

NEW DIGITAL TOOLS, P. 31

Employee Benefit Adviser

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THE 20 RISING STARS OF 2020

A new generation of advisers takes center stage with new strategies and perspectives for a changing benefits industry.

Contents

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A full-page photograph of a man with dark hair, wearing a dark grey suit, a light pink shirt, and a pink striped tie. He is standing outdoors with a body of water and a city skyline in the background. The text is overlaid on the left side of the image.

14

Rising star

Clients say working with Zain Hasan is like having a business partner who cares as much for the organization and its people as they do.

18

The class of 2020

A new generation of 20 Rising Stars in Advising takes on wellness, healthcare and new benefits.

PHOTO BY LARRY WOOD



31



28

Columns

10
Wellness programs can help workers save money
Making the process automatic and quantifiable can streamline getting employees involved in saving for retirement
BY SPENCER WILLIAMS

11
Build a winning benefits plan for your clients
Creating a multiyear strategy will make you an invaluable resource to your clients and prospects. Here's how
BY JACK KWICEN

12
A powerful case for student loan assistance programs
Offering resources provides employees with access to experts to help navigate a complicated landscape
BY SHARLA ST. ROSE AND NICK DUOFF

Upfront & More

7
From the Editor
New Rising Stars of 2020 kick off new decade

8
Outlook
HR executives embracing holistic wellness
BY AMANDA SCHIAVO

Features

Re:Invent | Retirement
26
Fidelity launches HSAs for financial intermediaries
BY ALYSSA PLACE

27
SaverLife expands financial wellness benefit platform
BY AMANDA SCHIAVO

Strategies
28
U-Haul antismoking hiring policy starts fiery debate
BY KAYLA WEBSTER

30
CVS Health's new bet
BY KAYLA WEBSTER

Technology
31
How digital tools are shaping talent acquisition
BY BRUCE SHUTAN

32
Starbucks offers a free app to enhance mental health
BY EVELINA NEDLUND

OERB
33
Employers tracking benefits enrollment "surprisingly low"
BY STEWART BOWLING

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No one dives deeper into employee benefits

From wellness and benefits personalization to emerging technology and new service platforms, *Employee Benefits Adviser* has the insight and analysis advisers need to help clients devise the right strategies for their business.

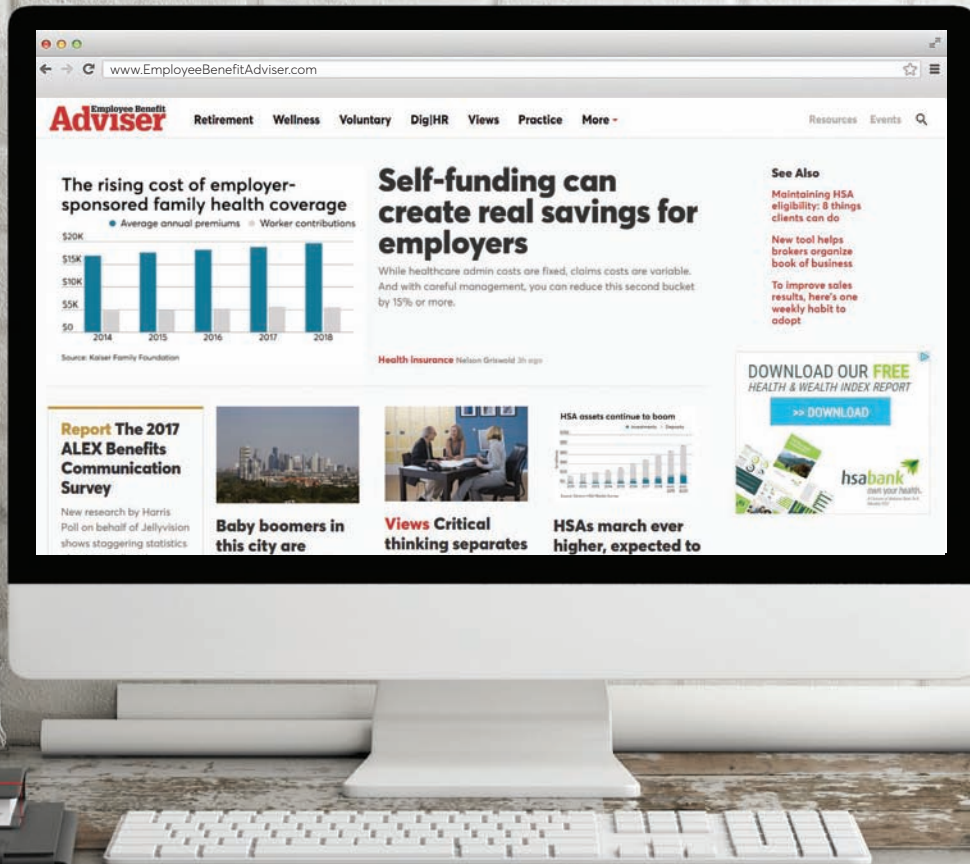
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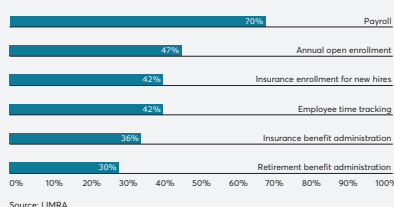


2020's most in-demand benefits

Benefits professionals are taking stock of breakthrough trends as they think about what employers will most want to offer their employees going forward. <https://bit.ly/2TJk1yI>

Tech

How employers are utilizing HR technology



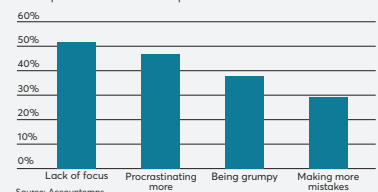
How to make technology work for your health benefits strategy

Incorporating technology into health-care benefits makes it easier for employees to pick their plans and make more informed decisions about their health. <https://bit.ly/2tGfu53>

Strategy

Not-so-sweet dreams

Percentage of employees who notice the following workplace consequences from lack of sleep



Mobile app dayzz wants to help your employees get better sleep

Sleeping well and working well go hand in hand, but for the majority of Americans with sleep disorders, coming to work refreshed is a challenge. <https://bit.ly/2Rabvz7>

Embrace change or become 'irrelevant'

A new generation of Rising Stars tackles wellness, increasing healthcare costs and new benefits offerings.



As a high school student, Brandon Burroughs, now vice president of Bolton & Co., landed a job as a bellman and valet, which instilled in him a love of customer service. Jillian Foss, an associate adviser at Baldwin Krystyn Sherman Partners, had a great mentor who helped guide her path toward becoming an adviser. For Zain Hasan, managing director at Risk Strategies Co., it was his brother who steered him toward work in health insurance, after Hasan abandoned his early plans to become a doctor.

They just represent a sample of the 20 advisers of this year's class of 2020 Rising Stars in Advising, our annual list of young leaders expecting big changes in healthcare, regulation and benefits technology that will keep advisers busy as they navigate the changing landscape.

"Our industry is unique in the interconnectedness we share with our federal and state governments," Burroughs tells us. "My prediction is that there will continue to be a lot of change for employers in this area, which will challenge us as consultants to stay current in federal and state changes."

Technology will continue to expand in how advisers communicate with clients and serve their employees, he adds. "This makes me more excited than anything else to see that our industry can catch up with mainstream culture in 2020," he says.

His prediction for 2020? Less reliance on paper records as the industry shifts more to digital records. Hasan similarly says technology will transform "every facet of what we do and our role will be to either evolve into supply-chain consultants for healthcare delivery or to find ourselves irrelevant."

Hasan spoke to associate editor Amanda Schiavo for our annual feature on how he is driving industry change through entrepreneurship. After launching two businesses with the goal of helping employers and their employees find the best care and benefits solutions on the market, while staying true to his community-based values and early days working as a hospital volunteer, he is off to a strong start. —**Walden Siew**



Photo by Larry Wood

Rising star drives industry change through entrepreneurship

Clients say working with Zain Hasan is like having a business partner who cares as much for their organization and team as they do.

