

THE CONFERENCE BOARD



THE 27TH ANNUAL

Employee Health Care Conference

Deliver what matters. Design what's next.

PRE-CONFERENCE EVENTS

March 21, 2027 | New York, NY
April 6, 2027 | San Diego, CA

CONFERENCE

March 22 – 24, 2027 | New York Marriott Marquis
April 7 – 9, 2027 | San Diego Marriott Marquis

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PRE-EVENT ACTIVITIES

Monday, March 22, 2027 – New York
Wednesday, April 7, 2027 – San Diego

Interactive Workshops

3:00 – 5:00 p.m.

Workshop A

Less Complexity, More Capacity: Building a Connected Benefits Experience

Fragmented benefits can consume HR capacity and make valuable programs harder for employees to understand and use. In this collaborative workshop, participants will explore how organizations are connecting pre-tax benefits and employer-funded benefits, including Lifestyle Spending Accounts (LSAs), to create a more consistent experience. Employer stories will ground the conversation, while table discussions and group exercises will allow attendees to work through realistic decisions involving consolidation, employee access, change management, administration, and cost. The emphasis will be on understanding the choices and tradeoffs behind a more connected benefits environment - not prescribing one operating model for every organization.

Key takeaways:

- How to identify where fragmented vendors, processes, and employee experiences are creating the greatest administrative burden and confusion
- How to distinguish between problems that call for consolidation, process redesign, policy changes, stronger governance, or new technology
- Practical criteria for evaluating how pre-tax and employer-funded benefits can be brought into a more connected experience without reducing employee flexibility
- How to demonstrate the value of operational improvements through measures such as time saved, fewer errors and cases, easier employee access, and greater HR capacity

3:00 – 5:00 p.m.

Workshop B

Survey Says! What HR Benefits Leaders Really Think

We anonymously surveyed benefits leaders from coast-to-coast about their biggest frustrations, regrets, and blind spots in health care management. The results are in, and they will be the foundation for a high-energy interactive workshop experience inspired by the gameshow Family Feud. Just like the TV game show, participants will be part of a "family" (i.e. team) that tries to guess the top responses to our survey. For example: "We asked 100 HR leaders and benefits professionals to:

- Name a health care term you say but don't really know what it means
- Identify a health care cost employers consistently underestimate
- Recall a benefits decision you quietly regret"

As each answer is revealed, we'll explore the underlying challenge, share real-world examples of employers that have faced these challenges head on, and introduce frameworks for improving visibility, accountability, and decision-making. By tapping into the wisdom of their peers, attendees will leave with answers to some of the toughest questions benefits leaders might be afraid to ask, as well as practical tools for uncovering the answers to the ones they haven't yet thought to ask.

3:00 – 5:00 p.m.

Workshop C

Beyond Awareness: Building a Mental Health Benefit Employees Actually Use

Employers invest heavily in mental health benefits, yet awareness rarely translates into action. What does it take to build a strategy employees actually use? Join Kristen Strobel, Senior Director of Global Benefits at BD, alongside leaders from Journey and Rula Mental Health to explore how BD connected proactive, early engagement with clinical navigation and in-network care — and what that combination produced: 36% overall engagement and 30-35% in-network mental health utilization. Go behind the results to understand what BD learned about connecting prevention to clinical access, where most mental health strategies still fall short, and what benefits leaders can do differently to turn investment into measurable impact.

4:00 – 5:00 p.m.

Special Session

Wellbeing Reimagined: Aligning Investments for Greater Impact

As wellbeing programs continue to evolve, employers are rethinking where they invest, how they measure success, and which solutions deliver meaningful outcomes. Learn how leading organizations are aligning wellbeing, total rewards, and vendor strategies to simplify their ecosystem, optimize investments, and better support the needs of today's workforce

4:30 – 7:00 pm

Early Registration Hospitality Suite & Cocktail Reception

Join us for cocktails and hors d'oeuvres, pick up your conference materials early and network with fellow attendees and vendors.

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DAY ONE

Tuesday, March 23 – New York

Thursday, April 8 – San Diego

7:15 a.m. – 5:00 p.m.

Conference Registration

7:15 – 8:00 a.m.

Continental Breakfast

Hosted by:



8:00 – 8:40 a.m. **General Session A**

Welcome and Opening Remarks

Join us as we open the 2027 Health Care Conference. In an environment defined by rising costs, accelerating innovation, and increasing complexity, organizations need solutions that deliver results today while creating a stronger foundation for tomorrow. Success comes from balancing stability and innovation, making deliberate choices, and building the connections that strengthen performance across the entire benefits ecosystem.

8:40 – 9:40 a.m. **General Session B**

Building Confidence with Cost and Volatility

As health care costs continue to rise and uncertainty becomes the new normal, employers are seeking strategies that provide greater financial confidence and predictability. Join leading organizations as they share how they are managing trend, mitigating risk and balancing affordability with innovation to create more stable and sustainable benefits program.

10:00 – 10:35 a.m. **Concurrent C1**

Managing the Costliest Health Risks: Cancer, Complex Conditions and the Next Generation of Employer Strategies

Cancer, specialty medications and complex health conditions are increasingly driving employer health care costs and financial volatility. Rather than tackling these challenges in isolation, leading employers are taking a more integrated approach that combines analytics, clinical support, navigation and evidence-based decision making. Hear how organizations are creating greater cost stability while improving outcomes for employees facing some of the most challenging health journeys.

10:00 – 10:35 a.m. **Concurrent C2**

Pharmacy's New Reality: Navigating Change in an Uncertain Market

The pharmacy market is changing rapidly as employers face rising costs, specialty drug growth, new therapies and increasing market disruption. Emerging care models, alternative pharmacy channels, and evolving PBM strategies are creating both challenges and opportunities. This session will highlight the key trends shaping pharmacy benefits today and discuss strategies employers can use to improve affordability, access and long-term sustainability

10:00 – 10:35 a.m. **Concurrent C3**

How a Strong Data Analytics Partnership Can Support Your Benefit Initiatives

Employers are increasingly challenged to maximize the value of their benefits investments while addressing rising health care costs and evolving workforce needs. This session will explore how a strong analytics partnership can help employers identify gaps in care, uncover opportunities to improve outcomes, measure program success, and objectively evaluate vendor performance to ensure investments deliver meaningful value. Through practical examples, attendees will learn how data-driven insights can be transformed into actionable strategies that optimize benefits, strengthen decision-making, and support both employee well-being and organizational goals.

