

LaborFirst

Colin Hautman - LaborFirst
Work Samples 2



Q2 Data

Q2'25 MQLs by Segment and Channel

Sales Accounts

2025	Labor	Public Sector	Commercial	Total
Digital	8	77	10	95
Webinar	1	26	9	36
Conference	7	166	20	193
Total	16	269	39	324



- 326% Increase in MQLs from Q1->Q2 2025
- 60% of all Q2 MQLs came from conferences
 - 14 conferences in Q2
- 61% of MQLs in Q2 were net new (i.e. converted as an MQL for the first time)

Digital = website form submission/gated content, ad interaction, email engagement, website engagement

Webinar = registered for a webinar

Conference = stopped by our booth

Q2'25 MQLs by Segment and Channel

Net New vs. Pre-Existing

	Labor	Public Sector	Commercial	Total
Net New				
Digital	6	42	8	56
Webinar	1	14	6	21
Conference	0	102	18	120
Sub Total	7	158	32	197
Pre-Existing				
Digital	2	35	2	39
Webinar	0	12	3	15
Conference	7	64	2	73
Sub Total	9	111	7	127
Total	16	269	39	324

Net New: Accounts that take an MQL action for the first time in the current year

Pre-Existing: Accounts that have taken an MQL action in previous years and in the current year

Q2'25 MQLs

(Data represents the current Lifecycle Stage of an MQL passed from Marketing to Sales and not the original Lifecycle Stage when they were first passed to Sales.)

Segment	New	Sales Suspect	Unqualified ⁽¹⁾	Sales Qualified	Pursuing (Pipeline)	Quoting (Opp)	Lost ⁽²⁾	Won	Total
Labor	2	3	6	2	3	0	0	0	16
Public Sector	23	67	80	53	39	5	2	0	269
Commercial	0	3	26	10	0	0	0	0	0
Total	25	73	112	65	42	5	2	0	324

The data:

- Is filtered based on Marketing Qualified Date, i.e., the date they hit 30 points
- Includes all Lead with MQL dates in CY '25 regardless of current stage

As of Dec 2024, all Marketing Created MQLs go into Sales Suspect.

⁽¹⁾Developing further refinement of **Unqualified MQLs** as some may be future targets (i.e. State Aggregators)

⁽²⁾**Lost** can be a combination of groups lost this year and groups that were lost in previous years and engaged with Marketing, but the groups have not circled back to pipeline or SQL

Q2 2025 MQL Lifecycle Stages by Net New vs. Pre-Existing and Dormant vs. Engaged

(Data represents the current Lifecycle Stage of an MQL passed from Marketing to Sales and not the original Lifecycle Stage when they were first passed to Sales.)

	New	Sales Suspect	Unqualified ⁽¹⁾	Sales Qualified	Pursuing	Quoting	Lost	Won	Total
Net New	22	59	70	27	17	2	0	0	197
Pre-Existing	3	14	42	38	25	3	2	0	127
Total	25	73	112	65	42	5	2	0	324

⁽¹⁾Developing further refinement of Unqualified parameters as some may be future targets (i.e. State Aggregators)

Q2 2025 Broker Contact Leads

Brokers and Consultants by New vs. Pre-Existing and Category
Net New: 86
Digital: 22
Webinar: 63
Conference: 1
Pre-Existing: 12
Digital: 1
Webinar: 10
Conference: 1
Total Brokers and Consultants: 98

First Meetings Data YTD

- **Cattaraugus-Allegany BOCES (150 Lives)**
 - **Current Status:** Pursuing | First Meeting | Mild | Met with CFO and Connected with BOR | 8/1/2025 Bid Date
- **Montgomery College (600 Lives)**
 - **Current Status:** Pursuing | First Meeting | Warm | Not Going to Bid Until 2027 | Kelly to Connect with Segal to Get Us Built In
- **St. Tammany Parish (3,200 Lives)**
 - **Current Status:** Pursuing | First Meeting | Mild | Effective Date 1/1/26 | Moved from Humana to UHC and transition did not go well | Benefits staff is overwhelmed | Steph is trying to get us built in for 1/1/2026
- **Alhambra Unified School District (1,154 Lives)**
 - **Current Status:** Pursuing | Account Strategy | Mild | Effective Date 1/1/26 | Nate is pursuing RDS angle and wanting to quote an insured EGWP
- **County of Fairfax, VA (5,000 Lives)**
 - **Current Status:** Pursuing | First Meeting | Mild | Effective Date 1/1/26 | Finding New Consultant | Steph Working With Tate Consultants who bid
- **RPA San Diego (Gallagher) – California VEBA Opportunity (2,389 Lives)**
 - James Gaumer submitted a form via a digital ad, passed along to Nate, Opportunity Opened, Closed lost as of 6/27
- **The Baldwin Group– City of Hemet (215 Lives)**
 - Ann Stawicki submitted a form via a digital ad
- **Billings Public Schools (165 Lives)**
 - From SALGBA 2025
- **Loudoun County Public Schools (2,600 Lives)**
 - From ABM Campaign
- **City of Charlotte, NC (1,500 Lives)**
 - From NFBPA 2025

2025 Goal: 20 First Meetings
YTD: 10 First Meetings

2025 YTD MQLs by Quarter

Sales Accounts

2025	Q1 2025	Q2 2025	Total
Labor	10	16	26
Public Sector	45	269	314
Commercial	20	39	59
Total	75	324	391



- 67% of all 2025 MQLs have come from conferences
- Q2 had a much higher focus on lead gen compared to Q1 where focus was on developing and launching the SQL -> First Meeting ABM Campaigns

Digital = website form submission/gated content, ad interaction, email engagement, website engagement

Webinar = registered for a webinar

Conference = stopped by our booth

2025 YTD Broker Contact Leads

Brokers and Consultants by New vs. Pre-Existing and Category		
Q1 2025	Q2 2025	YTD Total
Net New: 43	Net New: 86	Net New: 129
Digital: 12	Digital: 22	Digital: 34
Webinar: 28	Webinar: 63	Webinar: 91
Conference: 3	Conference: 1	Conference: 4
Pre-Existing: 67	Pre-Existing: 12	Pre-Existing: 79
Digital: 15	Digital: 1	Digital: 16
Webinar: 52	Webinar: 10	Webinar: 62
Conference: 0	Conference: 1	Conference: 1
Total Brokers and Consultants: 110	Total Brokers and Consultants: 98	206



Webinars

Final Rule/Final Notice Webinar

- 294 External Registrants / 323 Total Registrants
- 209 Total External Accounts Registered
- 137 External Attendees / 163 Total Attendees
- 51% Total Registrant to Attendee Conversion Rate (Healthcare Industry Average is 35%-45%)
- Watch On-Demand [Here](#)



