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2026

EMPLOYEE BENEFITS

2026 MARKET OUTLOOK

Understanding key drivers, modern approaches, and actionable insights for navigating today's employee benefits program.

INTRODUCTION

In 2026, the future of employee benefits will be defined not by what employers offer, but by how intentionally those benefits align with the evolving realities of work and life. Employers face an increasingly complex benefits landscape shaped by rising healthcare costs, evolving regulations, persistent inflation, a tight labor market, and rising employee expectations. At the same time, employee benefits continue to evolve to meet the needs of a more diverse, health-conscious, and flexibility-driven workforce. **To remain competitive, organizations must understand these forces and anticipate what's ahead—enabling them to build forward-thinking strategies that drive long-term success.**

The World Insurance Employee Benefits 2026 Market Outlook explores these shifts and what they mean for employers planning in 2026 and the years ahead. Drawing on market insights and emerging trends, the report examines how organizations can move toward more personalized and sustainable benefits strategies that support the employee experience, well-being, and engagement, while remaining mindful of cost pressures and ongoing uncertainty.



EMPLOYEE BENEFITS

2026 KEY TRENDS AND MARKET OUTLOOK REPORT

SECTION ONE: Mitigating Rising Healthcare Costs

Pharmaceutical Expense Management

Leveraging Alternative Funding

SECTION TWO: Benefits as a Competitive Advantage

Key Labor Impacts on Total Rewards

Driving Employee Centric Benefits Through Affordability, Choice, and Value

SECTION THREE: Total Health and Well-being

Mental Health / Women's Health / Cancer Care

Complementary and Alternative Medicine (CAM)

Financial Well-Being and Retirement Security

SECTION FOUR: AI and Technology Powered Employee Engagement and Communication

SECTION FIVE: Regulatory and Litigation Effects on Benefits Compliance



SECTION ONE

MITIGATING RISING HEALTHCARE COSTS

- Pharmaceutical Expense Management
- Leveraging Alternative Funding



HEALTHCARE COST CONTINUES TO RISE

Rising medical and pharmacy costs remain a significant concern for employers, given that the projected **healthcare cost trend is 8.5%.***

Health benefits costs are rising due to several factors, including:

- Price inflation
- High-cost prescription drugs, including specialty medications and expanded use of GLP-1s
- Increased utilization
- Declining population health and generational changes in the workforce
- Regulatory and legislative impacts

Factors partially offsetting trend increases include:

- Exploring alternative purchasing and funding arrangements
- Expansion of value-based care and plan design
- Using data to identify top cost drivers and implement prevention/early intervention strategies
- Engaging and educating members and providing digital health solutions
- Understanding and managing pharmacy costs and contracts

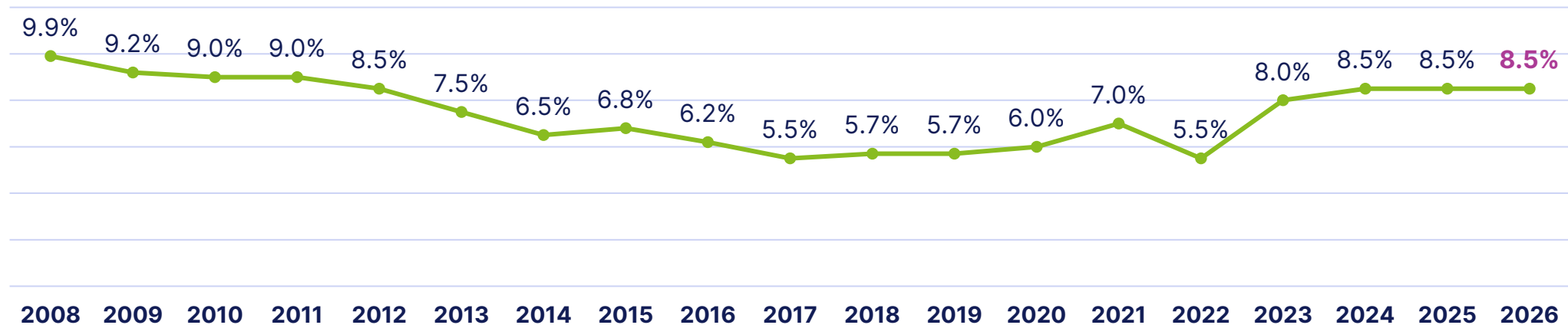
Employers should respond to rising healthcare costs by embracing these “deflators” to maintain sustainable benefits without compromising healthcare quality and employee well-being.

* PricewaterhouseCoopers. (n.d.). [Medical cost trend: Behind the numbers 2026](#). PwC.

2026 MEDICAL TREND ANTICIPATED TO CONTINUE AT 8.5%

This year's projected year-on-year medical cost continues at the highest level in 13 years.

PwC Medical Cost Trend, 2008-2026*



While the 2026 trend is expected to be in line with the past two years, PwC has revised its cost trend upward from an initial projection in three of the last four years. This pattern of upward revisions reflects the **even greater-than-expected impact of inflationary pressures**, research and development, and utilization that has occurred through the years.

Accurately predicting medical trends directly impacts employer health plan costs, as **insurers and reinsurers price the risk to make a profit**, and when they underprice the risk, it has a waterfall effect. For fully insured plans, these added costs don't show up in subsequent-year renewals; however, for self-funded plans, they impact claims costs immediately and can cause budget deficits.

10-12%

Increase in pharmacy costs from 2025 to 2026.¹

24%

Healthcare dollars currently spent on pharmacy expenses.²

\$100B

Expected annual sales of GLP-1 medication by 2030.³

PHARMACEUTICAL EXPENSE MANAGEMENT: DRUG SPEND TO OUTPACE MEDICAL COSTS

Employers are projecting a **10-12% increase in pharmacy costs** from 2025 into 2026, compounding an already significant issue—nearly one **in every four healthcare dollars is currently spent on pharmacy expenses**.

Several factors are accelerating this trend. One major contributor is ongoing macroeconomic pressure, including potential tariffs, proposed changes to **Medicare and Medicaid, and shifts in the pharmaceutical market**.

While these dynamics affect the broader industry, **specialty drugs** remain the largest cost driver, accounting for over 50% of pharmacy spend despite serving fewer than 2% of members. High-cost treatments for **cancer, autoimmune diseases**, and rare conditions continue to fuel long-term cost growth. Additionally, the demand for innovative therapies is driving pharmaceutical investment in Cell & Gene Therapy.

GLP-1 medications, such as semaglutide and tirzepatide, are expected to reach \$100 billion in global annual sales by 2030 as their use expands beyond diabetes and obesity to include treatment for sleep apnea and cardiovascular risk management. To meet the rising demand, more employers are covering GLP-1 medications for qualifying patients, resulting in possible long-term plan cost pressures. The availability of oral medication versus injectables may also impact costs by offering patients a less expensive tool for weight reduction; however, consideration should be given to managing safety concerns with inappropriate use.

1. Business Group on Health [2026 Employer Health Care Strategy Survey](#) August 19, 2025; 2. AHIP (2024) [Where Does Your Health Care Dollar Go?](#); 3. Modor Intelligence (2025). [Anti-Obesity Drugs Market Size & 2030 Global Report](#)

CANCER IS THE TOP COST CATALYST

Cancer remains the most expensive condition to treat for the fourth consecutive year, according to a 2025 study by the Business Group on Health.¹ These costs are driven by increased volume of cases, complexity and length of care regimen and the cost of advanced treatments. In 2026, it is projected that nearly half of all new cases are expected to be cancers of the prostate, breast, lung, colon, and rectum cancer.²

Cancer is increasingly affecting younger people, especially women, and the report reveals stark health disparities, with Native American and Black communities experiencing significantly higher death rates from the disease.³

There are concerns about the potential impact of budget cuts on cancer research and treatment, emphasizing the importance of sustained federal investment in research. Any budget cuts could stall scientific breakthroughs and impact the ability to combat the rising incidence of cancer nationwide.

These findings underscore the critical need for continued investment in cancer research, equitable access to care, and for employers to find ways to deliver affordable coverage designed to manage the top drivers of healthcare costs.

72% ⁴	\$120,000/year ⁵	17 of 34 ⁶	15 weeks ⁷
Employers reporting increased cancer cases.	Typical annual cancer treatment cost.	Cancer types rising in young adults.	Employees with cancer miss ~15 weeks of work throughout their cancer journey, impacting productivity.

1. Business Group on Health [2026 Employer Health Care Strategy Survey](#) August 19, 2025. 2. Cancer.gov National Cancer Institute Cancer Trends Progress Report. 3. American Cancer Society. [Cancer Facts & Figures 2025](#). Atlanta: American Cancer Society; 2025. 4. Business Group on Health, [Employers Tackle Rising Cancer Costs: Insights from the 2025 Employer Health Care Strategy Survey](#) October 3, 2024. 5. Society for Human Resource Management. (2022, July 13). [Cancer cases on the rise: Here's what employers should know](#). SHRM. 6. American Cancer Society (ACS), [Cancer Facts & Figures 2025 – Employer Summary](#), 2025. 7. Group Risk Development. (2025). [The employee experience report 2024: Supporting employees affected by cancer](#) [PDF].

OTHER DRIVERS OF HEALTHCARE COSTS FOR MOST EMPLOYERS

Mental health disorders are top of mind for employees and employers, reflecting the surge in behavioral health claims including anxiety, depression, substance use disorders, and ADHD. There has been a 45% increase in behavioral health claims from 2023 to 2024, continuing into 2025 and 2026.¹ There is a high demand for therapy, psychiatric medications, and digital mental health platforms.

A host of other chronic conditions make up the remaining cost drivers. Cardiovascular Disease includes heart failure, hypertension, and stroke, and is a top diagnosis category due to its prevalence and long-term medication and treatment needs. **AI tools are increasingly used for early detection and management**,² and with wider rollout, can be treated more easily and cost-effectively. Neurological disorders such as Alzheimer's, Parkinson's, and multiple sclerosis are growing cost drivers due to the high prices of emerging therapies and diagnostics.³ **Musculoskeletal conditions**, such as chronic pain, arthritis, and back injuries, are common. High utilization of physical therapy, surgery, and pain management is contributing to the **opioid epidemic**.

The increased prevalence of mental health disorders and chronic conditions, coupled with our aging population and the advent of costly new technologies and treatments, will continue to drive healthcare costs.

1. PricewaterhouseCoopers (PwC). (2026). [Behind the numbers: Healthcare spending projections](#). 2. Marr, B. (2025, October 27). [8 breakthrough technology trends that will transform healthcare in 2026](#). Forbes. 3. Centers for Disease Control and Prevention. (2025, August 8). [Fast facts: Health and economic costs of chronic conditions](#). 4. American Cancer Society. (2025). [Cancer facts & figures 2025: Employer summary](#). 5. National Organization for Rare Disorders. (2025). [Rare disease facts & statistics](#). 6. National Organization for Rare Disorders. (2025). [Rare disease facts & statistics](#). 7. National Organization for Rare Disorders. (2025). [Rare disease facts & statistics](#). 8. National Organization for Rare Disorders. (2025). [Rare disease facts & statistics](#). 9. National Organization for Rare Disorders. (2025). [Rare disease facts & statistics](#). 10. Forbes. (2025). [The biggest healthcare technology trends to watch in 2026](#).