By Amanda Schiavo

Aspira of Pennsylvania, which manages six charter schools in the Philadelphia area and has 750 employees, faced debt issues that left it struggling to make insurance payments back in 2015. The organization ended up being dropped by its insurance carrier and needed help reorganizing its benefits strategy. That's when benefits adviser Zain Hasan stepped in.

Hasan, now 32, hadn't been on his own in the benefits game for very long. He had left a position as an adviser with a prominent insurance carrier and launched his firm — the National Insurance Consulting Group — in 2014. Hasan was able to negotiate a deal that would save Aspira over \$1 million by moving the company into matching plans on a self-funded basis.

Upsetting the status quo

It was a major success for a young adviser looking to upset the status quo of the typical broker-client relationship.

He would make a career of this, launching two businesses with the goal of helping employers and their employees find the best care and benefits solutions on the market, while staying true to his community-based values.

"The standard broker relationship is the guy who comes

by once a year and tells you what your renewal rates will be and says, 'Sorry, there's not much you can do about it,'" says Irv Williamson, a financial consultant who served as Aspira's interim CFO from 2016 to 2018.

Hasan "had a longer term strategy to create a self-insured plan with the same level of coverage that the employees had before," Williamson adds.

Hasan, one of *Employee Benefit Adviser's* 20 Rising Stars in Advising of 2020, spent 13 months helping Aspira actively manage its self-funded plan and working with its finance team to determine an installment program and getting the insurance provider to agree to it.

"Our premiums were extremely high prior to Zain and his company coming on board," says Marisol Morales, human resources director at Aspira. "They brought that number down. He has allowed us to save money on the insurance plan as well as keeping our employees satisfied, with less disruption."

Aspira left one of the top five brokerages in the United States to formally become Hasan's client in 2016. Since then, he has taken Aspira from fully insured to self-funded and then to a reference-based pricing model and a transparent pharmacy benefit manager, or PBM.

"Their previous broker was not bringing a sense of urgency" to the situation, Hasan says.

Understanding the organization's desire to take care of its teachers, Hasan got to work securing a third party administrator, setting up the PBM, stemming the losses while maintaining the existing benefit design.

The future of the industry

Hasan says he is seeing a lot of positive changes in the benefits adviser space, including the realization that more advisers view it as a mission-driven industry.

He consistently hears that millennials don't want to work in insurance, which concerns him since younger generations must fill the role as more baby boomers retire.

"This is healthcare consulting; it's the ability to save lives," says Hasan, noting the importance of partnerships and collaboration with organizations and nonprofits such as Health Rosetta, where he was certified as a benefits adviser in 2018.

"We're not doing insurance brokerage work anymore. It's inspiring to know that there are [other] firms out there that are doing what we're doing."

Changing this view of the benefits advisory career is another factor that helped drive Hasan to found two businesses.

Hasan's second business, National HR Consulting Group, was founded in 2015, and remains independent from NICG. His goal was to help HR leaders focus on the critical aspects of their roles and not get tied up in complex HR tech issues.

"The world of human capital management software is constantly changing, and the number of vendors available is constantly growing," Hasan says. "Organizations fight the war on attracting and retaining top talent, while

Curbing costs

The most effective tactics employers are using to control healthcare costs



Source: National Business Group on Health

HCM vendors rapidly innovate to meet the need. Our clients were changing vendors and experiencing real pain as they were learning how to use what they purchased."

"I was 27, I was working out of my basement, and I was trying to figure out how to educate employers on healthcare," says Zain Hasan.

Hasan and his partner saw that the tech vendors were unable to retain their systems implementation specialists, and organizations were spending too much training on the new system. The result was a waste of money.

While Hasan and some partners were able to build two successful businesses, his road to becoming an entrepreneur in the benefits advisory space was paved with frustration, primarily involving what he saw as a broken system that was focused more on compensation than quality of care.

Before forming a firm, while he was at Cigna, Hasan was mostly frustrated about the incentive compensation model of the broker world, he says. He saw some brokers artificially negotiate renewals that were fully insured, without taking the time to consider how they

could add value to the client by helping them be self-funded, he says.

That motivated Hasan to set out on his own to create a firm with the goal of eliminating that conflict of interest. He would adopt a flat fee model and offer economic and practical healthcare solutions to employers and employees without skimping on the quality of care.

"The goal was to create a firm that really aligned with the clients' interests," Hasan says. "I wanted to make sure every employer was educated on the conflicts of interest that exist within every facet of the healthcare ecosystem, but primarily that the traditional broker model isn't in their best interest."

For Hasan, it didn't make sense for an employer client to put trust in an individual who was being paid by a third party and who wasn't obligated to be transparent. He says he recognized that as costs went up, so did broker compensation. "I wanted to bring employers the option of a performance-based business," Hasan says.

Seeking first client

So, Hasan founded the National Insurance Consulting Group. The firm offers benefits consulting, outsourced benefits administration, human capital manage-

ment software delivery, and outsourced HR. It would be a difficult start; more than 12 months would pass before he landed his first client.

"My first 82 prospect meetings were rejections," he says. "I was 27, I was working out of my basement, and I was trying to figure out how to add value and trying to educate employers on healthcare."

The biggest challenge at the start was getting an organization to essentially break up with the broker it had been working with for years, Hasan says.

Companies with longstanding broker relationships weren't receptive to learning new things or taking on new strategies. Hasan had to adapt and learn how to emphasize that the change would be a true investment in their employees, which would in turn have positive results for the organization.

Eventually, the business would grow to a book of \$2.2 million and about 35 clients by the time the organization was acquired by Risk Strategies, a national insurance brokerage and risk management firm, in 2019.

"We met Zain and his partner Josh Conklin and were impressed by their energy, innovative approach to benefits

Rising Star Zain Hasan "has allowed us to save money on the insurance plan, as well as keeping our employees satisfied with less disruption," says Marisol Morales, human resources director at Aspira.

design, and willingness to operate outside the conventional employee benefits paradigm," says John Greenbaum, national employee benefits practice leader at Risk Strategies.

Driving change

That energy and innovative drive has left a lasting impression on more than Greenbaum and Risk Strategies.

Albert Velez, regional vice president of new business acquisition at NICG, was in a transition period in his life when he was introduced to Hasan through a mutual friend. Velez, 42, was looking for a new career opportunity, and he says Hasan offered him much more. He became a mentor and friend, even paying for Velez to earn his property and casualty license.

"He helped me get to where I am now," Velez says. "He said, 'I'm going to put my money in you,' and nobody had ever taken the time to see the potential

in me before."

Velez and Hasan worked together closely to help the Lighthouse, a Philadelphia-based nonprofit early learning provider, which officially became a client in September 2019.

The Lighthouse was struggling to provide good health insurance for its employees, Velez says, and needed an alternative for its pension fund. The organization also needed to update its HR procedures, which was still a paper operation.

"Hasan catered to the needs of our organization," says Miguel Concepcion, president of the board of trustees and acting CEO. "We're taking an agency that's been around since 1893 into the 21st century."

After spending three hours listening to the organization's concerns, Hasan was able to come up with a solution that their previous broker hadn't.

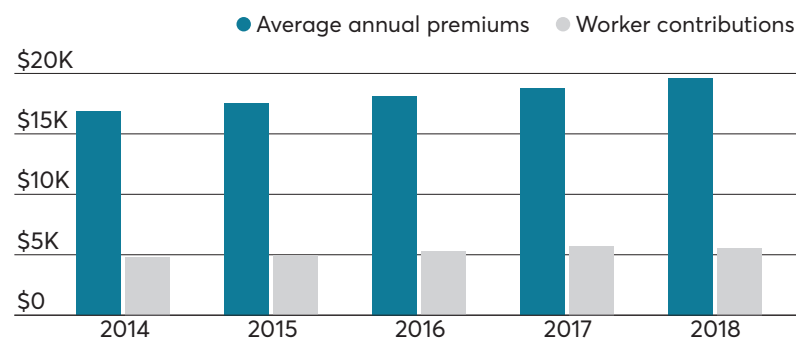
The duo would implement a 403(b) retirement plan, which the organization hadn't been familiar with. They also introduced the organization to their human resources business process outsourcing system and are currently working to provide an alternative to its health plan.

Concepcion was moved by the way Hasan was concerned about the organization's staff and the community of people they help. While the Lighthouse was going through executive and organizational changes, he offered his expertise and advice at no charge.

