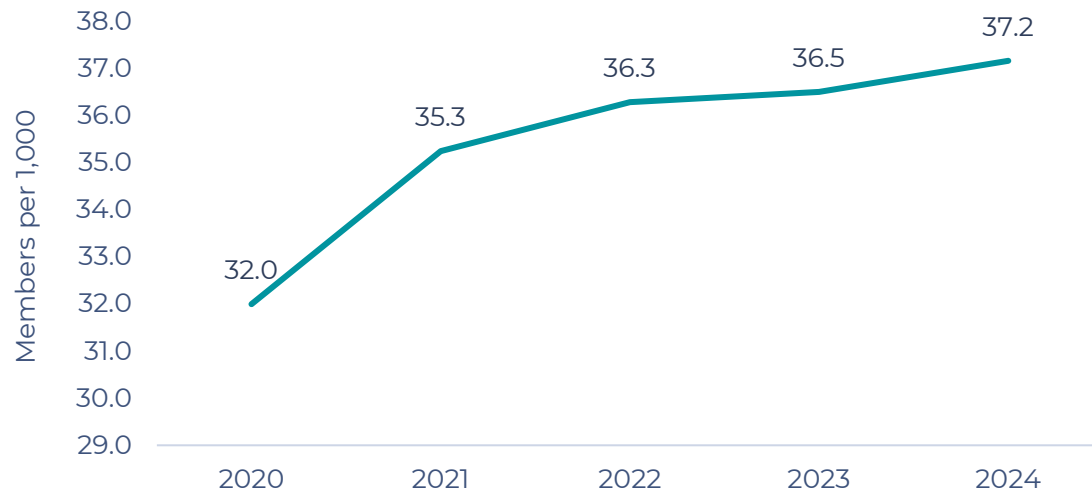


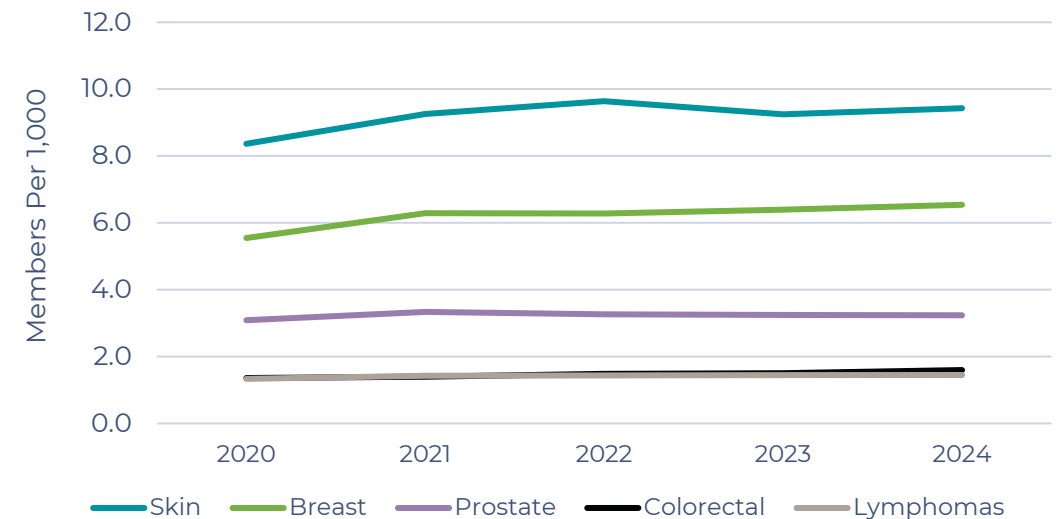
Trends in Cancer

Cancer diagnosis

Cancer Prevalence 2020 - 2024

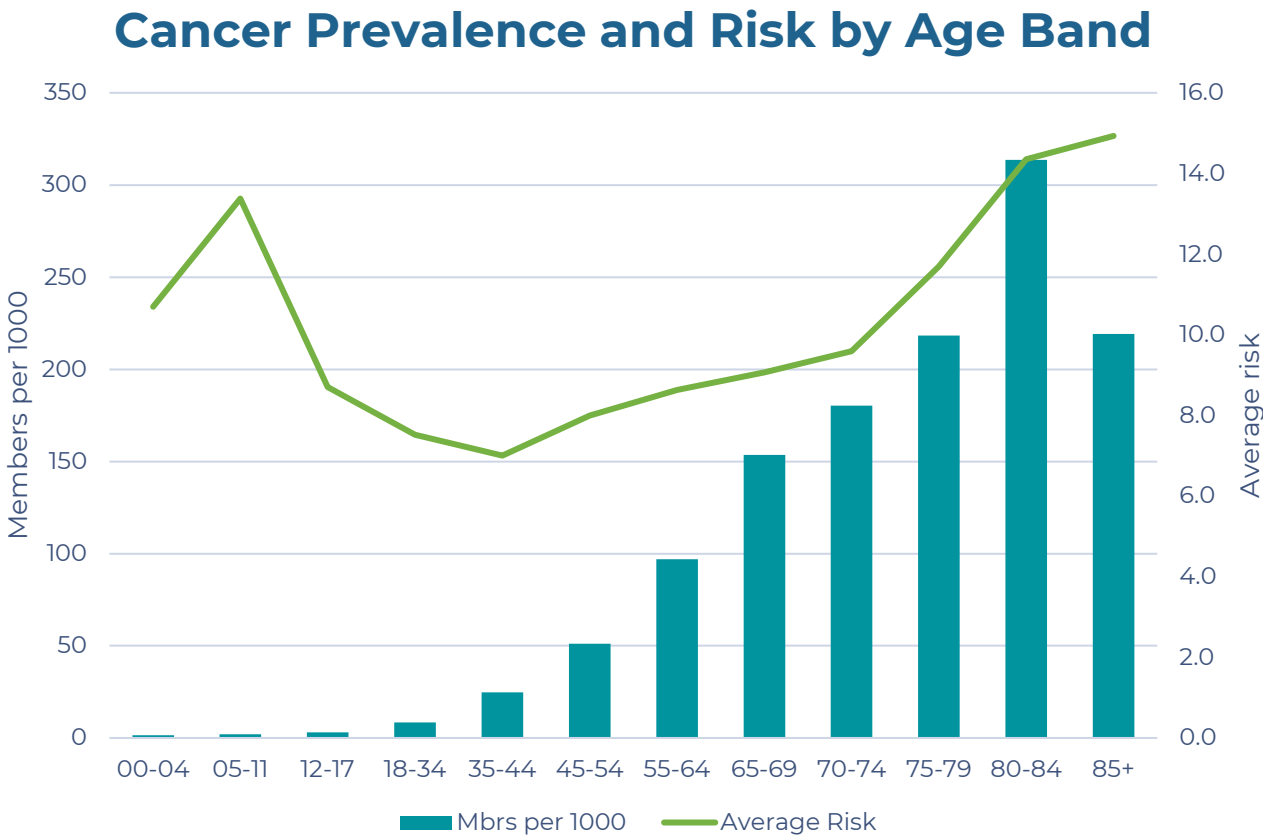


Top 5 Diagnosis 2020 - 2024

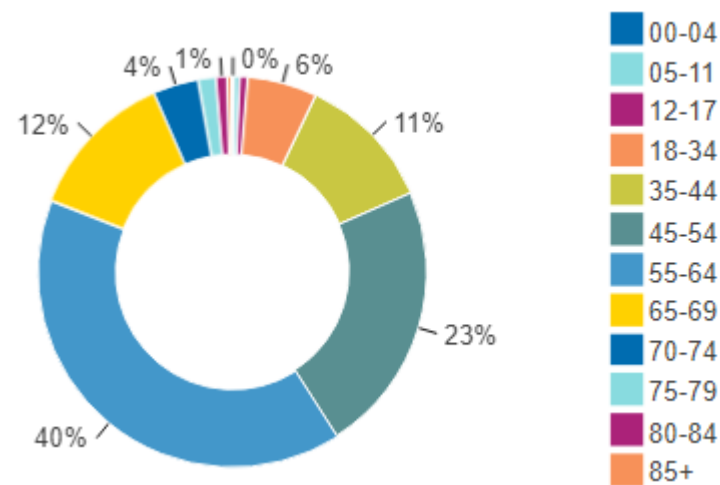


- Cancer prevalence continues to increase, with the largest jump from 2020 to 2021. In 2020, 2.8% of members had a cancer diagnosis compared to 3.1% in 2024.
- Gradual increases in skin and breast cancer contribute to rising trend.

Cancer by age



Cancer ID by Age



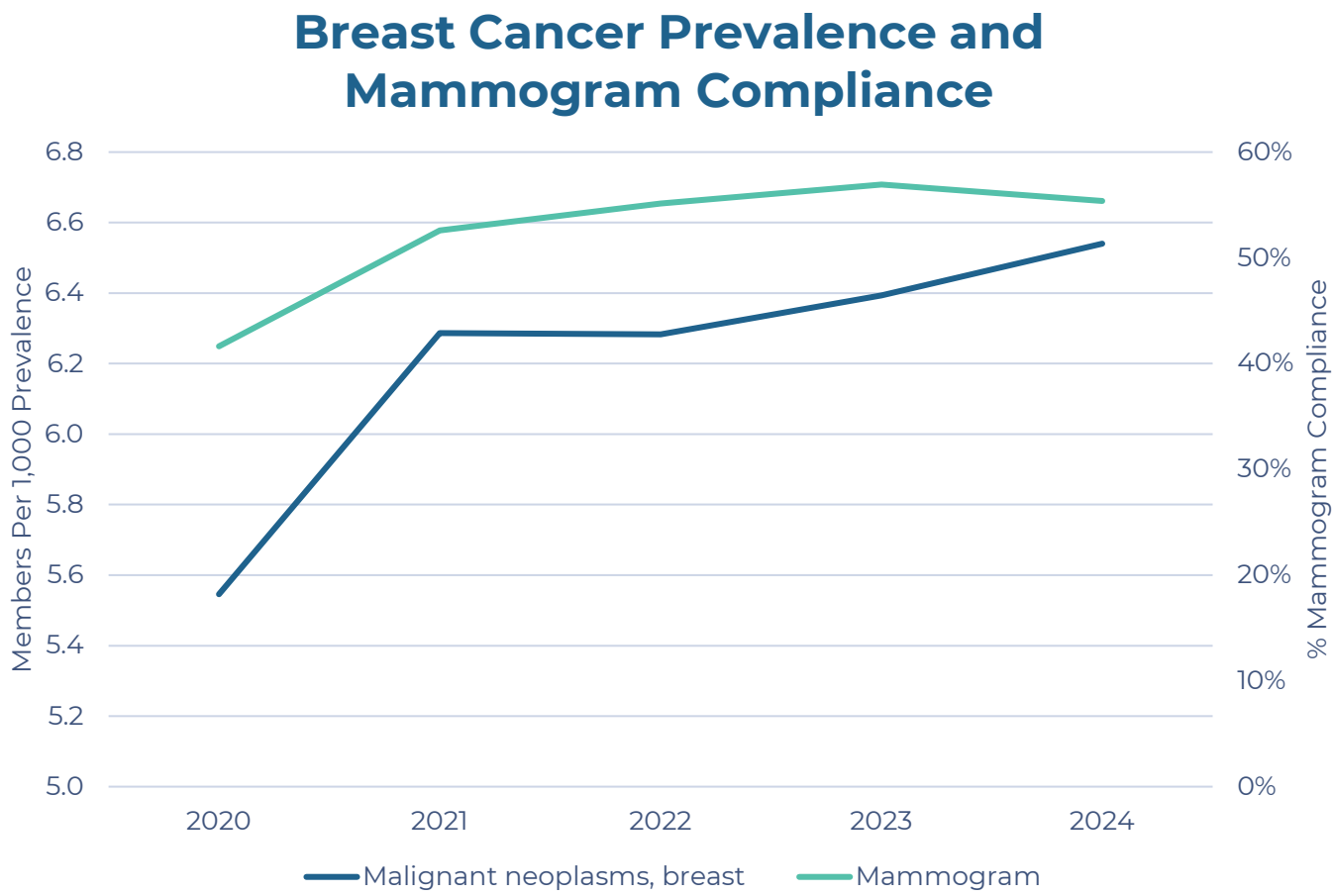
- Ages 45-64 account for 63% of members identified with cancer.
- Cancer prevalence and risk begin to increase at age 45.
- While composing a smaller proportion of cancer identification, from age 70 prevalence and risk jump drastically.