Projected 2026 Top Diagnostic Conditions

Cancer ⁴	5,600 New cases every day.
Mental Health Disorders ⁵	90% Share of U.S. healthcare costs are driven by chronic and mental health conditions.
Diabetes / Obesity ⁶	38 Million Americans have diabetes; 40% of adults are obese.
Cardiovascular Disease ⁷	843,000 U.S. deaths from heart disease and stroke annually (1 in 4).
Neurological Disorders ⁸	7 Million Americans are living with Alzheimer's.
Musculoskeletal Conditions ⁹	53.2 Million U.S. adults have arthritis (1 in 5), a leading MSK condition.
Rare / Genetic Diseases ¹⁰	1 in 10 Americans are living with a rare disease, half are children.

INDUSTRY COST AND EFFICIENCY OFFSETS FROM TECH INTEGRATION

Healthcare and insurance organizations are making Six Sigma moves to outperform in the age of digital and AI. To offset the increase in healthcare demand and inflation, the industry is focused on:

Building an Enterprise-wide AI Strategy

Organizations are scaling AI beyond pilots to transform the enterprise. Success will favor those who mobilize top talent, implement scalable models, and embed change management for employees and customers.

Core Function AI Applications¹

AI is enhancing sales, underwriting, claims, customer service, and back-office operations across insurance and healthcare, driving growth and capacity. As proven AI use cases from other industries are adopted, impact and adoption will continue to expand.

Impact of Generative and Agentic AI

Generative and agentic AI accelerate work by enabling creative reasoning and autonomous decision-making across workflows. Beyond creating content, generative AI can simulate data—including patient data—allowing pharmaceutical companies and AI developers to train and build models without the expense or security risks of using real patient information.

ADVANCEMENT IN PATIENT OUTCOMES²

There will be a wider rollout of AI monitoring warning signs in patient data, offering decision-making support to doctors and frontline medical workers. Rather than being replaced, professionals will spend less time examining scans and more time face-to-face with patients.

ADVANCEMENT IN OPERATIONAL EFFICIENCY

Through the deployment of AI in sales and distribution, claims management, and policy servicing, insurance companies will incorporate AI for real-time data-driven decision-making and faster claims adjudication to control fraud and erroneous payouts. Employers may benefit indirectly from operational efficiencies, cost benefits, and predictive analytics to monitor plan performance.

CUSTOMER EXPERIENCE AND PERSONALIZATION²

Chatbots and virtual assistants are widely used for front-line customer support and may expand to provide insured members with more accurate and timely responses to inquiries, tailored plans, and drive well-being behavior change.

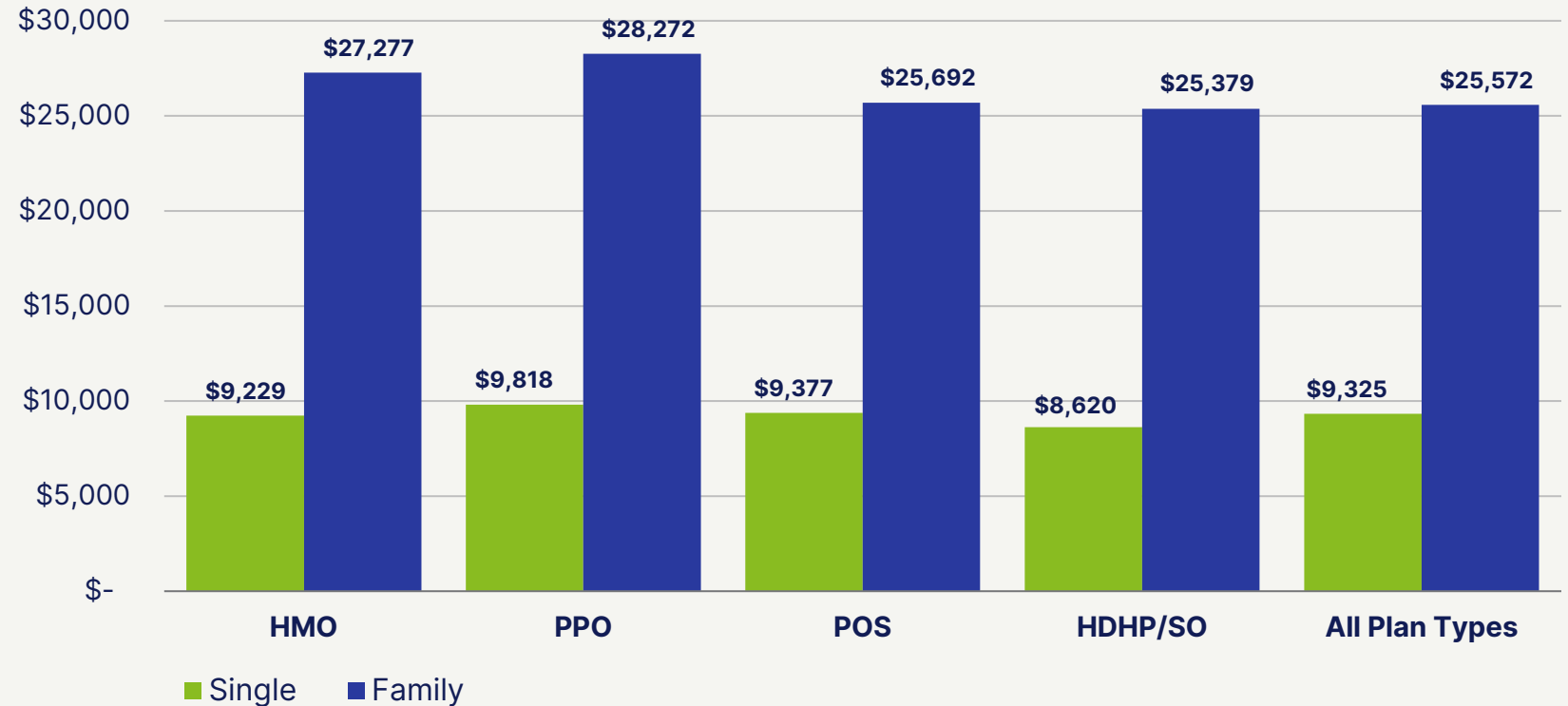
WHAT THIS TRANSLATES TO IN PREMIUM INCREASES

The average annual premiums for employer-sponsored health insurance in 2025 were \$9,325 for single coverage and \$26,993 for family coverage. Over the last year, the average **single premium increased by 5%**, and the average **family premium increased by 6%**.

Comparatively, there was an increase of 4.2% in workers' wages and inflation of 2.7%. **Over the last five years**, the average premium for family coverage has increased by 26%, compared with a 28.6% increase in workers' wages and a 23.5% increase in inflation.

2025 Average Annual Premiums for Covered Workers

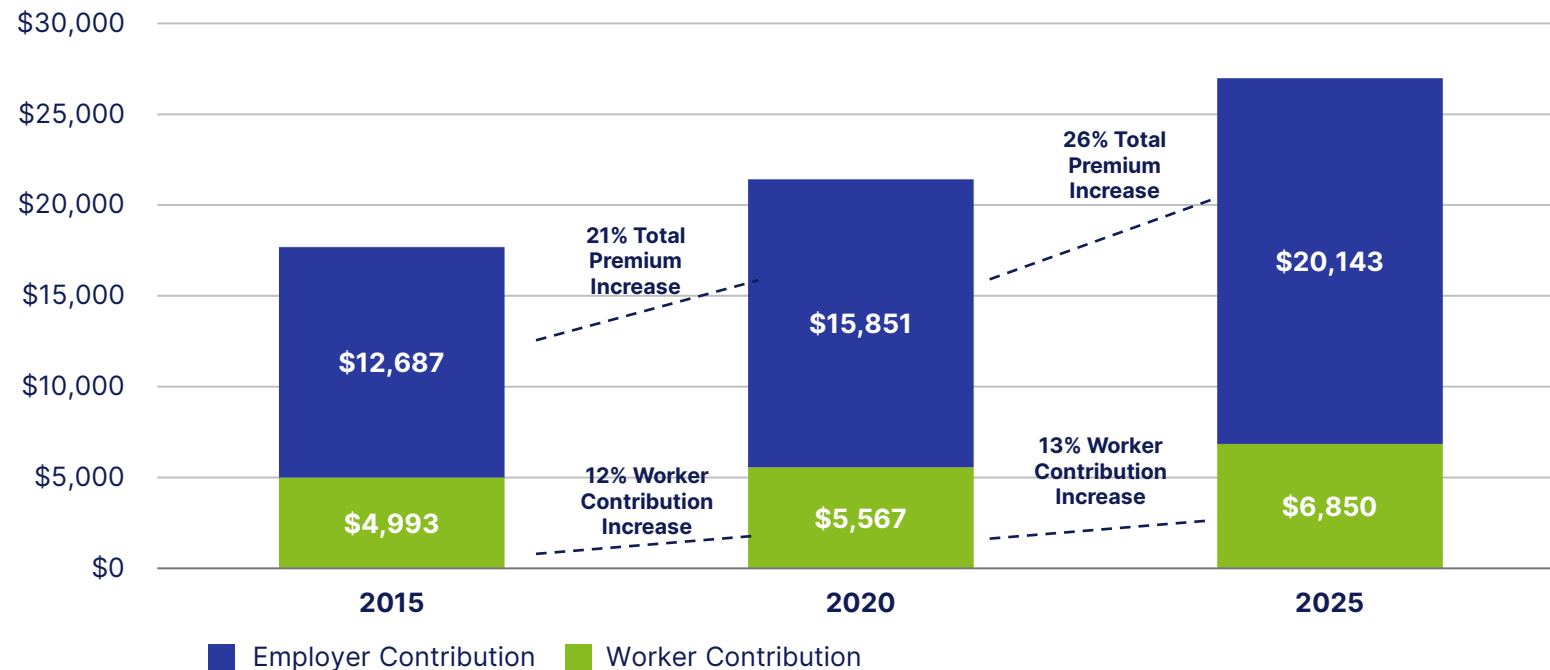
Single and Family Coverage by Plan Type



EMPLOYEE CONTRIBUTIONS

On average, in 2025, covered workers contributed 16%, roughly **\$1,440 annually, towards a single coverage** premium. In addition, 80% of workers with single coverage have a general annual deductible that must be met before most services are paid for by the plan. The average deductible for workers with single coverage in 2025 is **\$1,886**, 5% higher than last year. This is **47% higher** than the annual deductible amount ten years ago.

Average Annual Worker and Employer Premium Contributions for Family Coverage, 2015, 2020, and 2025





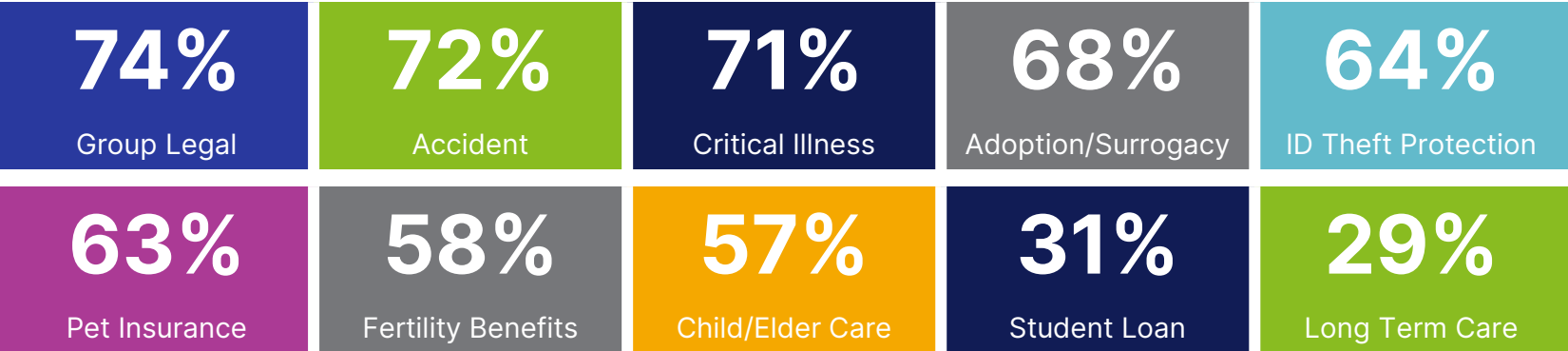
VOLUNTARY BENEFITS OFFSET HEALTH BENEFITS

Voluntary benefits can help **offset healthcare costs** by providing cash payments for covered accidents, critical illnesses, or hospital indemnity claims, or services not fully covered by core medical plans. These benefits help reduce financial stress during serious health events and diagnoses.