10:00 – 10:35 a.m. **Concurrent C4**

How a Comprehensive Center of Excellence Can Simplify the Member Experience

High-cost conditions are among the largest drivers of health care spending and can create a complex care journey for members. Learn how a large employer used a Comprehensive Center of Excellence (CCOE) to help connect members with high-quality providers through a value-based network focused on seven high-cost conditions. The result is a simpler member experience, greater cost predictability, and potential savings of up to 45% on services that account for approximately 35% of health care spending.

10:00 – 10:35 a.m. **Concurrent C5**

Benefits by Design: Building Programs That Work Harder for Your Workforce and Your Budget

Today's workforce expects greater choice and relevance, but effective benefits design requires more than adding another program. This session will explore how employers are using Lifestyle Spending Accounts (LSAs) and other employer-funded benefits to support different workforce populations and priorities. Attendees will hear how leaders translated workforce needs into program decisions, balanced flexibility with cost and governance, and used employee feedback and results to refine their strategies over time.

10:00 – 10:35 a.m. **Concurrent C6**

Proof Over Pilot: What AI-Driven Heart Health Really Delivers

Agentic AI is moving from pilot to platform in employee health, with pharmacies, insurers, and benefits platforms racing to launch "always-on" health assistants. For benefits leaders, the opportunity isn't more AI—it's proven AI that drives better outcomes for top priorities. Chief among them is cardiovascular disease (CVD), the leading cause of death and a top driver of employer health costs. This session will share how a large employer built a results-driven heart health strategy, separating AI hype from measurable clinical and financial impact.

10:00 – 10:35 a.m. **Concurrent C7**

Beyond the Dashboard: Turning Benefits Data Into Decisions

What if your benefits data could do more than explain what happened and actually influence what happens next? Most

employers have no shortage of dashboards, yet many still struggle to pinpoint emerging risks, measure what is truly working or demonstrate the return on investment of their benefits strategy. In this session, an employer will share how bringing together engagement, clinical, financial and member experience data created a more actionable view of benefits performance and transformed reporting into a strategic decision-making tool. Attendees will learn how to identify opportunities before they become costly trends, quantify ROI and tell a clearer story about benefits performance that resonates with finance and executive leadership.

10:00 – 10:35 a.m. **Concurrent C8**

All Marketing, No Outcomes? Rethinking Women's Health Benefits for Real Care, Better Value, and Smarter Spend

As health care costs continue to rise, benefits leaders are under pressure to manage trend and show that every investment is delivering measurable value. Women's health is no exception. The challenge is that many programs are still judged primarily on access, engagement and satisfaction – important indicators, but not enough to show whether care is improving or whether the investment is actually helping manage total cost. This session provides a sharper way to evaluate your women's health investments through the lens of cost, quality, and accountability. Speakers will focus on:

- Which outcomes actually matter
- Where vendor reporting can fall short
- How fragmented care creates hidden spend
- What questions you should ask before expanding, renewing, or replacing a solution

You'll leave with a practical accountability checklist for separating promises from proof and building a women's health strategy that can stand up to HR, finance, and the people using it.

10:00 – 10:35 a.m. **Concurrent C9**

Unique Minds, Unmet Needs: Closing the Neurodiversity Gap

Awareness of neurodiversity is growing, but meaningful support has not kept pace. Too often, neurodivergent individuals and families are left navigating fragmented systems, long waits, and care that was not designed for their needs. This session explores the gap between recognition and support, and what it takes to build care that is more specialized, accessible, and responsive to the realities of neurodivergent people and their families.

10:35 – 11:05 a.m.

Refreshment Break

11:05 – 11:40 a.m. **Concurrent D1**

The Cardiometabolic Revolution: Managing the Next Generation of Health Care Costs

Cardiometabolic conditions remain a major driver of health care costs, while advances in obesity, diabetes, and cardiovascular care are reshaping employer benefit strategies. New therapies and care models are creating opportunities to improve outcomes, while raising important questions around access and affordability. This session will explore evolving GLP-1 strategies, emerging cardiometabolic solutions, and

how employers are balancing clinical impact with financial sustainability.

11:05 – 11:40 a.m. **Concurrent D2**

Plan Design for Affordability: Steering Members without Creating Barriers

Affordability strategies are most effective when they help employees make better health care decisions, not avoid care altogether. This session explores how employers are designing benefits that support access, encourage engagement, and steer members toward the right care at the right time while managing cost and complexity.

11:05 – 11:40 a.m. **Concurrent D4**

The GLP-1 Strategy We Started With Isn't the One We Have Today

GLP-1 strategies are evolving as clinical evidence, the GLP-1 pipeline, employer priorities, and pharmacy costs continue to shift. This candid, executive-level conversation will explore how employers are navigating the next chapter of GLP-1 strategy, from early assumptions to pivots and lessons learned along the way. Moderated by a physician, attendees will hear how leading organizations are building more sustainable metabolic health strategies that improve outcomes while managing costs, today and in the years ahead.

11:05 – 11:40 a.m. **Concurrent D5**

Stop Buying Health Care, Start Investing in It: The FedEx Playbook – Reframing Health Care as an Investment, Not a Cost Center

Hear first-hand from the Head of Global Compensation and Benefits at FedEx, how the Fortune 50 leader stopped treating health care as a cost line item and started treating it as an investment. Attendees will learn:

- How to reframe benefits strategy around long-term value instead of short-term cost containment
- Why members trust physicians and how a physician-led clinical advocacy model earns trust with populations skeptical of health care
- How interventions early on in member journeys are the key to driving impact on your most expensive high cost claimant population
- How faster access to high quality clinical expertise through a single platform supports rising risk and complex members through education, advocacy and navigation – removing barriers to care, reducing reliance on emergency and urgent care and avoiding rushed treatment decisions and surgeries
- What it takes to turn fragmented care journeys into meaningful financial returns

11:05 – 11:40 a.m. **Concurrent D6**

Specialty Care Hot Takes: The Case for Spicing Up Your Strategy for Better Results

In Lantern's version of the popular YouTube series "Hot Ones," we'll bring benefits leaders on stage to answer "spicy" questions about the risks and rewards of a more radical approach to specialty care benefits, covering surgery, cancer and infusion therapy. Traditional health care cost management strategies, like raising premiums and limiting care access, leave a bad taste behind. On the other hand, cost-saving measures like requiring employees to use narrow networks for

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high-cost care are often seen as too disruptive. But large employers are proving that you can turn up the heat without burning your employees along the way.

