

Medical Marketing

Content provided by the Large Group and Small Group Medical Marketing teams.

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MetLife 2026 Employee Benefit Trends – Top Takeaways:

The latest (pre-release) findings from MetLife’s “2026 Employee Benefit Trends Study” highlight several major dynamics that will influence benefit strategy in the year ahead.

1. Cost Control is Now Front and Center

Managing health-related expenses has overtaken employee retention as the top employer concern—an important shift driven by escalating medical costs and increased layoffs across the market.

2. Health Investment Continues to Show Strong ROI

Employers expect to see **\$2.30 in return for every \$1 spent** on employee health and well-being programs. Strategic investment in holistic well-being remains one of the most effective ways to improve productivity, engagement, and overall business performance.

3. Benefits Understanding Directly Drives Employee Connection

Employees who understand their benefits are **1.6x more likely** to feel connected at work, and **76%** say they feel more connected when their benefits keep up with their changing needs. In today’s environment, where many employees are staying at their jobs out of caution rather than commitment, this connection matters more than ever.

4. Non-Medical Benefits Are Emerging as a Key Lever

73% of employers see non-medical benefits as their most effective tool for supporting holistic health. **83%** say these offerings help reduce medical costs, and **90%** say benefits improve overall well-being in ways that ultimately lower business expenses.

5. A Strong Benefits Strategy Shapes Culture and Retention

Benefits do more than address health needs—they reinforce organizational values, build connection, and turn “job hugging” into genuine engagement. A thoughtful benefits strategy can help convert passive loyalty into true commitment.



Commentary (Bill Schwarzenbart):

The full MetLife report is set to come out on **March 16**, and I’m looking forward to reviewing the complete findings. Early insights are helpful, but I’d like to see more of the detail behind the data—especially around the conclusion that non-medical benefits are the strongest driver of holistic health and cost savings. That may prove true, but given MetLife’s size and market share on the non-medical benefits side, it’s worth keeping a critical eye on how those conclusions were drawn.

BCBS IL – Applies to Fully Insured Small, Mid-Market and Large Groups:

The Affordable Care Act set Medical Loss Ratio standards for health insurers. Blue Cross and Blue Shield of Illinois must report annually on whether the Small Group or Large Group market coverage we offer meets MLR standards. These standards require them to report annually whether coverage is in the Small or Large Group market segments of a state. Employers are asked to provide their 2025 Average Employee Count so BCBSIL can accurately classify their coverage for the 2026 MLR reporting year. Applies to Fully Insured Small, Mid-Market and Large Groups.

Email solicitation to groups for active and canceled Fully Insured groups with 15-250 employees began in February. A letter will be mailed to groups without a valid email address. The Regulatory Data widget on Blue Access for Employers is available as of Feb. 9 and groups can enter their 2025 AEC (Average Employee Count) information via the portal. Blue Access for Employers is the preferred method of data entry. A group can also call 1-855-804-3635 to provide 2025 information. The broker (Primary Producer of Record or Delegated Producer with Maintenance Use) can also submit AEC information for their employer groups in Blue Access for Employers.

Level Funded:

Gravie offers a broker toolkit with resources to better understand their products and services. Topics include Comfort and Gravie IHCRAs Guides & Resources, Digital Tools & Services, Financial Guides & Checklists and Webinars. Sign up for access at: <https://www.gravie.com/brokers-and-employers/toolkit/>

Health Partners - Opening for 100+. HP has announced that effective 4/1/26, they will begin quoting Level-Funded options for groups with over 100 eligible employees (for 7/1/26 effective dates and after). The decision to expand their offering came from their ongoing efforts to align with competitors across their entire footprint (IA/MN/SD/ND/WI). They will offer a variety of Spec and Agg options to employers of this size.



Marketing Case Study

A 156-life self-funded client faced a difficult stop-loss renewal driven by a high-cost hemophiliac member. The incumbent, Berkshire, invoked the NLO provision and issued a max increase, ultimately landing at a 27% renewal coupled with a \$2M laser. While the market was consistent at 27%+ across the board, FAIRCO emerged as the only competitive option, offering a 6% renewal but initially excluding the high-cost member—an unacceptable position for the client and the consulting team.