Employees increasingly view voluntary and ancillary benefits as essential components of a **competitive benefits package**. These offerings address a wide range of needs and help employees protect themselves against gaps in traditional insurance coverage.

Enrollment trends show a growing emphasis on preventative care and wellness. Employees are choosing voluntary and ancillary benefits that support their overall well-being, including **mental health services and fitness benefits**, reflecting a broader shift toward holistic care and satisfaction.

Prevalence in voluntary benefit offering*



* Goldman Sachs 2025 Benefits and Compensation Trends Report

CONTROL COSTS THROUGH ALTERNATIVE FUNDING

Status Quo Stalls Innovation and Efficiency

Employers of all sizes are increasingly seeking ways to enhance benefits program control, capitalize on savings, and use data to improve ongoing performance and health outcomes. Many employers commonly use a self-funded approach, unbundling carrier programs by independently purchasing claims administration, network access, pharmacy benefit management, care management, and stop-loss.

Maintaining the status quo requires trusting insurance companies to prioritize both the employer and employee's best interests. However, this approach does not align with how successful companies manage the rest of their operations. It is wise for employers to regain control over this aspect of their business.

Value of Alternative Funding

Employer health benefit costs remain elevated as organizations look toward 2026, with independent research showing continued upward pressure on per-employee spending.¹ As costs rise, many employers are evaluating alternative funding approaches—such as **self-funded arrangements**—as a way to increase transparency, flexibility, and control over health plan expenses. Thoughtfully designed strategies can help employers better manage cost trends while maximizing the value of their employee rewards programs.²

1. Kaiser Family Foundation. (2024). [2024 employer health benefits survey](#). 2. Business Group on Health. (2025). [2026 employer health care strategy survey executive summary](#).



EDUCATING KEY STAKEHOLDERS

Identify Key Stakeholders

In addition to human resources and finance, it is important to involve and educate other key stakeholders. Each bring their own perspective and can play a role in a successful transition and implementation.

Educational Focus

Education should be a phased approach, starting with the foundational differences of alternative funded program structures. Following that, ensuring **understanding of the major components of self-funding** including claims administration, network access, pharmacy benefit management, care management, stop-loss and health management programs. Understanding the legal, administrative, and financial cash flow and budgeting implications are an important part of the process.

Leverage Data

Self-funding prevalence data helps establish market trends, with KFF reporting that self-funded plans cover 57% of mid-market employees in 2025. Additionally, discussions with peers about their experiences can help add real-life commentary and lessons learned to the conversation.

Relying on an **independent third-party expert**, such as an employee benefits consultant, can help organizations lead initial conversations as they prepare for Phase 2 — Feasibility Analysis.



**Alternative
funding shouldn't
be executed in a
vacuum.**

SELF-FUNDING FEASIBILITY

Employers should review self-funding feasibility biannually or whenever there are significant changes in claims experience, workforce demographics, or healthcare cost trends. Additionally, a review is recommended before major organizational shifts to help ensure the plan remains financially viable and aligned with risk tolerance.

Key Objectives

The key objectives of a **Self-Funding Feasibility analysis** are to determine if an organization can financially sustain a self-funded health plan by evaluating historical claims data, projecting future costs, and assessing risk. The analysis aims to identify potential cost savings compared to fully insured plans, ensure proper budgeting and cash flow management, establish adequate stop-loss coverage for catastrophic claims, maintain compliance with ERISA regulations, and confirm that employee benefits remain competitive without increasing costs.

Data Needs

Utilization of company-specific data is the foundation of a feasibility analysis and when combined with a large data set and actuarial modeling tools, results in important and actionable insights. The key data points include:

- Employee/member enrollment & demographics
- Monthly medical & prescription drug claims
- High-cost claimants
- Plan design
- Current rates

In the absence of some or all of this data, assumptions can be made and AI technology can be used to add additional credibility to the feasibility analysis.

A well-executed feasibility study helps employers make informed decisions, minimize risk, and potentially achieve significant cost savings while maintaining quality benefits.

BUILDING A MODERNIZED, SELF-FUNDED PROGRAM

Once a plan is on a self-funded chassis, it is imperative to leverage the flexibility it provides to manage costs and influence employee behavior.

Administrator Flexibility

- Plan design & eligibility flexibility
- Claims administration & adjudication rules
- Vendor carve-outs & point solutions
- Data access & reporting
- Compliance & fiduciary oversight
- Fees & contractual flexibility
- Mid-year, off cycle, changes (limitations apply)

Provider Access & Steerage

- Network & provider strategy
- Tiered networks (lower cost-sharing for high-value providers)
- Analyze provider performance (cost and outcomes)
- Reduced cost-sharing for high-quality, lower-cost providers

Rx Cost and Drug Access

- Pharmacy Benefit Manager (PBM) audits and contract/rebates negotiations
- Formularies focused on generics and biosimilars
- Prior authorization and step therapy
- Specialty drug management and site-of-care optimization

Cost Control Programs

- Plan designs with incentives to use primary care vs. emergency rooms
- Required use of centers of excellence for high-cost procedures to manage costs and obtain bundled pricing
- Specialized vendors to manage chronic diseases
- Second opinion programs
- Specialized coverage/vendors to manage transplants and complex care

Member Advocacy & Navigation Support

- Care navigation services to guide employees to high-quality, lower-cost providers
- Transparent pricing tools for imaging, labs and procedures
- Decision support tools
- Pre-procedure advocacy and guidance
- Pre-natal care programs

Well-Being

- Wellness vendors to manage incentives for wellness screening and preventative care
- Behavioral Health access and early intervention
- Virtual mental health platforms
- Targeted programs based on clinical diagnoses

EMPLOYER ACTIONS

Turning Market Trends into Meaningful Change

1

Consider alternative funding as an option.

Conduct a self-funded feasibility analysis to evaluate options and potential value. Use plan flexibility and detailed claims data to identify cost drivers and implement targeted programs to “modernize” and enhance financial performance. Improve employee experience while ensuring compliance with administrative requirements.

2

Design value-based care plan designs.

Build and incorporate a value-based care strategy that aligns plan design, provider networks, and member engagement to improve outcomes and control costs. Incorporate value-based payment models that reinforce primary care and care coordination, optimizing both financial performance and the employee experience.

3

Leverage pharmacy trends to manage rising pharmacy plan costs.

Monitor shifts in pharmacy benefit costs to control increasing drug expenditures. Analyze claims and utilization patterns and adjust coverage and programs to promote cost-based utilization. Align with modern PBMs to better negotiate contracts and to maximize rebates, discounts, and programs. Evaluate the impact of GLP-1 use on plan costs.

4

Engage members to optimize plan benefits.

Offer benefit education campaigns highlighting high-value providers, preventive care, and wellness programs to manage costs. Provide personalized navigation through digital tools and portals that deliver just-in-time guidance and reward the use of high-value care.



SECTION TWO

BENEFITS AS A COMPETITIVE ADVANTAGE

- Key Labor Trend Impacts on Total Rewards
- Driving Employee Centric Benefits Through Affordability, Choice, and Value



WINNING TOP TALENT WITH STRATEGIC EMPLOYEE BENEFITS

Attracting and retaining top talent remains a major challenge in today's competitive labor market, as trends such as a more **diverse employee population, remote and flexible work arrangements, talent mobility, and rising costs drive a shift in total rewards** from 'one-size-fits-all' packages to more flexible, personalized approaches addressing pay, benefits, well-being, career growth, and equity.

To stay ahead, organizations are strategically leveraging employee benefits as a core part of their employee value proposition. Employers that offer **affordable, flexible, and easy-to-navigate** benefits gain a distinct competitive edge. This involves tailoring benefits to workforce needs at every life stage, clearly communicating their value, and using technology for simple, convenient access.

Aligning benefits with **organizational goals** demonstrates that **employees are valued and understood**, driving higher engagement and long-term retention, ultimately strengthening the company's talent advantage.

4.4%

Forecast for the unemployment rate in the second quarter of 2026.¹

85%

Workers believe AI will impact their job in the next 2-3 years.²

3.5%

U.S. employers are budgeting for 2026 merit increases.³

2026: THE EVOLUTION OF WORK

Emerging Labor Trends

The labor market in 2026 is undergoing a strategic recalibration shaped by **economic uncertainty, rapid AI adoption, and evolving workforce expectations**. While the pace of job creation has slowed and unemployment has stabilized at 4.4%, demand for specialized talent remains strong across sectors such as healthcare, green energy, logistics, and advanced technology. Employers are navigating a paradox: fewer job postings overall, yet **fierce competition for top-tier** candidates in critical roles.

What's Changing:

- **AI Integration** is no longer experimental—it's embedded across workflows, recruitment, and performance management. Autonomous AI agents are being deployed alongside humans, reshaping team dynamics and job design. This is generating both concern and excitement among workers, with 85% seeing it impacting their jobs in the near future.
- **Compensation Strategies** are shifting from across-the-board increases to targeted, performance-based pay. Salary increase budgets are moderating, with 2026 increases averaging about 3.5% — consistent year over year yet lower than post-pandemic peaks.
- **Skills-First Hiring** is overtaking traditional degree requirements. Employers are prioritizing certifications, portfolios, and real-world experience over formal education.

