- Navitus as PBM for all plans
- Suite of voluntary benefits; do not offer any point solutions; hesitant to add specific disease management solutions – not sure what best fit is for population and what will be received
- Workday for enrollment system (back end as well – no enrollment administrator)
 - Not the most user-friendly or most 'pretty,' but are increasing user interface a bit (some related struggles, esp. during benefit change process, e.g., marriage, divorce, adding a child)
- Intend to continue to expand with Centivo; started in SE WI
 - People didn't know what it was; unfamiliar with name, ignored it; over last three years, built momentum; really good associate Centivo feedback; hoping to spread that to other areas
- Questions
 - Q: Do you use Artemis?
 - A: Yes, been a journey over a couple of years to build data warehouse the way we want it; process of bits here and there for one-off questions; working dashboards – high level

overview of population health; have medical, dental and Rx claims, next step is to add disability and death claims; have all wellness program info incl. biometric scores

- A (cont.): First step – illness burden placemat (high level picture, then roll down into cockpits, more geographies, business units; how can we be better advisors re. health of population for our business units?); excited about Artemis possibilities going forward; happy to talk to anyone about Artemis, if interested
- Jennifer LaMere: Artemis is a BHCG best in class strategic partner; will be bringing them in later this year to talk to employers to learn more

Food for Health, Jennifer Moore

- Self-funded; medical plan through UMR
 - Optum Rx for prescription
 - Two dental plans (basic and PPO)
 - Full vision with a couple of options
- Other benefits; legal, disability (long- and short-term) administered through UMR; HSA and FSA with company match
- Unique benefit offering – if participating in company food benefits, premiums and benefits are subsidized at 60%
 - Offer background care with access to registered dietician coaching
 - 10 meals per week delivered to employees' home
- Use Paychex as PEO (recently switched from Empower)
- Questions
 - Q: Have you had any movement with Medicaid in WI from a legislative standpoint?
 - A: As of January, demonstration pilot available with Medicaid; working directly with Medicaid payers and physicians referring post-discharge for people with cardiovascular, high blood pressure, diabetes and maternal health
 - Q: And you also have several BHCG members that are demonstration sites?
 - A: Not sure, new to the team

Rehko, Carol Tillman

- Separated from Kohler and agreed to pay for same benefits, including Centivo
 - Individuals in SE WI and all over the country; large manufacturing plant in Hattiesburg, MS
 - 1/1 – UHC Choice Plus network with high deductible health plan and PPO
 - In SE WI offer Centivo; outside of SE WI and other zip codes not in Centivo, offer Surest Plan
 - Have had experience with it elsewhere and had very strong participation
 - Replaced PPO plan with Surest (weren't able to offer in SE WI because of union) but hope it has potential for the future
- Other plans
 - Two dental plans through Delta Dental
 - EyeMed vision plan

- HSA, FSA for dependent care; FSA limited flex spending account
- Wide menu of voluntary plans
 - Voya for critical illness, accident and hospital indemnity
 - Corestream – pet insurance, legal, loans
- Enrollment through bswift; not very ‘swift’ for us right now; Kohler has just changed to bswift last year; handle all integrations and files
 - 1/1 moved away from SAP and rolled out ADP and Workday
- Communications
 - Wants to improve; don’t have an intranet
 - Postcard for benefit enrollment
 - PowerPoint presentation and live presentation (strong participation in both); rely on vendors for rolling out programs
- Offer other programs for specific issues
 - Hinge; mental health
 - Do see benefit – only pay if individuals use it
- Questions
 - Q: Who do you use for pharmacy?
 - A: Rx Benefits through Express Scripts
 - Q: Can you talk about the onsite clinic with Prevea?
 - A: People love the onsite clinic in Kohler through Prevea (in network with Centivo; highly utilized, definite cost savings; wish we had onsite clinic for everyone)
 - Q: Do you designate onsite clinic if employees don’t pick a provider?
 - A: No, but it’s a great idea, cuts down on some noise if they go to the ER and don’t have a doctor and you can change it any time on the app
 - Q: For those of you with onsite clinics, do you have a virtual option for those that are not nearby?
 - A: Premise has a virtual option and it’s \$15 and a really good option available 24/7
 - A: UHC has telemed for a lot of things, not just primary care (other conditions, physical therapy, mental health – list is growing)

Sargento, Sherri Samuels-Fuerst & Steven Dunman

- Three medical plans
 - Two high deductible health plans (one is “how high can you jump” and the is more traditional high deductible health plan to qualify for HSA eligibility)
 - PPO plan
 - 95% of employees are in one of the two high deductible plans
 - All three plans are through UMR/UHC/Choice Plus network
- Navitus (started with them before BHCG partnership)