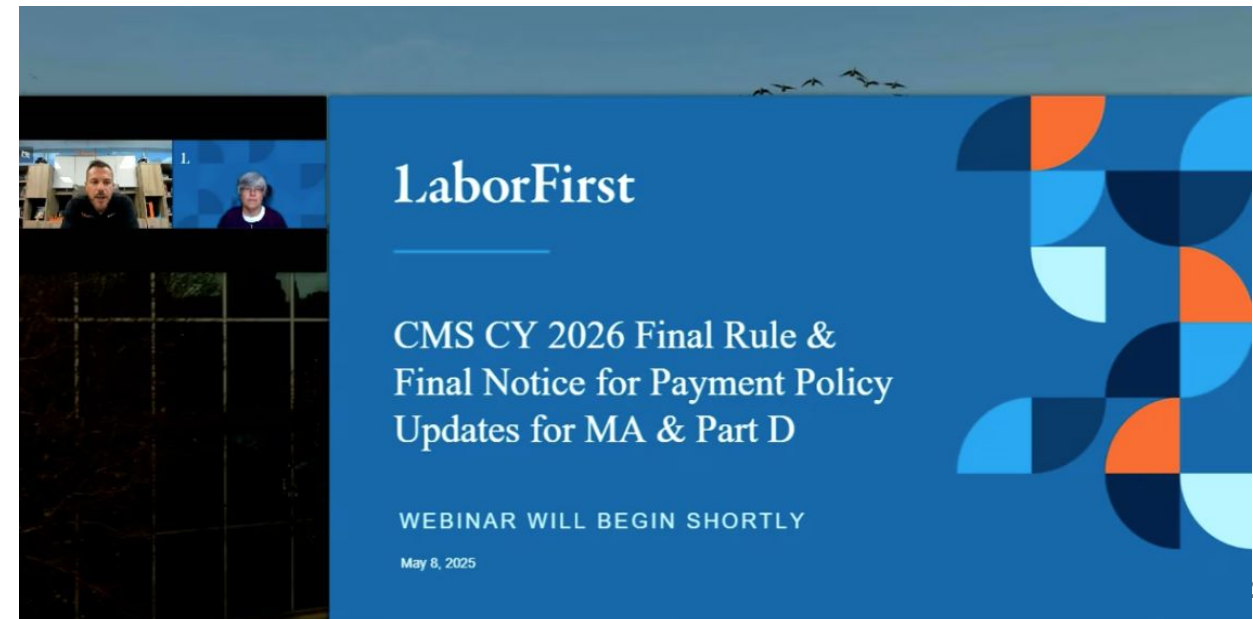
LaborFirst

Last Call

To Register for
Our Live Webinar

Register Now →

The banner features two circular headshots of speakers: a man with a beard and a woman with short grey hair. The background is dark blue with abstract light blue and orange geometric shapes.



LaborFirst

CMS CY 2026 Final Rule &
Final Notice for Payment Policy
Updates for MA & Part D

WEBINAR WILL BEGIN SHORTLY

May 8, 2025

The slide includes a video feed in the top left corner showing two participants. The background is dark blue with abstract light blue and orange geometric shapes.

Marsh McLennan Meetings & Webinars

Trent and I had a great meeting with Marsh (MMA) this morning. It included several of their higher ups. It was a great combination of all that we are doing.

- Rory Callahan (our new lobbyists) has a great relationship with Clayton County, 1 of MMA's clients. He also helped facilitate the Marsh meeting.
- Several of the Marsh people were on our webinar(s) and were very impressed with the contents and presenters.
- We had dinner with Clayton at SALGBA and they were in our breakout presentation.
- Trent brought to the meeting our current mutual client list (about 20 groups). The Marsh offices are speaking to each other about the great things we are doing.

Great to hear feedback on the effectiveness of what we are doing. In this case, we had them just about every direction.

Steve

Inbound Lead

On February 19, 2025, a new broker found our website through an online search and submitted a Contact Us form. Nate followed up, and we just finalized the proposal package.

Claire used this opportunity to pilot the new business Proposal Template she created, which helped her refine the format and build a scalable approach for the team. You'll see attached:

The PDF proposal that Nate is sending to the consultant

Highlights:

- This opportunity is with VEBA (2,389 lives)
- Tom and Nate identified \$7.6M in potential savings – wow!
- Claire worked closely with Tom to understand the proposal's complexity and added new table structures to make population mapping across multiple in-force plans easier to understand. She'll include this as a future template reference.

Nice work all around - and a win for our inbound efforts, the new proposal package, and collaboration across teams!



SQL to First Meeting ABM Campaign

ABM Campaign Recap – Public Sector

Total: 5 PS Sales Meetings (5 Accounts Moved to Pipeline) - Marketing Assist of 10,104 Lives

Sales Account Meetings:

- **New: Cattaraugus-Allegany BOCES (150 Lives)**
 - Current Status: Pursuing | First Meeting | Mild | Met with CFO and Connected with BOR | 8/1/2025 Bid Date
- **New: Montgomery College (600 Lives)**
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- **New: Alhambra Unified School District (1,154 Lives)**
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ABM Campaign Recap – Labor

Tactic: Sent 43 backpacks to 19 sales accounts and 2 different brokers from Segal.

Results:

- Jill had several UFCW and IBEW prospects call her before she could call them, thanking her for the backpack and one UFCW president called her and asked if she could give it to a staff member
 - Additionally, it did spark recent conversation with two of the Segal consultants that she saw at recent client events
 - In summary, it did create conversations and direct outreach back to Jill with prospects and a couple of consultants
- Accounts/consultants the direct mail pieces assisted on:
- **IBEW Local 48 (1818 Lives)** - Opportunity | New | Opened on 4/23/2025 | 50% Probability
 - **IBEW 595 (591 Lives)** - Pursuing | Account Strategy | Mild | Met at NABTU & booked meeting
 - **OE 12 (4,545 Lives)** - Pursuing | Account Strategy | Hot | Op moved to 1/1/27 w/ AZ Merge
 - **IBEW 617 (262 Lives)** - Pursuing | Account Strategy | Warm | Set up Meeting with BM to start quoting process
 - **UFCW 480 (153 Lives)** - Pursuing | First Meeting | Working with Rael Letson on getting built in with HSMA
 - **UFCW So Cal (8,000 Lives)** - Pursuing | Hot | Talked w/ Horizon Consultant at IF & will be discussed at next trust meeting
 - **Tim Losee – Segal** - Helping to drive conversions and build relationships to funnel business to LaborFirst
 - **Tracy Laing – Segal** - Helping to drive conversions and build relationships to funnel business to LaborFirst



2025 Brokers and Consultants Campaign

B/C Campaign Overview

- **Launch Date:** 6/26/2025
- **Campaign Length:** 8 Weeks (End Date of 8/26/2025)
- **Target Audience Segments:**
 - First Meeting Goal: Targeting 3A and 3B
 - 3A Known to RVP - RVP action as appropriate. Focus on Marketing touches and RVP engagement opportunistically
 - 3B. Unknown to RVP - No RVP action at this time. Focus on Marketing touches and RVP engagement opportunistically
 - CTA: Email RVP back to show interest and hopefully set up a meeting
 - Lead Gen/Awareness Goal: Inbound Brokers through Paid LinkedIn Ads
 - CTA: Form Submission through collateral or landing page
 - RVP's Top 10-20 Broker Lists
- **Strategy:**
 - Only Public Sector Brokers and Consultants
 - 5 Plain Text Emails coming from individual RVPs (Link their Outlook to HS) to target brokers in their territories
 - Run check to ensure email address is valid and they are not unsubscribed
 - LinkedIn Conversation Ads
 - LinkedIn Carousel Ads (5 Versions)
 - LinkedIn Single Image Ads Linking to the Gated Final Notice Webinar (5 Variations)
 - Collateral to use: Final Notice Webinar (Gated), B/C Flyer, Blog, Case Study, Testimonials, Landing Page
 - RVP Phone Calls
- **Important Note:** Are these brokers we are targeting in states where we should be writing business? (How do we share the network of Friendlies among RVPs)

HubSpot Emails

Test send - Renewal Season Is Here. Let Us Help with Group Medicare.

Good morning Graeson,

Renewal season is here and there's a short window left to conduct strategic reviews and market assessments for your group Medicare clients. At LaborFirst, we partner with brokers and consultants across the country at many of the major firms to design and manage group retiree healthcare plans.