RETENTION AND ENGAGEMENT

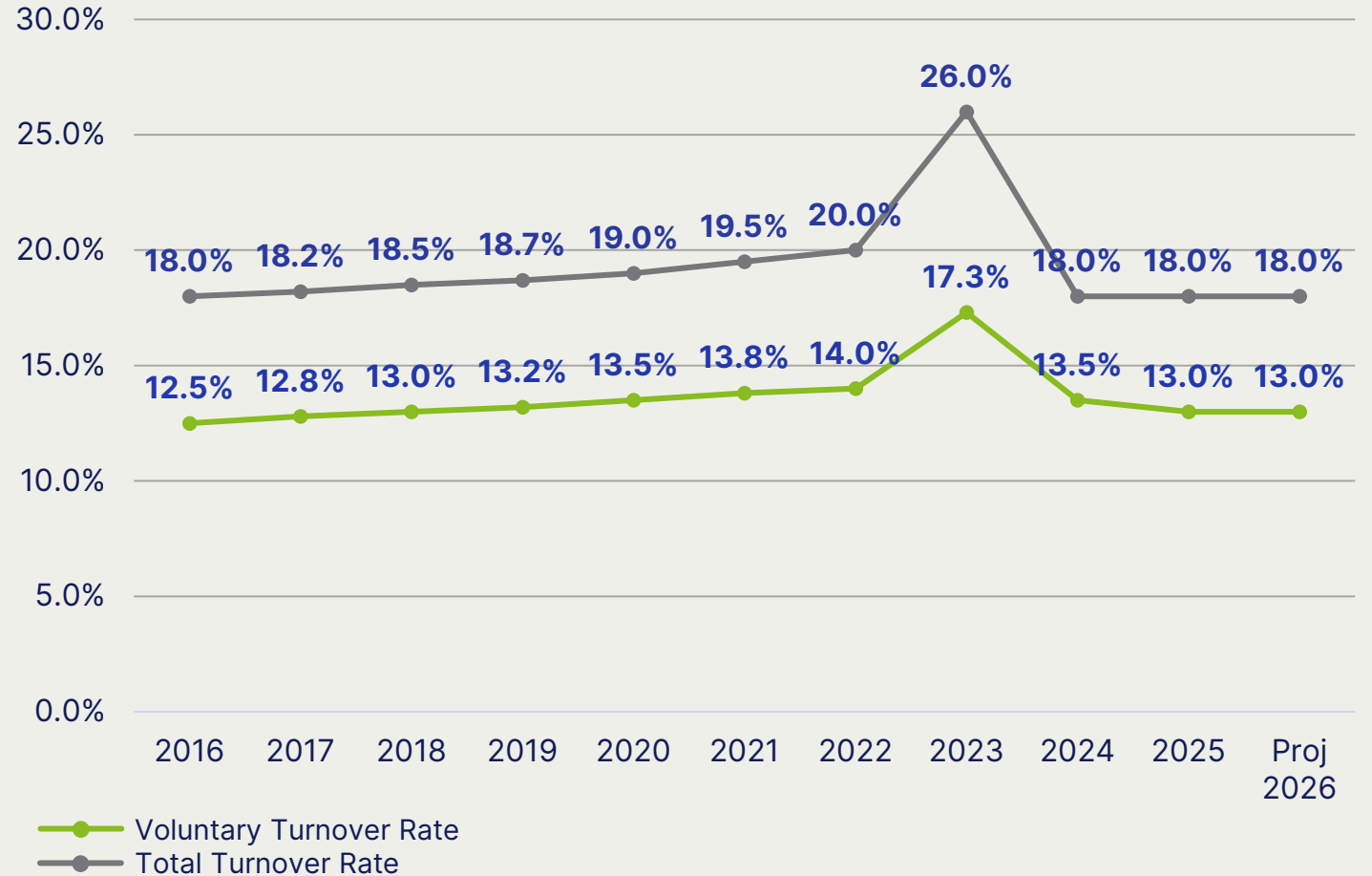
While we're past the heavily documented "**Quiet Quitting**" era, retention and engagement remain significant challenges for employers, with the turnover rate projected to be 18% in 2026. Employee priorities outside of compensation remain career growth, flexibility, and well-being.

As wage growth stabilizes, companies are tying performance to opportunity for internal mobility and career development. **Career development is now seen as a retention lever**, not just a perk. Rigid return-to-office (RTO) mandates are hurting engagement and retention, and hybrid and remote work remain key differentiators. Lastly, employees want to feel heard, valued, and connected.

Organizations must build trust by clearly communicating growth paths and aligning individual goals and needs with company strategy.

Employee Turnover Rates

2016-2025; Projected 2026



WHY BENEFITS STRATEGY MATTERS MORE THAN EVER

Employers are navigating a benefits environment shaped by rising healthcare costs, economic pressure, workforce diversity, and growing employee expectations. At the same time, **employees are more cost-conscious and value-driven, seeking benefits that feel relevant, affordable, and easy to navigate.** To remain competitive, organizations must move beyond traditional benefits design and adopt a more strategic approach, one that balances cost management with employee experience.

Employees are paying significantly more out-of-pocket than a decade ago.

Rising deductibles and cost-sharing have shifted more healthcare costs to employees, making affordability a primary driver of perceived benefits value.¹

Cost concerns are causing employees to delay or avoid care.

A growing share of adults report skipping or postponing medical care due to cost, increasing long-term health and productivity risks.²

Benefits strongly influence attraction, retention, and trust.

Employees consistently rank benefits among the top factors when deciding whether to join or stay with an employer.³

Many employees struggle to understand their benefits.

Complex plan designs and limited communication leave many employees unsure of how to use their benefits effectively.⁴



1. Kaiser Family Foundation (KFF). [Employer Health Benefits Survey](#). 2. Kaiser Family Foundation (KFF). [Health Care Debt and Delayed Care Surveys](#). 3. Society for Human Resource Management (SHRM) [2025 Employee Benefits Survey](#). 4. MetLife. U.S. [Employee Benefit Trends Study \(2025/2026 insights\)](#).

WHY AFFORDABILITY, CHOICE, AND CLARITY MATTER TO EMPLOYEES

Benefits are a critical part of the employee value proposition as organizations balance compensation and rising costs.

Benefits are one of the largest components of total compensation. Yet much of their value is lost when employees don't understand the benefits available to them, don't trust the medical system or even their employer, or feel they can't afford to get the care they need due to out-of-pocket costs.

<p>54%</p>	<p>2X</p>	<p>63%</p>
<p>Only 54% of employees say they understand their benefits well, despite benefits being one of the largest parts of total compensation.¹</p>	<p>Employees who understand their benefits are more than twice as likely to feel satisfied with their employer.²</p>	<p>63% of employees say benefits communications are too complex or difficult to understand.³</p>
<p><1/2</p>	<p>30%+</p>	<p>70%</p>
<p>Less than half of employees feel confident they are choosing the right benefits during Open Enrollment.⁴</p>	<p>Benefits-related questions account for up to 30–50% of HR inquiries, often due to confusion or lack of clarity.⁵</p>	<p>Nearly 7 in 10 employees say benefits influence their decision to stay with an employer — highlighting the role benefits play in retention.⁶</p>



1. *Employee Benefit Trends Study*. MetLife. 2. *Employee Benefit Trends Study*. MetLife. 3. LIMRA (Life Insurance Marketing and Research Association). (n.d.). *Research and industry insights*. 4. Employee Benefit Research Institute. (n.d.). *Research publications*. 5. Gartner. (n.d.). *Employee experience insights*. 6. Glassdoor. (n.d.). *Benefits and perks survey*.

MAKING CARE ACCESSIBLE AND AFFORDABLE HEALTHCARE

Lowering out-of-pocket costs without sacrificing access

Affordability has become a defining factor in how employees evaluate benefits. As healthcare costs rise, employees are increasingly focused on out-of-pocket expenses and their ability to access care when they need it. **Benefits that are designed with affordability in mind help reduce financial barriers, encourage earlier care, and support long-term health outcomes.**

Employers are responding by strategically designing benefits that limit out-of-pocket exposure and guide employees toward lower-cost, high-value care options. Preventive, virtual, and urgent care alternatives play a critical role in improving access, managing costs, and reinforcing the perception that benefits are both usable and valuable through impactful, well-thought-out communications.

Rising healthcare costs continue to be a major driver for strategic design: annual premiums for employer-sponsored family coverage reached nearly \$27,000 in 2025, with workers shouldering a large portion of that expense.*

* Kaiser Family Foundation (KFF). [2025 Employer Health Benefits Survey](#).





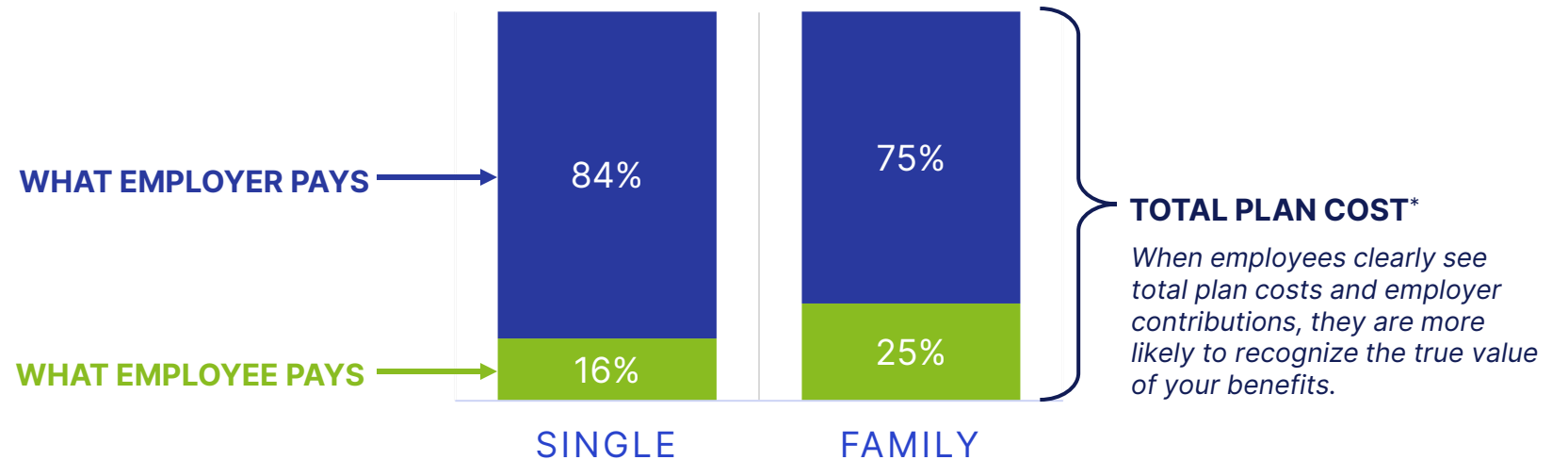
HOW TRANSPARENCY SHAPES AFFORDABILITY

Affordability isn't just what employees pay; it's shaped by how well they understand their benefits.

As costs rise, employees focus not only on premiums and out-of-pocket expenses, but on whether they can clearly see what they're paying and what their employer is contributing.

Clear, transparent communication about cost-sharing helps employees recognize the true value of their benefits. When employees understand total plan costs and employer investment, benefits feel more accessible, more valuable, and more worth using, strengthening trust and engagement.

Affordability isn't just what employees pay, it's what they understand.



* Kaiser Family Foundation (KFF). *2024 Employer Health Benefits Survey: Annual Survey — Summary of Findings.*

WHY CHOICE MATTERS IN BENEFITS STRATEGY

Different lives require different benefits.

Today's workforce spans multiple life stages, family structures, and financial priorities, making flexibility and choice essential to an effective benefits strategy. **Competitive employers design benefits with multiple price points and options, allowing employees to balance coverage and cost based on what matters most to them.**

Voluntary benefits, paired with flexible plan design, gives employees the ability to customize coverage to support financial protection, family needs, wellness, or long-term security—helping benefits feel more relevant, usable, and valuable.