Cancer timeline- top diagnosis across age bands

USPSTF recommended cervical cancer screening		USPSTF recommended colon cancer screening	
0 - 17	18 - 44	45 - 54	55+
Leukemia Kidney Lymphomas Skin	Cervical, Uterine Lymphomas Skin Breast	Breast Skin Colorectal	Skin Breast Prostate
USPSTF recommended breast cancer screening			

- USPSTF recommendations align with top cancer diagnosis patterns across the age band continuum.
- In all age bands over age 55, skin, breast, and prostate cancer are the top three diagnosis groups.

Cancer screening compliance

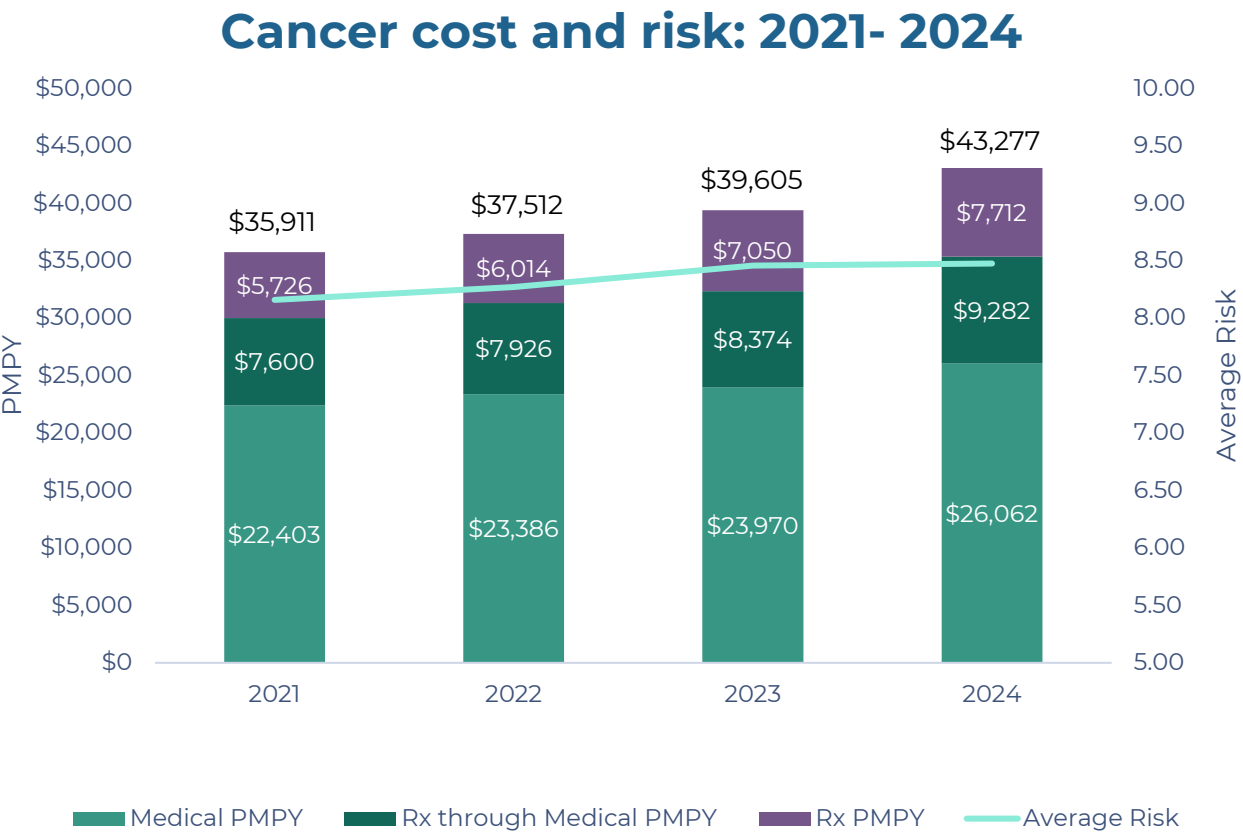


2024 Cancer Screening by Annual Physical Compliance

	Compliant with Physical	Not Compliant with Physical
Mammogram	69%	33%
Cervical screening	64%	34%
Colonoscopy	85%	35%

- Breast cancer prevalence increased 18% from 2020 to 2024, with a 13% jump from 2020 to 2021.
- Mammogram compliance increased 26% from 2020 to 2021 likely resulting in the increased diagnoses.
- Across cancer screening types, compliance is higher for members that have had their annual physical.

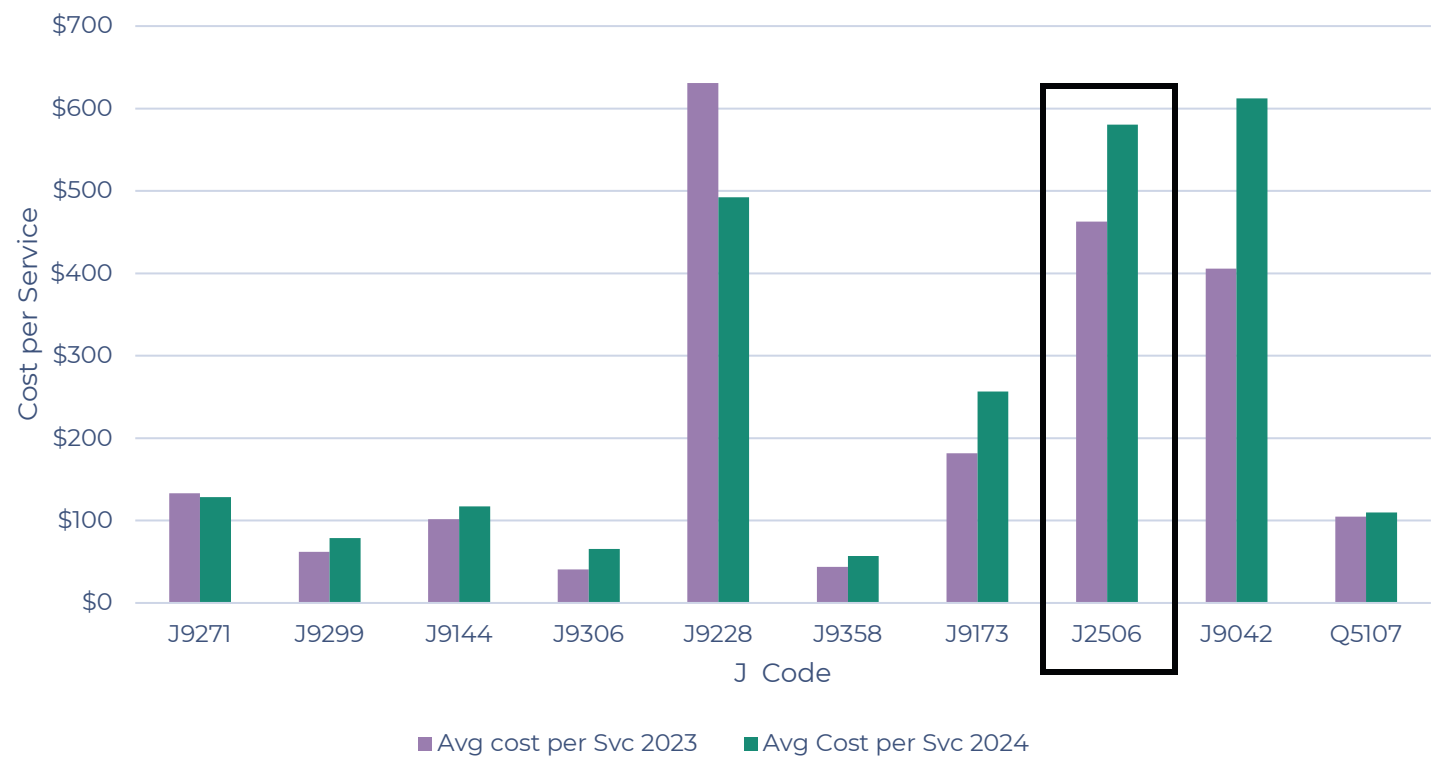
Cancer cost trend



- Risk among members with cancer increased 5% from 2021 compared to 2024.
- Since 2021, PMPY spend for those with cancer has increased almost 21%, influenced by greater spend across all claims types.
- Rx through Medical and PBM are key drivers of cancer cost trend with PMPYs that increased 22% and 35%, respectively.

Cancer cost trend- J Codes

Top 10 Jcodes by Cost 2023 - 2024



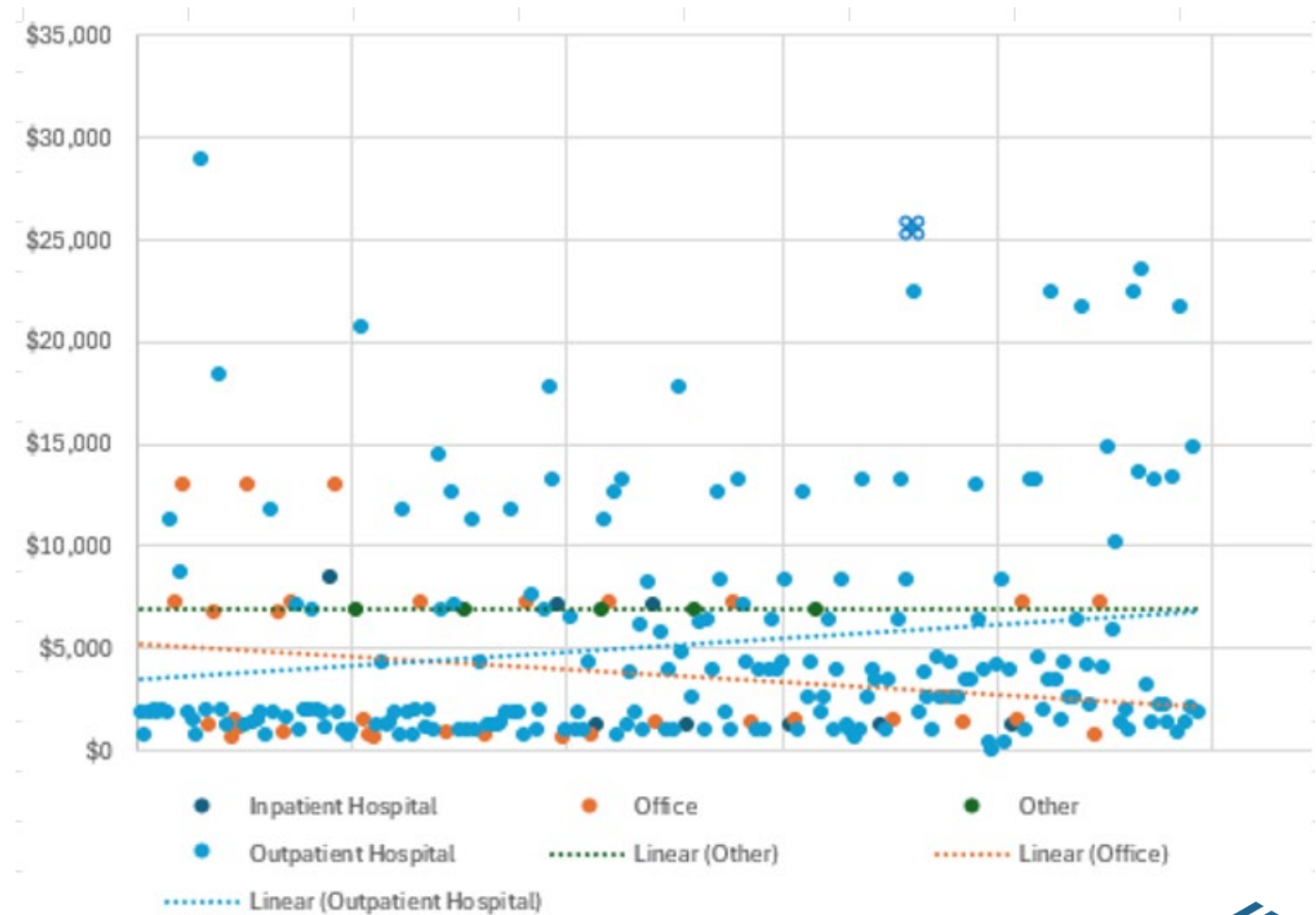
- Treatments for malignancy comprise 47% of all J code spend.
- At \$106M, J code spend related to cancer has increased 52% since 2021 (\$70M). Service count increased 39% in this same timeframe.
- Average cost per service is higher across 8 of top 10 J codes in 2024.