Velez was also impressed by how personally connected Hasan became, even before the organization signed on as a client.

"[Hasan] understands insurance like nobody else," Velez says. "He understands the issues clients have, and he's able to connect with clients in a way that I haven't seen before." **EBA**

The rising cost of employer-sponsored family health coverage



Source: Kaiser Family Foundation

Amanda Schiavo is an associate editor at Employee Benefit Adviser. Follow her on Twitter @schiavoamanda.



Brandon Burroughs
Vice president
Bolton & Co.
Age: 31

What inspired you to become a benefits professional? My first job in high school was working at a hotel as a bellman and valet, and I loved the customer service aspect. Trying to anticipate client needs, go the extra mile, and make their experience as smooth as possible fit really well with my personality, and I think there are a lot of parallels in our role as consultants and advisers.

What is your boldest prediction for the industry over the next decade? Our industry is unique in the interconnectedness we share with our federal and state governments. I am always intrigued to hear what news comes out of Sacramento and Washington, D.C. My prediction is that there will be a lot of change for employers in this area, which will challenge us as consultants to stay current in federal and state changes.

What has been your biggest professional challenge and how did you overcome it? When I started this role ... at Bolton & Co., I definitely had reservations about my age and earning the confidence of my clients, while looking younger than a lot of professionals. I was fortunate to receive coaching [so] my concern and perception on this issue was only going to be an obstacle if I allowed it to be.



Dillon Castro
Benefits consultant
Advanced Estate
and Insurance Services
Age: 29

What inspired you to become a benefits professional? What inspired me was unwavering confidence from AEIS' president (and my mentor), Ron Bland, that I had the skills to make a career for myself in a field that was wholly different from what I had ever done.

What is your boldest prediction for the industry over the next decade? Healthcare costs are increasing at arguably an unsustainable rate due to a myriad of factors. The Affordable Care Act made changes to health insurance, ... but little was done to augment the delivery and consumption of healthcare. ... My bold prediction is that there will be more legislative overhauls.

What has been your biggest professional challenge and how did you overcome it? Persevering through early failure and rejection. This can be a difficult profession for newcomers. Big deals fell through. I heard "no" a lot. Prospects "ghosted" me. I have been able to overcome this through support of family and friends, who believed in me at times when I didn't, and learning stories of the humble beginnings and struggles of other successful people.



Alex Dampf
President
Oakmont Benefits
Group
Age: 31

What inspired you to become a benefits professional? I think, like most, I backed into it, but once I got my footing I could see the impact it was making and you just want to keep going. I get a lot of joy in helping find an answer for an employee that previously couldn't afford medication or hadn't seen a doctor in years because they couldn't afford the office visit.

What is your boldest prediction for the industry over the next decade? I think we are going to see a massive shift in the industry from a reliance on the carrier-based network model to a more direct provider/facility and employer-based model with the use of AI to help employees navigate the system in their time of need.

What has been your biggest professional challenge and how did you overcome it? Finding the balance between becoming stagnant and innovation. I have a tendency to always chase the shiny new object, but have learned that sometimes simpler is better, especially when introducing new concepts to employees. When you turn a process that has been ingrained for decades on its head, the why becomes as important as the how.



Jessica Du Bois
Employee benefits consultant
Business Benefits Group
Age: 26

What inspired you to become a benefits professional? I committed to the industry during my senior year of college, joining Principal Financial Group's rookie sales training program. It didn't take me long to realize the job wasn't right for me. I met one of BBG's clients who connected me with the company, and I made the leap to Washington, D.C., within a few months.

What is your boldest prediction for the industry over the next decade? I believe ... we will see a clear separation between the types of brokers and agencies. We will see advisers who are experts in analyzing claim data and designing self-funded plans become known as expense reduction consultants while agencies that provide support on benefits continue the broker name.

What has been your biggest professional challenge and how did you overcome it? I moved into a new role, within a new company, in a new city, all at the same time. The first year, I attended three networking events each week, and before I knew it, I was speaking and hosting events. Moving into a new company was more challenging.



Whitney Ehret
Voluntary benefits consultant
Burnham Benefits Insurance Services
Age: 32

What inspired you to become a benefits professional? My bachelor's degree in healthcare administration led me to a career as a benefits professional. Being a benefits professional has allowed me the opportunity to be on the forefront of benefit change and to see the real time effects for my clients and their employees.

What is your boldest prediction for the industry over the next decade? The next decade of the healthcare industry will not be boring — there will be an increase in "at home" medical initiatives targeted at lowering hospital costs, medical treatment and education occurring more virtually, transparency into pharmacy and hospital pricing and improved legislation regarding mental health. There may also be a significant decrease in healthcare providers.

What has been your biggest professional challenge and how did you overcome it? My age has been the biggest and most consistent challenge. Life experiences have helped me overcome this challenge. My background in human resources helps me to think like a client.

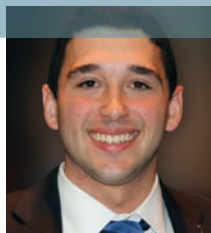


Jillian Foss
Associate adviser
Baldwin Krystyn Sherman Partners
Age: 30

What inspired you to become a benefits professional? I was caddying, looking for a public health research job, when I was first introduced to my boss. At the time, he was looking for an assistant, but he wanted someone who was engaged that he could mentor to learn the business. I got my licenses, listened to his advice, and got an understanding of what it took to be successful.

What is your boldest prediction for the industry over the next decade? I have two predictions: First, I truly believe the key to cost containment and quality of care lies in the data and the ability to utilize the data to make meaningful changes. The second prediction lies in improving mental health resources.

What has been your biggest professional challenge and how did you overcome it? Getting in the door and overcoming doubt and failure. There were many times in my 20s that I didn't get a job I interviewed for or switched careers because it wasn't what I expected. It's hard not to compare yourself to your peers and think critically of yourself, but I think the key is having patience, absolute faith in your path and confidence in yourself.



Francisco Oller Garcia
Digital operations and marketing specialist
 BeniComp Health Solutions
 Age: 25

What inspired you to become a benefits professional? I've seen first-hand how challenging the cost of healthcare has become for families.

What is your boldest prediction for the industry over the next decade? Healthcare costs will be more directly linked to the key biomarkers that are connected to lifestyle. Moreover, people will be empowered by health tech and data to take control of their own health. Through this, they will be able to alleviate the causes of high medical spending, and their healthcare costs will be more directly linked to their level of health risk.

What has been your biggest professional challenge and how did you overcome it? Entering the health insurance industry with little experience and having to advise an entire population on their unique needs. I tackled my knowledge gap in several ways. I was resourceful; absorbed knowledge from my co-workers; interviewed company stakeholders, industry thought leaders; and even watched YouTube videos from credible sources. I used all of this knowledge.



Tony Goebel
CEO and insurance adviser
 5G Benefits
 Age: 33

What inspired you to become a benefits professional? I started in benefits just before the Affordable Care Act kicked in, so there was a lot of misinformation out there. I became a benefits professional because I saw an opportunity to be the expert in my market, so I could directly help employers lower their costs.

What is your boldest prediction for the industry over the next decade? I feel Americans will demand price transparency, and regulations will come out even more to allow members to see posted prices prior to surgeries, international prescriptions and services up front. Most hospital systems will have their own health plans that are administered by regional or national health carriers.

What has been your biggest professional challenge and how did you overcome it? Starting my benefits agency from scratch. I had no clients, no income, and left a \$6 billion insurance carrier that had everything set up for me to succeed. I had to create and build everything from scratch to even make my first dollar. I kept personal expenses as low as I could, sold or rented pretty much everything I owned.



Jillian Gorres
Benefits consultant
 JA Counter, an Alera Group company
 Age: 35

What inspired you to become a benefits professional? I graduated and started working on the property and causality side of the business. Our managing partner, Linda Skoglund, inspired me to work in the business-to-business arena with health and welfare plans, supporting employers and employees. The impact we make inspired me.

What is your boldest prediction for the industry over the next decade? In 10 years, employees will have access to accurate cost and quality information, improved enrollment support and education and streamlined compliance and administration will continue to be improved by technology. Employers will continue to provide competitive total reward packages to attract and retain the best talent.