CHOICE & PERSONALIZATION

~70% of employees say they desire benefits that are personalized to their individual needs.¹

LIFE STAGES & FLEXIBILITY

Employees at different life stages value benefits differently—no single plan meets all needs.²

VOLUNTARY BENEFITS—VALUE WITHOUT COST PRESSURE

Employers increasingly use voluntary offerings to expand choice without materially increasing employer spend.³

IMPACT ON ATTRACTION & RETENTION

Employees are more likely to stay with employers whose benefits feel relevant and customizable.⁴

1. MetLife. U.S. Employee Benefit Trends Study. <https://www.metlife.com/workforce-insights/employee-benefit-trends/>. 2. Mercer. Health on Demand Survey. <https://www.mercer.com/our-thinking/health/health-on-demand.html>. 3. LIMRA. Voluntary Benefits Research. <https://www.limra.com/en/research/>. 4. Society for Human Resource Management (SHRM). Employee Benefits Survey. <https://www.shrm.org/topics-tools/research/employee-benefits-survey>

GENERATIONAL PREFERENCES

As labor trends evolve, it is important to recognize the evolution of the workforce and the varying preferences of the generations. As the Alpha generation (now 15 years old) eyes employment, employers should begin early planning to understand their preferences.

	BOOMERS	GEN X	MILLENNIALS	GEN Z	GEN ALPHA*
Born	1946-1964	1965-1979	1980-1994	1995-2009	2010-2024
% of US Workforce	12%	27%	34%	27%	<1%
What is Important	Job Security Company Loyalty Teamwork Flexibility to Decelerate	Work-life Balance Professional Development Independence Direct Communication	Purpose and Impact Responsibility Quality of Their Manager Unique Work Experiences	Diversity, Equity, and Inclusion Social Responsibility Work-life Integration Pay Transparency	Technological Sophistication Psychological Safety Personalized Growth, Social Justice Alignment AI-augmented Work Expectations Support for Neurodivergent Needs
Beyond Traditional Compensation and Benefits	Retirement Readiness Medicare Education Identity/Cyber Protection Chronic Condition Management	Financial Stability Caregiving Benefits Long-term Care Identity/Cyber Protection Chronic Condition Prevention Lifestyle Accounts	Student Loan Repayment Family Leave Childcare Benefits Fertility Benefits Legal Services	Mental Health Resources Pet Health Tuition Assistance Early Financial Education Commuter Benefits	Mental Health Access as a Baseline Personalized Career Pathways Advanced Tech Tools (AI, VR/AR) Flexible Schedules Continuous Learning Ecosystems
Communication Preference	More Formal In-person or Phone Call	Informal but Direct Style Email or Text	Frequent and Timely Feedback Text/Chat Messages	In-person Preferred Video Calls	Voice Assistants/AI Interfaces Short-form Video, Interactive Digital Tools Expect Rapid, Tech-enabled Communication

* Gen Alpha is entering the workforce in 2028.

DESIGNING BENEFITS THAT MEET EMPLOYEE EXPECTATIONS

Employees increasingly expect benefits that feel personalized across life stages. Voluntary benefits allow employers to expand choice without fully absorbing cost, but they deliver value only when employees understand what's available and how to use them. **Research shows that when employees actively enroll in and use voluntary benefits, they report stronger overall well-being and greater satisfaction with their benefits experience.**

Foundation Benefits	Choice-Driven Enhancements	
MEDICAL	VOLUNTARY LIFE	TELEHEALTH & VIRTUAL PRIMARY CARE
DENTAL	ACCIDENT	PAID PARENTAL LEAVE
VISION	CRITICAL ILLNESS	FERTILITY AND FAMILY-BUILDING BENEFITS
EMPLOYER PAID LIFE	HOSPITAL INDEMNITY	CHILDCARE AND ELDERCARE RESOURCES
STD	LEGAL SERVICES	ADOPTION ASSISTANCE
LTD	IDENTITY THEFT	FLEXIBLE WORK SCHEDULES OR REMOTE WORK OPTIONS
AD&D	MENTAL HEALTH APPS	STUDENT LOAN REPAYMENT ASSISTANCE
RETIREMENT	WELLNESS PROGRAMS & INCENTIVES	TUITION REIMBURSEMENT AND PROFESSIONAL DEVELOPMENT
PAID TIME OFF	FITNESS AND LIFESTYLE STIPENDS	FINANCIAL WELLNESS TOOLS AND EDUCATION
EAP	Availability alone isn't enough, education, and communication drives value.	
MENTAL HEALTH SUPPORT		

DESIGNING BENEFITS IS ONLY HALF THE EQUATION

As benefits become more complex, communication plays a critical role in how employees experience and value their benefits. **Even well-designed and affordable benefits fall short when employees do not understand what is available, how benefits work together, or when to use them.**

Effective benefits communication helps organizations:

- Empower employees to make the right benefits selections that fits their needs
- Make benefits information easy to find and to understand, minimizing complex and overloaded benefits communications
- Support employees beyond open enrollment with year-round access to information
- Reduce confusion by explaining how benefits connect and when to use them
- Increase awareness of the employer's investment in benefits and why sometimes changes need to be made
- Build brand awareness and trust amongst its employees
- Attract and retain top talent

1. HRMorning. [Employees don't understand their benefits.](#) *HRMorning*. Published 2024. 2. Financial Health Associates (FJA). [How employee benefits education impacts health plan satisfaction.](#) *FJA Insights*. Published 2025. 3. BenefitNews. [How to keep employees from making the same mistakes during open enrollment.](#) *Arizent Media*. Published 2024. 4. Plan Sponsor Council of America (PSCA). [Study finds most participants don't understand their benefits.](#) Published 2024. 5. Aflac. [2025 Aflac WorkForces Report Executive Summary.](#) Columbus, GA: Aflac; 2025.

Impact of Clear Communication

86%	Employees say they are confused by their benefits. ¹
62%	People say health insurance coverage information is not easy to understand. ²
30 to 60 minutes	The average employee spends only about this long choosing benefits, and over half later regret their decisions. ³
73%	Employees want more education and help understanding their benefits. ⁴
42%	Employees say they understand their healthcare policies (declining year-over-year). ⁵

EMPLOYER ACTIONS

Turning Market Trends into Meaningful Change

1

Design Benefits With Affordability in Mind.

Affordability starts with intentional benefit design. Employers can reduce financial barriers by managing out-of-pocket expenses and guiding employees toward high-value care options. Preventive care, virtual care, and urgent care alternatives help improve access, control costs, and support better outcomes.

2

Expand Choice to Meet Diverse Employee Needs.

A one-size-fits-all approach no longer meets workforce expectations. Offering options across price points and life stages increases perceived value. Voluntary benefits expand flexibility without significantly increasing employer cost, allowing employees to customize coverage based on what matters most.

3

Communicate Clearly to Reinforce Value and Trust.

Benefits become a competitive advantage when employees understand them. Clear, transparent, and employer-branded communication—delivered through centralized platforms and year-round education—helps employees recognize the true value of their benefits and drives confidence, utilization, and engagement.



SECTION THREE

TOTAL HEALTH AND WELL-BEING

- Mental Health / Women's Health / Cancer Care
- Complementary and Alternative Medicine (CAM)
- Financial Well-being and Retirement Security

TOTAL HEALTH & WELL-BEING

81%

of workers said their mental health affects their work performance.¹

73%

of employees say financial stress has interfered with their ability to do their job.²

In 2026, employers face a rapidly evolving landscape shaped by rising healthcare costs, regulatory changes, persistent inflation, a tight labor market, and higher employee expectations. In response, **total health and well-being** have become a **key critical strategic focus**, as employee benefits expand to meet the needs of a more diverse, health-conscious, and flexibility-seeking workforce.

Organizations are increasingly taking a holistic approach to well-being; integrating physical, emotional, financial, and social health in their efforts to attract and retain talent, boost engagement, enhance resilience, and drive sustainable business success in uncertain times.

Key priority focus areas, including **mental health, women's health, cancer care, complementary and alternative medicine (CAM), and financial well-being/retirement security**, are shaping benefit design and investment decisions, guiding organizations in creating adaptable, people-centered cultures of health for the future.

1. Mind Share Partners & Qualtrics — [Workplace Mental Health Report 2025](#). 2. PwC, [Employee Financial Wellness Survey 2025](#).

EMPLOYEE ENGAGEMENT AND WELL-BEING INSIGHTS

The Workplace Climate Employees Are Experiencing Today, Shaped by Connection, Pressure, and Unmet Needs

Where Employees Are Feeling Connected and Supported

Despite ongoing economic and workplace pressure, many employees report positive well-being indicators:

- **85%** report strong social connections
- **84%** say they are generally happy
- **82%** report enjoying life
- **77%** feel a strong sense of purpose
- **77%** rate their overall health as good or excellent

These indicators suggest that **employees value connection and meaning**—but these strengths often coexist with significant stress.

Positive Well-Being Does Not Eliminate Risk.

Employers must address emotional, financial, and mental stressors directly, not assume employees who appear “fine” aren’t struggling.

Areas Where Employees Are Struggling Today

At the same time, a large portion of the workforce is struggling with:

- **43%** having trouble making ends meet
- **42%** feeling anxious or depressed
- **42%** feeling unmotivated or overwhelmed
- **30%** experiencing isolation or loneliness

Mental Health Gap

- Gen Z and Millennials report the **highest mental-health challenges**, including stress, anxiety, depression, and loneliness.
- Younger workers express greater concern about **both mental and physical health** yet often lack confidence navigating care or benefits.

THE ACTION GAP

Healthy Intentions vs. Real-world Behavior

Why This Matters

When employees know what supports their health but don't act on it, employers see higher long-term healthcare costs, delayed diagnoses, and rising absenteeism, presenteeism, and burnout.

EMPLOYER OPPORTUNITY

Targeted Population health strategies help close this gap by reducing barriers to care, using data to identify risk earlier, delivering timely nudges and education, and normalizing preventive and behavioral-health support across the workforce.

Healthy Intentions Don't Always Translate Into Action

While employees demonstrate positive habits in areas like nutrition and physical activity, **follow-through drops sharply when it comes to preventive care, mental health support, and long-term health planning**—revealing meaningful gaps that vary by generation.

Current Healthy Behaviors (Moderate)



Critical Gaps



Generational Insight



BUILDING HOLISTIC INTERVENTIONS THAT MEET TODAY'S WORKFORCE NEEDS

Advancing Physical, Mental, Financial, and Community Well-Being

Employers in 2026 are accelerating their shift toward **whole-person health strategies**, driven by rising medical costs, persistent mental health challenges, shifting workforce demographics, and employee expectations for more personalized well-being support. The **holistic healthcare** and the whole person report emphasize that traditional benefit designs are no longer sufficient; instead, organizations are moving toward **integrated and expanded wellbeing dimensions**, physical, mental, social, and financial, to address the growing complexities of managing work and life.

Multi-Dimensional Design

A modern holistic approach encompasses

Physical Health	Integrated chronic care management, virtual primary care, coordinated preventive care teams.
Women's Health, Complementary and Alternative Medicine and Cancer care	
Mental Health	Broader access to tele-therapy, resilience training, and stress-reduction programs; emphasis on destigmatization.
Generational-specific support	
Financial Well-Being	Tools addressing cost-of-living strain, debt management, retirement insecurity, savings incentives, emergency funds, and financial coaching aligned with life stages.
Support for every stage in life	
Social & Community Support	Programs targeting belonging, peer networks, community engagement, caregiver resources, and support structure that reduce isolation and strengthen workplace connection and well-being initiatives.
Organizational culture	

MENTAL HEALTH

Closing the Gap: Prevent, Predict, Connect & Personalize Mental Health Support

Mental health concerns continue to intensify as condition prevalence increases and access to care is still challenging. Workplace pressures are amplifying these challenges, driving steady growth in **mental-health-related leave** across industries. **AI is contributing** to both stress and uncertainty. Yet it also offers meaningful opportunities to simplify navigation, support early identification, and reduce workload when used to enhance, not replace, human care.