J Code Key	
J9271	Keytruda
J9299	Opdivo
J9144	Darzalex
J9306	Perjeta
J9228	Yervoy
J9358	Enhertu
J9173	Imfinzi
J2506	Neulasta
J9042	Adcetris
Q5107	Mvasi

Site of Service Impact on Cancer Treatment Cost

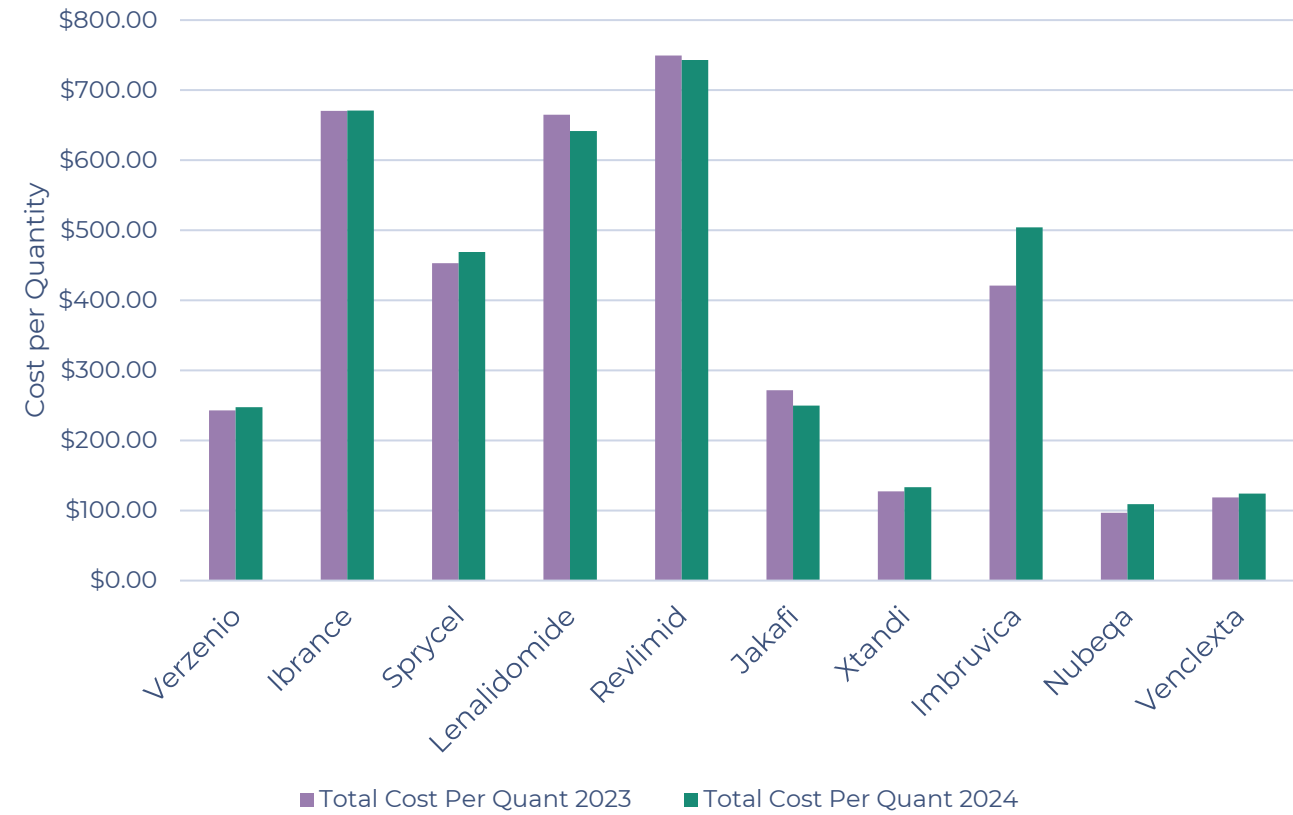
J2506 - Neulasta

- In 2024, Neulasta accounted for \$2.7M in spend. Total cost decreased 22% from prior, however, service count was 38% lower.
- High prevalence of treatments clustered between \$2,500 - \$5,000, however some outliers as high as \$28k.
- Over the course of 2024, treatment cost trend in office settings was more efficient, while cost efficiency in outpatient hospitals deteriorated.
- These excess payments targeted for inclusion in Vital Alerts and VI Payment integrity detail. Vital Oversight team will support for claims in excess of 1.5 of appropriate pricing (Green dot linear line).

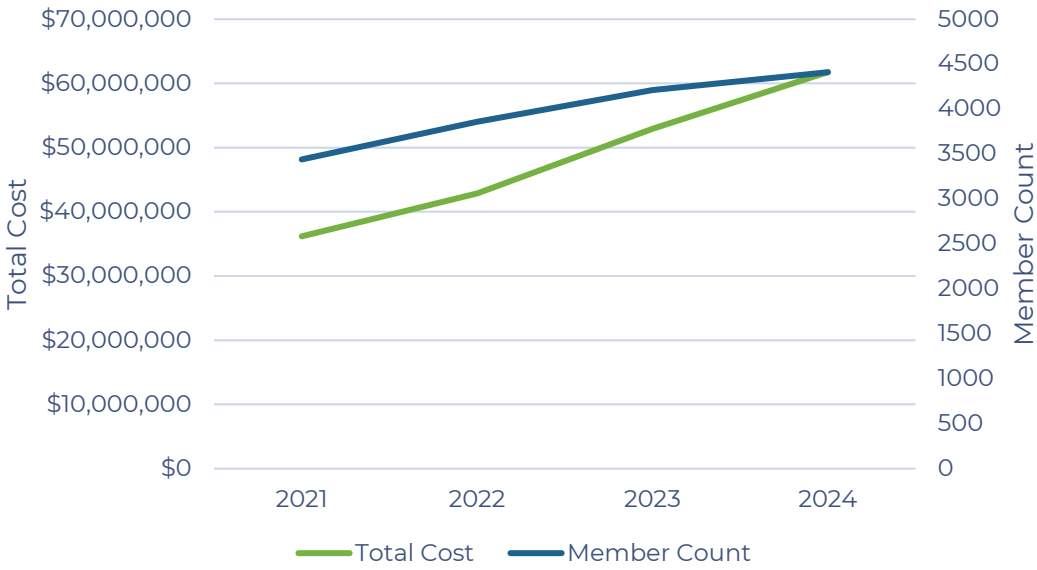


Cancer cost trend- Rx

Top 10 Cancer Rx by Cost 2023 - 2024



Cancer Rx Cost Trend 2021 - 2024



- Malignancy drugs make up 8% of all Rx spend.
- Members taking Rx for cancer have increased by 28% since 2021, while the total cost for cancer drugs has increased 71% in the same timeframe.
- Of top 10 Rx for cancer, total cost per quantity is comparable for most drug types except for Imbruvica.
- Verzenio total cost is 62% higher in 2024 (\$6.6M), influenced by a 46% increase in members taking this drug.

Questions?



VIP: Changing the Landscape of Interventional Oncology Delivery

Joshua Dowell, MD, PhD, FSIR

May 15, 2025

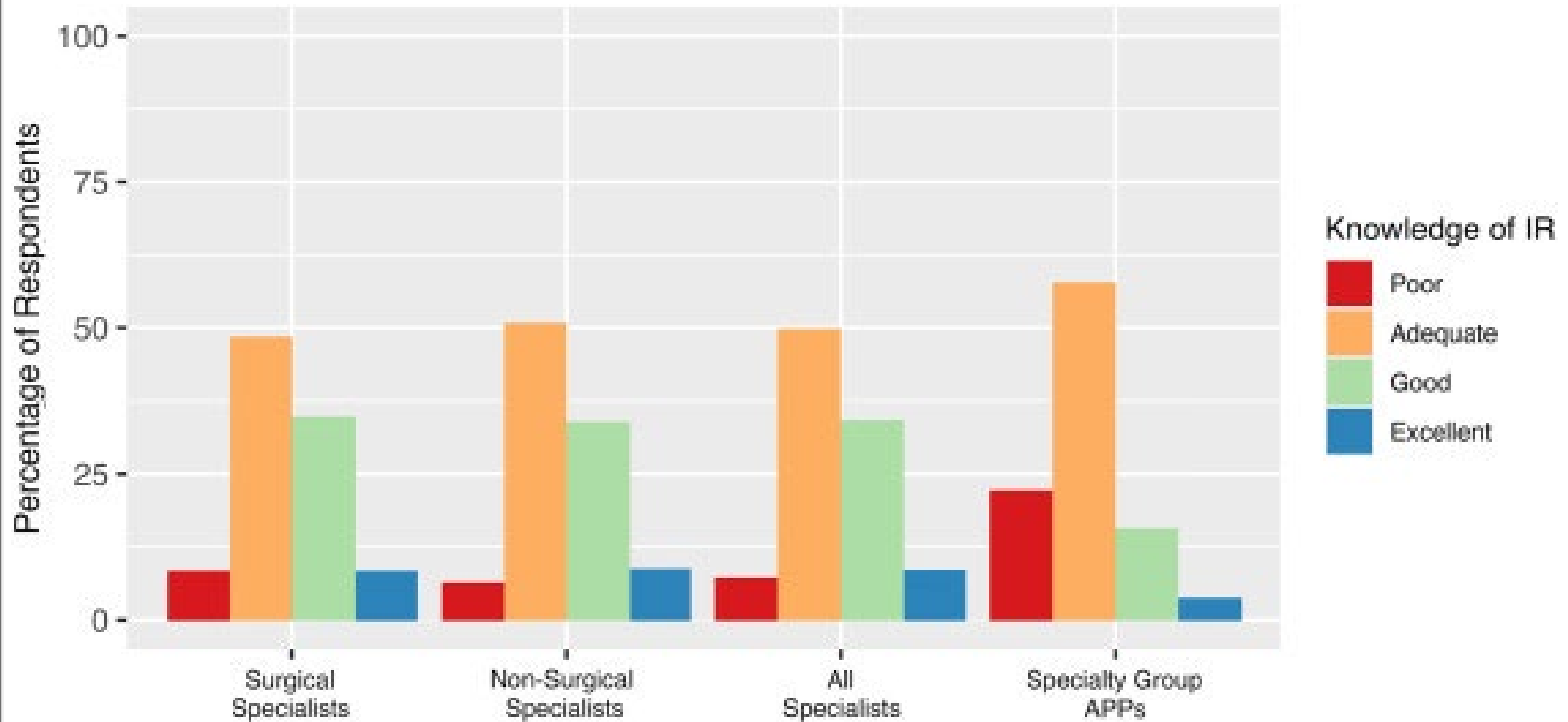




What is IR?

- Vincent Flanders, MD
- Joshua Dowell, MD, PhD

ARTICLE IN PRESS



Specialty

cians and advanced practice providers (APPs) practicing medical disciplines other than primary care. This study was exempt from approval by the Ohio State University Institutional Review Board (IRB) and was performed with a

online at www.jvri.org.

When asked how often they suggested IR procedures to their patients as an alternative to surgery, 87 specialists (19.8%) answered 0% of the time, 205 (46.6%) answered

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Trailblazing Outpatient IR Care

- **Shifting from Hospital-based to Office Based Lab (OBL)**
- **Program Model**
 - Specialized, high-level expertise
 - Patient-focused care
 - Simplified scheduling
 - Expedited procedural care
 - Cost savings outside the hospital
- **Volume Growth and Expansion**



VIP | **Vascular & Interventional Physicians**

A DIVISION OF NORTHWEST RADIOLOGY

- VIP formed as a cost center of Northwest Radiology in 2023 and provides outpatient IR procedures within the NWR Carmel location
- First outpatient facility in Midwest to provide Yttrium-90 radioembolization for liver tumors outside the hospital
- First outpatient facility of its kind in Midwest to offer many minimally-invasive IR procedures including tumor embolization, uterine fibroid embolization, and prostate embolization





I. Expertise

- Interest in providing high level IR patient care
- Academically-minded, evidence-based practice
- Outstanding training




Dr Dowell and Dr Flanders have been named to the

Indianapolis Monthly

TOP DOCTOR LIST

II. Patient Experience:


 **Rena Surber** ✓
1 year ago



Everyone was so kind and comforting. I went in for a pretty scary procedure. I was met with compassion and kindness by every person I came into contact with. I would give 100 stars if I could

[Read more](#)




 **Shawn Orlea** ✓
1 year ago




Very friendly and professional staff from the surgeon, to the PA. To the nurses

[Read more](#)

 **Herman Johnson** ✓
3 days ago



My care was taken care of. Made me feel really comfortable. I highly recommend. 10/10..