What has been your biggest professional challenge and how did you overcome it? When I was starting out, I struggled internally having strategic conversations with more experienced business owners. My mentor coached me through the process by encouraging me to continuously gain confidence, training me and allowing me to break down my personal barriers.



Nick Hansen

Senior benefit consultant

PSG Washington

Age: 34

What inspired you to become a benefits professional? My dad is the president and founder of PSG, so what initially drew me to the business was the ability to work with him on a daily basis, but until a few years ago, I really just looked at it as a job. It was late 2016 when our opinions of the industry completely changed, and we basically reset

how we do business. Having the tools to go into a business and allow them to take back control of their health plans is what gets me the most excited.

What is your boldest prediction for the industry over the next decade? The days of the status-quo broker — who does nothing more than take their clients out to auction annually, then delivers the least bad renewal — are numbered. Only the advisers who learn to educate employers and employees on how to engage the healthcare system, saving on costs while allowing employees to access better quality care, will be left.

What has been your biggest professional challenge and how did you overcome it? Once we got past being a status-quo broker ourselves, the toughest part has been convincing employers that the way they have purchased their healthcare

the last 50 years is the wrong way. I don't think many people realize that the industry is rigged in favor of everyone but the end consumer. We're constantly improving, but it's taken us a couple years to master how to articulately communicate this to decision-makers without overwhelming them.

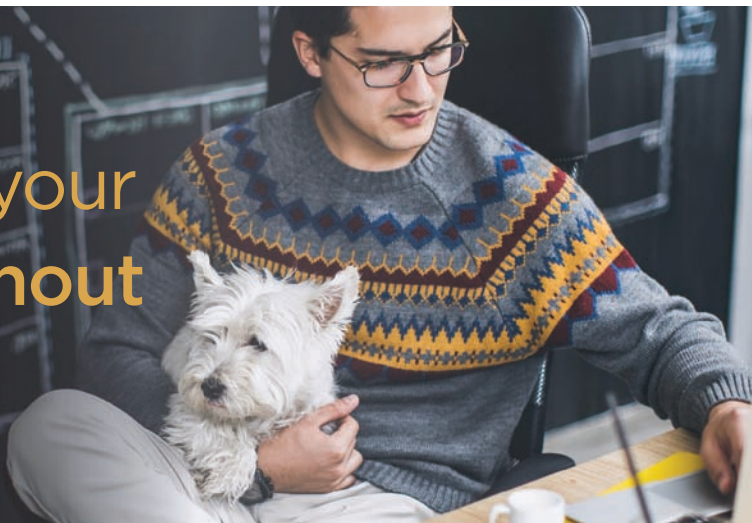
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The days of the status-quo broker — who does nothing more than take their clients out to auction annually, then delivers the least bad renewal — are numbered.

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Zain Hasan
Managing director
Risk Strategies
Company
Age: 32

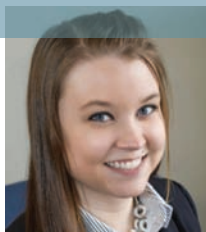
What inspired you to become a benefits professional? I intended to be a doctor, but I volunteered at a hospital and I had people come in who we couldn't do anything for. That really put me in emotional distress, and I realized that I needed to be in a role where I could always make an impact on the people I serve. My brother was a commercial insurance broker. He told me to go into health insurance, and I saw Cigna was coming to the career fair. That was the only company I spoke to, and I was fortunate to get hired.

What is your boldest prediction for the industry over the next decade? I believe that the country will be operating on a technology-enabled, consumer-centric

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Our role will be to either evolve into supply-chain consultants for health-care delivery or find ourselves irrelevant.
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healthcare model where technology will transform every facet of what we do and our role will be to either evolve into supply-chain consultants for healthcare delivery or find ourselves irrelevant.

What has been your biggest professional challenge and how did you overcome it? Starting my own firm with no capital and no prior experience. I overcame it with grit and perseverance. I wasn't afraid of rejection because I knew that I could bring more value.



Caitlin Hodge
Employee benefit
adviser
HJ Spier
Age: 29

What inspired you to become a benefits professional? When I started, I quickly realized that not many other advisers were having conversations about ways to actually lower healthcare spending for both employers and employees. I was immediately inspired to get that message out to anyone I could.

What is your boldest prediction for the industry over the next decade? Over the next decade, I could see the large PPO networks being eliminated. My other prediction, and favorite, is that the trend in benefit design will be lowering employees' out of pockets rather than increasing them. In the past, the

only way employers thought they could reduce their healthplan spending was to raise deductibles, putting the burden on employees.

What has been your biggest professional challenge and how did you overcome it? Early on, I found my age to be a challenge. I felt as though I wasn't taken seriously. In the end, it all came down to my confidence. No one ever told me I was too young, but I put that in my head anyway. Once I got past that and gained confidence, that is what I portrayed to people.

“
[My favorite prediction] is that the trend in benefit design will be lowering employees' out of pockets rather than increasing them.
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Prabal Lakhanpal
Vice president
Spring Consulting
Group
Age: 31

What inspired you to become a benefits professional? I began my career

in the financial services industry, where the goal was to develop solutions and create mechanisms that create efficiencies for businesses. I soon learned that benefits are one of the greatest opportunities for such efficiency.

What is your boldest prediction for the industry over the next decade? As everyone else, I'll be paying close attention to healthcare reform and the regulatory landscape around topics like paid leave, captive insurance and pharmacy. Legislative action, in my view, will have a massive impact on the industry in the

coming few years. Thinking about the hardening markets, I feel self-insurance is going to become the norm.

What has been your biggest professional challenge and how did you overcome it? I found it challenging to understand why organizations choose the incumbent system rather than make a change to a better way of doing things. I have been able to address this by spending more time understanding the challenges clients face and learning more about how I can help them overcome those challenges.

“
I'll be paying close attention to healthcare reform and regulatory landscape around topics like paid leave, captive insurance and pharmacy. Legislative action will have a massive impact.
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Richie Marrero
*Specialist, employer
sponsored healthcare*
360 Benefits
Age: 34

What inspired you to become a benefits professional? A social worker by education, I have always had a deep desire to help people. In the world of benefits, things can be confusing and folks can at times feel hopeless. So I gain great joy out of helping people better understand their benefits and through education I empower them to effectively leverage their benefits, so they can lead happier and healthier lives.

As a native Spanish speaker, it is always great to meet with people

who prefer to speak Spanish and help them make important decisions around their benefits, and you can see the relief in their faces. The appreciation I receive is always heartwarming and empowering.

What is your boldest prediction for the industry over the next decade? I think the industry will continue to see data-driven strategies being leveraged. I believe data-driven, value-driven benefits advisers will continue to capture market share and help their clients rethink the traditional approach to benefits planning. Furthermore, I think we will continue to see more and more reference-based pricing strategies. We have experienced great cost savings for our clients by using their data to drive strategic decisions on their employee benefits programs.

What has been your biggest professional challenge and how did you overcome it? My biggest professional challenge has been protecting my time and not overhelping, or saying yes to everything. Through coaching I have become a better steward of my time.

As you know, time is the only thing in life we cannot get back. This discipline around time management has allowed me to be more productive as a professional, but, more important, as a husband and father.

“
Through coaching I have become a better steward of my time. As you know, time is the only thing in life we cannot get back. This discipline around time management has allowed me to be more productive as a professional, but, more important, as a husband and father.
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Courtney Pino
Employee benefits
consultant
AssuredPartners
Age: 30

What inspired you to become a benefits professional? [In the insurance world,] I started on the property and casualty side and quickly realized that it wasn't for me. I decided to move over and focus solely on employee benefits. I wanted to see the impact I was making for my clients and be able to talk with employees to help them understand what was being offered and value what their employer was providing for them.

What is your boldest prediction for the industry over the next decade? One of the big things we are going to see is a shift toward more automation. The last couple of years, we have seen a big push toward virtual medicine. This past year, we saw many of the health carriers embed telemedicine into their health plans with very minimal copays.

What has been your biggest professional challenge and how did you overcome it? It has been challenging establishing relationships with companies who have had the same benefits broker for 20 to 30 years that was built on a handshake on the golf course. However, I have found success in being able to challenge the status quo and build partnerships with these organizations.