In this session, you'll learn:

- What “mild, medium, and hot” plan designs look like, and what results you can expect from each
- Why it's important to find a Center of Excellence solution that holds providers' feet to the fire on quality
- The perfect recipe for a specialty care solution that drives real engagement, from procedure coverage to network reach

11:05 – 11:40 a.m. **Concurrent D7**

The Hidden Cost of Distributed Benefits: What Employers Are Actually Spending on Family Health

The reproductive and family health landscape has shifted — hospital closures, post-Dobbs compliance, shifting state fertility legislation, and 2027 maternity billing changes are showing up in claims data, NICU rates, and total maternity spend. In this session, we'll share how leading employers are navigating multi-state compliance complexity, closing provider access gaps in underserved markets, and driving measurable results: lower NICU admissions, reduced maternity costs, and earlier fertility interventions that escalate less.

Attendees will leave with:

- A clinical and financial outcomes benchmark across distributed workforces
- A model for identifying access gaps before they become claims costs
- What top-performing employers are doing differently

11:05 – 11:40 a.m. **Concurrent D8**

New York

Maximize the ROI of Your Benefits Strategy with Wellbeing Multipliers

As a benefit leader, you face competing pressures: you must control rising health care costs while maximizing employee wellbeing; create value while cutting costs; and find benefits that serve the broadest population possible without adding too much to the bottom line. How can you do this? Identifying and implementing wellbeing multipliers — high-impact benefits that work across multiple dimensions of employee wellness simultaneously. When a single benefit touches financial wellness, mental health, caregiving, and physical wellbeing at once, it doesn't just add value, it amplifies the ROI of every benefit in your portfolio. In this session, hear how employers are rethinking their benefits portfolios to do more with less, from wellbeing benefits that touch multiple generations and sustain through an employee's lifetime with pet benefits, to building a benefit ecosystem that serves more of your population without adding to your bottom line.

Key takeaways:

- How to identify the wellbeing multipliers hiding in plain sight
- Where to close gaps in your current strategy
- How to build a portfolio that contains costs and delivers business-wide ROI

San Diego

The Unreachable 50%: How Clinical AI Opens a New Front Door to Substance Use Care

Half of employees with substance use disorder recognize they need care and never enter it. Traditional care feels stigmatizing, so they avoid it, while their untreated substance use inflates the diabetes, cardiac, and MSK claims employers are already fighting. In this session, employers will talk through how clinical AI makes reaching the unreachable possible, why the employees who recognize they need help but remain outside traditional care drive outsized cost, and what early engagement of care avoiders means for downstream medical spend.

11:40 a.m. – 1:00 p.m.

Luncheon

Hosted by:



1:00 – 2:00 p.m. **General Session E**

Evidence Meets Innovation: Employers Decide What to Do Next

The challenge is no longer finding new ideas, it's deciding which ones are worth pursuing. This session explores how employers are separating signal from noise, balancing proven approaches with emerging innovations, and making strategic choices that will shape the future of health and benefits.

2:20 – 2:55 p.m. **Concurrent F1**

Innovation without Addition: Solving Problems without Adding More Vendors

When every challenge seems to come with a new vendor solution, how do employers avoid adding complexity while still moving forward? This session explores how organizations are consolidating programs, enhancing existing capabilities, and finding innovative ways to improve outcomes through smarter design rather than expansion.

2:20 – 2:55 p.m. **Concurrent F2**

The Next Frontier in Health Benefits: CHOICE Arrangements and Defined Contribution Strategies

As health care cost pressures intensify, employers are reexamining whether sponsoring a traditional group health plan remains the only path forward. This session explores how CHOICE Arrangements and other defined contribution strategies are reshaping benefit financing, employee choice and long-term risk management.

2:20 – 2:55 p.m. **Concurrent F3**

Autoimmune and Inflammatory Conditions: The Hidden Cost Driver Employers Are Missing

For most self-insured employers, autoimmune disease doesn't show up as its own line item — it's buried inside MSK, GI, and specialty pharmacy spend. It often ranks as a top-5 cost category without anyone naming it. This session shares how one large employer identified autoimmune as a top cost driver, what an independent actuarial matched-cohort study revealed about spend and outcomes, and how to find this signal in your own claims data.

2:20 – 2:55 p.m. **Concurrent F4**

New York

From Benefits Overload to Better Care: What Employers Reveal About the Next Era of Health

Many benefits leaders are facing the same challenge: a growing ecosystem of point solutions that can leave members overwhelmed, disengaged, and unsure where to turn for help. In this session, attendees will hear how two large tech employers worked to simplify that fragmented experience, making it easier for members to access the right support with less friction, more confidence, and better outcomes. Grounded in the client perspective, this session will explore why trust and personalized engagement became the unlock and what it takes to create a more connected experience across care, advocacy, and benefits use.

San Diego

The Quality-Cost Equilibrium: A New Approach to Plan Design and Member Experience

Relying on superficial "band-aid" benefits fixes is no longer a viable strategy to rein in today's out-of-control health care costs. Employers need a bold, integrated approach that establishes a true equilibrium where high-quality care and cost control can coexist. In this session, a leading telecom employer will share how they drive better care, connection, and coverage for their employees. Hear how their bold, full-replacement alternative plan design that prioritizes an all-in-one member experience, a top-tier provider network, and cost-effective care — reduced trend by up to 10% in year one.