- “Honestly thrilled to be with them” with all of the current regulatory and litigation going on (one of their two best partners); have Fidelity in lineup also but consider Navitus to be the best partner (also have Fidelity in the lineup)
- Asset Health for wellness (second best partner)
 - Lots of biometric screenings (reduced premium if biometrics are completed); used to be a physical exam but now have onsite health and wellness centers
- Health and wellness center (since 2006 – one of the first in the county to start; people love it; use onsite as medical home and leverage it for biometric screening – over 90% use it for screening)
 - Also use for reviewing immunization records or compliance with preventive screenings
 - Try to build other point solutions into health and wellness center (know the population)
 - Still want people to have a PCP and a medical home outside of the onsite, but serves them very well (holistic, NPs, PT, MAs for labs, dietician, health coach onsite, mental health added last July)
 - Very supportive for employees and family members
 - Lots of other traditional health and welfare benefits but unique because of rural location and the onsite health and wellness center
 - Center is with Marathon (were with Prevea/St. Nicks) but went to Marathon as more agnostic provider not aligned with a network
- Use UKG and PlanSource for HRIS and benefit administration enrollment; do API integrations to get data to and from (does save time and effort)
 - If employee doesn’t designate PCP for Centivo; enroll with PCP at the onsite clinics
- Has Artemis through broker (loves the data and stories that come out that really help to guide you to what works):
 - Where is the low-hanging fruit for population?
- An employer of choice – provide benefits that are important for employees/families
- Communications
 - Open enrollment “at a glance” as summary every year (hits homes for spouses/dependents; high-level executive summary)
 - QR codes in lunchrooms, etc. (75% of employees are “deskless”)
 - Robust intranet and employee portal
 - TVs, electronic bulletin boards, postings, stall stories, company store posters
- Questions
 - Q: (Jeff Kluever) Would like to recognize Sherry for her contributions – a leader in the Navitus space and an incredible career
 - A: Worked closely with Pam Hannon who just retired. Chair of the Board of Directors of MBGH; happy to help to work together (need to work together, “payer power”)

FAIT, Michelle Kachinski

- 700 associates; contact lens distribution center (formerly Wisconsin Vision Associates; changed name because now distribute other products as well)
- Open enrollment typically in December; do an online communication

- Moved from Humana to Centivo when it was a brand new offering; did in-person communication and video sent out to associates; hope to get 80% on self-serve basis and the app (B2E) or UKG; 20% need help, holds roundtable with computers and do online enrollment with support
- Use Centivo with three programs
 - WI-1; WI-2 and HPS for people outside WI
- Delta Dental; life insurance; short-term disability; self-insured for vision insurance; 401(k)
- Like to have monthly meetings; partner with local doctor's offices (Burlington, Darien and Janesville) to come onsite and communicate medical education to associates
- HR network meets quarterly (try to bring in people to continually look for ways to save money in program)
 - Matt Katz from Centivo coming in April to help find more ways to save money
 - John Torinus of Serigraph; Terry Shook from Premium Risk Strategies
- Interested in learning more about Artemis and tapping into data to get more information
 - Communicate to leadership on a monthly basis (a "P&L" for leadership to determine how much is being saved for all benefits; Artemis is probably the next step to help associates
 - Utilize B2E & UKG but still have to communicate to Centivo and Delta Dental; working on EDI back and forth (expect to finalize in the next month)
- Use Serv-U for pharmacy
 - Very helpful; goes through monthly report of everything going on in the population; share different ways to save money (Kevin Shores is contact; will come to speak at HR Network meetings)

Olympus Group, Jennifer Janzen & Leslie Ortiz

- 230 employees; 200 enrolled in one or more of their plans
- Two medical plans through UMR (record keeper and administrator)
 - PPO and HDHP
- Other benefits
 - Teledoc
 - Navitus is PBM
 - FSAs through EBC (health care, dependent care)
 - Use Optum for HSA
 - Biometric screenings (previously Helix, became Integrated Health 21); currently looking at other options
 - Group term life, LTD, voluntary life, accident, hospital indemnity and critical illness with Sun Life
 - Delta is dental and vision provider
 - Self-fund STD plan
- Paylocity is HRIS (exploring other options)
- Benefits administration system is Employee Navigator (partner with Clarity)

- Integrations between external benefits administrator and HRIS was mentioned before; do that as well with Employee Navigator and Paylocity and directly from Navigator to carriers (can't imagine any other way – leanest HR team around); not large but mid-sized, must take advantage of automation everywhere for efficiency sake

Centers for Independence, Lisa Koniar

▪ Moved to Centivo on 3/1/24

- Went from fully-insured to self-funded; previously with UHC; working through transition and interested in analysis and data and how to utilize
- HMO plan with WI-2; have WI-3 as well; PPO; EPO for out of area; high deductible health plan for our variable hour employees; don't offer an HSA with any of the plans; have an HRA with the HDHP

▪ Other benefits

- Delta for dental and vision
- Lincoln for disability/life insurance and AD&D coverage
- Don't offer additional voluntary benefits that were offered two years ago with Unum because of low participation (maybe consider for the future)

▪ Human capital management system – Paycom

- Has all the capabilities for benefits, enrollment and payroll
- Leverage Paycom for communications as well (able to push out notices for open enrollment reminders, etc.)
- Been with Paycom for eight years – very happy with them

▪ Broker is Marsh McLennan

- Working with them to enhance wellness program; currently offer a \$300 wellness incentive for employees; accumulate points based on completion of various activities (e.g., \$75 for preventive visit with PCP, \$25 for dental visit; other preventive care); looking to enhance

▪ Question (Lisa): Has anyone utilized Samaritan Fund?