Stephen Porto
Account executive
Cool Insuring Agency
Age: 33

What inspired you to become a benefits professional? The prospect of consulting within one of the most challenging, impactful sectors of a business — one that has true value to both an organization and its employees. Additionally, the career, if done successfully, is a lucrative and rewarding one.

What is your boldest prediction for the industry over the next decade? I believe the industry will take on a completely interactive model, where business leaders, employees, brokers and healthcare professionals will be interconnected. Maybe interaction is not the boldest prediction to make, but I do believe that it is where the most change and innovation will take place.

What has been your biggest professional challenge and how did you overcome it? In today's communication environment, the expectation is to be accessible and responsive to clients and counterparts instantly and at any hour, amid growing networks and books of business. Managing this relatively new communication model proactively and effectively is a major challenge. Besides maintaining a personal hunger and physical and spiritual well-being, I credit the competent, energetic team that surrounds me.



Ryan Spencer
Adviser
Conner Insurance
Age: 35

What inspired you to become a benefits professional? The benefits industry found me, in a way. I graduated from college as an engineer and worked for a diesel engine company for a number of years. During that time, I began seeking jobs more in the business development area while pursuing my MBA. I was set on moving into business when I married my wife. Her family had an insurance company, and the timing made sense for me to see if it would be a good fit. It's been a wonderful change.

What is your boldest prediction for the industry over the next decade? Employers will aggressively push for innovation to cut costs by being more aggressive in finding ways to drive efficiencies out of their current benefit spending in order to sustain their offering, compete for talent, and cater to an ever-changing workforce.

What has been your biggest professional challenge and how did you overcome it? My biggest professional challenge was starting over in a new industry. My background helped me quickly dive into the data and make sense of the industry. I was able to identify a few areas of cost savings for our company to provide value internally while I ramped up.



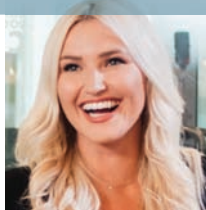
Lisa Talcott
Sales executive
employee benefits
Assured Partners
Age: 44

What inspired you to become a benefits professional? I saw the challenges of navigating healthcare needs and insurance firsthand when my adult brothers were involved in a near-death farming accident.

Coincidentally, I was recruited to the industry by very dynamic personalities who are fun to be around, intensely smart and driven to make a difference. Life is short, so I'm inspired to work with clients and colleagues I admire and enjoy.

What is your boldest prediction for the industry over the next decade? As pressure on CFOs and HR leaders to tackle multiple strategic challenges in the marketplace increases, the demand to outsource partners who understand and personalize big picture benefits also increases.

What has been your biggest professional challenge and how did you overcome it? My unconventional career path has never fit with traditional ideas or resumes, but I've learned how to translate skills as the industry evolves. It's always about delivering value.



Chelsea Whalley
COO, partner
J Donovan Financial
Age: 28

What inspired you to become a benefits professional? I suffered a mild traumatic brain injury in 2013 playing softball and, after a couple of months of treatment in the U.S., went home to Canada. It did not take long for the bills to arrive. Having grown up in Canada working alongside my family in the family roofing business, I remember the first time I learned employers bear a large part of the financial responsibility of healthcare in the U.S. The combination of my first consumer experience with healthcare and the thought of my dad making decisions about his employees made me want to become a benefits professional.

What is your boldest prediction for the industry over the next decade? The role of the traditional benefits adviser is becoming obsolete. The only way for us to avoid becoming collateral damage is to embrace non-insurance solutions.

What has been your biggest professional challenge and how did you overcome it? When I opened my first agency at 24, I learned very quickly that I lacked skills. I eventually [found] a business partner who happened to have strengths and passions in all of the areas I did not.



Megan Zimmerman
Employee benefits
consultant
Marsh and McLennan
Agency
Age: 38

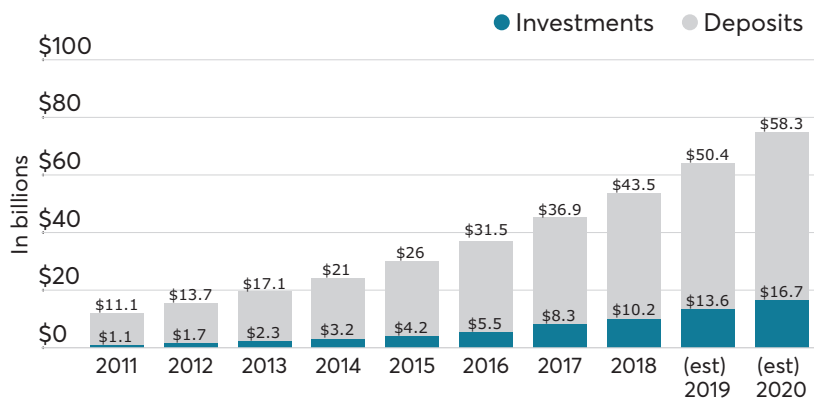
What inspired you to become a benefits professional? I was inspired to join the benefits industry as I wholeheartedly believe we can impact and change people's lives and families by delivering affordable and accessible healthcare.

What is your boldest prediction for the industry over the next decade?

Every employee who has an employer-sponsored health plan will have 24/7 access to personalized healthcare and their own primary care doctor for the price of, or less than, a Netflix membership. Understanding value-based primary care can make an immediate and long-term impact on improving health outcomes and reducing costs will lead more employers to embrace the direct primary care model for their employees.

What has been your biggest professional challenge and how did you overcome it? Educating employers they can challenge the status quo that has plagued the benefits industry. Through accountability and providing clients measurable results, you can demonstrate what the new generation of advising looks like.

HSA assets continue to boom



Source: Devenir HSA Market Survey

Fidelity launches HSAs for financial intermediaries

The accounts will be managed through Wealthscape, letting advisers help manage rising healthcare costs.

By Alyssa Place

Fidelity Investments is offering HSAs to financial intermediaries through its Fidelity Clearing and Custody Solutions group, which serves brokerage firms, banks and investment advisers.

The HSAs will be managed through Fidelity and are integrated with their adviser technology platform, Wealthscape. Advisers will have the ability to handle their client's HSA accounts through Fidelity's brokerage platform.

"Managing HSAs in Wealthscape alongside other accounts gives advisers a holistic look at the full financial picture," says Ryan Plotner, head of brokerage and banking solutions at Fidelity.

HSAs have grown in popularity as

healthcare costs have continued to rise. The number of HSAs grew 13% in the past year and will reach 30 million in 2020, according to research firm Devenir. Total annual contributions per individual were \$2,800 in 2018, Employee Benefit Research Institute data shows.

"Account balances are growing over time, enabling longtime account holders to withdraw larger sums when unexpected major health expenses occur and to save and invest for retirement expenses," says Paul Fronstin, director of EBRI's Health Research and Education Program.

The tax-advantaged accounts are only offered through participation in

a high-deductible health plans. Forty-seven percent of employees are enrolled in a HDHP, according to the CDC.

The accounts are a way to ease the strain of paying for medical and healthcare costs and save for healthcare in the future, says Begonya Klumb, head of HSAs for Fidelity Health Care Group.

"Paying for healthcare is a top concern for many people, and HSAs help advisers provide peace of mind around their financial future and ability to handle healthcare costs," Klumb says. "There is significant demand from the advisers we work with."

The number of HSAs grew 13% in the past year and is projected to reach 30 million in 2020.

According to a survey by the Nationwide Retirement Institute, 73% of future retirees said out-of-control healthcare costs were their top fear in retirement, and 64% say they are "terrified" of what those costs could do to their retirement plans.

However, just 35% of HSA participants are utilizing these accounts as a retirement planning vehicle. According to Fidelity, a 65-year-old couple retiring in 2020 will spend \$285,000 on medical expenses throughout their retirement.