 **dawn adams** ✓
6 months ago




Molly and Katie are the best. They are compassionate and very knowledgeable of their jobs. I have been going here for a year and would not go anywhere else.

Google Reviews

5.0  (16)

[Review us on Google](#)

 **nancy meehan** ✓
1 year ago



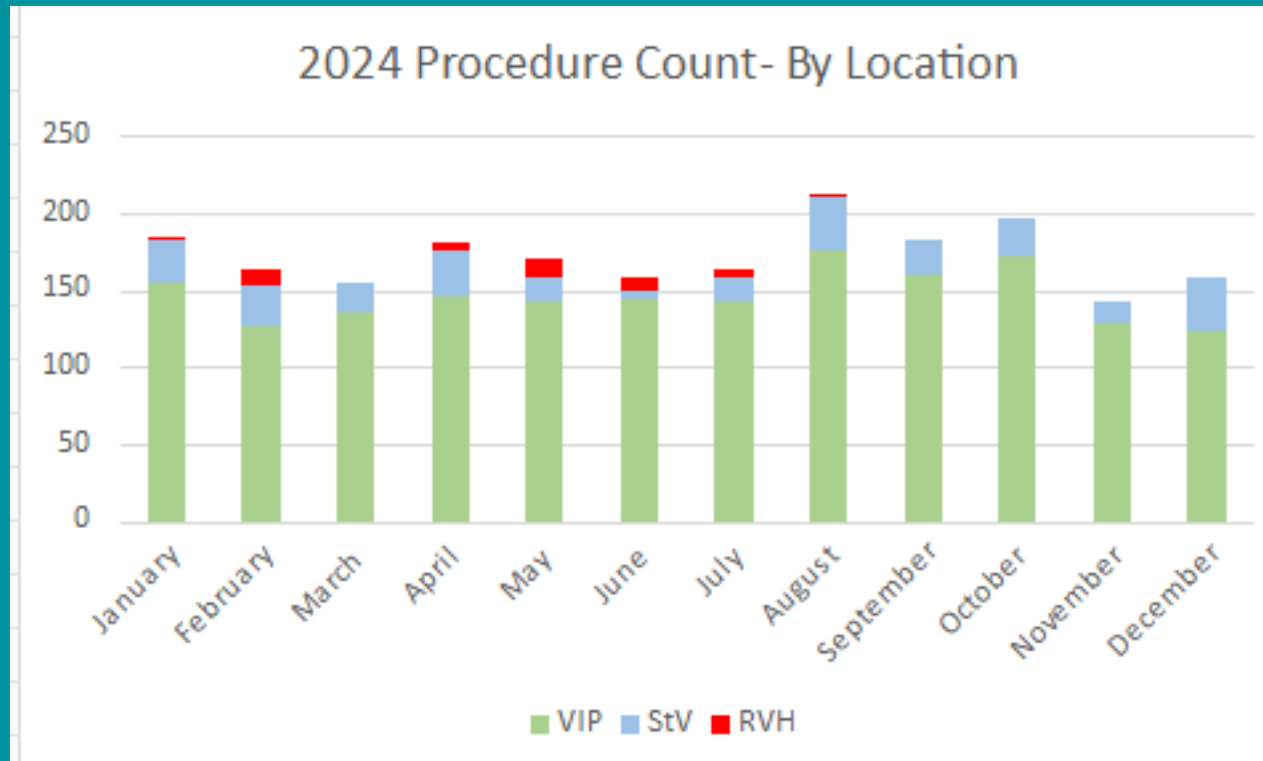
The doctor and staff at NWR are wonderful! During my visit and procedure they were efficient, kind, friendly, and very attentive to my needs. They helped me feel at ease and patiently answered my questions. I felt I was in

[Read more](#)

Proprietary and confidential

By the Numbers:

- Over 2000 procedures performed in 2024
- Approximately 150 procedures performed per month at VIP



Tumor Board: A Multidisciplinary Approach



• What happens next?

- Collaboratively discuss each case at tumor board and decision is made on if a patient may be a good candidate for locoregional therapy or surgery
- Oncologist or Surgical Oncologist sends a referral to IR
- Patient is scheduled for IR clinic to discuss clinical history and plan
- Order is placed for the procedure and preauthorization begins



• The Decision Process and Clinic

- Cancer patients are referred to us from all major hospital systems as we are not directly associated with any system and direct communication is kept with the patient's oncologist through treatment.
- Many patients have never seen their CT or MR imaging or the mass we plan to treat
- Large screen PACS machine to review images
- Draw the liver, the mass location, and vascular anatomy
- List and describe locoregional therapy options:
 - Ablation
 - Bland embolization
 - Chemoembolization
 - Y90 radioembolization

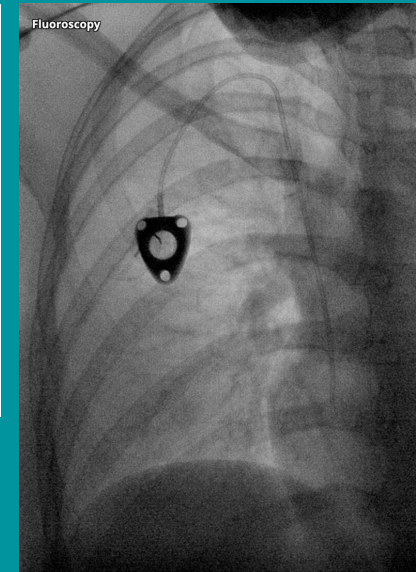


Case Examples:



- Liver cancer patients will have a MRI and PET/CT as part of the process toward diagnosis followed by a port placement for chemotherapy and sometimes a biopsy.
- The biopsy, port placement, and all imaging can be performed at VIP/NWR
- Y90 is a catheter-based treatment option for liver cancer patients performed at the hospital or at VIP/NWR. VIP is the first outpatient facility in the Midwest to offer Y90 outside the hospital.
- Liver cancer patients will get MRI or CT studies every 3 months after treatment to monitor the treatment response.

Chest Ports:



- Chest port is the first step in a cancer patient's care plan and serves as access for chemotherapy, blood work, and for contrast for a CT or MRI
- Easy scheduling and prompt placement is critical to expedite a patient's treatment plan and to initiate chemotherapy
- VIP/NWR Ports are placed within 48 hours of receiving the request
- Each port translates to approximately \$10,000 in health care savings to the patient, employer and to UHC when placed at VIP/NWR



By the Numbers:

- At a savings of \$10,000 per port, 434 ports placed at VIP/NWR since our opening in 2023 translates to a savings of \$4.3 million to patients, employers and their insurance providers over port placement that would have been placed at the hospital.



Faster. Convenient. More Affordable.



Chest Ports

434 ports placed since 2023

\$10,000+ LESS per port than hospital cost

\$4.3 MILLION in Savings
to patients, employers and their insurance providers

Y90 Patient Experience

Less Time vs. Hospital

3.5 hrs vs. 9 hrs. arrival to discharge

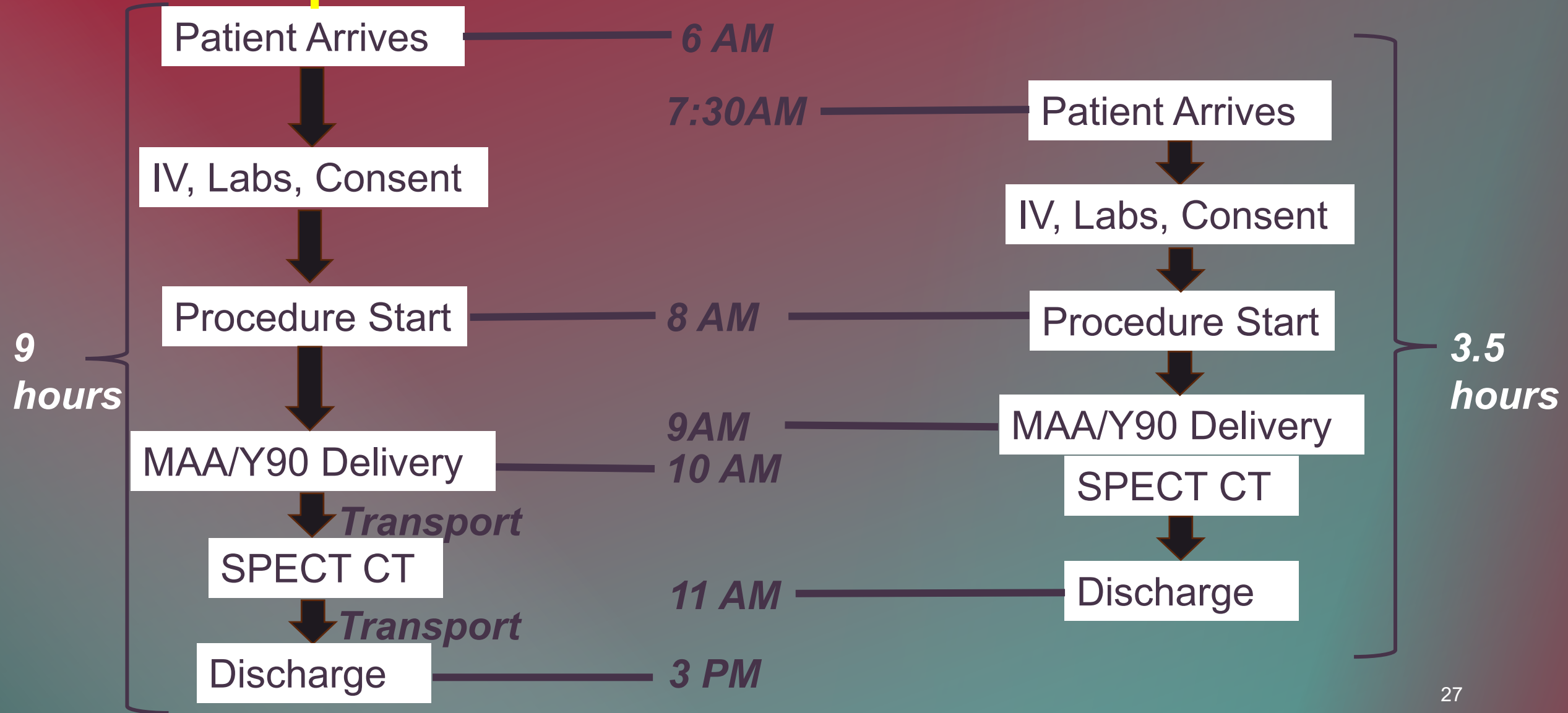
\$70,000 LESS per patient per year for Y90 related procedures and imaging than doing them at the hospital



First outpatient facility in the Midwest to provide
Yttrium-90 radioembolization for liver tumors

A Y90 Patient's Argument for VIP: 8:00 Start

Hospital vs VIP



• Yttrium-90 Radioembolization

- MAPPING PROCEDURE:

MAPPING PROCEDURES	AVERAGE PAYMENT	HIGH PAYMENT
TOTAL:	\$28,033.57	\$364,399.49

- Y90 TREATMENT PROCEDURE:

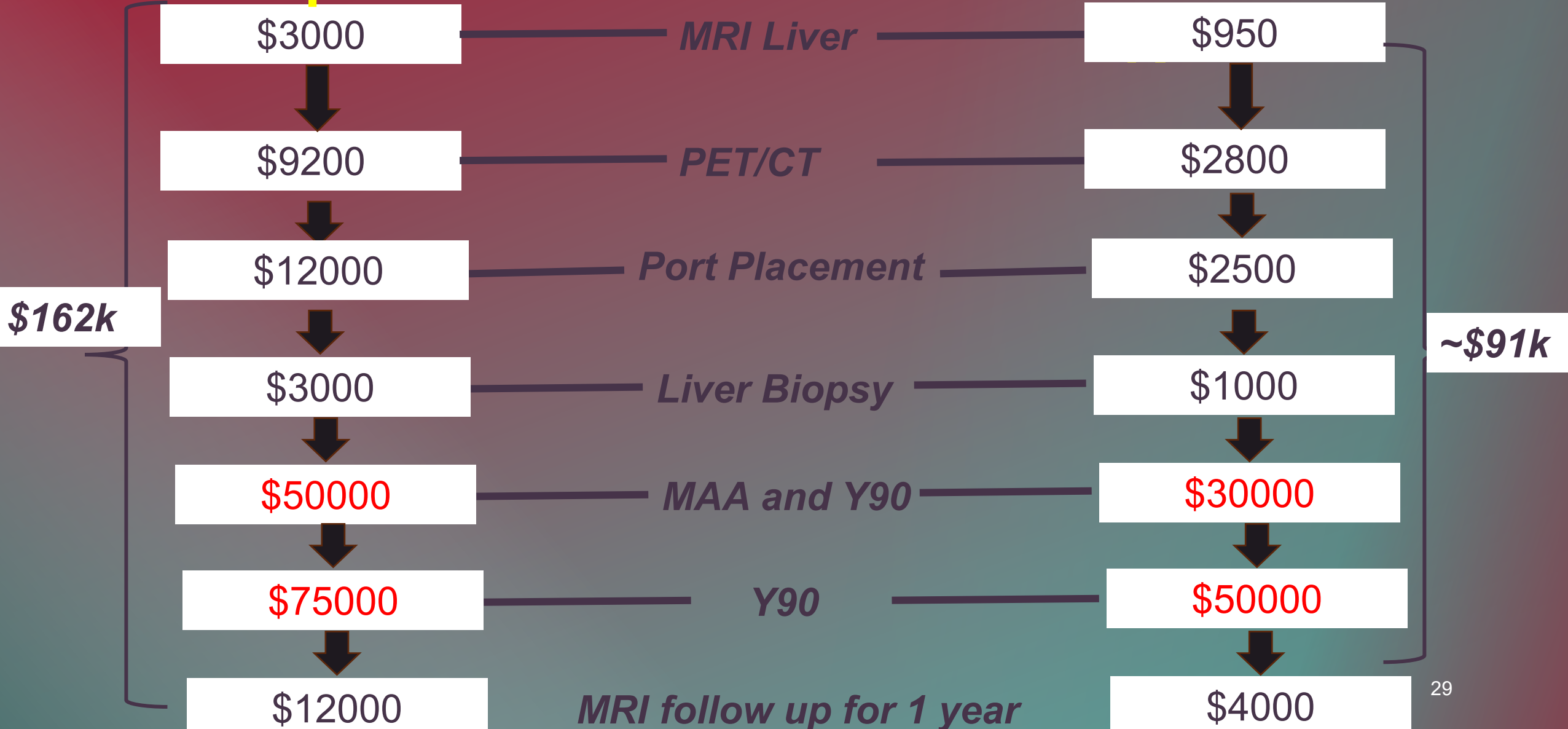
Y90 PROCEDURES	AVERAGE PAYMENT	HIGH PAYMENT
Y90 Dose	\$37,106.46	\$68,533.15
TOTAL:	\$67,705.65	\$440,457.15

- TOTAL FOR BOTH PROCEDURES:

AVERAGE PAYMENT	HIGH PAYMENT	ESTIMATED ASCENSION	VIP/NWR
\$95,739.22	\$804,856.64	\$125,000	\$80,000

A Y90 Patient's Argument for NWR imaging

Hospital vs VIP/NW

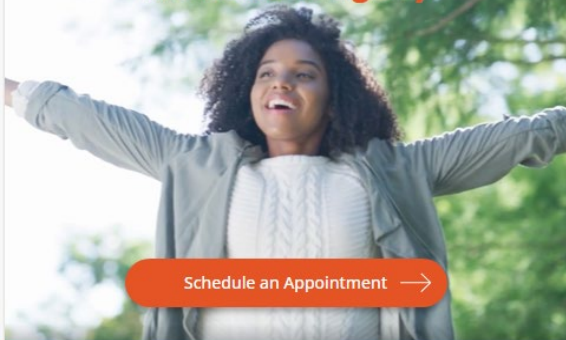


• Beyond Cancer Treatment

- UTERINE FIBROID EMBOLIZATION
- PROSTATE ARTERY EMBOLIZATION

VIP Vascular & Interventional Physicians
A DIVISION OF NORTHWEST RADIOLOGY
317-328-7255

Freedom from Uterine Fibroids —
without surgery



Schedule an Appointment →

Our team of experts focuses on
Call Now:
317-328-7255

NATIONAL AVERAGE	NATIONAL HIGH	INDIANA AVERAGE	INDIANA HIGH
\$17,598.50	\$207,710.83	\$22,215.33	\$56,957.38

ESTIMATED ASCENSION	VIP/NWR
~\$52,000	~\$20,000

Cost Savings: Insurer, Employer, and Patient

- **Lower Cost:** 30-50% less than hospitals for same procedure by same provider
- **Lower Overhead:** Significantly less overhead than hospitals
- **Insurer and Medicare Savings:** Over 18%+ savings overall when patient's have procedures performed outside the hospital
- **Savings to Employer and Patient:** Same procedure, same provider, easier scheduling, shorter procedure time and recovery, improved patient satisfaction



Benefit Design Strategies

- Reducing employer health spending for diagnostic radiology imaging and interventional radiology procedures.
- Improving patient satisfaction, ease of scheduling, procedure time and outcomes without increasing employer, insurer or patient spending.
- Promote access to high-value IR and radiology health services



Strategies and Next Steps

- **Cost-sharing:** Cost differentials to encourage outpatient VIP procedures and NWR imaging at a cost benefit. Increased coverage or lower deductibles for patients if at VIP/NWR.
- **Consumer-Driven Health Care:** Empower or encourage patients to choose VIP and NWR as cost-effective choices. Same study, procedure, and provider at a cost savings to employers, patients and payor.
- **Make high-level IR procedures more accessible:** Educate patients within and outside the Indianapolis area of the cost savings if their procedure is performed outpatient.
- **Employer Partnerships** for procedural savings through VIP, ie Cancer Care (ports, liver directed therapy), Fibroids, Prostate

Joshua Dowell

Jdowell@northwestradiology.com

Vincent Flanders

Vflanders@northwestradiology.com



Questions?



Breakout Sessions

- Please stay in this space if you are interested in Alera Sales Strategies
- Leveraging Vital Incite Applications will be located down the hall in the Nobel Sissle Meeting Room



Alera Sales Strategies

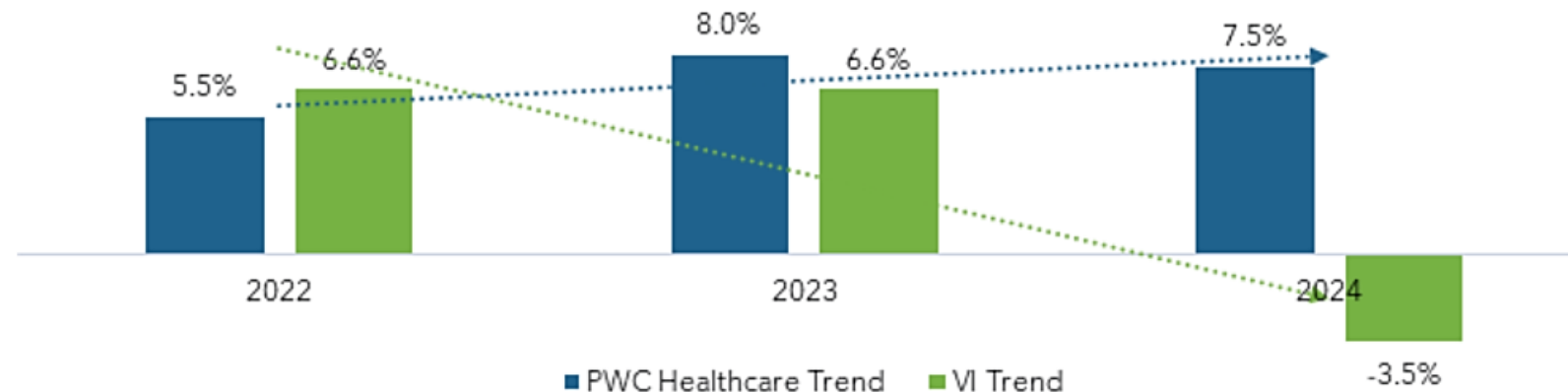
Mary Delaney

All Alera Team Members

Levering Objective Data Matters

- Data-driven, strategic, employee focused approach
- Navigate the ever-changing challenges in health plan management objectively
- The impact: Alera's VI trend 3.3%, PWC's tend 7%

Medical Cost Trend



Definition of Success Vital Incite

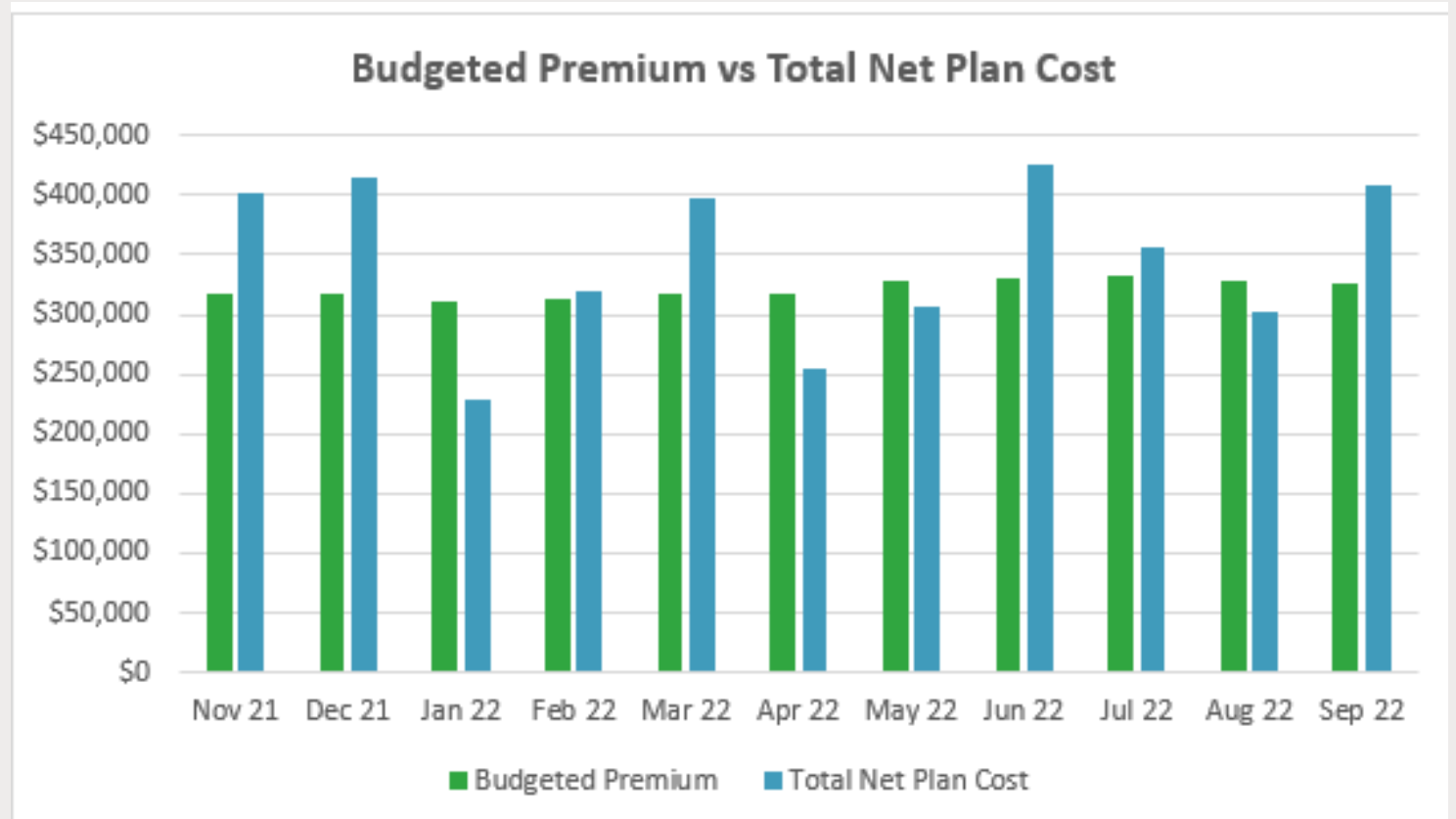
- **Success for Employers**

- Improve plan spend
- Improve risk migration
- Improve EE appreciation
- Feel comfortable in their decisions-
Fiduciary Responsibility

- **Success for Advisors**

- Advisors feel fully supported to make
stronger strategic changes
- Employers' decisions come easier
- Confidence in their relationship with
clients

- **Growth of Alera**



- **Success for Employers**

- Improve plan spend
- Improve risk migration
- Improve EE appreciation
- Feel comfortable in their decisions-
Fiduciary Responsibility

- **Success for Advisors**

- Advisors feel fully supported to make
stronger strategic changes
- Employers' decisions come easier
- Confidence in their relationship with
clients

- **Growth of Alera**

Do our goals match?