Our flexible model ensures seamless collaboration that aligns with your goals and strengthens your client relationships. Learn more about how a partnership with us could help you and your clients in [my new 3-minute blog on our website](#).

Thanks,
Rick Kaplan
Chief Growth Officer
LaborFirst

Office: (856) 420-2401
Email: rkaplan@laborfirst.com

Test send - Group Medicare Renewals & Market Assessments

Good morning Graeson,

Group retiree healthcare is complex, and for many brokers and consultants, it's just one part of a broader book of business. It's renewal season for your group clients, and there's a lot happening in the marketplace. At LaborFirst, we work on more than 1,000 proposals and renewals each year, giving us deep visibility into pricing trends, plan design considerations, and evolving market dynamics.

I invite you to watch our latest webinar covering the final rule and final notice for Medicare Advantage and Part D. You'll get insights into the key updates and what they mean for plan sponsors, retirees, and your strategy moving forward.

We can be your Medicare experts. [Download the webinar today](#) to watch at your convenience!

Thanks,
Rick Kaplan
Chief Growth Officer
LaborFirst

Office: (856) 420-2401
Email: rkaplan@laborfirst.com

Test send - How We Partnered with Bolton to Deliver \$3M in Retiree Plan Savings

Good afternoon Graeson,

I emailed you a few weeks ago sharing a new [blog](#) outlining how a partnership with LaborFirst could work.

I know retiree healthcare is just one part of everything you manage, and it can get complicated with the ever-evolving Medicare landscape. That's where my team at LaborFirst comes in. We work with brokers and consultants as their Medicare expert working behind the scenes to support them.

If you're wondering what that looks like in action, here's a quick example: We partnered with Mark Lynne at Bolton in Baltimore to support two of his clients. Both were looking to offer cost-effective retiree healthcare solutions without compromising the quality of coverage or service. LaborFirst stepped in to manage the Medicare strategy, lead the plan evaluation, and ensure a smooth implementation—all while keeping Mark fully in the loop and in control of the client relationship. [You can read more here](#).

Thanks,
Rick Kaplan
Chief Growth Officer
LaborFirst

Office: (856) 420-2401
Email: rkaplan@laborfirst.com

Test send - Medicare Is Changing. Are You Ready to Guide Your Clients?

Hi Graeson,

I hope your week is off to a good start. We have been emailing over the past couple weeks; but just as a reminder, I'm the Chief Growth Officer at LaborFirst, where we partner with brokers and consultants to design and manage group retiree healthcare plans.

A partnership with LaborFirst can elevate your Medicare strategy, strengthen client relationships, and ensure retiree members receive the advocacy and support they deserve. It's a way to expand your offering—and deliver even more value to your clients. We partner with hundreds of brokers across the country to work behind the scenes on helping them retain and win new clients. And by 2030, every baby boomer will be over 65, making a trusted Medicare partner more essential than ever.

Do you want to see the full scope of what our partnership can look like? [Visit our website](#) to learn more and let us be your Medicare experts to give you the competitive edge.


Thanks,
Rick Kaplan
Chief Growth Officer
LaborFirst

Office: (856) 420-2401
Email: rkaplan@laborfirst.com

Salesforce Engage Emails









✉ Gain a Medicare Expert on Your Team

*From: Colin Hautman <chautman@retireefirst.com>

To:  Danny Duzyk ✕

Bcc: chautman@retireefirst.com ✕

Subject: Gain a Medicare Expert on Your Team

Font - Size - **B** *I* U **A** -        

Hi {{{Recipient.FirstName}}},

My name is {{{Sender.Name}}}, and I work at RetireeFirst. We partner closely with brokers and consultants to help design, implement, manage, and administer group retiree healthcare benefits.


With renewal season underway, there's a lot happening in the marketplace.

If you're looking for support on any of your group Medicare clients, I'd be happy to connect and walk through options. Let me know your preferred options for a quick call.

Thanks,
{{{Sender.Signature}}}









✉ How Brokers Are Freeing Up Time During Renewal Season

*From: Colin Hautman <chautman@retireefirst.com>

To:  Danny Duzyk ✕

Bcc: chautman@retireefirst.com ✕

Subject: How Brokers Are Freeing Up Time During Renewal Season

Font - Size - **B** *I* U **A** -        

Hi {{{Recipient.FirstName}}},

I hope you're doing well.

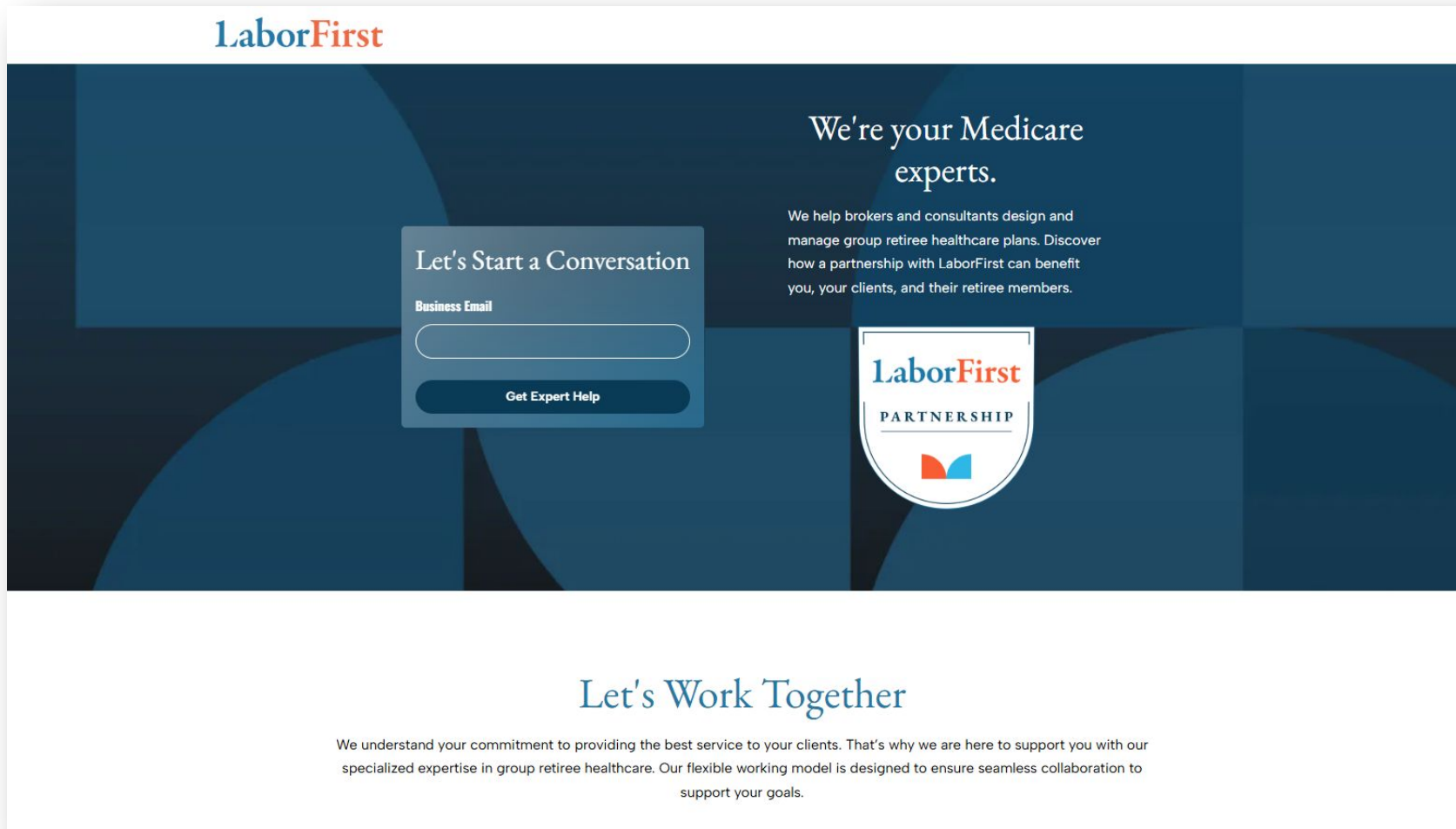
I'm Diane Everett, RVP at RetireeFirst, where we partner with brokers and consultants to support clients with group retiree healthcare.