2:20 – 2:55 p.m. **Concurrent F5**

New York

From High Cost to High Trust: How Phillips 66 Reshaped their Cancer Strategy

When cancer rose to the top of their health care spend with a large concentration of costly cases, Phillips 66 set out to strengthen and better integrate cancer support across prevention, diagnosis, treatment, and survivorship. They brought access, speed, and direct clinical care to a complex journey. This session explores how one of the nation's largest energy companies is modernizing cancer care across a diverse workforce—spanning refineries to corporate offices—by closing preventive gaps, equipping employees with an expert cancer clinical care team, and creating a simpler, faster path to answers and action. The result: stronger trust, earlier action, and measurable cost containment.

San Diego

Building a Connected Cancer Ecosystem: How Gilead Sciences Aligned Care, Engagement and Outcomes

As a biopharmaceutical company focused on developing innovative medicines for life-threatening diseases, including oncology, Gilead Sciences recognized the importance of delivering equally thoughtful cancer support for its own workforce. In this session, Gilead will share how they built a proactive, expert-led cancer care program across their health plans and ecosystem partners to create a seamless member experience. You will hear lessons from a multi-site launch across multiple cities, strategies for driving engagement on a

deeply personal health topic, and practical insights for designing cancer benefits aligned to organizational values and long-term outcomes.

2:20 – 2:55 p.m. **Concurrent F6**

Beyond the Couch: Designing a Precision Mental Health Model that Works for Everyone

For decades, workplace mental health strategy leaned on one premise: if someone is struggling, refer them to therapy. That model serves acute crises well but gives most employees one door, not several. This session makes a data-backed case for a population-wide, Adaptive Care model that offers more options and matches each person to the care that fits. We explore why coaching and other modalities, offered alongside therapy, better serve sub-clinical needs, how to widen the front door without narrowing the path to clinical care, and how enterprises expand access while ensuring those who need intensive treatment get it fast.

Learn:

- Why routing the entire workforce toward therapy by default underserves both the sub-clinical majority who don't need it and the high-acuity minority who do
- What outcomes-based data and actuarial analysis show about matching the type of care to the specific individual's need
- How to construct a sustainable, whole-population model without diluting or gatekeeping care for employees in genuine clinical need

2:20 – 2:55 p.m. **Concurrent F7**

Specialty Care with Staying Power: A Buyer's Guide to Responsible Purchasing

The true test of your benefits strategy happens when an employee faces a health crisis. With high-acuity care like surgery, cancer, or substance use treatment, you need absolute solution confidence, fiduciary compliance, and a clear ROI—not standard industry hype. In this session, learn how one leading employer built a responsible, high-impact specialty care program backed by independent validation. Discover how pairing top-tier care with value-based contracting allowed them to deliver a seamless experience with zero member cost-sharing—all while establishing predictable costs and protecting their plan against out-of-network pricing surprises and surging Independent Dispute Resolution (IDR) penalties. Walk away with a blueprint to transform your highest spend categories into a measurable and meaningful win for your bottom line and your team.

2:20 – 2:55 p.m. **Concurrent F8**

A Modernized Approach to Integrated Benefits

An effective benefits ecosystem is accessible, intuitive, and engaging. Today, achieving this requires a seamless blend of personalized support and digital solutions to deliver information, guidance, and access across diverse member needs. Attend this session and learn how a large employer leverages an integrated benefits platform to enhance member satisfaction while effectively managing cost trends.

2:55 – 3:30 p.m.

Refreshment Break

3:30 – 4:05 p.m. **Concurrent G1**

Forecasting Health Care Costs: From Annual Budgeting to Ongoing Course Correction

In today's volatile health care environment, annual budgeting is no longer enough. Learn how leading employers are using data, analytics, and ongoing monitoring to anticipate cost drivers, respond to emerging trends, and make informed adjustments throughout the year to improve financial predictability and benefits performance.

3:30 – 4:05 p.m. **Concurrent G2**

Governance for the Next Benefits Era: Fiduciary, Pharmacy, Data and AI Oversight

The responsibilities of benefits leaders continue to expand beyond traditional plan administration. This session examines emerging governance considerations across pharmacy management, AI-enabled solutions, data stewardship, cybersecurity, and fiduciary oversight, providing practical approaches for managing risk while enabling innovation.

3:30 – 4:05 p.m. **Concurrent G3**

New York

The Future of Specialty Benefits: What Employers Should Be Watching Now

As specialty medications drive a growing share of health care costs, employers must balance affordability, access, and outcomes in a complex treatment landscape. The future of specialty management calls for an integrated strategy that manages the full patient journey. In this session, Dell Technologies will discuss how specialty management is evolving for tomorrow's health care needs. The session will cover emerging therapies, analytics, clinical interventions, and patient support to help employers prepare for next-generation specialty care. You'll learn about key trends and cost strategies in specialty pharmacy, including gene and cell therapies, biosimilars and digital health. Real-world examples will show how you can shift from reactive cost management to a more strategic approach that improves outcomes, member experience, and long-term value. Key takeaways:

- Understand the forces transforming specialty management and what they mean for employers
- Explore how emerging therapies, care management, and biosimilars are reshaping benefit strategies
- Learn how data, clinical expertise, and patient engagement can help drive better outcomes while managing costs
- Identify actionable strategies to prepare for the future of specialty care and create a more sustainable specialty benefit

San Diego

Beyond Access: What Separates High-Performing Women's Health Benefits?

Many women's health benefits promise better outcomes yet results often vary widely across employers. What separates programs that employees simply have access to from those they trust, engage with, and benefit from? In this session, an employer shares lessons learned from selecting and implementing a women's health benefit focused on clinical care coordination, employee experience, and measurable outcomes. Together with clinical experts, the discussion will explore the characteristics that drive stronger engagement

and long-term value. Attendees will gain practical insights for evaluating health care partners beyond features, services, and point solutions.

3:30 – 4:05 p.m. **Concurrent G4**

From Point Solutions to Purposeful Strategy

Employers aren't struggling to find new benefits – they're struggling to decide which ones create lasting value. Explore how leading organizations are replacing fragmented point solutions with a connected strategy that brings together Lifestyle Spending Accounts, wellbeing, specialty benefits, and personalized support. Learn practical approaches to improving employee experience, managing health care costs, simplifying administration, and building a future-ready benefits portfolio grounded in evidence and business outcomes.