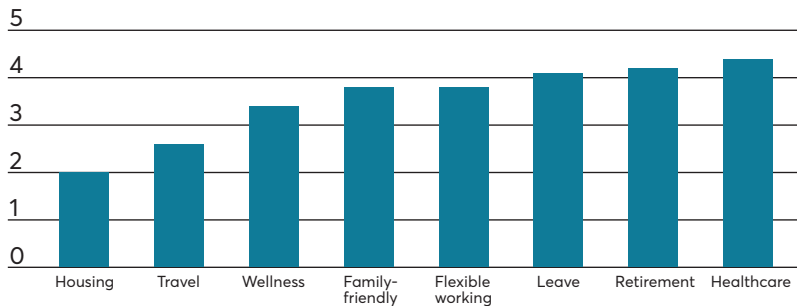
The Fidelity offering will allow advisers to help their clients plan for all aspects of their financial future, Plotner says.

"HSAs give advisers a significant opportunity to deliver value and help clients achieve freedom from worry around caring for themselves and loved ones," he says. "This is increasingly important as the shift toward financial planning continues by helping clients reach life goals and fulfillment." **EBA**

Alyssa Place is a senior editor at Employee Benefit Adviser. Follow her on Twitter @alyssaplace1.

Benefits employers say are important to the workforce

● 5 being extremely important and 1 not at all important



Source: SHRM

SaverLife expands financial wellness benefit platform

"If you just start talking about retirement savings, that can feel out of reach for a lot of people," CEO says.

By Amanda Schiavo

SaverLife, a national nonprofit fintech company, has launched SaverLife Solutions, a program that partners with employers in order to offer digital savings platforms.

The SaverLife Solutions program is a white label online service where employers can customize a plan designed to meet the needs of their workforce.

Employees sign up using their email and link their savings account to the platform. The program incentivizes employees to save money by offering employer-sponsored matches or cash prizes. Employees can also set personal goals and access financial education resources. "Having savings in the bank

is a really critical piece of financial security and financial stability," says Leigh Phillips, CEO of SaverLife. "But not everyone does. The Federal Reserve finds that 45% of Americans don't have \$400 in savings in order to weather an emergency," she says.

An increasing number of employees are admitting to being stressed about their finances, according to PwC's annual employee financial wellness survey. Employees note that persistent cash flow and debt challenges inhibit their ability to save sufficiently.

SaverLife Solutions officially launched in November with \$1.5 million of new funding from the Prudential

Foundation, enabling the program to expand on an earlier yearlong pilot, which reached 392,000 people through employers, credit unions and community based organizations.

Employer partners Levi Strauss participated in the pilot program, launching the Red Tab Foundation as a financial safety net for employees after observing a trend in which many employees, particularly in retail and distribution centers, went to Levi's employee assistance fund for everyday financial issues rather than the emergencies the fund was set up to help with — "People who weren't coming for one off emergencies like a funeral expense or broken water heater or something else large and unexpected," Phillips says. "Employees were going for more day-to-day expenses like falling behind on bills or routine car repairs."

The program incentivizes employees to save money by offering employer-sponsored matches or cash prizes.

The Red Tap Foundation matches employees' savings up to \$40 a month over a six-month period.

"Employers are a really great place to talk about these types of benefits because people are used to accessing other types of supportive benefits," Phillips says.

"But if employees don't have enough financial stability to weather those day to day emergencies, what we find is helping people build a savings habit is then a really great way to begin [saving for retirement]," she says.

"If you just start talking about retirement savings, that can feel out of reach for a lot of people." **EBA**

Amanda Schiavo is an associate editor at Employee Benefit Adviser. Follow her on Twitter @schiavoamanda.



U-Haul antismoking hiring policy starts fiery debate

Recruiters and benefit providers aren't confident the policy will help drive down smoking-related healthcare costs.

By Kayla Webster

U-Haul is bracing for industry pushback after implementing an anti-nicotine hiring policy.

The nationwide moving company announced in December that it would no longer consider job applicants who use nicotine products in the 21 states where it's legal to do so. U-Haul's hiring policy goes into effect Feb. 1, and existing employees who use nicotine products will not be affected. Employees hired under the policy will be required to undergo periodic nicotine screening.

"Not one person will benefit from this nonsmoking hiring procedure," says Ryan Mottley, a recruiter for PPS Professional Personnel Services, a Maryland-based staffing agency. "No one at U-Haul will breathe better."

U-Haul's policy will cover traditional cigarettes and the increasingly popular e-

cigarettes and vaporizers. While the health risks of cigarettes are well documented — the World Health Organization estimates tobacco kills about 8 million people every year — the long-term implications of vaping are still at large. However, the American Cancer Society says researchers are starting to see a correlation between vaping and serious lung diseases. It's unclear how U-Haul's nicotine testing will impact employees who use nicotine replacement therapies, like gum and patches, as part of a quitting regimen.

In response to U-Haul's new policy, Mottley expressed concern that refusing to hire smokers could lead other companies to decide to exclude other types of candidates — alcoholics and obese people, for example. However, an employment and benefits at-

torney says that isn't possible because both alcoholics and obese people are protected under the Americans with Disabilities Act. But U-Haul may have opened themselves up to other discrimination lawsuits by adopting an anti-nicotine policy.

"Even in the 21 states that allow this policy, smokers could qualify as disability discrimination," says Kate Ulrich Saracene, practice head of Katten Muchin Rosenman, a law firm with offices in New York and Chicago. "It doesn't mean it would win, but it would cause a lot of trouble and litigation with the law."

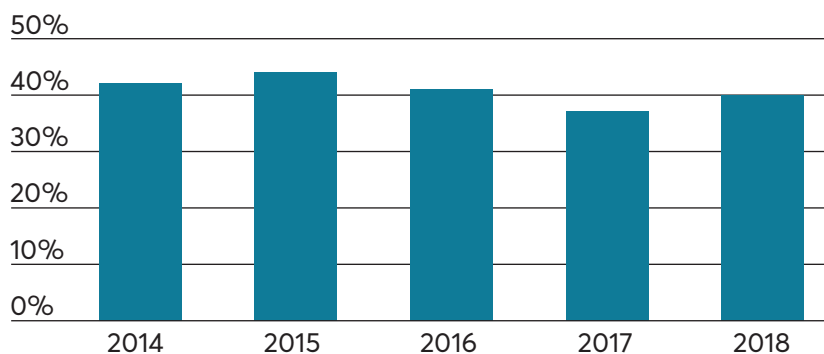
Saracene says that under the application of Title VII to the ADA, there are neutral categories that qualify as discrimination if it has a disparate impact on a race, sex or ethnic origin. Smoking is one of those neutral categories, and it's shown to have a disparate impact on African American men and American Indian women, she says. In order to defend themselves against a similar charge, U-Haul would have to prove its antismoking policy is strictly job-related.

"Hospitals have similar nonsmoking policies, but being in the healthcare industry allows them to say it's directly job-related," Saracene says. "A company like U-Haul is going to have a much harder time proving that."

In conjunction with the new hiring policy, U-Haul added a program to help existing

Up in smoke

Percentage of employers with smoking cessation programs in place



Source: SHRM

employees quit smoking to its benefit package. But providers of this type of wellness benefit aren't on board with the idea of companies excluding smokers as job candidates.

"Smokers already have a harder time getting hired and restricting employment opportunities because of a treatable addiction — one most smokers want to break free from — further exacerbates that inequity," says Robin Koval, CEO and president of the Truth Initiative — a nonprofit that created the EX Program, an employee benefit for helping smokers quit. "A cessation program is the single most cost-effective health insurance benefit provided by any company. Employers should expand their quit smoking benefits to include these programs, instead of refusing to hire smokers."

Even employer groups where the practice is legal are concerned anti-nicotine hiring policies will disproportionately affect working class employees — and for good reason. The Centers for Disease Control estimate working class and impoverished Americans are almost 40% more likely to smoke. Many of

these workers perform blue collar labor for companies like U-Haul. Given the current talent shortage, how will anti-nicotine hiring policies affect industries that rely on blue collar workers?

"When discussing this news with our employers, one member with a manufacturing workforce indicated that they wouldn't have an applicant pool if they implemented a similar policy," says Michael Howard, president and CEO of the Alabama Employer Health Consortium, a coalition of employers from across the state.

Smokers cost U.S. employers an extra \$170 billion for medical care, and more than \$156 billion from lost productivity every year, the CDC estimates. While U-Haul's policy is marketed as a wellness initiative, Saracene, as an employment attorney, speculates the decision was made to cut down on the costs associated with having smokers on staff. U-Haul did not respond to requests for comment.