It's renewal season, and there's a lot happening in the marketplace. If you have a group that could use additional support, we offer a flexible partnership model tailored to how you work.

You can learn more about what a collaboration with RetireeFirst looks like in our latest [blog](#) - or feel free to give me a call to talk it through.

Best,
{{{Sender.Signature}}}

Dedicated Landing Page



View the Landing Page [Here](#)

Brokers and Consultants Flyer



Partner with LaborFirst for Enhanced Benefits to You and Your Clients



Unlock Extra Value by Partnering with Us

LaborFirst is dedicated to enhancing your role as a valued broker or consultant. We are committed to supporting and complementing your services, enabling you to provide even deeper expertise to your clients.

- **Specialized Expertise:** Leverage our deep market intelligence, pricing insights, and carrier contracts to offer right-fit plans tailored to client needs.
- **Differentiation:** Stand out from the competition by partnering with LaborFirst, reinforcing your position as a trusted advisor.
- **Client Retention and Growth:** Our collaboration can help you retain existing clients and attract new ones, positioning you as a valuable resource in the Medicare landscape.

As a broker or consultant, we understand your commitment to providing the best service to your clients. That's why we are here to support you with our specialized expertise in group retiree healthcare, market intelligence, and unique carrier contracts and service models. We do not compete with you; instead, we complement and support your efforts as an extension of your organization.

We understand that your primary focus may lie elsewhere in your book of business. That's why we offer our specialized expertise in group retiree healthcare, allowing you to leverage our knowledge and provide end-to-end Retiree Benefits Management. Our behind-the-scenes support allows you to shine as the broker or consultant, owning the exceptional service ultimately delivered to your clients.

Healthcare Navigation and Advocacy for Life. LaborFirst.com



Working Together for Success

We highly value our partnership with you and respect your client relationships. Our flexible working model is designed to ensure seamless collaboration and support your goals.

- **Joint Discussions:** We can join you in discussions with the plan sponsor, leveraging our expertise to find the best solutions.
- **Pricing and Analysis:** We can take the lead on pricing, carrier responses, and analysis, providing you with valuable insights for informed decision-making.
- **Client Engagement:** We work closely with you to craft the proposal then we take a supportive role, either stepping back or standing alongside you, enabling you to engage directly with your clients and determine the best way forward.

Contact us to learn more about our collaborative working model and how it can benefit your business. Discover how partnering with RetireeFirst can help you differentiate, retain clients, and drive business growth.



RetireeFirst is the premier retiree benefit management solutions and advocacy service provider, proven to enhance the experience and outcomes for group plan sponsors and their retirees.

Founded in 2006, the company partners with all major national health carriers and hundreds of labor unions, public sector entities, and private corporations nationwide. RetireeFirst designs solutions that preserve and enhance benefit quality while driving material cost savings. Its unparalleled advocacy service creates a seamless benefits experience and connects members to programs that improve their health and wellness. Headquartered in Mount Laurel, NJ, RetireeFirst's award-winning team, solutions, and services have received industry praise, world-class NPS scores, and a Philadelphia Business Journal Best Places to Work award.

856.780.6218
info@RetireeFirst.com
RetireeFirst.com
@RetireeFirst

Available on our website, PDF on Box, and printed copies

View the flyer [here](#)

Case Study

CASE STUDY | Broker & Consultant Partnerships

The Successful Partnership Between Bolton Health & LaborFirst in Enhancing Retiree Healthcare



Healthcare Navigation and Advocacy *for Life.*

Challenge

For consultants like Mark Lynne from Bolton Health, finding a partner who comprehends the nuances of Medicare and group retiree benefits, while also respecting their expertise and involving them in the analysis and problem-solving process, can be a challenge.

Bolton

Mark Lynne has been at the forefront of collaborating with Labor Trustees and Public Sector clients for nine years. Mark represents a number of both multiemployer and public sector clients in the Mid-Atlantic area.



1 CASE STUDY | Broker & Consultant Partnerships



A broker and consultant focused case study from Mark Lynne, Principal and Vice President of Bolton Health will be available on our website and landing page on September 6 (pending final approvals)

Enhancing Benefits for Retirees

Solution

LaborFirst worked with Mark to help two clients who were looking to provide their retirees with cost-efficient healthcare without impacting the fund or service provided. By offering flexible working models and a non-competitive approach, LaborFirst has become a trusted partner in delivering a niche expertise and unmatched advocacy to clients.

“What LaborFirst is doing is helping clients find a solution that is going to work for everybody. The consultant is going to look good for finding LaborFirst, the plan sponsor is happy with the financials, and the retiree is taken care of by a compassionate team of Advocates.”



Mark Lynne
Principal and Vice President
Bolton Health

LaborFirst Partnership: Benefits

Working with LaborFirst has been instrumental for Mark in client retention. Mark can offer his clients a wider range of expertise, resulting in higher client satisfaction and loyalty. By harnessing their extensive book of business, LaborFirst consistently keeps rates competitive. The financials remain robust while ensuring excellent benefits for the members.

Mark praises LaborFirst's proactive approach, regularly keeping a pulse on the latest market offerings and seamlessly implementing plans. This successful collaboration demonstrates the power of a strong partnership between LaborFirst and firms like Bolton.

Collaboration that Enhances Benefits for Both Partners & Clients

- Client Retention:** Offering a wider range of expertise results in higher client satisfaction and loyalty
- Robust Financials:** LaborFirst consistently keeps rates competitive and drives low single-digit trends
- Excellent Service & Seamless Implementation:** Our advocacy service model ensures retiree members receive the best care

2 CASE STUDY | Broker & Consultant Partnerships



3 CASE STUDY | Broker & Consultant Partnerships



New LinkedIn Ads: Final Rule Webinar



Webinar

On-Demand:
Gain *Insights* from Group
Medicare Experts

Download Now →

LaborFirst



Webinar

On-Demand:
Get Our Summary of
the CMS Final Notice

Watch Now →

LaborFirst

New LinkedIn Ad: Bolton Case Study



Rebranded LinkedIn Carousel Ads: Brokers/Consultants

"LaborFirst is an extension of our services, ensuring our clients' retirees receive the exceptional level of benefits they deserve. You don't need to be an expert in Medicare if you partner with LaborFirst."

Peter Abitanto
Connor Strong & Buckelew

LaborFirst

"The value of working with LaborFirst is clear – you get access to quality people who are committed to working on your behalf."

Jack Brynes
Vice President Sales,
Public & Labor Segment

LaborFirst

"LaborFirst helps clients find a solution that works for everybody. The consultant will look good finding LaborFirst, the plan sponsor is happy with the financials, and retirees are taken care of by compassionate Advocates."

Mark Lynne
Principal & Vice President of Bolton Health

LaborFirst

"LaborFirst helps clients find a solution that works for everybody. The consultant will look good finding LaborFirst, the plan sponsor is happy with the financials, and retirees are taken care of by compassionate Advocates."