Despite progress in available resources, many **employees still struggle** to navigate fragmented behavioral, medical, and pharmacy systems, reducing the overall impact of employer-sponsored benefits. We recommend this framework be top of mind when implementing interventions:

PREVENT

Reduce the stigma associated with mental health care by promoting the importance of maintaining good behavioral health among employees.

PREDICT

Consider benefit programs that leverage health data to pinpoint employees at risk and direct them to behavioral health services before a mental health crisis arises.

CONNECT

Design a benefits approach that guides employees and families to evidence-based behavioral health treatment and integrates medical, behavioral, and pharmacy care, mitigating the potential for siloed treatment.

PERSONALIZE

Provide guidance and care navigation resources to help employees and their families easily access the right care and support services to address their unique needs when they need them.

Signals Employers Can't Ignore*

1 in 6 adults report being in poor mental health.

46% increase in serious mental health or substance-use issues since 2021.

Burnout affects **66%** of employees.

* National Alliance on Mental Illness (NAMI) & Ipsos. (2025). [Poll of public perspectives on the U.S. mental health care system](#).

WOMEN'S HEALTH

Why Women's Health Has Become a Strategic Priority for Employers

Women's health benefits are rapidly expanding as employers respond to demographic shifts, state mandates, and heightened competition for talent. **Adoption is accelerating across fertility, menopause, menstrual health, pregnancy, and postpartum care**, supported by the explosive growth of FemTech, projected to exceed \$130B globally by 2034.¹

Employer investment is being driven by both workforce expectations and measurable productivity impacts:

42%

Fertility benefits have climbed to 42% adoption among U.S. employers.²

\$1.8B%

Unmanaged menopause symptoms contribute to \$1.8B in lost workdays each year.³

5X%

The menstrual health movement is also reshaping workplace standards—Period Positive Workplaces report improved productivity and 5x easier menstruation.⁴

85%

Expansion of telehealth, now incorporated in 85%+ of health plans, is improving access to reproductive and maternal services across the care continuum.⁵

Employers are shifting from fragmented benefits to integrated, lifecycle-based strategies that promote retention, equity, and whole-person well-being.

FemTech (Female Technology) refers to the rapidly growing category of technologies, digital health tools, devices, software, and services designed specifically to address women's health needs—ranging from reproductive health to menopause, gynecologic care, maternal health, menstrual health, and chronic conditions disproportionately affecting women. The sector includes fertility platforms, cycle-tracking apps, menopause care tools, virtual OB/GYN services, wearable devices, diagnostics, pelvic health solutions, and AI-enabled reproductive care.

1. Precedence Research. (2025). *Femtech market size, share, and trends 2025–2034*. 2. Cuadra, D. (2025, January 13). *Will family-building benefits expand in 2025?* BenefitNews. 3. AARP Research. (2024). *Menopause in the workplace has an economic impact*. 4. Wheel Team. (2025, March 14). *The virtual care surge in women's health*. 5. Hawkins, S. S., et al. (2023). *Telehealth in the prenatal and postpartum periods*. PMC Digital Health.

WOMEN'S HEALTH

Strategic benefits design that supports women's health holistically and improves organizational well-being.

Elevating Menstrual Health Within Whole-Person Well-Being

New federal rules now permanently **allow first-dollar telehealth coverage** under HSAs, including for menstrual-related care, so employers can offer virtual gynecologic services without affecting HSA eligibility. As a result, many employers are expanding benefits to include on-demand tele-gynecology, counseling, menstrual health coaching, and reproductive endocrinology through virtual care platforms.

Reproductive Health And Women's Health Expansion

Employers are **expanding equitable fertility access, including IVF**, preservation, and donor/surrogacy coverage, while menopause care is emerging as a fast-growing priority to retain experienced talent. There is also a strong emphasis on maternal risk management and mental health, driven by cost, outcomes, and employee well-being.

Supporting Midlife Health For A Healthier Workforce

Menopause is a pivotal health transition that can increase risks for cardiovascular disease, osteoporosis, metabolic syndrome, and cognitive or mood challenges, factors that directly influence well-being and performance at work. Because these changes often occur during peak career years, unmanaged symptoms can drive absenteeism, presenteeism, and turnover. As a result, supporting midlife health is essential for sustaining workforce engagement, retention, and overall organizational strength.



WOMEN'S HEALTH

Delivering Better Postpartum Care

Employers are increasingly adopting **holistic pregnancy and postpartum benefits** to address major gaps in **maternal care**, especially during the high-risk postpartum period. The market is shifting toward integrated, bundled solutions supported by expanding insurance reimbursement and growing demand for mental health care, lactation support, and home-based services. Employers are also adding doulas, lactation consultants, and pelvic floor therapy to fill gaps not fully addressed in traditional care settings.

Integrated postpartum models help organizations meet evolving compliance requirements while improving continuity of care across the first year after delivery. These solutions address common but undertreated needs such as mental health conditions and pelvic floor dysfunction, leading to faster recovery and stronger workforce stability. As part of broader value-based care strategies, **comprehensive postpartum support** improves outcomes, reduces downstream costs, and enhances employee retention after parental leave.

1 in 7¹
women experience
postpartum anxiety or
depression.

Nearly 1 in 5
mothers experience
breastfeeding challenges.

Physical therapy for pelvic floor recovery is moving from niche to mainstream, with studies showing over 50% of women experience dysfunction postpartum.

1. BMC Public Health (2024), Multinational study: "Postpartum depression affects around 10% of women, or 1 in 7." 2. CDC — [NIS-Child Data Results | Breastfeeding Data](#) 3. McGuireWoods — [From Delivery to Recovery: Unlocking Value in Postpartum Health](#)





THE IMPACT OF CANCER COSTS, CARE, AND OPPORTUNITY

Cancer remains a leading driver of employer healthcare costs, fueled by rising early-onset rates, increasing oncology drug spend, and greater care complexity. **Employers are shifting toward prevention, early detection, and equitable access to high-quality care by strengthening screenings, wellness programs, navigation services, and support during treatment.** Addressing social drivers of health (SDOH) is essential to improving outcomes and controlling costs.

Addressing Cancer Through Prevention, Equity, and Support

- Prevention is a major focus, including routine screenings, cancer awareness efforts, and wellness programs such as smoking cessation, fitness, nutrition, and weight management.
- Personalized care strategies are expanding, with employers offering expert navigation and covering biomarker testing to guide individualized treatment decisions.
- Social Determinants of Health factors such as financial strain, food insecurity, and limited access to care are recognized as major contributors to higher cancer incidence and lower screening rates in under-resourced communities.
- Support during treatment is being strengthened, including navigation services, behavioral health support, flexibility, and improved access to high-quality cancer care through Centers of Excellence.

\$180B

Oncology drug cost remains the top cost driver with spending projected to reach \$180B by 2028.

BROADENING COVERAGE WITH ALTERNATIVE AND COMPLEMENTARY MEDICINE

Complementary & Alternative Medicine (CAM) is shifting from a niche offering to a strategic component of employer medical plans in 2026. Rising healthcare costs, increased behavioral-health needs, and the adoption of alternative medical plan designs are driving employers to expand coverage for lower-cost, preventive, and integrative therapies.

Acupuncture, chiropractic care, mind-body therapies, and naturopathic medicine are seeing the strongest growth, while biologically based practices and homeopathy are increasingly supported through HSAs, HRAs, and lifestyle spending accounts.

33%
of adults use
complementary
approaches.

**Americans spend
\$30.2B**
out-of-pocket on
complementary health
products and practices.

The Employer Shift: Why Now?

RISING HEALTHCARE COSTS

Employers face continued medical and pharmacy inflation. CAM offers lower-cost alternatives to surgery, imaging, and specialty drugs, especially for musculoskeletal and chronic-pain conditions.

BEHAVIORAL-HEALTH SURGE

Demand for mental-health services continues to outpace supply. Mind-body therapies (meditation, yoga therapy, breathwork) are increasingly used to support stress, anxiety, and sleep.

ALTERNATIVE MEDICAL PLAN DESIGNS

More employers are adopting plans that steer employees to cost-efficient providers. These designs naturally integrate CAM services such as acupuncture, chiropractic, and naturopathy.

HSA/HRA EXPANSION

Regulatory changes in 2026 broaden what employees can purchase with tax-advantaged dollars, increasing access to supplements, homeopathic remedies, and natural therapies.

EMPLOYEE DEMAND FOR HOLISTIC WELL-BEING

Younger workers expect integrative, preventive, and natural health options. CAM benefits support talent attraction and retention.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

As CAM continues to evolve into a driver of financial discipline, well-being outcomes, and talent differentiation, employers are refining their approaches accordingly. The table below outlines key employer trends expected to shape the CAM landscape in 2026.

MANIPULATIVE & BODY-BASED THERAPIES	TRADITIONAL CHINESE MEDICINE (TCM)	HOMEOPATHY	NATUROPATHY / NATUROPATHIC MEDICINE	MIND-BODY TECHNIQUES	BIOLOGICALLY BASED PRACTICES
<p><i>Includes chiropractic care, massage therapy, osteopathic manipulation.</i></p>	<p><i>Includes acupuncture, acupressure, cupping, herbal medicine.</i></p>	<p><i>Highly diluted natural substances used to stimulate healing.</i></p>	<p><i>Includes nutrition therapy, herbal medicine, lifestyle counseling.</i></p>	<p><i>Includes meditation, mindfulness, yoga therapy, guided imagery, breathwork.</i></p>	<p><i>Includes herbal supplements, vitamins, probiotics, functional foods.</i></p>
<ul style="list-style-type: none"> • Chiropractic care remains one of the most widely covered CAM services. • Medical massage is increasingly covered when tied to a diagnosis. • Employers use these therapies to reduce musculoskeletal spending. 	<ul style="list-style-type: none"> • Acupuncture is one of the fastest-growing CAM benefits. • Often included in alternative medical plans for pain and migraine management. • Increasingly integrated into musculoskeletal and behavioral-health programs. 	<ul style="list-style-type: none"> • Limited coverage under core medical plans. • Growing accessibility through HSAs, HRAs, and lifestyle spending accounts. • Increasing employee interest in natural, low-risk remedies. 	<ul style="list-style-type: none"> • Growing coverage in states with licensed naturopathic doctors. • Integrated into chronic-condition management programs (diabetes, metabolic health). • Supported by alternative medical plans focused on cost-efficient care. 	<ul style="list-style-type: none"> • Rapid expansion due to behavioral-health demand. • Employers increasingly offer digital mindfulness apps and virtual coaching. • Yoga therapy is being added to musculoskeletal and mental-health programs. 	<ul style="list-style-type: none"> • Rarely covered under medical plans. • Strong growth in HSA/HRA reimbursement due to expanded eligibility. • Increasingly included in lifestyle spending accounts.

WHY FINANCIAL WELL-BEING MATTERS TO TOTAL HEALTH & WELL-BEING

The Employee Reality: Financial Stress Manifests as Health Stress

- 62% of employees report mental-health impacts from financial challenges; 41% struggle with basic living costs; 37% struggle to save for retirement.¹
- Inflation and cost-of-living pressures directly affect focus, morale, absenteeism, and productivity, reinforcing that financial stability is a *core* health determinant.