Vital Incite's Efforts

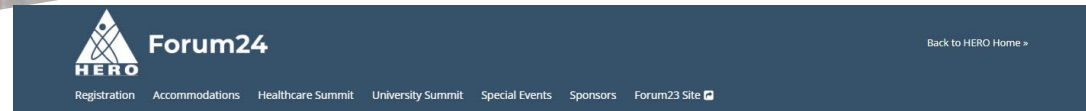
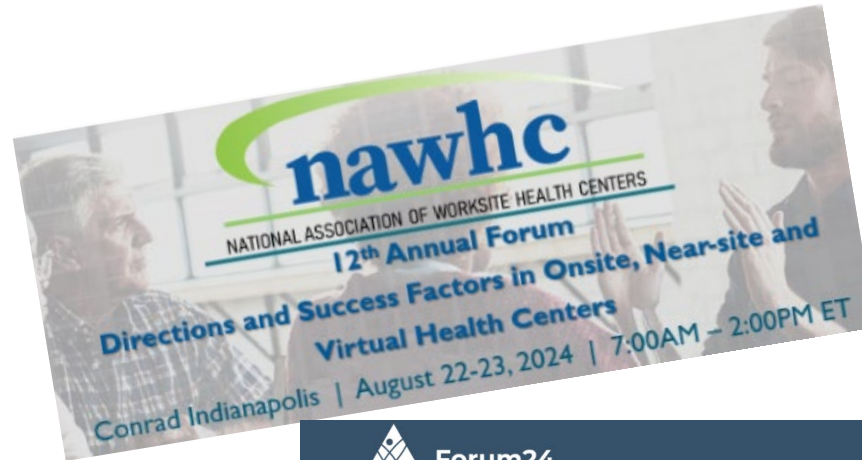
Who do we market to...

- Large employers that do not have one relationship with an Advisor
- Do not market where we have an Alera office other than general prospect marketing
- Support Alera prospects
 - Responding to RFP questions
 - Finalist presentations
 - Offer other things to support Alera
 - References



Clients Love
Recognition

National Presentations



Alera Hosted Events



February
South Carolina
CFO Council

March
Alera Group Employee
Benefits Symposium
Alera- Midwest



June
Employee Benefits Summit for
Georgia Employers' Assoc.

January
HR Roundtable
Alera- GA & TN

Catch the Attention of Prospects- Monthly Prospect Ads



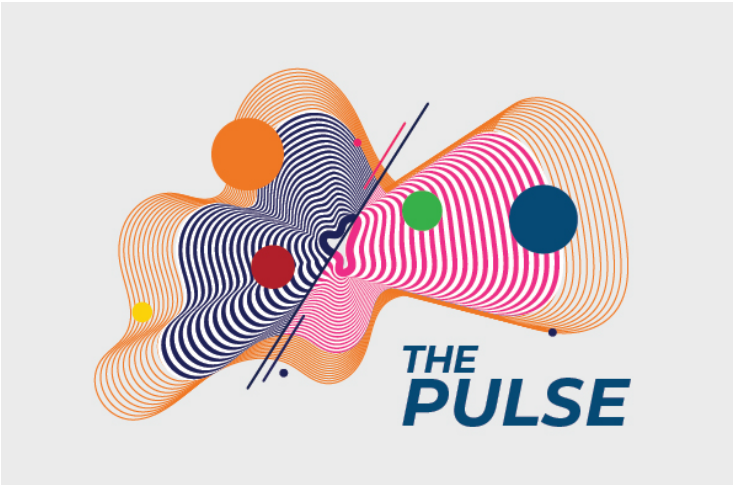
Managing your health plan might feel as unpredictable as the stock market—but the good news is, you have far more control. With the right resources, fiduciary success is within reach. Did you know that at least 35% of spending in commercial health plans across the U.S. is considered waste? We can help you identify that waste and develop strategies to manage your budget more effectively, all while supporting your members.

[Read more about how to gain ERISA Fiduciary Success](#)

- ER Prospect List
- Communicate activity to Alera offices
- Increases name recognition

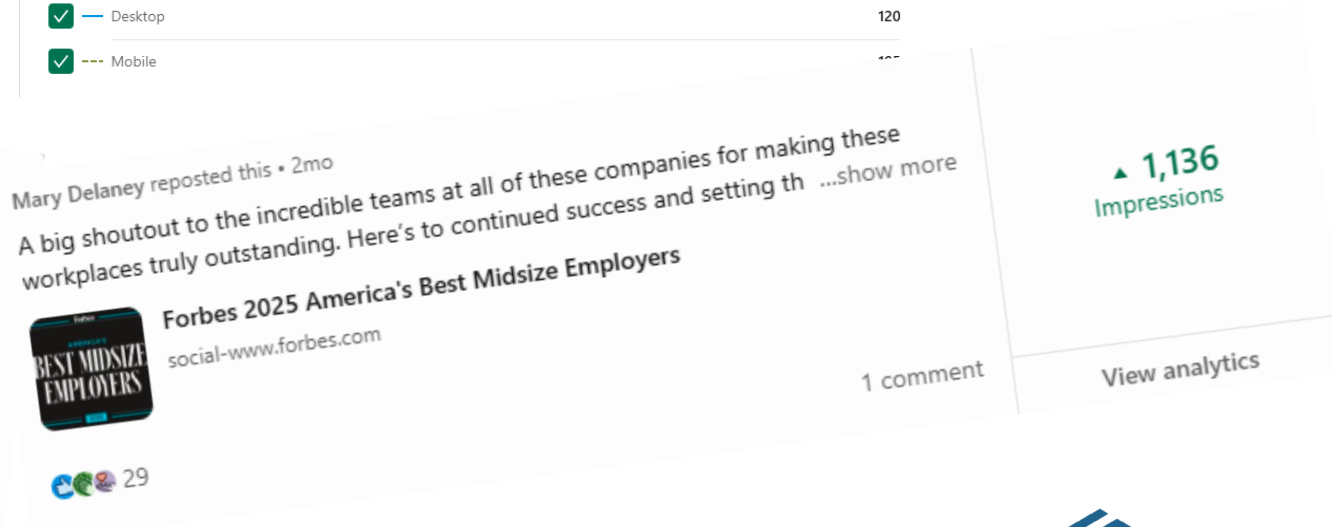
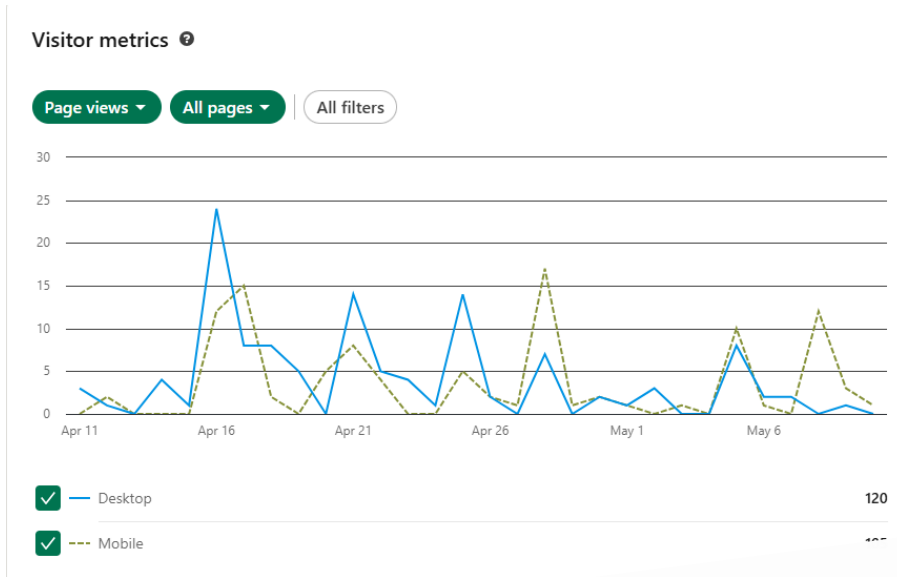
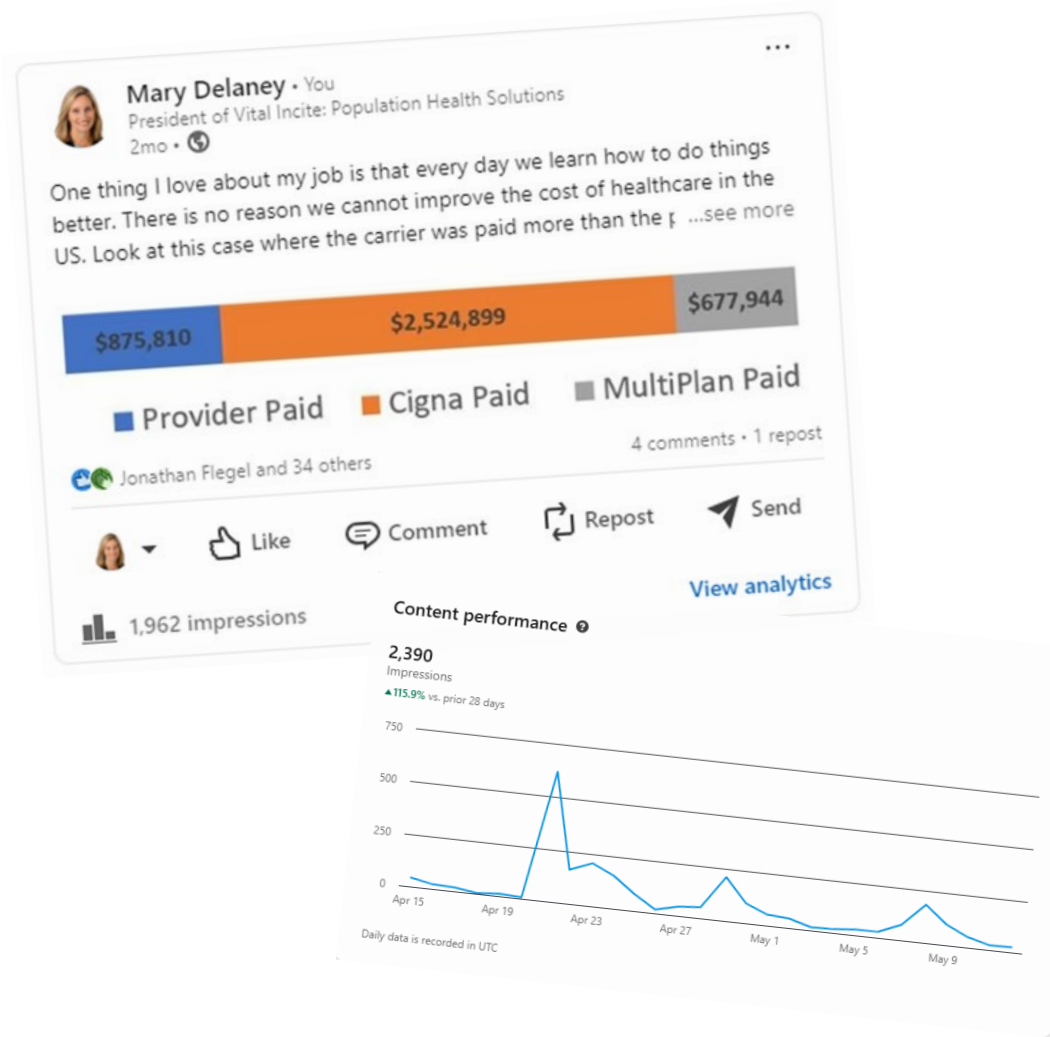
mseeley@vitalincite.com