Mark Lynne
Principal & Vice President of Bolton Health

[Learn How](#)

LaborFirst

LaborFirst collaborated with Bolton Health to *save their client millions* by transitioning them to an MAPD plan.

[Learn How](#)

LaborFirst

Specialized Expertise

LaborFirst

Competitive Differentiation

LaborFirst

Client Retention and Growth

LaborFirst

Specialized Expertise

LaborFirst

Competitive Differentiation

LaborFirst

Client Retention and Growth

LaborFirst



New Remarketing Campaign LinkedIn Ads

Remarketing Campaign: LinkedIn Ads

L LaborFirst
2,721 followers
Promoted

LaborFirst is the leader in healthcare navigation and advocacy, dedicated to improving outcomes and satisfaction for group plan sponsors and their members.



LaborFirst Let's Connect

Healthcare Navigation and Advocacy for Life.
laborfirst.com

L LaborFirst
2,721 followers
Promoted

LaborFirst delivers the healthcare navigation and advocacy plan sponsors and their members deserve. With a 94 NF expertise, we drive satisfaction, savings, and better health.



LaborFirst Let's Connect →

Advocacy for Active Employees, Early Retirees, and Retirees
laborfirst.com [Learn more](#)

L LaborFirst
2,721 followers
Promoted

Connect retirees with compassionate, experienced Advocates to help them navigate the complex Medicare landscape.



LaborFirst Learn More

Help Retirees Live Happier, Healthier Lives with Dedicated Advocacy
laborfirst.com

L LaborFirst
2,721 followers
Promoted

Preserve retiree health benefits, reduce costs, and increase member satisfaction with end-to-end Retiree Benefits Management.



LaborFirst Learn More →

Let Us Guide You Through the Medicare Maze
laborfirst.com [Learn more](#)

L LaborFirst
2,721 followers
Promoted

Navigating a complex healthcare system and managing rising costs is a challenge. That's where we come in as a premier solution partner through strategy, support, and advocacy for all plan sponsors and their members.



LaborFirst Let's Connect

Strategic Market Analysis, Plan Negotiation

L LaborFirst
2,721 followers
Promoted

Navigating healthcare shouldn't be complex. LaborFirst simplifies it. We help plan sponsors support their members through personalized advocacy, driving engagement, cost savings, and healthier outcomes across all life stages.



LaborFirst Learn More →

Healthcare Navigation and Advocacy for Life.
laborfirst.com [Learn more](#)

Remarketing Campaign: LinkedIn Ads

LaborFirst
2,722 followers
Promoted

Our 93 Member Net Promoter Score showcases our strong customer satisfaction and loyalty. Let us show you how we can help take care of your retiree members and lighten your administrative workload. Contact us today!

LaborFirst

93
Member NPS in 2024

A World-Class NPS Benchmark

[Learn More](#)

We have 160+ US-based, In-House Advocates to handle all retiree questions. Let us help and ease your day-to-day. [Learn more](#)

laborfirst.com

LaborFirst
2,722 followers
Promoted

Once a client, always a client. This speaks volumes to our team as we partner with all major national health carriers to serve our 450+ clients with over 375,000 Medical and Pharmacy lives across all 50 states. Learn about our solutions today!

99.9%
Client Retention Rate

Our clients serve as references, a testament to their satisfaction.

[Show Me How](#)

LaborFirst

We are experts in group benefits with the measurable results, referral base, and reputation to prove it. [Learn more](#)

laborfirst.com

LaborFirst
2,722 followers
Promoted

Retiree healthcare is complicated. Our 160+ Advocates are here to make your life easier and guide your retiree members through a stress-free experience as they navigate the complex Medicare landscape.

LaborFirst

A Stress-Free Healthcare Experience

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Content Marketing

CMS Final Rule Webinar


CMS CY 2026 Final Rule & Final Notice for Payment Policy Updates for MA & Part D Webinar Presentation Deck

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CMS CY 2026 Final Rule & Final Notice for Payment Policy Updates for MA & Part D

May 8, 2025

Meet the Presenters



John P. Dulczak
Founder & Chief Executive Officer
LaborFirst



Sheela And
Chief Pr
Lab

Timeline & Key Dates in 2025

JANUARY 10
Advance Notice & Draft Part D Redesign
CMS released the Proposed Payment, rules, and methodology for CY 2026 MA and Part D Programs along with the draft for CY 2026 Part D Redesign Program Instructions

FEBRUARY 10
Feedback Due
Feedback to CMS from carriers and other stakeholders due

APRIL 4
Final Rule
Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

APRIL 7
Final Notice & Final Part D Redesign
CMS will publish the Final Notice and Final CY 2026 Part D Redesign Program Instructions. Carriers will be able to tune their financial and operational models

Highlights – Medical

- Growth rate of 9.04%
- CMS included FFS payment data through 4Q24
- MA risk score trend will be calculated based on 2 years of service instead of 3 (2022 to 2023)
 - CMS has not updated the data years for calculating the MA risk scores due to the impact of COVID 19 on risk score and calculated trend using average MA risk score from 2019 through 2020.
 - For CY2026, CMS wants to reflect MA experience since the pandemic and only has 2 years of risk score available after COVID
 - CMS plans to use the three most recently available years of MA risk scores for CY 2027
- Payment from CMS to the MA plans increased on average 5.06% from 2025 to 2026
- Includes year 3 of the phase-in of the MA risk model changes from ICD9 to ICD10
- Includes year 3 of the phase-in of the removal of medical education costs

Payment Year	Advance Notice MA Growth Rate	Final Notice MA Growth Rate
2026	+5.93%	+9.04%
2025	+2.44%	+2.33%
2024	+2.09%	+2.28%
2023	+4.75%	+4.88%
2022	+4.55%	+5.59%
2021	+2.99%	+4.07%
2020	+4.59%	+5.62%
2019	+4.35%	+5.28%
2018	+2.8%	+2.7%
2017	+3.0%	+3.1%
2016	+1.7%	+4.25%

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2026 CMS Part D: New Key Changes

\$2,100 Annual Out-of-Pocket Spending Max

- Annual OOP Max will be capped at \$2,100 in 2026 up from \$2,000 2025
- Annual Deductible increases to \$615 from \$590
- Accumulation calculation of the out of pocket max will continue to be the greater of the plan copay vs the CMS defined standard of 25%

Additional Subsidy for Selected Drugs

- 10 drugs have been negotiated by CMS for 1/1/26 as part of the Medicare Price Negotiation Program
- These 10 drugs are also known as Selected Drugs
- CMS will pay plans 10% of the drug's negotiated price for the Selected drugs up until the out of pocket max of \$2100 is reached

Contribution Changes to Part D

	Deductible		Initial Coverage		Catastrophic	
	Generic	Brand	Generic	Brand	Generic	Brand
2025	100% Member	75% Plan*	10% Manufacturer Discount	65% Plan*	40% Federal Reinsurance	20% Manuf Discount, 20% Feder Reinsurance
2026	100% Member	75% Plan*	10% Manufacturer Discount	65% Plan*	40% Federal Reinsurance	20% Manuf Discount, 20% Feder Reinsurance

Inflation Reduction Act Part D Overview

Looking Ahead to 2027

Effective 1/1/27, the fifteen drugs that CMS selected for the Medicare Drug Price Negotiation Program are:

1. Ozempic, Rybelsus, Wegovy
2. Treligy Ellipta
3. Xtandi
4. Pomalyst
5. Ibrance
6. Ofev
7. Linzess
8. Calquence

9. Austedo
10. Breo Ellipta
11. Tradjenta
12. Xifaxan
13. Vraylar
14. Janumet
15. Otezla

These drugs are used to treat some of the more common diseases such as:

- Type 2 Diabetes
- Asthma/COPD
- Prostate Cancer
- Breast Cancer
- Bipolar/Major Depressive Disorder/Schizophrenia
- Psoriasis

CMS will publish any agreed-upon negotiated prices for the selected drugs by November 30, 2025; those prices will come into effect starting January 1, 2027

CMS Final Rule Webinar Collateral

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CY 2026 Updates to Medicare Part D

The Centers for Medicare & Medicaid Services (CMS) released the Final Calendar Year (CY) 2026 Final Part D Redesign Program Instructions on April 7, 2025. The primary purpose of the CY 2026 Program Instructions is to provide guidance on the changes from the Inflation Reduction Act of 2022 (IRA) to the Part D drug benefit.