3:30 – 4:05 p.m. **Concurrent G5**

Barrier by Barrier: Building a Faster Path to Mental Health Care

Employees don't all face the same challenges when seeking mental health care. For some, it's finding time. For others, it's cost, long wait times, uncertainty about where to start, or concerns about privacy. These obstacles vary across workforces, but the result is often the same: delayed care that can affect employee wellbeing, productivity, and organizational performance. In this employer-led session, attendees will hear practical lessons from an organization that actively identifies and addresses the specific barriers preventing employees from getting timely, effective support. The discussion will explore how employers can move beyond a one-size-fits-all approach and build a mental health strategy that reflects the different needs, preferences, and circumstances within their workforce. The session will cover:

- How employers can identify the most significant access barriers across different
- employee populations
- How AI and other technologies can support faster care navigation while maintaining employee trust
- Practical strategies for making mental health care easier to find, understand, and use

3:30 – 4:05 p.m. **Concurrent G6**

The GLP-1 Business Case: Connecting Health Care Investment to Workforce Value

As GLP-1 therapies reshape employer health care strategies, C-suite leaders are asking a critical question: What is the broader business case? Drawing on new research from The Conference Board, this session moves beyond pharmacy costs to examine how employers are connecting GLP-1 investment to health care and workforce value. Explore the implications for attraction and retention, absenteeism, productivity, and employee engagement; the evidence employers are using to guide coverage decisions; and where critical information gaps remain. Hear how the business case can translate from research into practice and gain insights for elevating the GLP-1 conversation with your own C-suite.

3:30 – 4:05 p.m. **Concurrent G7**

Predicting and Preventing High-Cost Claims: Turning Insight into Action

Advanced analytics can identify high-risk members earlier than

ever before, but insight alone doesn't reduce cost. This session explores how leading employers are combining predictive modeling with proactive clinical and care management strategies to intervene earlier, improve outcomes, and reduce total cost of care.

3:30 – 4:05 p.m. **Concurrent G8**

New York

Bending the Cost Curve Isn't Enough: How Koch Reset It With a Shoppable Approach to Health Insurance

Most employers are trying to bend the health care cost curve by targeting high cost claimants or services. Koch fundamentally reset it with a new approach. After piloting a new plan in Georgia, employees saved an average of \$4,150 a year in lower premiums and money earned back, and 30% accessed care they couldn't get under their previous plan. The shift came from building a nationwide marketplace for care — no networks, transparent pricing on every service, and real agency over who employees see and what they pay. Koch is now rolling out this plan to its entire 60,000-employee population, turning a regional pilot into a blueprint for self-funded employers everywhere.

3:30 – 4:05 p.m. **Concurrent G9**

New York

Tackling Cancer in the 21st Century: Closing the Screening Gap

Just 14% of cancers are diagnosed through the recommended single-cancer screening tests today. While many employers have invested in cancer prevention benefits or post-diagnosis support, without investment in new technology, just 14% of employees are able to confidently answer their most critical question: Do I have cancer right now, and am I being diagnosed soon enough to make a difference? To address that significant gap, large companies are implementing multi-cancer early detection (MCED), a simple blood test that screens for 99% of the cancer types found in a typical employer population. Join us to hear how Avangrid (in New York) and Silgan (in San Diego) addressed gaps in its cancer screening strategy—and the challenges associated with late-stage cancer diagnoses—through the implementation of an MCED program. Attendees will also gain perspective on the latest clinical evidence supporting MCED and how anticipated FDA approval impacts the future of cancer screening and employer benefit strategies.

San Diego

Measuring What Actually Matters: How Employers Are Redefining Advanced Primary Care Evaluation

Most measurement of primary care defaults to activity metrics and screening rates, which undervalues its impact for plan sponsors. This session advances evaluation approaches that center on engagement across next-generation modalities, clinical progression, and downstream cost avoidance. Linda Brady will share how The Boeing Company uses advanced primary care as a foundational health care strategy equipping attendees with indicators to assess its long-term value.

4:20 – 5:00 p.m. **General Session H**

Washington Update

From Capitol Hill to the courts, the policy landscape for employer-sponsored benefits is shifting rapidly. This session will unpack the latest legislative, regulatory and judicial developments affecting health care and compliance.

5:00 – 6:00 p.m.

Cocktail Reception

Hosted by:



DAY TWO

Wednesday, March 24 – New York

Friday, April 9 – San Diego

7:15 – 8:00 a.m.

Continental Breakfast

Hosted by:

FormHealth.



8:00 – 9:00 a.m.

General Session I

The Connected Benefits Ecosystem: Employers, Employees, Vendors and Partners

Strong outcomes are built on strong connections. Explore how employers are bringing together health benefits, wellbeing, total rewards, vendor partners, and employee support programs to create a more seamless experience, deliver greater value, and strengthen the connections that matter most.

9:15 – 9:50 a.m.

Concurrent J1

Enhancing Financial Security in Retirement: Managing the Risks and Opportunities of Transitioning to Retirement Well

As retirement continues to shift from a destination to a complex decision-making process, employers are exploring new ways to help employees convert years of savings into lasting financial security while navigating an increasingly fragmented retirement landscape. This session will examine emerging trends, key challenges, and innovative approaches to supporting employees through the critical transition from work to retirement, highlighting opportunities that may improve outcomes for both individuals and organizations.

9:15 – 9:50 a.m.

Concurrent J2

Global Benefits that Deliver what Matters and Transform What's Next

As employers navigate rising costs, workforce complexity, evolving employee expectations, and the impact of AI, global benefits strategies must deliver measurable value today while remaining adaptable for the future. This session will explore how organizations can create cost stability, make evidence-based decisions and strengthen global connections across stakeholders to drive better outcomes

9:15 – 9:50 a.m.

Concurrent J3

Strengthening Financial Health Connections in the Entire Benefits Stack

Employers offer powerful benefits that often go underutilized. This session shows how financial wellbeing works as the front door to the full benefits ecosystem, lifting utilization of health plans, retirement benefits and equity compensation on a global scale. Attendees will learn where planner guidance closes the gap between offering a benefit and employees using it, and a practical approach to consolidating overlapping point solutions.