- Marsh McLennan recommended; how do you encourage staff to move forward with it?
- Had a couple people look into it and then dropped out; don't understand why we wouldn't want to use it
- Samaritan Fund is offered to members who have cancer or another diagnosis where high costs for the plan are anticipated; offers member the option to go off employer's plan; Fund works with them to cover their health care expenses (get a "debit card")
- Trying to understand better how they are able to offer these plans (believe they have outside investors that contribute funds; qualified individuals apply to them directly)
- Q: (Jeff K): How would that be considered to be legal?
 - A: (Jackie W.): It's a good Samaritan program; employer's responsibility to inform about the offering and then let member/family members work directly with the Fund; Find the best fit for the family going through it; member comes back and waives the employer's medical plan

- Have advertised it during open enrollment (have had individuals start application process and investigation); try to stay out of it – they do say it’s legit; won’t hurt you to investigate
- Handful of individuals have taken advantage of it (passed away soon after, hasn’t seen it to fruition); some think it may be too good to be true and it stops them; just communicate about during open enrollment; people are skeptical (just like with Centivo since they weren’t familiar with the name)
- Another school district has had some success with it – will be meeting with them
- Jeff K requested more information about the Fund from the group; would like to discuss with legal counsel
- Q: (Lisa K): If you are on the Centivo plan, what kind of outpatient surgical procedures copays do you have (vs. outpatient testing or scans)?
 - Have a \$1,200 copay for outpatient surgeries and diagnostic procedures – e.g., EGD (scope for acid reflux); trying to decide how to manage – \$1,200 seems high (same as outpatient surgery)
 - Could look at \$500 copay across the board for outpatient and surgery; concerned it could be too high, people will avoid test (cause more problems in the future); have mixed feelings about
 - A: We have inpatient or outpatient facility expense copay and actual procedures copay (e.g., in total, \$1,250 for inpatient surgery; outpatient procedure would be \$750)
 - Jeff requested current plan designs (will give feedback)
 - A: Have \$1,000 copay for inpatient surgery plan with no deductible; Centivo plan does have deductible and 20% coinsurance; \$750 copay for outpatient procedures

A.O. Smith, Lori Menzel

- 5,500 employees in the US; 250 in WI
- UHC Choice Plus national plan (two plans: CDHP & PPO)
 - CHDP has minimum deductible allowed with an HSA (\$1,650 for employee and \$3,300 for ee + dependents)
 - PPO -- \$900 deductible (ee only; \$1,800 ee+ family)
- Other benefits
 - Optum for wellness, EAP and mental health
 - Express Scripts for pharmacy (Willis Towers Watson Collaborative)
 - Anthem dental (one plan)
 - Majority of population is in the South (large group in TN – Anthem PPO); almost 90% in-network utilization
 - VSP Vision (offer two plans with vision standards)
 - Livongo (now Teladoc) for diabetes and hypertension
 - Hinge Health
 - Hartford for critical illness and accident injury plan
 - Allstate identity theft financial protection

- Benefit Focus is enrollment platform (2024); before that, mainly hourly people (completed paper forms; now everyone does online enrollment)
- Artemis for data analysis
- Willis Watson for consulting
- Communications
 - Fairly extensive benefits guide for open enrollment (paper copies that cover all benefits); section on what's included in your health plan of all point solutions (not actually enrolling in them during OE); also leave policies, etc.
 - Quarterly newsletters; emails for salaried employees, posters for hourly employees; AOS internet for salaried group notifications

Holz Motors, Kim Witkowski

- Uses Centivo
 - Three different plans (High-Performance plan; traditional PPO that uses larger network with Aurora; high deductible, also uses Aurora)
 - Highest copay with Centivo is \$750
- Other benefits
 - Principal for dental (loves it); open coverage; two plans (basic and 3000 plan)
 - VSP network for vision (through Principal)
 - Principal does all ancillary benefits (life insurance, disability, short, long-term accidents, critical illness)
 - Capital Rx for pharmacy
- ADP
 - Notifications/messages
 - Internet site
 - Mobile app
 - Open enrollment (don't use any secondary options, flows smoothly)

Closing Remarks

- If willing to share open enrollment materials and other communications, email to Jennifer LaMere (will be on password-protected site; will send an email reminder)
- Feel free to use Jennifer as a resource if you have any questions you want to send to the group (can survey and summarize)