Catch the Attention of Prospects- Podcast

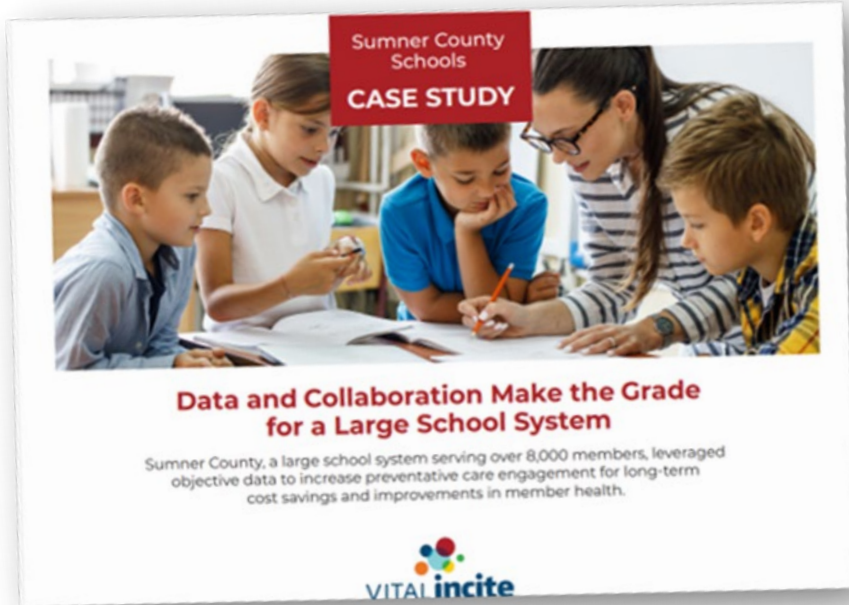


<p>July, 2024</p> <p>The Blue Zones Hype & Your Health Plan – Employer Strategies for Better Outcomes</p> <p>▶ PLAY PODCAST</p>	<p>May, 2024</p> <p>The Benefits of Tight Contract Management</p> <p>▶ PLAY PODCAST</p>	<p>March, 2024</p> <p>Root Cause Approach to Managing Healthcare Spend</p> <p>▶ PLAY PODCAST</p>
<p>January, 2024</p> <p>Leveraging GLP-1s to Improve Health without Killing Your Budget</p> <p>▶ PLAY PODCAST</p>	<p>July, 2023</p> <p>Managing Catastrophic Care and Cost</p> <p>▶ PLAY PODCAST</p>	<p>May, 2023</p> <p>Managing Specialty Medications: PBM or Health Plan or Place of Service</p> <p>▶ PLAY PODCAST</p>

Catch the Attention of Prospects- LinkedIn



Catch the Attention of Prospects- Case Studies



Sumner County Schools
CASE STUDY

Data and Collaboration Make the Grade for a Large School System

Sumner County, a large school system serving over 8,000 members, leveraged objective data to increase preventative care engagement for long-term cost savings and improvements in member health.

VITAL incite

Client Success Story Independent Provider Consortium

Client Challenges:

- The client is a provider consortium developed to help support Indiana providers in private practice.
- In Indiana, providers in private practice are paid 127% of Medicare making it difficult to sustain.
- The goal was to offer competitive and comprehensive benefits while maintaining cost efficiency and affordability.

Alera Group Approach:

- Consolidate benefits to capitalize on the advantages of a larger group size.
- Uncover medical spend waste and opportunities to optimize care delivery, i.e., redirection.
- Identify the best way to support plan members to improve their health risk.
- Leverage claim data to strengthen position in the market

Our Solutions:

- Data integration (medical/Rx/HR files) and analysis
- Continued evaluation of site of care opportunities
- Creative incentive strategies using HSA's (started with colonoscopies and expanding)
- Individualized support for member practices related to wellness incentives/strategies

ALERA GROUP

Proprietary and confidential. All rights reserved.

Client Result

- Group has grown 40% since 2020, supported by a strategy that optimizes benefits while retaining affordability
- Despite increased health risk due to growth, their costs remain 12% below benchmark
- Redirection of colonoscopies is saving the plan \$1,500 per scope and increasing compliance

Carmel Clay Schools: Bringing Lifestyle Medicine to Classroom & the Community

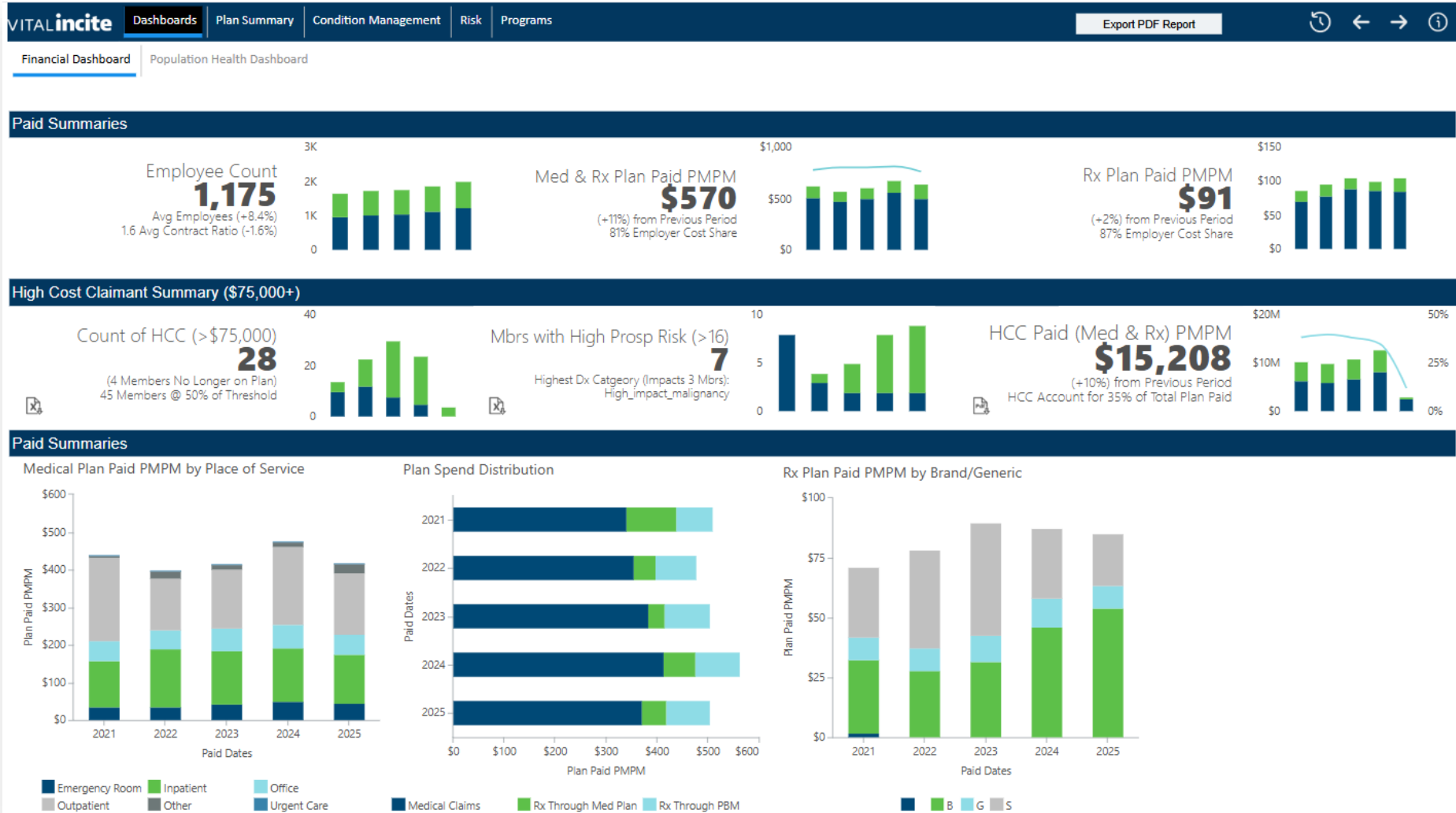
Roger McMichael, MBA¹, Elisabeth Prosser, MD², and Mary Delaney, MSPT³

White Papers

- Potential White Papers or Slides by Industry



Vital Incite - Dashboard



Vital Alerts

Vital Incite monitors incoming claims data monthly to identify actionable items that help optimize plan spend and address cost drivers.

Trigger Dx or Medication

Members below have conditions that were recently identified as paid in claims data. Some of these items are just warnings of items that may increase plan spend, others have suggested next steps.

VI ID	Alert Summary	Considerations	First DOS	First MM/YY on Plan	Plan Paid in Last 12 Months	Next Step	Carrier
2005808	May Lead to High Cost	Member on high cost drug Xolair for Asthma. Other first line less expensive options should be leveraged.	03/17/2025	01/21	\$24,378	Discuss with PBM or consider further support	RxBenefits
3708495	High Cost Treatment	First fill of expensive medication Descovy, that will be monthly	03/08/2025	09/23	\$31,368	FYI- Condition could lead to high cost	RxBenefits
3862129	May Lead to High Cost	Vedolizumab first fill, likely ongoing, high cost drug	03/12/2025	01/24	\$18,813	FYI- Condition could lead to high cost	UHC

High Cost DRG

VI ID	DRG	LOS	DOS	Facility Name	Total Cost	Potential Waste*	% of Adjusted Medicare	Carrier
1615538	(871) SEPTICEMIA W/O MV 96+ HOURS W MCC	3	1/19/2025	St Vincent Hospital Health	\$37,452	\$8,441	258%	UHC
3346316	(788) CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	3	3/4/2025	St Vincent Carmel Hospital	\$17,252	\$3,396	249%	UHC

*Potential waste calculated as total cost of the DRG above 200% of Medicare reimbursement rate, adjusting for longer length of stay. We are providing the top 10 cases by medical spend waste if potential waste is over \$1,000.

Stop Loss Arrangements

Symetra

Granular

Berkley
in progress

Stealth-
Amwins

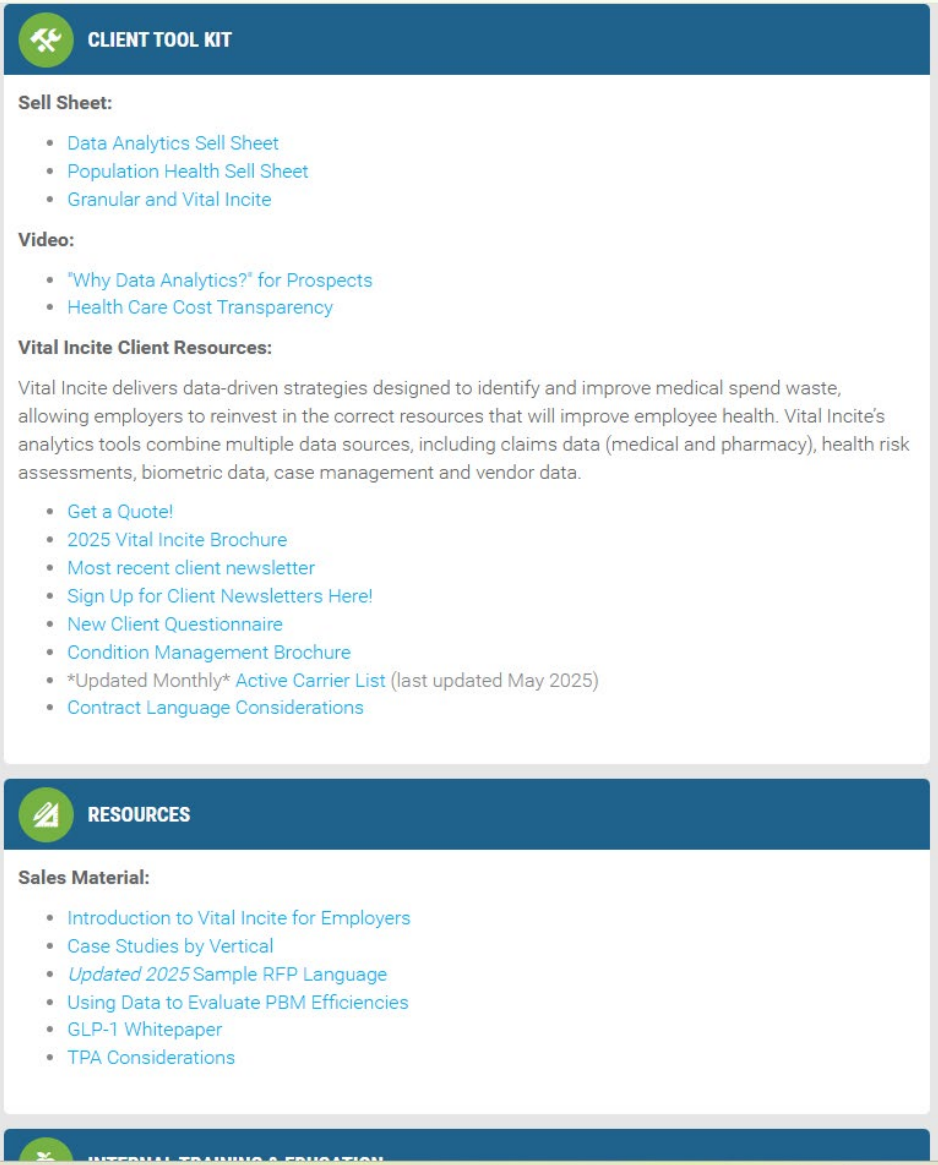
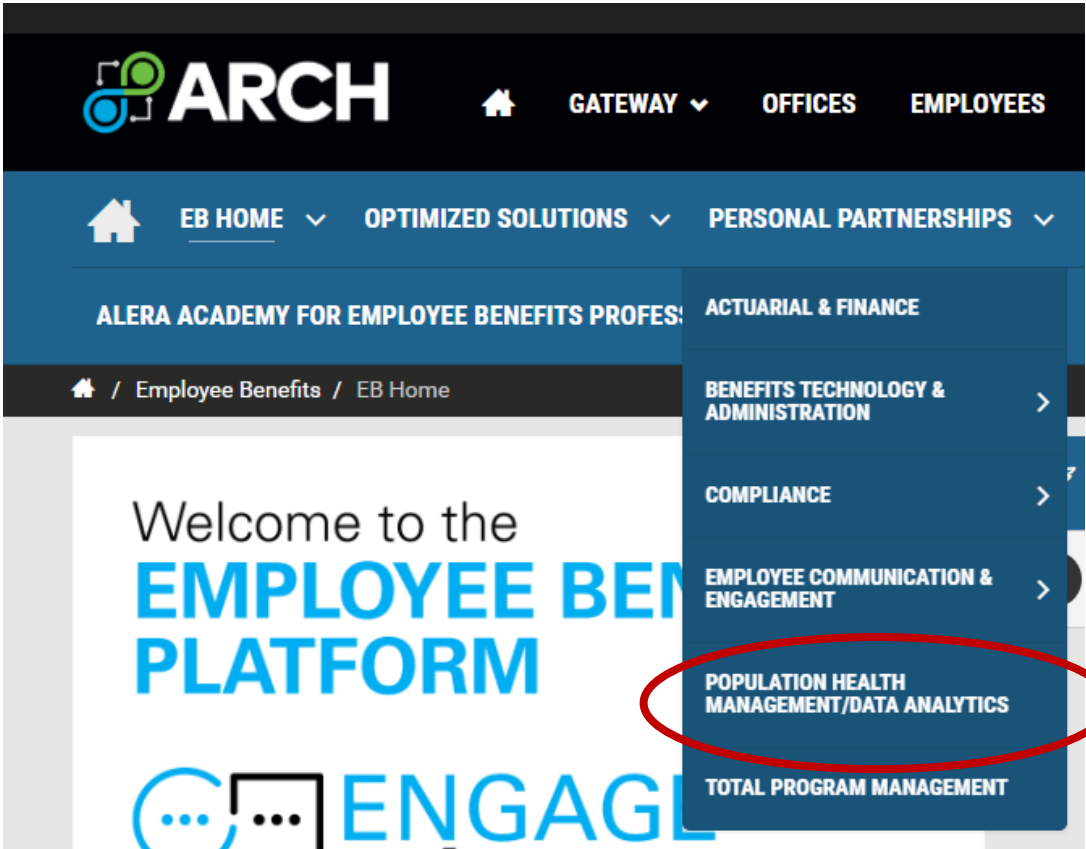
Quick Quote for Smaller- Less Complex Cases