Retirement Security & Long-Term Well-Being

- 2025 saw record-high 401(k) balances (~\$144,400 on average), but readiness gaps persist, especially among lower-income and younger workers.¹
- Rising medical costs (projected ~9-10% into 2026) make retirement health planning more important for long-term well-being.²

Aging Workforce Commands New Well-Being Needs

- Over 66M-67M Americans are now Medicare-eligible, with more than half enrolled in Medicare Advantage, shifting how employees transition health coverage at age 65.^{3,4}
- 2026 design changes increase out-of-pocket exposure, impacting older workers' financial and health security.^{3,4}

What's the Trend?

Financial wellness is emerging as a core employer priority as persistent inflation and rising living costs drive the need for stronger employee financial resilience.

Reduce financial stress to improve health outcomes.

Strengthen retirement security as a well-being strategy.

Use HSAs as a healthcare-in-retirement tool.

Support aging employees through Medicare navigation.

EMPLOYER ACTIONS

Turning Market Trends into Meaningful Change

1

Define Health and well-being within your organization.

Define well-being based on population needs, workplace culture, job demands, and organizational priorities. Use utilization and claims data to identify health and mental health gaps, and shift from siloed programs to a coordinated, whole-person well-being approach aligned with business goals.

2

Review (CAM) access and coverage within your benefit plans.

Expand evidence-based options such as acupuncture, chiropractic care, mindfulness, and medical massage to support pain management, stress reduction, and behavioral health. Promote tax-advantaged benefits (HSAs, HRAs) to broaden access or negotiate discounted third-party programs for supplements and naturopathic care.

3

Make mental health a core element of your wellbeing strategy.

Strengthen access and early identification by increasing EAP visibility, expanding low-barrier virtual behavioral health options, and using data to identify at-risk populations. Build a supportive culture through manager training, mental-fitness messaging, and stigma-reduction efforts.

4

Evaluate financial wellbeing offerings to maximize impact.

Reduce financial stress by offering coaching, emergency savings tools, budgeting support, and education. Support retirement readiness through auto-enrollment, Roth and re-enrollment strategies, SECURE 2.0 opportunities such as student-loan matching, and Medicare guidance for retirees.



SECTION FOUR

AI AND TECHNOLOGY POWERED EMPLOYEE ENGAGEMENT AND COMMUNICATION

A woman with long brown hair and glasses is sitting at a desk in an office. She is looking at a laptop screen and has her hand on her chin, appearing thoughtful. The background is a blurred office environment with a brick wall and a window.

REDEFINING HOW EMPLOYEES EXPERIENCE THEIR BENEFITS

As employee expectations evolve, AI and digital technology are transforming how benefits information is delivered, accessed, and understood. Employees increasingly expect **personalized, intuitive, and on-demand support** that reflects the digital experiences they use every day.

Technology-enabled engagement allows organizations to move beyond static communications and annual enrollment, creating responsive, employee-centered benefits experiences that improve understanding, decision-making, and year-round engagement. Additional value is gained through **Benefits Administration** systems, which reduce administrative burdens by streamlining enrollment, election changes, and payroll deductions through automated carrier file feeds.

THE SHIFT TO DIGITAL-FIRST, EMPLOYEE-CENTERED BENEFITS ENGAGEMENT

Rising Employee Expectations

As digital experiences become part of everyday life, employees increasingly expect benefits information to be accessible, intuitive, and personalized, similar to how they interact with online banking, retail platforms, and digital healthcare tools.¹ Benefits engagement is shifting toward on-demand access and real-time support, with employees expecting answers when and where they need them, not just during Open Enrollment.

Growing Complexity, Limited Effectiveness

Benefits programs continue to grow more complex, making traditional communication methods, such as static PDFs, mass emails, and HR call centers, less effective. When information is fragmented or difficult to navigate, employees struggle to understand their options, and HR teams face a growing volume of benefits-related inquiries that could be addressed through better digital support.²

Technology as an Engagement Enabler

Digital-first benefits platforms and decision-support tools help organizations meet rising expectations by centralizing information, simplifying choices, and guiding employees through key moments.³ By enabling year-round access, personalized pathways, and self-service support, technology improves understanding, reduces confusion, and enhances the overall employee experience, while easing administrative burden on HR teams.

Signals Employers Can't Ignore

75%

of employers say HR technology is reshaping benefits delivery.⁴

Benefits-related questions make up

30–50%

of HR inquiries — many driven by unclear or hard-to-access information.⁵

1. MetLife. U.S. Employee Benefit Trends Study. <https://www.metlife.com/workforce-insights/employee-benefit-trends/> 2. LIMRA. Benefits Communication Research. <https://www.limra.com/en/research/> 3. Deloitte. Global Human Capital Trends. <https://www2.deloitte.com/us/en/insights/focus/human-capital-trends.html> 4. BenefitsPRO. (2025, January 30). *75% of employers say HR technology is reshaping benefits delivery and priorities* [LinkedIn post]. 5. Society for Human Resource Management (SHRM). *HR Service Delivery & Employee Inquiries Research*.

FROM INFORMATION OVERLOAD TO GUIDED BENEFITS EXPERIENCES

Moving Employees from Confusion to Confidence

As benefits programs expand, employees are often overwhelmed by fragmented information, disconnected tools, and one-time enrollment communications.¹ Traditional approaches leave employees unsure of where to go, what to do next, or how benefits fit together—driving confusion, underutilization, and increased reliance on HR.

AI and benefits technology shift engagement from static information delivery to guided, employee-centered experiences.² By meeting employees with timely support, personalized guidance, and centralized access, organizations can reduce friction, improve understanding, and ensure benefits deliver value throughout the year, not just during Open Enrollment.

In reported examples, AI-driven benefits communication tools reduced employee frustration by 74% compared to traditional benefits information delivery.³

1. LIMRA. *Benefits Communication & Employee Understanding Research*. 2. Deloitte. *Global Human Capital Trends – Digital Employee Experience*. <https://www2.deloitte.com/us/en/insights/focus/human-capital-trends.html> 3. HR Executive. *From D to A: Better Employee Benefit Communication Through AI Conversation*.



TECHNOLOGY-DRIVEN BENEFITS

Increased use of on-demand tools and digital support.

Employees Expect Immediate Access to Answers

Across industries, employees increasingly expect benefits support to be instant, digital, and conversational. Traditional models that rely on call centers, inboxes, or static content are giving way to online chat tools and technology-powered concierge services that provide real-time guidance.

This shift mirrors broader consumer behavior, in which individuals are accustomed to resolving questions quickly through digital channels, without needing to navigate complex systems or wait for responses.

Today's benefit administration platforms **empower employees to find the answers they need**—when they need them—through centralized dashboards, mobile apps, chat features, and personalized knowledge centers. Instead of relying solely on HR for support, employees can instantly review plan details, compare options, track claims, and access educational resources at their own pace, leading to greater clarity and reduced decision fatigue.

Market Response

Benefits-related questions continue to account for a significant share of HR workload, creating a clear opportunity for self-service and **AI-enabled support tools** to improve efficiency and enhance the employee experience. Providing transparent, accessible information year-round builds trust, drives proper utilization, and meets employee expectations for convenience and personalization.

Employees who use decision-support tools are significantly more likely to enroll in benefits that meet their needs.

*For example, **67%** of employees who used decision support enrolled in a high-deductible health plan, compared with **55%** of those who did not use decision support during enrollment.**

* Benefitfocus, [Integrated Decision Support Enhances Employee Benefits](#) (blog).

TECHNOLOGY-DRIVEN BENEFITS PERSONALIZATION AND GUIDANCE

Moving Beyond One-Size-Fits-All Communication

As benefits programs grow more complex, employees increasingly expect personalized guidance to help them understand options and make confident decisions. Traditional broad-based communications can overwhelm employees or fail to address individual needs. Technology-powered health assessments and decision-support tools enable employers to tailor communications based on individual circumstances, improving clarity and engagement.

The Case for Personalized Decision Support

Employees are 17% more likely to enroll when decision-support tools are available, and nearly 70% say they want more personalized benefits communication than they receive today. This gap presents a clear opportunity to improve benefits understanding and enrollment outcomes.^{1,2}

Personalization Enabled Through Technology

Modern decision-support platforms integrate assessments, enrollment tools, and benefits data to deliver personalized guidance at scale. This approach reduces decision fatigue, improves confidence, and supports more effective benefits communication, particularly during Open Enrollment.





THE SHIFT TO YEAR-ROUND, INTEGRATED BENEFITS ENGAGEMENT

Moving Beyond Enrollment-Only Communication

Benefits engagement is no longer confined to a once-a-year enrollment window. Employees increasingly expect access to benefits information and support throughout the year, especially during life events, care decisions, and moments of need. Enrollment-only communication models often leave employees uncertain and disengaged once enrollment ends.

The Case for Integrated Platforms

When benefits administration is integrated with a centralized, year-round benefits website, employees have a single, trusted source of truth for benefits information. This approach improves accessibility, reinforces consistent messaging, and makes it easier for employees to understand their options year-round—with clear links into the benefits administration system when they're ready to enroll or take action. For HR teams, this integration reduces manual work while supporting a more seamless employee experience.

Supporting Continuous Engagement

A year-round, integrated approach allows employers to reinforce benefits education over time through targeted reminders, digital tools, and on-demand support, helping employees engage with benefits when it matters most, not all at once.

EMPLOYER ACTIONS

Turning Market Trends into Meaningful Change

1

Integrate AI and Digital technology tools to improve and increase engagement.

Implement AI-powered chat or digital concierge tools to give employees real-time access to benefits information and reduce reliance on HR for routine questions. This empowers employees to use their benefits more confidently and stay engaged in their health.

2

Deploy guided benefit's technology that is personalized.

Use technology to personalize benefits communications and decision support based on employee needs, life events, and benefit selections, including voluntary benefits—improving clarity, confidence, and engagement.

3

Develop a communication plan that is year-round not just during open enrollment.

Consolidate enrollment, and decision support and all benefits information into one connected system that serves as a single source of truth for benefits. Centralization reduces confusion, improves consistency, and ensures employees can access guidance whenever they need it. Support the platform with a strategic, year-round communications plan that consistently directs employees back to this hub for information and action.



SECTION FIVE

**REGULATORY AND
LITIGATION EFFECTS ON
BENEFITS COMPLIANCE**



COMPLIANCE CHANGES SHAPING WORKPLACE BENEFIT POLICIES

Top emerging compliance trends in group-sponsored employee benefits are important for employers, plan sponsors, and HR/compliance professionals to understand in 2026. These trends reflect evolving and **increased litigation risks, greater transparency** around health plan advisors and underlying medical costs, **increased regulatory requirements**, and expanding operational obligations that shape how benefit plans are governed and administered.

Connecting these trends into your broader benefits strategy and compliance framework will help employers stay ahead of regulatory shifts and mitigate legal and operational risk.

LITIGATION LANDSCAPE EVOLVES

Plaintiffs' Attorneys Switch Focus to Welfare Benefits

Traditional Employer Practices have been the **target of plaintiff's attorneys and claims** of improper fiduciary practices. Plaintiffs' attorneys are increasingly examining fiduciary oversight, cost management, and plan advisor compensation practices tied to both core health plans and voluntary benefits.

PRESCRIPTION DRUG COSTS

Johnson & Johnson and other large employers have faced lawsuits over alleged poor pharmacy benefit practices, including claims that J&J did not properly exercise its fiduciary obligations related to prescription drug costs within its health plan. While the J&J lawsuit was dismissed, similar cases continue to advance. Increased transparency, including recent PBM legislation, will likely help mitigate potential risks associated with these issues.