9:15 – 9:50 a.m.

Concurrent J4

Softening the Blow of Rising Health Care Costs for Employees

Rising health care costs continue to have a significant impact on employers and employees. And benefits leaders once again find themselves in the familiar scenario of revisiting benefits strategies in search of relief. Charting a sustainable path forward will require difficult decisions—and, in some cases, a greater commitment from both employers and employees. This roundtable discussion aims to surface practical, high-value strategies that can help your organization “soften the blow” of higher health costs today and meaningfully bend the cost curve over time.

Key discussion topics include:

- Examining the effect of rising health costs on employee affordability and behavior.
- Creating a cost-sharing playbook that mitigates impact.
- Targeting underlying price and quality using plan management and network strategies

9:15 – 9:50 a.m.

Concurrent J5

From Benefits to Behavior: Building a Global Culture of Care That Drives Action

Offering more benefits doesn't guarantee employees will understand, trust or use them. At AmTrust Financial, an integrated “Culture of Care” connects benefits, well-being, communications and local leadership to create a globally consistent yet locally relevant employee experience, resulting in an 84% global participation rate. Learn how cross-functional collaboration, champion networks, targeted communications and behavior-based incentives are helping AmTrust cut through point solution fatigue, navigate AI pressures and create meaningful employee engagement without losing the human touch.

Attendees Will Learn:

- How to build a globally connected well-being strategy that balances enterprise priorities with local relevance.
- Ways to integrate benefits communications, learning and well-being into a cohesive employee experience.
- How to leverage champion networks and employee insights to increase awareness, engagement and utilization.
- Strategies for reducing point solution overload while maintaining a personalized, human-centered approach.

9:15 – 9:50 a.m.

Concurrent J6

Your Mental Health Strategy Is Hiding in Your Leave Data

Behavioral health costs show up well beyond claims data. They surface in extended leaves, disability, and turnover, and they land as productivity loss carried by the rest of the workforce. Most employers still run mental health and leave as separate programs, with separate vendors and data, and the real connection remains invisible. A large employer will share how it found the mental health needs beneath its leave data and rebuilt the pathway to earlier, appropriate care. You'll learn the insights that revealed the problem, the internal business case behind the change, and the steps to shorten avoidable leaves and improve the employee experience.

9:15 – 9:50 a.m. **Concurrent J7**

Leveraging AI to Turn Claims Data into Health Care Savings

As health care costs continue to outpace inflation, employers need new strategies beyond cost shifting and plan redesign. This session explores how using AI with claims data can uncover—and recover—hidden dollars by identifying billing errors, missed reimbursements, duplicate charges, suboptimal plan decisions, and underused benefits. Learn how leading self-insured employers are leveraging AI-based, claims-driven health care financial advocacy to transform existing claims data into measurable financial recoveries for both the health plan and its members, enhance the member experience, and gain greater control over rising health care costs.

9:15 – 9:50 a.m. **Concurrent J8**

New York

Beyond the Traditional Pharmacy Benefit: Where Employers Go From Here

Join this employer-led dialogue on the future of pharmacy benefits. Mounting high-cost claims, evolving member expectations, shifting regulatory winds, and a dynamic market landscape have some leaders rethinking the traditional benefit. What does it do well? Where does it fall short? Is there true cost transparency? How much should plan strategy lean into conventional coverage or emerging off-benefit options? This session aims for an open, lively discussion on how employers are solving for an age-old challenge in an age of change: Balancing the dual imperatives of cost containment and member access, affordability and experience.

San Diego

The Workplace Hazard No One Budgets For

Employees are spending more time on screens than ever before, while the impacts to their eye health remain an overlooked risk to workforce well-being, productivity, and performance. Join employer benefits and eye care professionals for a candid discussion on how excessive screen time is affecting employees and impacting business outcomes. Through real-world examples, panelists will share how their organizations are addressing the issue, increasing engagement with vision benefits, and implementing practical solutions that support employee health while strengthening organizational performance.

10:05 – 10:40 a.m. **Concurrent K1**

Measuring the Return on AI in Benefits Administration

This session will examine how organizations can access the value of AI investments within benefits administration and employee experience platforms. Topics will include implementation strategies, adoption measurement, operational and financial ROI, and practical approaches for building a sustainable AI investment framework.

10:05 – 10:40 a.m. **Concurrent K2**

Every Benefit Solves a Problem. Together, They Create One.

The most expensive benefit isn't the one you buy. It's the one employees never experience. Today's employees have access to more than ever before—from mental health resources and

caregiving support to financial health and fertility benefits, paid volunteer time, pet insurance, career development, recognition and rewards, preventive care, wellbeing, and specialized health programs. If the cost is fixed, why is the return optional? This session explores why this generation of workforce health isn't defined by adding more programs, but by helping people discover, experience, and benefit from the investments already in place. Leave with practical strategies for reducing friction, increasing the return on existing investments, and creating an employee experience where culture, care, and clinical strategies work together to improve health, strengthen connection, and deliver greater organizational value.

10:05 – 10:40 a.m. **Concurrent K3**

New York

Reducing Friction through Whole-Person Health

Health care isn't difficult because employees lack benefits—it is difficult because care is fragmented. Every referral, vendor handoff, and disconnected experience creates friction that delays treatment and drives higher costs. This session explores how integrated, virtual team-based care brings together physicians, mental health providers, health coaches, dietitians and care coordinators to address the whole person through one continuous care experience. Attendees will learn how employers can simplify benefit design, improve engagement, strengthen physical and mental health outcomes, and reduce avoidable health care spending through a truly integrated model.

San Diego

The Quiet Ones: What Employee Silence Is Really Telling You About Your Benefits

When employees go quiet about their benefits, it is easy to read it as satisfaction. Often it is the opposite. Silence can mean people gave up, guessed, or never understood what they had. This session looks at the signals employers miss, the data behind them, and a co-presenting employer that learned to treat quiet as a warning and acted on it. Attendees will leave with a clearer read on what low questions and low use really mean, and how to turn quiet accountholders into confident ones.