"It's pretty clear U-Haul's decision was motivated by insurance costs," Saracene says.

However, anti-nicotine hiring poli-

cies, like U-Haul's, may not be enough to prevent smoking from impacting an employer's healthcare costs. The CDC says second-hand smoke exposure costs employers around \$5.6 billion in lost productivity — something employers can't control outside of working hours. Employees also aren't the only ones benefiting from their health plan.

"If your goal is to drive down health plan costs, it might not have the intended impact with family tobacco users," says Jacob Mattinson, partner at Chicago-based labor law firm McDermott, Will & Emery.

Employers can require their workforce to be nicotine-free (in states where it's legal), but they can't extend that policy to their employees' family members, Mattinson says. They can help curb the additional costs those dependents incur by structuring their health plans to include additional charges for smokers, but it needs to be done carefully to comply with state laws.

States where employers can enact antismoking hiring policies include: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Maryland, Massachusetts, Michigan, Nebraska, Pennsylvania, Texas, Utah, Vermont, Virginia and Washington.

Mattinson also says it's important for employers to remember that they can't ask their health provider to report whether or not employees are smoking, as it would be a HIPAA violation. Doing so can result in civil penalties and large fines.

"Granted, not everyone is going to be honest about nicotine use during the hiring process, but [employers] can't ask health providers for that information," Mattinson says. "But they can test their workforce for nicotine where state law allows it — that has nothing to do with benefit plans."

While employers can decide to revoke a conditional offer of employment based on the results of a nicotine screening, they can't terminate existing employees who don't pass, Saracene says. Doing so would be a violation of the Employee Retirement Income Security Act, Section 510 — the litigation that protects against workplace retaliation. That includes employees hired under U-Haul's new anti-nicotine policy; if they test positive for nicotine after working at the company for a year, the company can't fire them even if they tested negative during the hiring process, Saracene says.

Smokers cost U.S. employers an extra \$170 billion for medical care, and more than \$156 billion from lost productivity every year, the CDC estimates.

"It's obvious that's why U-Haul left out existing employees when they crafted this policy, but the thing that concerned me is the part where employees need to consent to future testing," Saracene says. "Those regulations on wellness programs restrict what employers can do with employees who don't pass. They can't terminate them."

Saracene says the Equal Employment Opportunity Commission is deciding whether to allow companies to inflict financial penalties on employees who don't comply with wellness programs. Employers currently can under the Affordable Care Act, but the courts are debating whether it conflicts with the ADA. Saracene's advice to employers: Wait and see what the EEOC decides.

"My thought would be to let the bigger companies test it and litigate it first," Saracene says. "Do you want to spend your money to be the test case? Larger companies can absorb the risk better than small or mid-sized companies." **EBA**



BLOOMBERG NEWS

CVS Health's new bet

The healthcare company plans to leverage its Aetna buy to launch a new product for gene therapy.

By Kayla Webster

Gene therapy could save and improve lives, but at \$2 million per treatment, it's out of reach for the most vulnerable of cases. CVS Health plans to make the therapy accessible through employer-sponsored insurance.

The healthcare company is leveraging its 2018 acquisition of health insurance company Aetna to spread out the cost of treatment, according to a white paper published by the company this week. CVS Health also plans to launch a new insurance product by the end of March to absorb the financial risk of covering these therapies.

"Gene therapy is having a very substantial impact for patients with very serious illnesses, and the results appear to be durable," says Dr. Troy Brennan, chief medical officer for CVS Health. "That's why it's important to make it as affordable as possible."

In general terms, gene therapy replaces a faulty gene with a working one to treat or prevent disease. Blindness, muscular dystrophy, leukemia and

sickle cell disease are just a handful of serious illnesses gene therapy can mitigate, according to the Food and Drug Administration. Currently there's not enough data to determine how long the effects of gene therapy will last, or if they qualify as a cure, but so far the treatment appears to be long-lasting, Brennan says.

"With prices for a single treatment as high as \$2 million, many employers are struggling to find ways to offer coverage without bankrupting their health plans, or even their companies," the CVS report says. "What's more, these costs will hit plans — and the healthcare system — in one massive blow rather than being spread out over time."

The CVS study estimates gene therapy could potentially cost the U.S. healthcare system an additional \$66 billion — a 2% increase from the existing \$3.5 trillion. A CVS Health spokeswoman says their brand new insurance product will further protect employers and health plans. **EBA**

Kayla Webster is an associate editor at Employee Benefit Adviser. Follow her on Twitter at @KaylaAnnWebster.



ADOBE STOCK

How digital tools are shaping talent acquisition

Data science, artificial intelligence, chatbots and predictive analytics can improve hiring practices and cut turnover.

By Bruce Shutan

Digital technologies are shaping talent acquisition in significant ways, helping employers make better and more informed hiring decisions. Perhaps nowhere are these tools more sought after than in organizations with high turnover that are saddled with the cost of retraining legions of employees or managers.

Some of the latest applications include using data science to optimize job postings and natural language processing to identify key words or phrases that will attract candidates to employment posting, as well as chatbots to improve customer service for job applicants.

"Historically, the talent acquisition space has had a real challenge, particularly in high-volume industries where recruiters get

tons of applicants they can't personally interact with," observes Myra Norton, president and chief operating officer of Arena.

Adapting the tools of machine learning and artificial intelligence to hiring in high-turnover industries requires precise, transparent and intuitive processes to be successful, she cautions.

The tools that fit inside of AI, machine learning being one, are incredibly powerful and transformational. However, there's also fear and skepticism about those techniques creating a black-box effect. "We all have a responsibility to monitor the output of those techniques to ensure that we aren't having unintended consequences," Norton says.

Describing herself as "a recovering academic" from Temple University's College of

Science and Technology, she studied early-stage high-growth tech businesses and ran a startup before connecting with Michael Rosenbaum, a former Harvard Fellow who worked in economics and law with the White House in the Clinton administration. His Pegged Software was rebranded Arena in 2016 as part of a mission to capture and apply large amounts of data to create more accurate predictions of a candidate's performance and, thus, make the labor market run more efficiently.

The factors that contribute to success and fulfillment are tied to a specific job or location, Norton explains, which is why algorithms must be granular and precise. She says it's also important to make technology for talent acquisition intuitive and easy to use.

"Algorithms can augment and refine human judgment because they can surface risk and opportunity that the human mind can't," she notes. But in applying digital technologies to a very human and personal process, Norton suggests that they need to be introduced in an empathetic way that can be road tested.

Predictive analytics help employers forecast with some degree of accuracy whether a new hire will work out based on a combination of historical and real-time data, according to Norton.

When layered on top of machine learning, she says, it allows predictions to be re-

fined in real time for a more accurate view of what's most likely to happen in the future.

As with all technology-enabled platforms, Norton believes quality assurance is critical to avoid becoming just another piece of underutilized software. Having a transparent demonstration of outcomes will give hiring

managers and HR leaders confidence to use these tools "because now they're seeing this work in their own environment," she explains.

The chief objective is for Norton to help employer clients achieve at least a 10% reduction in turnover. Arena is beating its own benchmark by averages of 21% and 43%

lower turnover in the first and second year, respectively.

"We know the impact that that has to the business financially," she reports, as well as "from a culture, engagement and morale perspective." **EBA**

Bruce Shutan is an Employee Benefit Adviser contributing writer in Portland, Oregon.



Starbucks offers a free app to enhance mental health

Employees will have access to hundreds of themed sessions aimed at improving personal growth and stress management.

By **Evelina Nedlund**

Starbucks employees now have free access to Headspace, an app that provides hundreds of audio sessions and meditations to manage and improve mental health.

Headspace is part of a larger Starbucks initiative aimed at supporting the mental health and well-being of its employees.

The app covers topics like personal growth, life challenges, kids and parenting, stress management, anxiety and physical health, among others.

Headspace is typically \$12.99 a month or \$69.99 for a yearly subscription, but will be offered free to all Starbucks employees.

The company said it will also launch a new employee assistance program and mental health first aid training in the coming months.

The offering is part of a bigger trend among employers, including PNC and Ocean Spray, that have renewed their benefits to better address mental health.