VOLUNTARY BENEFITS NEW TARGET

Late in 2025, class action lawsuits were filed against large employers and their brokers around voluntary benefits. The lawsuits allege that the employers failed to properly fulfill their fiduciary obligations regarding voluntary benefits – benefits that most employers treat as non-ERISA plans. This is an area that had not previously been seen as controversial or covered by ERISA. Therefore, employers and their advisors should be aware of the issue and exercise appropriate oversight with respect to those plans and document their decision-making process to mitigate any potential risk.



TRUMPRX & GLP-1 MARKET DISRUPTION

Changing lives. Changing costs. Changing expectations.

Beginning in 2026, the TrumpRx platform is expected to introduce direct-to-consumer GLP-1 pricing at 68–74% below current list prices for medications such as Wegovy and Zepbound. While this may expand individual access, employer-sponsored health plans will continue to be governed by PBM contracts and negotiated rebate structures, potentially creating cost and coverage disconnects.

WHAT THIS MEANS FOR EMPLOYERS

CONSUMER PRICING ≠ EMPLOYER PLAN PRICING

- Employer costs will continue to be determined by PBM contracts and rebate structures
- Lower DTC pricing does not automatically reduce plan spend

INCREASED EMPLOYEE AWARENESS & DEMAND

- Significant media attention likely
- Anticipated increase in coverage inquiries
- Potential shift toward off-plan purchasing behavior

STRATEGIC CONSIDERATIONS (2025 PLANNING WINDOW)

- Reassess GLP-1 coverage philosophy
- Review utilization management controls
- Assess financial impact
- Prepare communication strategy ahead of 2026

TrumpRx Price Reduction:
68–74% below current list.

Employers should anticipate increased employee interest and coverage inquiries following publicized price reductions.





CONTINUED PROMOTION OF QUESTIONABLE PRACTICES

Some vendors continue to promote benefit strategies that raise significant compliance concerns. Employers should carefully evaluate these approaches and engage legal counsel before considering any programs like those outlined below.

CLASSIC 105(H) OR WELLNESS CONVERSION PLANS

Promoters allege that employees can reduce their compensation and obtain tax-free reimbursement by partaking in wellness tasks. The IRS has said that these plans lack substance and do not provide true tax savings.

SAMARITAN PLANS

Promoters make use of some IRS guidance that permits employers to reimburse employees for healthcare expenses with certain types of HRAs. However, since the charity plans are not health insurance for most purposes, this practice does not have IRS affirmation that the reimbursements will be non-taxable income.

REIMPORTATION OF PRESCRIPTION DRUGS

While international sourcing can lower prescription costs, most drug importation is not broadly FDA authorized under group health plans. These practices may carry legal and compliance risks under ERISA and FDA regulations. Such practices or individual Rx procurement require careful PBM or vendor review and employee education.

OPPORTUNITIES IN THE OBBBA

The **One Big Beautiful Bill Act** (OBBBA) contained some significant changes to employee benefits policy in recent years. Designed to expand flexibility, modernize benefit offerings, and increase tax-advantaged opportunities for employers and employees alike, these provisions open the door to new strategies—while also requiring thoughtful planning and compliance. The key legislative changes below highlight what employers need to understand as they prepare for 2026 and beyond.

PROVISION	DETAILS	EFFECTIVE DATE
Dependent Care FSA Limit	Increase to \$7,500 annually	Jan 1, 2026
Telehealth Flexibility	<ul style="list-style-type: none"> • HDHP reimbursement below deductible allowed • DPCSA and on-site clinics • Bronze and Catastrophic Plans qualify as HDHPs 	Jan 1, 2026
Direct Primary Care Coverage	Up to \$150/month single, \$300/month family	Jan 1, 2026
Student Loan Repayment	Tax-free up to \$5,250/year	Jan 1, 2026



ACA SUBSIDY EXPIRATION AND PBM REFORM

Legislation and Regulations Are Shifting with Potential Effects on Employer Plans

ACA subsidies expired but remain on the political agenda. The pharmacy benefit manager reforms continue to evolve but may provide some benefit to group health plans. Employers and employees alike may feel the ripple effects across coverage affordability, access, and prescription drug costs. Together, these shifts have the potential to reshape healthcare decisions in 2026 and beyond. The areas below highlight where the greatest impact is expected — and where proactive planning will be essential.

ACA PREMIUM SUBSIDY EXPIRATION

The enhanced ACA premium tax credits expired at the end of 2025, causing average premium increases of 114%.¹ Legislation has been contentious. Employers may see increased interest in their plans as a result.

COBRA COVERAGE IMPACT

More individuals may choose COBRA continuation coverage as marketplace plans become less affordable.

PHARMACY BENEFIT MANAGER REFORMS

PBM reforms include transparency, pricing restrictions, and faster approvals for generic drugs to control costs.

RISING PRESCRIPTION DRUG COSTS

Prescription drug costs expected to rise 10–12% in 2026 due to specialty medications and high-cost therapies.

Marketplace premiums are expected to rise by ~26% on average in 2026.²

An estimated 4.8 million Americans could lose ACA coverage as subsidies expire.³

The CBO projected 2.2 million people could become uninsured in 2026 if enhanced subsidies are not extended.⁴

In 2025, ~21.8 million ACA enrollees received advanced premium tax credits (~93% of enrollees).⁵

1. Kaiser Family Foundation. (2025, October 16). *ACA Marketplace premium payments would more than double on average next year if enhanced premium tax credits expire* (Issue Brief). Kaiser Family Foundation. 2. Kaiser Family Foundation. (2025, October 16). *Insurers are raising premiums by an estimated 26% on ACA Marketplaces in 2026*. 3. Kaiser Family Foundation. (2025, December). *Analysis of ACA coverage loss if enhanced premium tax credits expire*. Kaiser Family Foundation. 4. Congressional Budget Office. (2025). *Effects of the expiration of enhanced ACA premium subsidies*. CBO. 5. Kaiser Family Foundation. (2025). *Marketplace enrollment and subsidy data: 2025*. Kaiser Family Foundation.

EXECUTIVE ORDERS THAT MAY AFFECT MEDICAL PLANS

Policy Actions to Monitor as Regulatory Priorities Evolve

The Trump Administration has issued several Executive Orders regarding health plan design and administration. They may not be fully implemented, but they do signal policy priorities that may affect coverage requirements, pricing transparency, pharmacy benefit oversight, and access to care. The areas below highlight executive actions that employers and plan fiduciaries should continue to monitor.

Lowering prescription drug prices.	Increasing PBM transparency.	Disclosure of direct and indirect compensation to health plan fiduciaries.	Expanding hospital and health plan price transparency requirements.
Expanding access to fertility treatment, including in-vitro fertilization.	Prohibiting gender-affirming care for children aged 18 or younger.	Banning use of federal funds for elective abortions.	Increasing speed of regulatory approval of generic drugs and biosimilars.



KEEP TRACK OF REQUIREMENTS

The regulatory environment, including increased state and local oversight of employer plans, means that it is more difficult than ever to maintain compliance obligations. Staying current on filing requirements, disclosures, and deadlines helps protect your organization and your employees.



Annual Compliance Calendar

To help you stay organized, the overview below outlines several important employer compliance deadlines. For a comprehensive view of all requirements, including additional filings and notices, view the full compliance calendar [here](#).

DEADLINE	REQUIREMENT
February 2	Forms W-2 and 1095s furnished to employees
March 2	Forms 1095/1094 filed with IRS and Medicare Part D disclosure to CMS
June 1	Prescription drug cost report filed with CMS
July 31	Form 5500 (or 7 months following end of plan year if not on calendar year) & PCORI fee payment
October 15	Medicare Part D Creditable Coverage notices sent to employees
September 30	Distribute MLR rebate if any
December 31	Gag Clause Attestation filed with CMS

Annual Benefit Plan Limits/Requirements	2026 Limit	2025 Limit
Health Flexible Spending Account (FSA)	\$3,400	\$3,300
Health FSA Carryover	\$680	\$660
Dependent Care FSA*	\$7,500	\$5,000
Health Savings Account (HSA) Contribution		
Individual coverage	\$4,400	\$4,300
Family coverage	\$8,750	\$8,550
Catch-up*	\$1,000	\$1,000
High-Deductible Health Plan (HDHP) Min. Deductible		
Individual	\$1,700	\$1,650
Family	\$3,400	\$3,300
HDHP Maximum Out-of-Pocket (in-network)		
Individual	\$8,400	\$8,300
Family	\$17,000	\$16,600
Transit Passes, Vanpooling & Qualified Parking	\$315/mo.	\$325
Qualified Small Employer Health Reimbursement Account		
Individual	\$6,450	
Family	\$13,100	
Excepted Benefit Health Reimbursement Account	\$2,200	\$2,150
ACA “Pay-or-Play” Amounts (annualized)		
“a” penalty – fewer than 95% of FTEs offered MEC	\$3,340	\$2,900
“b” penalty – FTEs not offered minimum value or affordable coverage	\$5,010	\$4,350
Affordability (% of household income)	9.96%	9.02%
Fed. poverty level safe harbor/single coverage	\$129.90/mo	\$113.20/mo
Maximum Essential Health Benefits OOP (non-GF plans)		
Individual	\$10,600	\$9,200
Family	\$21,200	\$18,400
PCORI Fees (per covered individual)	\$3.47/plan years ending 1/1/25-9/30/25 \$3.84/plan years ending 10/1/25-12/31/25	\$3.22/plan years ending 1/1/24-9/30/24 \$3.38 (projected) /plan years ending 10/1/24-12/31/24

MENTAL HEALTH PARITY

Mental Health Parity Regulations Continue to Evolve, But the NQTL Rules Are Uncertain

Mental health benefits continue to be a growing focus in the workplace. There is also increased attention from regulators on how plans manage access to care. As enforcement around mental health parity expands, nonquantitative treatment limits (NQTLs) remain an area of evolving guidance and scrutiny.

FULLY INSURED PLANS

Can Rely On Carriers

SELF-FUNDED PLANS, INCLUDING LEVEL FUNDED PLANS

Adopt processes to ensure that no financial or treatment limits on mental health/substance use disorder (MH/SUD) benefits apply only to MH/SUD benefits or are more restrictive than those applied to medical/surgical (M/S) benefits.

Maintain a written analysis of all nonquantitative treatment limits, ready to disclose upon request to federal regulators, states, or plan enrollees. Vendors need to provide data.

Mental health parity enforcement continues to be complex, and most employers need assistance to comply.

EMPLOYER ACTIONS

Turning Market Trends into Meaningful Change

1

Monitor increased litigation activity and avoid questionable practices.

Employers should reduce risk by demonstrating a thoughtful, well-documented decision-making process. While a formal benefits committee is a best practice, employers should document decisions, maintain compliance records, and monitor legal trends to mitigate fiduciary risk.

2

Consider benefit enhancements based on OBBBA opportunities and Presidential Executive Orders.

Leverage new legislation opportunities to make benefit plan offerings more attractive to employees due to increased flexibility and tax advantages.

3

Manage increasingly complex federal and multi-state compliance requirements.

In recent years, compliance requirements, including state and local mandates, have increased in number and complexity. Leverage the resources of the broker partner and vendors to complete the timely requirements.



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We saw gaps in the “big broker” service model.
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Recognizing that buyers are often constrained by time and budget; we have designed our business model to prioritize your needs and ensure that you receive the attention and service you deserve.

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