10:05 – 10:40 a.m. **Concurrent K4**

Beyond ROI: Building the Executive Trust That Unlocks Benefit Innovation

Securing budget for innovative benefit programs isn't just about building a pitch deck with flashy vendor claims. It's about building long-term credibility with your CFO and executive leadership. When tighter budgets raise the bar for approval, benefits leaders face a tough challenge: how do you prove value on complex programs when health outcomes take years to materialize? In this session, attendees will learn how benefits leaders can move beyond standard vendor ROI to establish a transparent, multi-year evaluation framework. Hear how organizations and their strategic advisors can build defensible baseline data, communicate non-linear results without losing executive confidence, and turn finance into an active partner for benefit innovation.

10:05 – 10:40 a.m. **Concurrent K5**

New York

Think Like a Marketer: How HR Can Drive Benefits Engagement with AI

Organizations have invested more in employee benefits than ever before, yet utilization often remains stubbornly low. Every new point solution, vendor, and program adds value, but it also adds complexity. As a result, employees don't know what's available, when to use it, or where to start. HR leaders are increasingly facing the same challenge as marketers – reaching the right audience with the right message at the right moment. This session explores how HR can learn from modern marketing strategies and utilize AI to move benefits from a hidden catalog of resources into an experience employees actually understand, trust, and use. Key takeaways:

- How to apply audience segmentation and personalization strategies from modern marketing to increase year-round benefits engagement
- How AI can identify employee context and surface relevant benefits before employees know what to search for
- How to measure discoverability and identify where employees are falling out of the benefits journey

San Diego

Rethinking Specialty Drug Spend: From Site of Care to Supply Chain

Most employers respond to double-digit specialty drug renewals by shuffling patients between sites of care, often through carrier-embedded programs that treat the underlying supply chain as fixed. It isn't fixed, and it isn't working. Learn how a large employer asked harder questions of their own claims data and redesigned specialty infusion care from drug procurement through claim payment, uncovering a significant savings opportunity most employers never see because they're optimizing the wrong layer of the system. You'll leave with a framework for identifying where your own supply chain is leaking value, and what it takes to fix the structure instead of the symptom.

10:05 – 10:40 a.m. **Concurrent K6**

New York

From Fragmented Programs to One Specialty Care Experience: BNY's Journey to Better Outcomes and More Predictable Spend

Specialty care is one of the fastest-growing drivers of employer health care spend. In this session, Bank of New York will share how they are reimagining high-cost specialty care by giving employees one place for weight health, cancer care, and surgery care. We'll walk through BNY's journey from fragmented, hard-to-navigate programs to a unified model with experienced clinical teams and a curated high-quality provider network. We'll highlight early lessons in driving engagement, supporting complex decisions for cancer, GLP-1s, and surgical appropriateness, and creating a more predictable and sustainable specialty care spend that improves the employee experience.

San Diego

One Front Door to Better Health: University of California's AI-Enabled Model for Navigation, Care, and High-Value Decisions

University of California Office of the President will share how they simplified health care by giving people one place for navigation, care management, expert second opinions, virtual primary care, and member services. Speakers will discuss how they bring agentic AI and clinical teams together to engage employees earlier, reduce fragmentation and guide members to high-value care. Attendees will learn implementation strategies, hear early results related to member engagement, care quality, and total cost of care, and leave with practical lessons for employers looking to modernize health and care.

10:05 – 10:40 a.m. **Concurrent K7**

What If We Measured the Wrong Thing? Rethinking Success in Employer Health

Participation, engagement, and weight loss are common measures of success, but do they tell the whole story? Join an AutoZone benefits leader to learn about a new framework for evaluating employee health. Drawing from their experience supporting the health of its AutoZoners, they'll discuss why outcomes like disease reversal, medication reduction, and total cost of care are becoming more meaningful measures of success. Learn how focusing on long-term cardiometabolic health can help employers make smarter benefit decisions while improving employee health and business outcomes. Attendees will learn:

- How to evaluate health programs beyond engagement metrics
- Which clinical and financial outcomes matter most
- Strategies for improving workforce health while managing health care costs

10:05 – 10:40 a.m. **Concurrent K8**

New York

After the Switch: Measuring the Impact of a Modern PBM

After evaluating the market, selecting a new PBM, and leading enterprise-wide implementation, U.S. Steel shares the practical lessons every employer should know before making the switch. Alongside WTW, this session provides an honest look at the RFP process, rollout, and early performance results. Discover how to evaluate ongoing data, track true savings, and measure what it takes to build an accountable partnership with a modern PBM. Learn the critical metrics that prove your benefits strategy is actually delivering on its promises.

San Diego

The Real PBM Scorecard – Cost, Outcomes and Ease – Together

Every pharmacy benefit conversation eventually comes back to the same three things: cost, health outcomes, and how easy the experience is for members and clients. Most PBM pitches lead with price and stop there, treating outcomes and experience as secondary or too hard to measure. This session makes the case for weighing all three together, since they're more connected than they look: a confusing member experience often shows up as an adherence problem, and an adherence problem eventually leads to a budget one. You'll

leave with a framework for evaluating vendors on all three, not just the easiest one to measure.

10:40 – 11:10 a.m.

Refreshment Break

11:10 a.m. – 11:45 a.m. **Concurrent L1**

From Benefits Delivery to Value Realization: Creating Meaningful Employee Experiences

Leading organizations are moving beyond traditional benefits delivery to create personalized, always-on experiences that help employees navigate complexity, make confident decisions and connect with the support available to them. Join us to explore how employers are reducing friction, strengthening engagement and transforming benefits into meaningful experiences that improve wellbeing, increase program utilization and help employees realize greater value from their benefits while delivering stronger business outcomes.

11:10 a.m. – 11:45 a.m. **Concurrent L2**

San Diego

Designing for Buy-In: Using Behavioral Science to Drive Smarter Health Engagement

Every benefits leader is a choice architect when it comes to influencing employee health behaviors. This session explores how leveraging behavioral science and employee-centered communications can transform participation from passive enrollment into meaningful engagement. Through a real-world employer case study, attendees will learn how one organization achieved more than 50% voluntary enrollment by designing for employee choice, buy-in, and follow-through. Walk away with practical strategies to increase participation, strengthen engagement, and build a culture of earlier action.

