



SIGNATURE RESEARCH

CONVERGENCE OF DENTAL AND HEALTH INSURANCE ACCELERATES

AS COMPETITION FROM HEALTH INSURERS HEATS UP,
STANDALONE DENTAL PAYERS MUST INCREASE EFFICIENCY
AND FIND THEIR UNIQUE VALUE PROPOSITION





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5-MINUTE READ

A large majority of executives representing dental and health plans believe a shift from standalone dental is inevitable, the survey found. And while dental payers feel less threatened by health plans than they did in 2018, health insurers say they are far more interested in offering dental benefits than they were two years ago.

More health payers are offering adult dental benefits than ever before.

The portion of health payers offering adult benefits more than doubled to 48%, a strong sign that the industry is moving toward convergence. Health executives now prefer to bundle dental benefits with their health plans, but administer dental as a separate product, in a one-product, two-premium model.

Now is the time for dental plans to accept and prepare for convergence.

The next steps for dental plans involve positioning themselves strategically by optimizing internal processes and identifying a unique value proposition—such as reimbursement speed or portal quality—that will contribute to success under convergence.

COVID-19 may slow down the rate of convergence, but the eventual shift is coming.

The COVID-19 pandemic is introducing uncertainty, as tens of millions of workers lose their jobs, potentially leading to slumping insurance revenues and a shift from employer-sponsored to individual coverage. Regardless, we believe that the trend toward convergence has enough momentum to continue and should remain a strategic priority as the nation and world strive to recover.

INTRODUCTION

Our 2018 survey served as a wake-up call for dental insurers, showing that health insurance executives were moving aggressively onto the profitable turf that dental payers had all to themselves for decades.¹

Now we've updated the research, and it's clear that health insurers' incursion into dental is accelerating—and competition is getting more intense. With health plans aggressively moving to bundle dental coverage in their plans, it's becoming apparent that the two industries are on the verge of convergence, threatening to upend the standalone dental business model.

The portion of health plans offering adult dental benefits has more than doubled since 2018. And dental insurers are acknowledging and preparing for the coming change. Many more

see convergence as an opportunity to partner with new entrants, “embedding” their benefits in health plans. In two short years, even the business model for convergence has shifted to one that is more viable in the near term.

But even for dental insurers taking the change seriously, the survey depicts a call to action. Those that seize the moment will prosper, while the rest will be left to fight for eroding market share as new competition moves in and more business goes out to bid.



◆ CHAPTER 1

Convergence is coming, putting the standalone dental market share in jeopardy

Insurers are conservative by nature—and for good reason given the complex web of risks, regulatory constraints, government contracts, antiquated systems, and competitive pressures they face. It stands to reason, then, that the dental and health insurance industries will not merge overnight. Yet the survey found evidence that convergence is picking up real momentum.

A consensus of insurance executives considers convergence a durable trend. Nearly 9 in 10 respondents say that it is either already happening (43%) or that it will happen eventually (44%). Of executives who believe convergence is already happening, 89% say it is accelerating, compared to 21% in 2018. In 2020, 71% call the increase in momentum “slight,” while 18% say it is significant.

Perhaps surprisingly, dental insurers are more convinced than health insurers that they are losing ground in the contest for market share. Only 31% of dental insurers see the market for standalone dental remaining stable or growing, compared to 56% of health insurers.

Of executives who believe convergence is already happening, 89% say it is accelerating, compared to 21% in 2018.