About 86% of employers offer some type

of mental health coverage, according to statistics from the Society for Human Resource Management.

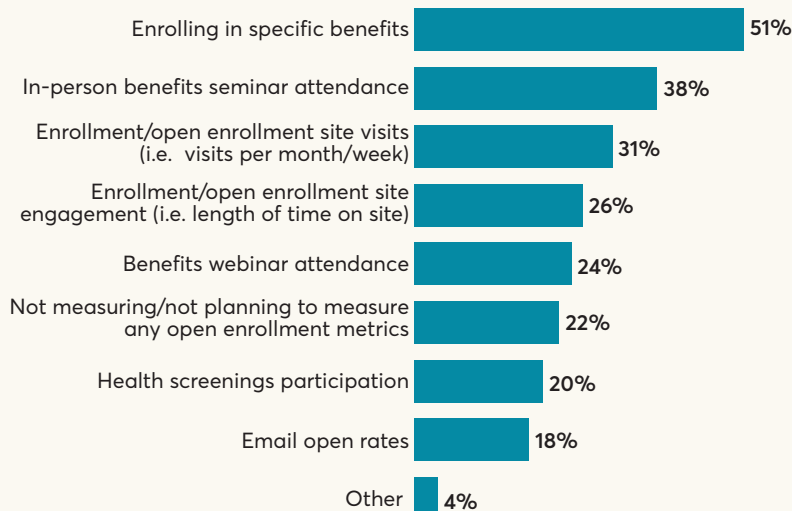
"The mental health crisis across the United States and Canada is a complex and difficult problem, with one in five adults experiencing mental illness in various forms each year," said Molly Spence Sahebajami, director of social impact communications at Starbucks. "Through this initiative, we aim to break the stigma around mental health and support the mental health and well-being of our [employees]."

The employee assistance program was created with feedback from staff and qualified mental health experts to connect more employees to care that meets their specific needs, the company said.

The training, which is being designed for Starbucks by the National Council for Behavioral Health, is for all U.S. and Canada store managers and is inspired by Mental Health First Aid, a national program that teaches the skills to respond to signs of mental illness and substance use. **EBA**

Evelina Nedlund is an associate editor at Employee Benefit Adviser. Follow her on Twitter @EvelinaNedlund.

OPEN ENROLLMENT METRICS: BY THE NUMBERS



Source: Arizent Research, December 2019

Employers tracking benefits enrollment 'surprisingly low'

Just 51% of employers measure the selections that employees make in signing up for specific benefits, the latest survey shows.

By Stewart Bowling

Employee engagement metrics continue to be a valuable source of information for organizations of all sizes as part of the overall open enrollment process, according to *Employee Benefit Adviser's* Open Enrollment Readiness Benchmark survey.

In addition to assessing employers' level of readiness, the quarterly OERB survey asks employers about key issues they face during open enrollment (plan design, prep, management and analysis) to help benefit advisers understand how they can better assist their employer clients with managing the open enrollment benefits process.

The most important open enrollment metric for companies is what specific benefits their employees enroll in, with 51% of employers (see Open Enrollment Metrics chart) measuring the selections employees make. In-person attendance at benefits seminars also figures highly, with 38% of employers measuring the number of seminar attendees.

While enrolling in specific benefits comes out on top, one would think that more employers would track this metric. Kate Anawaty, the national communications team leader and regional communications director at USI Insurance Services, has a theory why

this is.

"The figure is surprisingly low," she says. "However, most clients do have at least some knowledge of the percentages that are enrolled in each plan, but that information may not be something that's tracked by them. It may be tracked by another source and then reported back to the employer."

This metric itself can also be a useful way for employers to track how effective their communications are.

"If the goal of the communications strategy is to drive employees to a certain plan or behavior," Anawaty says, "then looking at the enrollment numbers and seeing a migration or a shift is an indication of a successful communications campaign. We can see from the numbers that what we wanted to encourage is reflected in the outcome."

Open enrollment metrics for online activity are also considered valuable. Employers measure not only how often employees visit open enrollment sites (31%), but also how long they spend on the site (26%). Employee attendance at benefits webinars (24%) is another online measurement that employers record.

Interestingly, while 89% of employers use email to communicate with their employees for open enrollment, as noted in the Q2 2019 OERB, only 18% measure email open rates as an open enrollment metric.

Anawaty thinks there's a

simple reason. "As email is such a ubiquitous part of our personal and especially corporate culture, employers will send out the email for open enrollment and there's kind of a feeling of 'I've done my job,'" she says.

"This is how we communicate," she adds. "We don't know how many people are just tossing that email out, especially if it's one of 300 they receive. It's so common to send out an email internally that there is just a lack of tracking when that happens."

From an organizational perspective, a majority of companies overall measure or plan to measure open enrollment metrics (see Employers Measuring chart). But the underlying numbers reveal that, perhaps not surprisingly, the larger the company, the more likely it is to measure metrics, given that

smaller firms tend to have fewer HR and benefits admin personnel, as well as more resource constraints.

Quarterly results show that software continues to play a key role in the open enrollment process, with usage holding relatively steady since Q1 2019. Employee benefits admin software is most commonly used, with 70% (up from 65% in Q1) of employers taking advantage of its ability to facilitate the administration of health, retirement and insurance plans among others. HR admin software, at 68% (down from 71%), and integrating software solutions, at 63% (up from

62%), are also currently well utilized.

Advisers can assist HR departments by exploring software solutions to meet their client's needs, while recognizing these needs may change over time.

When utilizing these software solutions, companies have very specific objectives. The most important goal is to ensure compliance with government workforce regulation, with a 94% response among employers.

The ability to streamline processes

readiness for the time of the year.

Individually, the importance of managing meetings with advisors or brokers is clear from a high score of 85. Progress with enrolling employees is also promising, with a score of 62.

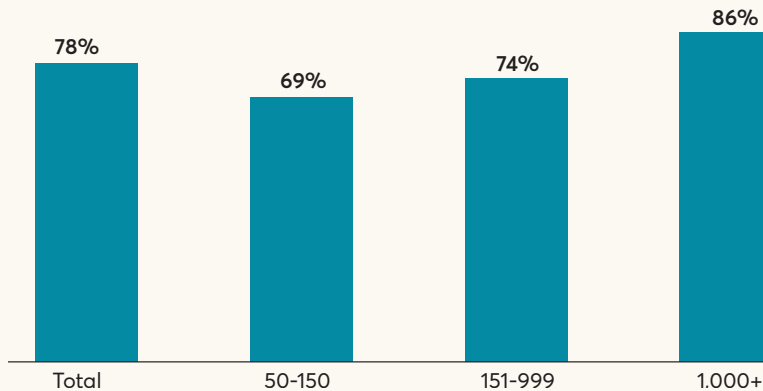
In terms of documenting worker feedback, a score of 46 indicates that companies are in good shape, but there are challenges.

A common refrain among employers is the difficulty in "getting employees to

respond to surveys and complete their feedback in a timely manner."

Another issue is "compiling data from multiple sources." However, one employer has a different experience, which points to the value of soliciting feedback on a regular basis: "Documenting feedback is not a challenge. We collect data all the

EMPLOYERS MEASURING OR PLANNING TO MEASURE OPEN ENROLLMENT METRICS (BY NUMBER OF EMPLOYEES)



Source: Arizent Research, December 2019

(90%), generate accurate reports (90%) and eliminate redundant data entry (87%) also had high scores among the most desired objectives for employers. Advisers should make sure that the software solutions they research include these highly valued outcomes.

As of Q3 2019, overall open enrollment scores for employers with a Q1 benefit start date are moving steadily toward completion, with a composite score of 70. With the emphasis now firmly on the open enrollment management phase, the composite score of 60 for this phase represents a solid level of

time, so it is a consistent process and employees know they are listened to."

Measuring enrollment engagement metrics is faring slightly better, with a score of 48. Among the challenges is "getting accurate data on enrollment activity" one employer says.

To arrive at these scores, the OERB tracks 20 open enrollment activities and asks employers to submit self-assessments of the progress they have made in each. Responses range from no progress, which equates to a score of 0, to completed, which equates to a score of 100. **EBA**



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