11:10 a.m. – 11:45 a.m. **Concurrent L3**

New York

The New AI-Powered Benefits Department

AI didn't replace benefits managers – it changed their jobs. Two HR leaders will share how they rebuilt their team's operating model with AI as an extension of the team. Attendees will learn which work these teams handed off and which they protected, how job descriptions and daily routines actually changed, and how to expand what the benefits function delivers without expanding what it costs, even as headcount stays flat and employee expectations keep rising.

San Diego

Designing Backup Care That Delivers for Employees and the Bottom Line

As workforce needs evolve and benefits budgets face greater scrutiny, employers need backup care strategies that deliver both a strong employee experience and greater cost stability. In this session, AMD will share how its benefits team evaluated its approach to backup care, prioritized flexibility and employee choice, and aligned the program with broader workforce and financial goals. Attendees will learn practical considerations for evaluating sustainable backup care models, building internal support for program change, and designing a strategy that better serves employees' needs and employers' budgets.

11:10 a.m. – 11:45 a.m. **Concurrent L4**

New York

Primary Care Is Workforce Infrastructure: Why the Next Generation of Benefits Starts with One Trusted Care Relationship

Employers have spent years expanding their benefits ecosystem and they are now navigating more complexity than ever. The missing piece is not another point solution. It is a strong primary care foundation. This session explores why leading employers are beginning to view advanced primary care as the foundation of a high-performing benefits strategy. Key Takeaways:

- Understand how advanced primary care can improve outcomes while reducing total cost of care through prevention, coordinated specialty care, and appropriate management of high-cost treatments like GLP-1s
- Learn why employers are shifting from a fragmented point solution strategy to a primary care-first approach that increases engagement and helps employees better navigate their benefits.
- Hear firsthand how an employer redesigned its benefits strategy around advanced primary care and the impact it had on employee experience, benefit utilization, and health care costs.

11:10 a.m. – 11:45 a.m. **Concurrent L5**

New York

You Bought Great Care. Why Aren't Your Employees Using It?

For three decades, Barbara Starfield's four Cs, first contact, comprehensiveness, coordination, and continuity, have helped define great primary care. But they all depend on one thing: the patient showing up. Too often, the employees who could benefit most, including those with rising health risks and costs, aren't engaging with care. This session introduces three more Cs: cost, convenience, and communication. Together, they determine whether the care employers invest in is care employees actually use. Using engagement results from 7-Eleven's largely hourly, distributed workforce, we'll explore where the path into care breaks down and how to fix it. You'll leave with a practical way to identify friction in your benefits strategy and help more employees access and benefit from the high quality care you've already bought.

San Diego

Pain, the Brain, and the New Science of Relief: Why It Matters to Employers

Pain does not live in a joint, neck, or head. It is created by the brain, influenced by stress and emotion, and deeply connected to daily life. This conversation explores the links between MSK pain, migraine, and mental well-being, and why treating them in isolation can miss the bigger picture. Grounded in science and centered on lived experience, this session will offer a fresh perspective on pain, pain relief and the future of whole-person care. Join this session to explore what this means for the workforce, for benefits leaders, and for people trying to work through chronic pain, stress, or the debilitating effects of migraine. Hear how better understanding these intersections helps guide a new approach to benefit strategies.

New York

The Caregiving Imperative: Supporting Employees Across Life Stages

From raising children to caring for aging parents, employees are navigating complex caregiving responsibilities that influence their experience at work. As organizations seek to improve retention, productivity, and employee well-being, caregiver support has become a critical workforce strategy. Attendees will learn how leading employers are identifying unmet needs, closing support gaps, and using evidence-based solutions to drive better outcomes for both employees and the organization.

12:00 – 12:15 p.m. **General Session M**

Conference Wrap-up

Recapping key conference topics and themes, this session will conclude our conference with a few surprises and recognitions.

WHOM YOU WILL MEET

- Corporate executives from:
- Human Resources
- Benefits
- Total Rewards
- Employee Wellbeing
- Talent Management
- Organizational Development

POLICY ON VENDOR ATTENDEES

Registration is open only to employers. An employer is a corporate executive in an HR or Benefits role employed by a company that doesn't sell wellness or health-related products or services. Unless a conference sponsor, The Conference Board reserves the right to cancel registrations received from vendors, including Plans, Brokers, Insurance Companies, Health and Benefits Consultants, Wellness Service Providers, Associations, Think Tanks, etc., or anyone in a sales or accounts management role (from any organization). No exceptions will be made. Airline, hotel and any fees incurred will not be reimbursed. All registrants must use an email address supplied by their employer.

POLICY ON WALK IN ATTENDEES

Registration closes two business days before each conference. To attend, you must register before then. Walk-in registrations are not permitted. If you are not previously registered, you will not be admitted to the conference.

CONTINUING EDUCATION UNITS

Attendees of the conference will receive continuing education credits. The 2026 Employee Health Care Conferences were approved for:

- 9.75 (General/HR) recertification credit hours toward aPHR, PHR, SPHR, PHRca, GPHR, PHRi, and SPHRi recertification through the HR Certification Institute (HRCI)
- 9.75 PDCs for SHRM-CP or SHRM-SCP

The 2026 workshops were approved for:

- 2.5 (General/HR) recertification credit hours toward aPHR, PHR, SPHR, PHRca, GPHR, PHRi, and SPHRi recertification through the HR Certification Institute (HRCI)
- 2.5 PDCs for SHRM-CP or SHRM-SCP

We anticipate the 2027 conference and workshops to be approved for a similar number of credits. Specific details will be available about a month before each event.

HOTEL INFORMATION:

New York

March 22 – 24, 2027

Booking Link: [New York Marriott Marquis](#)

Discounted rate: \$369 cut-off date is March 1, 2027

San Diego

April 7 – 9, 2027

Booking Link: [Marriott Marquis San Diego Marina](#)

Discounted rate: \$359 cut-off date is March 16, 2027

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