Overview of Changes Effective 2026

- The annual deductible will be \$675 (an increase from \$590 in 2025)
- The Annual out-of-pocket (OOP) costs will be capped at \$2,100 in 2026 (the 2025 OOP cap of \$2,000 indexed for inflation)
- The selected drug subsidy program will be established; in the Initial Coverage phase, Part D sponsors will receive a government subsidy for selected drugs equal to 10% of the drug's negotiated price until the \$2,300 OOP threshold is met.
- In the Catastrophic phase, CMS reinsurance will cover 40% of the costs for selected drugs during a price applicability period.

Part D Contributions Year-to-Year Comparison

In 2026, financial contributions of members, health plan sponsors, drug manufacturers, and CMS to the Part D benefit will change, specifically to account for the start of negotiated prices taking effect.

Year	Deductible	Initial Coverage	Brand	Catastrophic	Brand
2025	100% Member	70% Carrier*	65% Carrier*	40% Federal Reinsurance	20% Manufacturer Discount
2026	100% Member	75% Carrier*	65% Carrier*	40% Federal Reinsurance	20% Manufacturer Discount

Key of Contributors

- Member
- Carrier*
- Manufacturer
- Federal (CMS)

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LIVE WEBINAR

Save Your Seat

Final Rule & Final Notice for Payment Policy Updates for MA & Part D

Thursday, May 8 | 1:00 pm EST


We will inform group plan sponsors, and their brokers and consultants, about important updates to the Group Medicare landscape and actionable steps they should consider to prepare for the future.

TOPICS

- Major tailwinds from the Final Rate Announcement; the Expected Average Change in Revenue more than doubled since the CY 2026 Advance Notice
- The continuing impact of the Inflation Reduction Act (IRA) on prescription drug coverage
- The selected drug subsidy program and financial contribution changes in the Part D benefit design (see back)
- Timeline and key dates leading up to 2026
- Plus, MA risk score trend, closing MA appeals loopholes, MSP updates, creditable coverage, and more...

PRESENTER

Sheela Andrews, Pharm D.
Chief Product Officer, LaborFirst



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9.04%

The Highest Effective Growth Rate Increase in a Decade

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Last Call

To Register for Our Webinar

Final Rule & Final Notice for Payment Policy Updates for MA & Part D

Thursday, May 8
1:00 pm EST



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Final Rule & Final Notice for Payment Policy Updates for MA & Part D



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CY 2026 Updates to Medicare Part D (informational flyer)

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Thursday, May 8
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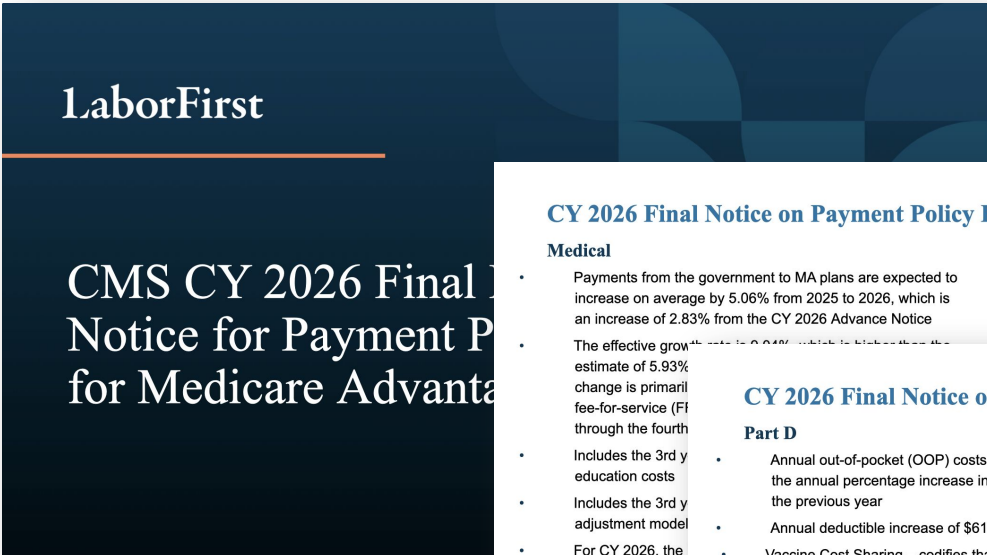


On-Demand

CMS Final Rule Resources

Final Notice Summaries

(2 brands in PowerPoint and document formats)



CY 2026 Final Notice on Payment Policy Highlights

Medical

- Payments from the government to MA plans are expected to increase on average by 5.06% from 2025 to 2026, which is an increase of 2.83% from the CY 2026 Advance Notice
- The effective growth estimate of 5.93% change is primarily fee-for-service (FFS) through the fourth
- Includes the 3rd year education costs
- Includes the 3rd year adjustment model
- For CY 2026, the average annual period (data years) as they have done

Year-to-Year Percentage Change in Payment

Impact	2026 Advance Notice	2026 Final Rate Announcement
Effective Growth Rate	5.93%	9.04%

CY 2026 Final Notice on Payment Policy Highlights

Part D

- Annual out-of-pocket (OOP) costs will be capped at \$2,100 in 2026, which is the 2025 OOP cap of \$2,000 adjusted based on the annual percentage increase in average expenditures for covered Part D drugs in the U.S. for Part D eligible individuals in the previous year
- Annual deductible increase of \$615 from \$590 in 2025
- Vaccine Cost Sharing – codifies that the Medicare Part D deductible shall not apply to, and there is no cost sharing for, an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) and covered under Part D
- Insulin Cost Sharing – codifies that the Medicare Part D deductible does not apply to covered insulin products, and the Part D cost-sharing amount for a one-month supply of each covered insulin product must not exceed the covered insulin product applicable cost-sharing amount – for 2026, and each subsequent year, the applicable cost-sharing amount is the lesser of:
 - \$35;
 - An amount equal to 25% of the maximum fair price established for the covered insulin product under the Medicare Drug Price Negotiation Program; or
 - An amount equal to 25% of the negotiated price of the covered insulin product under the stand-alone Medicare prescription drug plan (PDP) or MA plan with prescription drug coverage (MA-PD plan)

RetireeFirst

CMS CY 2026 Final Rule & Final Notice for Payment Policy Updates for Medicare Advantage & Part D

CY 2026 Final Rule Highlights (issued April 4, 2025)