Population Health Reporting and Analytics Services - Request to Confirm Pricing				
This Request to Confirm Pricing can only be accepted for Groups who desire integration of only medical and Rx claims, for reporting that is on a calendar year basis, and includes no locations or division reporting.				
Information to be completed by Broker/Advisor		Pricing		
		Fee	One Report	Two Reports
Name of Group	Client A	Vital Snapshot	1.50	N/A
Date of Request				
Name of Person submitting the request				
Alera Firm name		Vital Essentials	N/A	2.16
Employer Plan Information Provided		Vital Guidance	4.50	5.62
Name of Carrier or TPA				
Name of PBM				
Fully insured or Self-funded				
Number of Employees covered by Health Plan	200			
		Approved By: _____		
		Date: _____		
Please note: This quote will be good for 6 months from the submitted date. If information is not accurate on this document, the quote will be invalid. Quote must be signed off on by Vital Incite to be valid.				

Please Print to PDF and email to Mary Delaney for Approval

ARCH RESOURCES



mseeley@vitalincite.com

S3 Events



STRATEGY, SERVICE, SALES.

Help us think
outside the box
and differentiate
Alera

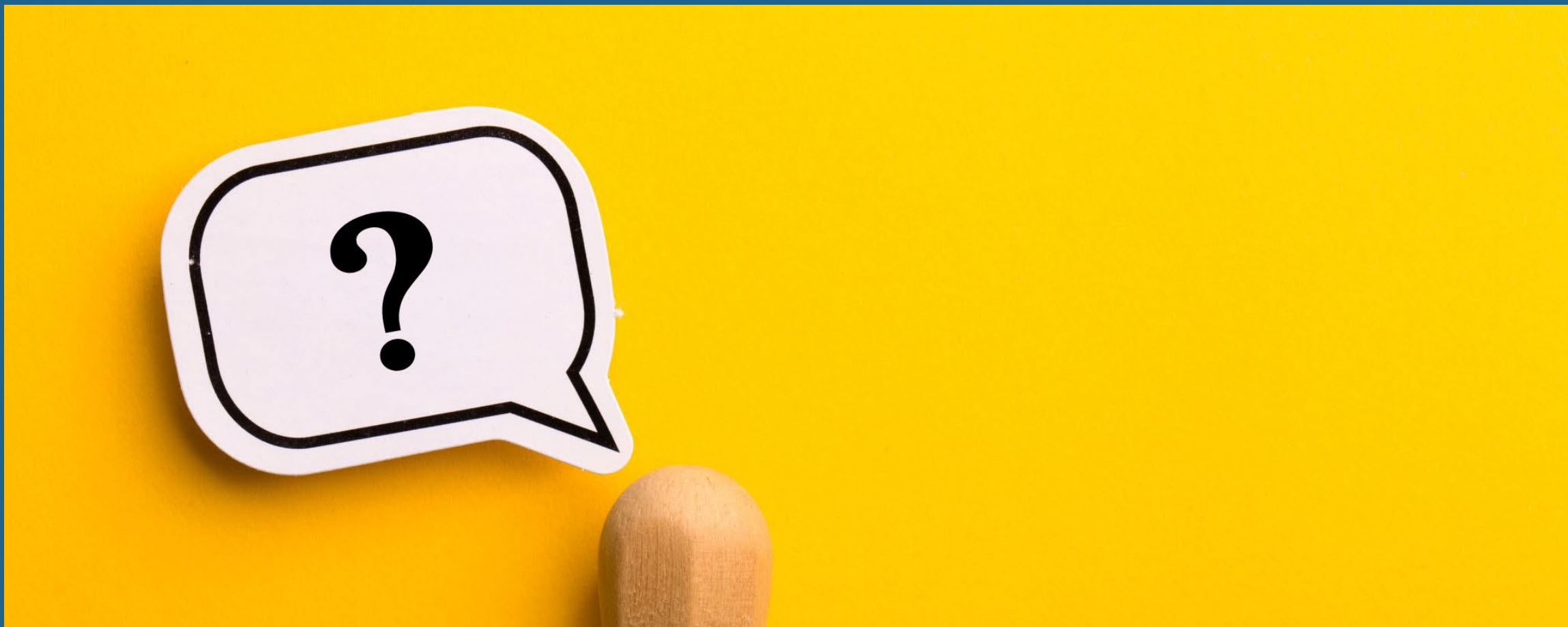
Create strategies that will be unique to Alera

- Unique Access to Meds
- Bring Vendor Solutions downmarket
- Radiology opportunities
- Relationship with Claims Auditing company
- Creating an Alera Wellness Philosophy
- Create efficiencies for pharmacy efforts
- Alera Trend Report
- Video Clips



Success Stories

What have you learned that you can now leverage and how?



What do you need?

VITALincite

AN **ALERA GROUP** COMPANY



STRATEGY, SERVICE, SALES.

Alera Best Next Steps

2025

Thank you to our
sponsors!

Key Sponsor



Bronze Sponsors



granular



Where might we go from here?

“You never change things by fighting the existing reality.
To change something, build a new model that makes the
existing model obsolete.”

— **Buckminster Fuller**

What Differentiates Alera?

Improved Preventative Care Compliance

Improve early ID of Risk

- Improve colorectal screens
 - Best quality and price
 - Alternatives when indicated
- Identification of when education is required for people to feel safe to leverage preventative care
- Evaluate access to primary care and determine what is the best strategy that can be put in place.
 - Primary care deserts
 - Offer extra incentive for private practices in the area
 - Virtual offerings- what will be lost
 - OB GYN deserts
 - What other strategies might you consider
 - Free transportation to facilities- time off for care



Improved Cancer Care

- Early ID
- Improved speed to care and support
- Medical team audits complex cases and directs to COE
- Alerted when drugs are paid out of line
 - Change POS
 - Agree to Case Rates
- Radiology Cases directed to more effective- cost efficient services

Type 2 Diabetes GLP-1 Employer Coverage Strategies: Best Practices

If an employer is covering GLP-1s only for type 2 diabetes (excluding obesity), effective clinical management should:

- Include documentation rather than attestation
- Require provider visits for type 2 diabetes within three months of a prescription, with proof of uncontrolled A1C level
- Reserve GLP-1s for use after a less costly first line agent is tried for at least three months
- Work with your PBM to provide clinical data that supports the diagnosis and authorization for the prescription, rather than follow an automated process involving a simple clicking of boxes
- Limit authorizations to six months, with proof of appropriate provider follow-up care, a reduction in weight of at least 5% and improved A1C control.
- Require participation in a weight-management or lifestyle program along with medication utilization

Be flexible in your strategy. Constant evaluation is necessary as new indications and agents enter the market.

GLP-1

Improved Health

Alera Strategy

- Short term strategies:
 - Well-structured lifestyle medicine support programs
 - Key PBMs that will support Alera's protocol
 - Carving out GLP-1 completely- leverage Lilly Direct- Novo Nordisk
- Direct to consumer access to GLP-1
 - Well-structured lifestyle medicine support programs
 - Able to track and report on outcomes
 - Right drug, right care to the right person to help support them to reduce their dependency on these meds.

Whole Person Care

Improve the Overall Health of our Population

- Reduce the dependence on the health care system
- Show investments are reducing risk
- Improve maternal health- young adult health- leads to healthier pregnancies
- Create environments that support health – Alera Wellness
- Understand if low quality providers are being utilized- if so, then put in a program to help redirect care

Mental Health

- Reduce the shame and help people ID when they need help
 - Early ID just as any other condition
- Create a culture of supportive environment for workforces
 - Start with certain industries – develop success stories to help empower companies to create change
- Alera's Wellness Division
 - Supports Wellness Committees
 - Creates better outcomes for us all

MSK

- Alera needs to clearly articulate the opportunity to drive improved outcomes
 - Identify what is driving cost
 - Incidence rates
 - Cost of care
 - Have strategies to support what is needed
- Develop preventative care strategies- not just sell products
 - Right care, Right time
 - Reduce weight
 - Improve muscle mass
 - Create efficient pathways for care

Improved Carrier Contracting

What If?

- Alera could move the needle on adding a PG to the carrier contract so they could only have a certain variance between allowed amounts
- Alera could create better definitions for Shared Savings vs. Admin Fees
- Alera could enforce carriers' responsibility to discuss and defend specific payments or contract rates.
- What if we could in our reporting, objectively add in all the admin fees to get to a true measure of efficiencies for PBM's, TPA's and carriers.
- What if Alera held every vendor to deliver on what they sold, and objectively why the employer put them in place.. Our PG analysis.

Other services to
drive improved
outcomes

Developing Stronger Support

- Strong agreements to redirect care and get the best service
 - Cell and Gene Therapies
 - Transplants
- Collaboration with Claims Auditing
 - We have the claims to make them more efficient
 - We understand what might lead to a ROI
- Direct lab or imaging contracts- Alera programs
 - Bring programs that might be limited to larger employers to Alera
- Alera Wellness supporting improved employer strategies
- Alera Pharmacy – pharmacy contract audits and market checks

What will you take away?

What Challenged Us?

What will you take back to
improve Sales?

What will you take back to
leverage Alera's tools or services
to help improve client support?

Thank you!

Final Survey



VITALincite

AN **ALERA GROUP** COMPANY



STRATEGY, SERVICE, SALES.