Negotiations quickly became complex. Most markets declined to quote altogether, and those that did were unwilling to offer a lasered alternative in lieu of the exclusion. Internally, the team worked through tight timing, with final decisions not arriving until 12/8/25. Success required parallel efforts: extending firm proposal expirations, revising contract language, and the biggest factor; supporting the member's understanding of their care options with our clinical care advocacy team leading to Medicare election for 1/1. FAIRCO ultimately agreed to updated contract language assuming Medicare-primary status for that member as of 1/1, eliminating the exclusion concern.

The final outcome delivered significant value: a 6.5% increase (roughly \$25K), far below the 17.9% benchmark—and more importantly, the avoidance of over \$2M in laser exposure or an uncapped exclusion.

This case highlighted the importance of patience, coordinated communication, and persistence across underwriting, clinical, and consulting teams. It also reinforced a key takeaway: in complex renewals involving high-dollar claimants, early coordination and disciplined negotiation can dramatically shift outcomes, even when market options appear limited.

Advance Your Knowledge!

HealthJoy: The Benefits Operating System

March 4, 2026 at 2:00 PM · Dubuque, Room 307 & virtual

HealthJoy will share updates on their Benefits Operating System, spotlight their AI innovations, and demo The Benefits Studio for visibility and growth, followed by open Q&A.

Contact Kevin for an invite.

Sidecar Health: A New Take on RBP

March 12, 2026 at 1:30 PM · Virtual

Sidecar Health provides members with facility and provider options for treatment, showing the amount covered at each — one option may have additional out-of-pocket cost while another could be no cost (potentially a copay). Fully insured is available in FL, OH, and GA; self-funded in all 50 states.

Agenda: CB + client experience improvements, carrier roadblocks, real-world member cost examples, benefit amounts and reimbursement mechanics, member portal walk-through, key metrics and reporting, member protections, plan designs, and actuarial value evaluation.

Contact Kevin for an invite.

Garner Health: Higher-Quality In-Network Care

March 16, 2026 at 10:30 AM · Virtual

Garner Health is a simple plan add-on that helps employees find and use the highest-quality in-network care. They pair better doctor analytics with financial incentives and a guided member experience — driving higher engagement, a richer benefit, and measurable savings without changing the underlying network.

Agenda: Introduction and overview, employer partnerships, data and methodology, member experience, and marketing communications and implementation.

To learn more, check out their recent article in Forbes.

Contact Kevin for an invite.



Kevin's Dad Joke

Melissa and I just celebrated the three days a year that I am right. February 29th, 30th and 31st.

Toward Health: Reverse Chronic Disease

March 17, 2026 at 1:00 PM · Virtual

Toward Health is a physician-led, lifestyle-first metabolic health program combining clinical oversight, remote monitoring, behavioral support, and strategic medication management. Mr. Bults is a client and has had great success with the program.

Agenda: How metabolic disease drives pharmacy spend, claims volatility, GLP-1 utilization, and stop-loss pressure; why traditional wellness falls short; Toward Health's root-cause approach; proven results including weight loss, diabetes reversal, cardiometabolic improvement, and medication deprescribing (~\$1,700–\$4,000 in de-prescriptions per participant per year, including a GLP-1 Off-Ramp program); the full Toward Health stack; and broker partnership and next steps.

Contact Kevin to attend.

Truemed (Gryphon): HSA/FSA Preventive Health Engagement

April 1, 2026 at 12:00 PM · Des Plaines office & virtual

Through Truemed's compliant, practitioner-led LMN process, employees can use pre-tax funds on fitness equipment, gym memberships, nutrition programs, sleep tech, and more. Last year they helped over 1 million employees and 10,000 employers access these benefits.

Agenda: Overview of the HSA/FSA engagement opportunity, why these dollars remain underutilized for preventive health, how Truemed's platform works, and employer case studies showing participation, health outcomes, and ROI.

Contact Jimmy Rubino to attend.

PNC Workplace Solutions: Financial Wellness & Banking

April 15, 2026 at 12:00 PM · Des Plaines office & virtual

PNC offers financial wellness, banking, and workforce-support programs that integrate seamlessly with existing benefit strategies without increasing HR workload.

Agenda: PNC EarnedIt (earned wage access), Student Debt Solution, BeneFit Plus (health savings and benefit spending accounts), and Bank at Work Solutions (digital financial tools and preferred employee offerings).

Contact Jimmy Rubino to attend.