- **CMS is NOT Finalizing Three Provisions from the Proposed Rule:**
 1. Enhancing Health Equity Analyses: Annual Health Equity Analysis of Utilization Management Policies, Procedures and Ensuring Equitable Access to Medicare Advantage Services
 2. Guardrails for Artificial Intelligence.
 3. Part D Coverage of Anti-Obesity Medications (AOMs) and Application to the Medicaid Program – which would have substantially increased access to GLP-1 drugs for weight loss
- **Holding Plans to Approved Inpatient Admission Decisions** – Restricts plans' ability reopen and modify a previously approved inpatient hospital decision on the basis of information gathered after the approval
- **Closing MA Appeals Loopholes**
 - Clarification that MA appeals rules apply to adverse plan decisions, regardless of whether the decision is made before, after, or during the receipt of services
 - Codifying provider and member notification of coverage decisions
 - Clarification to ensure that an enrollee always has the right to appeal MA plan decisions that affect their ongoing course of treatment
- **Inflation Reduction Act (IRA)**
 - **Vaccine Cost Sharing** – codifies that the Medicare Part D deductible shall not apply to, and there is no cost sharing for, an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) and covered under Part D
 - **Insulin Cost Sharing** – codifies that the Medicare Part D deductible does not apply to covered insulin products, and the Part D cost-sharing amount for a one-month supply of each covered insulin product must not exceed the covered insulin product applicable cost-sharing amount – for 2026, and each subsequent year, the applicable cost-sharing amount is the lesser of:
 - \$35;
 - An amount equal to 25% of the maximum fair price established for the covered insulin product under the Medicare Drug Price Negotiation Program; or
 - An amount equal to 25% of the negotiated price of the covered insulin product under the stand-alone Medicare prescription drug plan (PDP) or MA plan with prescription drug coverage (MA-PD plan)
- **Medicare Prescription Payment Plan (M3P)**
 - New requirements for an automatic election renewal process that extend

Year-to-Year Percentage Change in Payment

Impact	2026 Advance Notice	2026 Final Rate Announcement
Effective Growth Rate	5.93%	9.04%
Rebasing/Re-pricing	TBD ¹	-0.28%
Change in Star Ratings ²	-0.69%	-0.69%
MA Coding Pattern Adjustment	0.00%	0.00%
Risk Model Revision and FFS Normalization ³	-3.01%	-3.01%
Expected Average Change in Revenue ⁴	+2.23%	+5.06%

¹ Rebasing/re-pricing impact is dependent on finalization of the average geographic adjustment index, which was not available with the publication of the CY 2026 Advance Notice.
² Change in Star Ratings reflects the estimated effect of changes in the Quality Bonus Payments for the upcoming payment year.
³ The impact of the update to the Fee-for-Service (FFS) normalization factors for MA risk adjustment is not shown above separately because there is considerable interaction between the impact of the MA risk adjustment model updates and the normalization factor update. Therefore, the combined impact is shown above.
⁴ The total does not include an adjustment for underlying coding trend in MA. For CY 2026, CMS expects the underlying coding trend to increase risk scores, on average, by 2.10%.

Part D

- Annual out-of-pocket (OOP) costs will be capped at \$2,100 in 2026, which is the 2025 OOP cap of \$2,000 adjusted based on the annual percentage increase in average expenditures for covered Part D drugs in the U.S. for Part D eligible individuals in the previous year
- Annual deductible increase of \$615 from \$590 in 2025
- **Vaccine Cost Sharing** – codifies that the Medicare Part D deductible shall not apply to, and there is no cost sharing for, an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) and covered under Part D
- **Insulin Cost Sharing** – codifies that the Medicare Part D deductible does not apply to covered insulin products, and the Part D cost-sharing amount for a one-month supply of each covered insulin product must not exceed the covered insulin product applicable cost-sharing amount – for 2026, and each subsequent year, the applicable cost-sharing amount is the lesser of:
 - \$35;
 - An amount equal to 25% of the maximum fair price established for the covered insulin product under the Medicare Drug Price Negotiation Program; or
 - An amount equal to 25% of the negotiated price of the covered insulin product under the stand-alone Medicare prescription drug plan (PDP) or MA plan with prescription drug coverage (MA-PD plan)
- **Medicare Prescription Payment Plan (M3P)**
 - New requirements for an automatic election renewal process that extends a Part D enrollee's participation in the program for the next calendar year, unless the enrollee opts out
 - Finalizing the proposed requirement for Part D sponsors to ensure that pharmacies are prepared to inform Part D enrollees of the actual OOP cost of a Part D prescription processed under the program at the pharmacy point of sale
 - Finalizing that CMS is not proceeding with any changes to the 24-hour requirement for election effectuation
- Establishment of the selected drug subsidy program – Part D sponsors will receive a government subsidy for selected drugs (drugs that are part of the Medicare Drug Price Negotiation Program) equal to 10% of the drug's negotiated price until the \$2,100 cap is met

Final Notice Webinar Q&A Reference Guide

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2025 Final Rule and Final Notice Q&A

Question 1: So, the increase in payments to the MA plans will average 9% in 2026?

Answer 1: The 9% (9.04%) is the effective growth rate of the payment that factors in the utilization and growth. The effective growth rate is used to calculate the payment to the plans. On average, that payment increase will be about 5% (5.06%) and that's what was issued in the final notice. To summarize, the 9% is the growth rate and the 5% is the average increase to the plan payments.

Question 2: Are the Part D changes going to increase or reduce prescription drug costs for insurers?

Answer 2: We've already dealt with the majority of the pricing shocks from the IRA, so we're not anticipating any significant surprises from the National Average Bid Amount announcement that would negatively impact Part D pricing any more than what we've already experienced.

Question 3: Are we anticipating that the Voluntary Medicare Part D Premium Stabilization Demonstration will continue?

Answer 3: When CMS introduced its Part D Premium Stabilization Demonstration program, it was a three-year proposal starting this year in 2025. Next year, 2026, would be year two. In the final notice, CMS inferred that it would most likely continue the demonstration program in 2026, but possibly for less. CMS will make its determination on whether or not the demonstration program will continue, and how much it will be worth, after the National Average Bid Amount is announced.

Question 4: What are the expectations in term of premium increases for MAPD from 2025 to 2026?

Answer 4: Every group will be different, depending on plan design, regionality, and utilization. That said, because of where we've been and the significant increase in the payment rate effective 2026, we're going to be more stable than we were in the last two years. We might not see a return to the three-year rate locks and annual decreases like the early 2000s, but stability is good, and we should see more reasonable pricing moving forward.

Retiree Benefits Management

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and Final Notice Q&A

lot of pricing shocks in Part D. What can we expect to see with the new Medicare program starting in January? Any savings for plans?

ed, the hope is that CMS will keep premiums more stable and with the new Medicare program, reduce variability in drug costs for the drugs that are part of the program and as an example.

of this affect the timing of renewals and new quotes?

in. For the most part, we are seeing renewal and quote timing return closer to normal. In mid-June through July and possibly August for renewals with Part D. New quotes through July, and possibly August for bids with Part D. The timing difference in carriers with Part D is related to the change in carrier funding from CMS. If you recall in the visual on 8/15, CMS reduced their funding in the catastrophic phase (also known as reinsurance) to 20% in 2026. As a result of the contribution changes from CMS, similar to last year, we're reliant on Direct Subsidy versus reinsurance. Direct Subsidy is the monthly capitated and is based on the National Average Bid Amount which is released from CMS late in the year. Insurers may need to understand the National Average bid amount in order to calculate their

ned utilization increases. Is this consistent across labor unions versus non-union?

re subject to higher utilization trends than non-union. This is due in part to the union populations and the nature of their jobs. On average, a labor union member is in a non-union member while actively employed, and that extends into retirement. It's predominantly male occupation. That's important to note because, in many cases, the male population is making healthcare decisions and navigating benefits. Labor union members work very hard and lead to more health issues, increasing utilization.

is not covering anti-obesity medications like GLP-1's, could there be a buy-up for this?

estion. This was a relief. To mandate this coverage would have been a significant cost. If weight loss options for weight loss are available however, you will need to work with your carrier to see what options for coverage including the types of medications covered and any criteria for coverage.

agement

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le and Final Notice Q&A

think there will be any big changes coming in the 2027 plan year, based on the last couple

question. 2026 marks the 3rd and final year of the ICD9 to ICD10 phased-in change that the risk model which reduced CMS payments over the 3 years. The new model made changes in how physicians code for disease progression and increased payment for other codes. 2026 is the final year of the phase-in of the removal of medical education costs. Now that CMS is finalizing that others are seeing, the hope is that both the growth rate and CMS payment will stabilize in 2027 and beyond.

ve seen the biggest cost hikes from the IRA? Are more coming, or are we in the clear?

nitely. This year, 2025, was the change in the Part D benefit structure and the redesign of the Final Rate Notice indicating the increase in growth rate and average payment makes

in MAPD plan. Is it better to stay integrated, or should I split with a standalone Part D plan?

re may be some cost advantage to doing this for 2026, there are several considerations in keeping the coverages integrated into an MAPD. These might include additional efforts to manage two separate plans that may offset some or all of the savings. After clinical coordination and integrated clinical care decisioning with an integrated MAPD for health outcomes. Also, evaluate whether you would lose any extra benefits by switching or disruption with changes that might occur with the pharmacy formulary. Before making any decision, please consult with your carrier and your group Medicare advisors—be it your broker, Medicare expert.

entioned that CMS recognized a utilization spike from Covid. What's causing the increase?

we are seeing medical trends continue to increase. The key drivers currently are an increase in services as well as outpatient services as more people are seeking care.

agement

RetireeFirst.com Page 4 of 4

and Final Notice Q&A

mention any changes to RDS plans in 2026. Is everything staying the same, and is that

tion. Every year CMS changes the cost threshold and the cost limit for RDS plans. The cost limit increases to \$615 from \$590 in 2025. The cost limit for 2026 increases to \$12,650. Creditable coverage is still required for RDS plans so there were no changes to that. In 2026, the reference plan is the same as the 2026 defined standard.

re reasons other than economics for a plan sponsor to remain on an RDS plan, there are reasons to move to a Part D or merge with an MA plan into an MAPD given the changing

ction Act did not make any direct changes to RDS plans or how they are reimbursed—Part D benefit will be changing, the calculation of whether an RDS plan provides a benefit equivalent to the Part D benefit is also changing and generally a higher bar to meet.

is determined to be credible for 2025, may not be in 2026 and should be evaluated by

of financial ramifications to both the plan sponsor and retiree if the RDS plan is not that is important to understand. For example, for the retiree, if their RDS plan is not that it incur a late enrollment penalty if a retiree opts not to enroll in Medicare Part D when they have coverage through an RDS plan. The retiree may face a late enrollment penalty if they do not enroll in Medicare Part D. This penalty is added to the Part D premium and can increase the cost of coverage to the retiree over time.

deration is the RDS subsidy that plan sponsors are receiving. This is something you should review with your actuary to understand the impact to RDS subsidies, comparing them to projections. The inflection point may be when an RDS plan sees the impact of the 2025 after they do their filings, and find they did not get back as much as they

le RDS remains an option we think with the impacts of the Inflation Reduction Act that RDS should certainly be explored by plan sponsors.

nds sponsoring RDS plans have obligations to notify their plan participants about the details of their prescription drug coverage.

o be non-credible, the plan sponsor must provide notices to affected individuals about their rights and options, including the opportunity to enroll in Medicare Part D.

ctors at play with RDS and drug pricing trends as well that are making RDS less attractive and their retiree group plan members.

agement

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Marketing Materials

- Backed by the Numbers—Service performance that backs our claims (flyers & pitch slides)
- Security, Privacy & Compliance FAQs (new slide in pitch library)

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- We follow nationally recognized security standards
- We have outside experts check our systems every year
- All member data is encrypted when it's stored or shared
- We use secure systems with strong protections

2. We Protect Privacy Every Step of the Way

- We never email sensitive info unless it's protected
- We use secure file-sharing for all member data
- Our team can speak with authorized family members or caregivers—only with permission
- Members can choose to have sensitive mail sent to an alternate address

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- All employees get privacy and security training throughout the year and are tested monthly
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Based in the US

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LaborFirst continues to invest in the human-to-human communication members want. All our Advocates are in-house and based in the United States.

A Stress-Free Healthcare Experience

Healthcare is complicated and difficult to navigate. Our Advocates act as guides who educate members on their health benefits and proactively resolve any issues on their behalf. In 2024, Advocates resolved over 400,000 member cases, providing a stress-free healthcare experience while reducing call volume and administrative workload for our clients.

Over 400k

Member Cases Resolved in 2024

54,072

hours

On Call Time

Not a Typical Call Center

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More than Double Outbound vs Inbound Calls Made

Whether it's calling providers, pharmacies, the Centers for Medicare and Medicaid Services (CMS), or the Social Security Administration (SSA), Advocates make twice as many outbound calls as inbound calls.

As part of our Gaps in Care program, Advocates also make outbound calls to members to increase awareness of the ancillary benefits and preventative care offered by their carrier. Promoting health and wellness initiatives can improve outcomes and lead to healthier and happier members.

Healthcare Experience

To help members navigate, our Advocates act as guides who educate members on their health benefits and proactively resolve any issues on their behalf. In 2024, Advocates resolved over 400,000 member cases, providing a stress-free healthcare experience while reducing call volume and administrative workload for our clients.

Over 400k

Member Cases Resolved in 2024

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Retiree Benefits Management

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We have maintained a remarkable 99.9% client retention rate. Our clients serve as references, a testament to their satisfaction.

Iron Workers Local 16 Upper Marlboro, MD	Iron Workers Local 395 Portage, IN	Iron Workers Locals 15 & 424 Cromwell, CT	Northwest Ironworkers Health and Security Trust Seattle, WA
Iron Workers Local 167 Memphis, TN	Iron Workers Local 401 Philadelphia, PA	Iron Workers Locals 549 & 550 Wheeling, WV	Reinforced Rodman Local 201 Washington, DC
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Our Partnerships

We partner with all major national health carriers, and brokers and consultants, to drive value and improve outcomes for plan sponsors and their retirees.


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Our Client References

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Wicomico County Public Schools Salisbury, MD	City of Frederick, Maryland Frederick, MD	Queen Anne's County Government Centreville, MD
Maryland State Education Association (MSEA) Annapolis, MD	Community College of Baltimore County Catonsville, MD	Somerset County Public Schools Westover, MD
Baltimore County Public Schools Towson, MD	McDaniel College Westminster, MD	Talbot County Public Schools Easton MD
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Regional Vice President
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Our Client References

IBEW Local 110 St. Paul, MN	Electrical Workers Health & Welfare Fund Local 357 Las Vegas, NV	Shreveport Electrical H&W Fund Shreveport, LA	IBEW Local 76 Tacoma, WA
IBEW Local 400 Walt, NJ	IBEW Local 139 Elmira, NY	Wisconsin Electrical Employees Racine, WI	IBEW Local 364 Rockford, IL
IBEW 8th District Salt Lake City, UT	IBEW Local 481 Indianapolis, IN	IBEW Local 292 Minneapolis, MN	New England Electrical Workers Mansfield, MA
IBEW Local 236 Albany, NY	IBEW Local 697 Merrillville, IN	NECA-IBEW Decatur Plan Decatur, IL	IBEW Local 191 Lynnwood, WA
Dakotas and Western MN Electrical Industry Fund Minot, ND			IBEW Local 241 Ithaca, NY

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