Standalone dental's market share the next 5 years

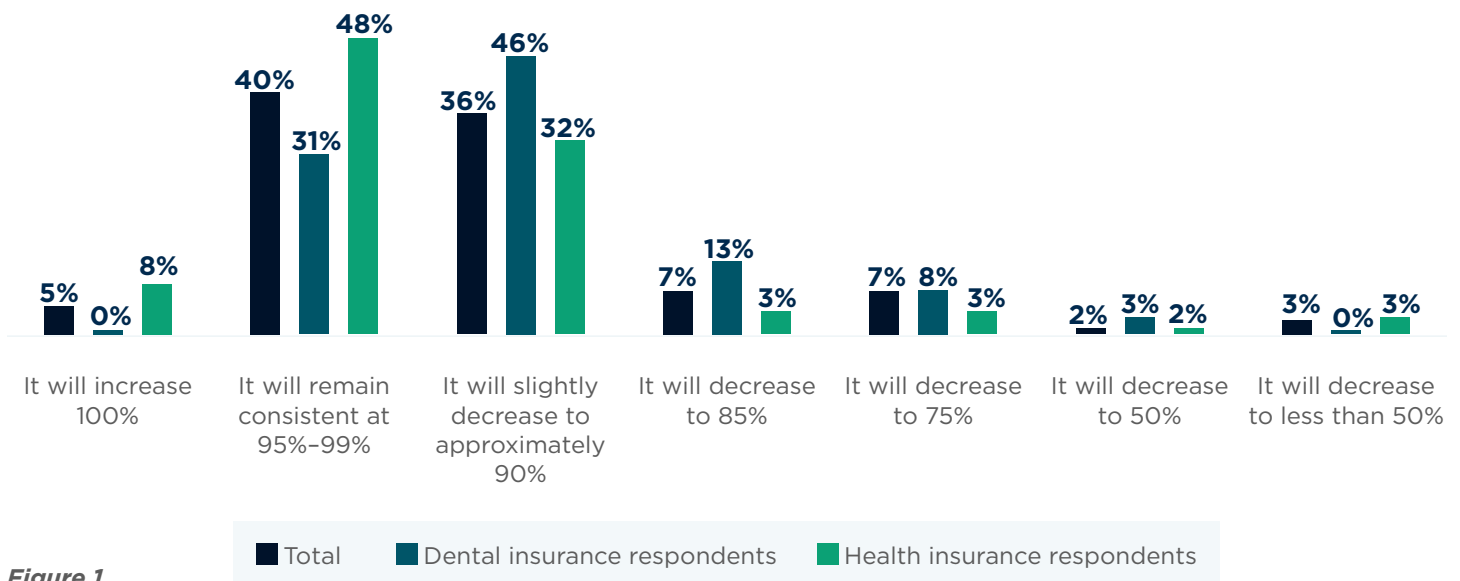


Figure 1

And while dental insurance is purchased almost exclusively on a standalone basis today, most respondents expect its market share to slip. By 2025, about one-third predict that standalone dental's share will fall to 90%, from around 97% today, and one in five believe it will fall below 85%. The predicted pace of change may seem modest, but no industry prospers when newcomers steal its customers. Standalone dental won't be an exception.

HEALTH PLANS ARE BRINGING MORE COMPETITIVE HEAT—AND THEY'RE NOT THE ONLY ONES

For dental insurers who continue operating under the status quo, the shift in purchasing behavior poses a real threat. The vast majority of respondents (73%) believe that health plans hold a slight (39%) or significant (34%)

advantage over dental carriers in competing for oral care business. In verbatim responses, executives note that health insurers wield “deeper pockets” and have “more premium to play with,” and that they can “offer a one-stop shop” convenience for their customers. Only 18% of dental insurers believe they enjoy a competitive advantage in the market they currently dominate.

Executives note that health insurers wield deeper pockets and have “more premium to play with,” and that they can offer a one-stop shop convenience for their customers.

Health plans outcompete dental rivals

Which insurers wield a competitive advantage?

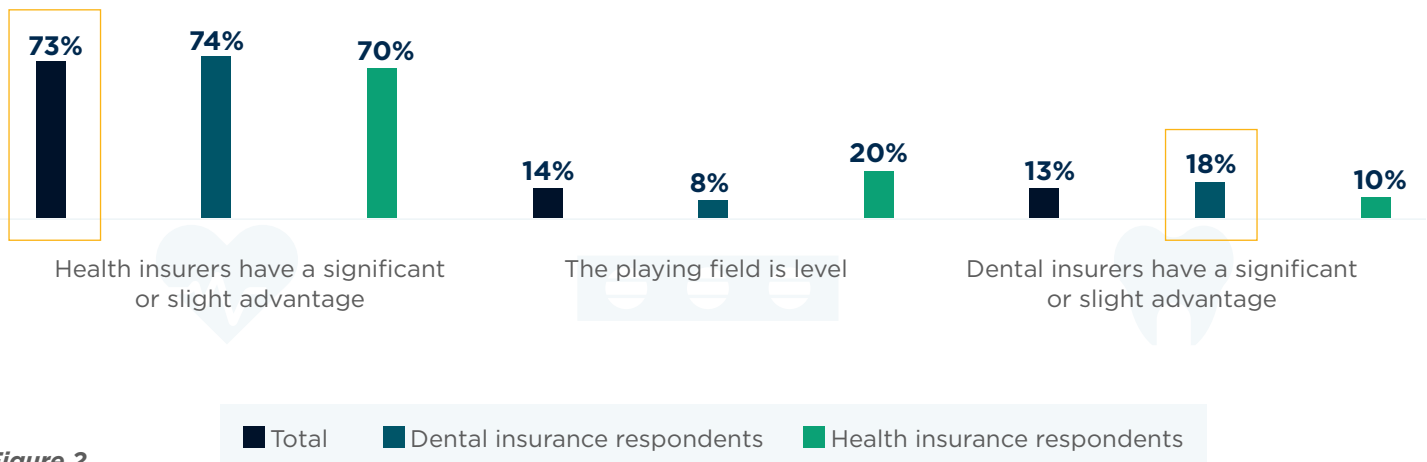


Figure 2



Moreover, health plans are not the only ones interested in competing in a market dominated by traditional standalone plans. Half of the executives surveyed believe that non-medical, ancillary insurers are also exerting significant pressure on oral benefits.

How significant is the threat to standalone dental from non-medical (ancillary) plans

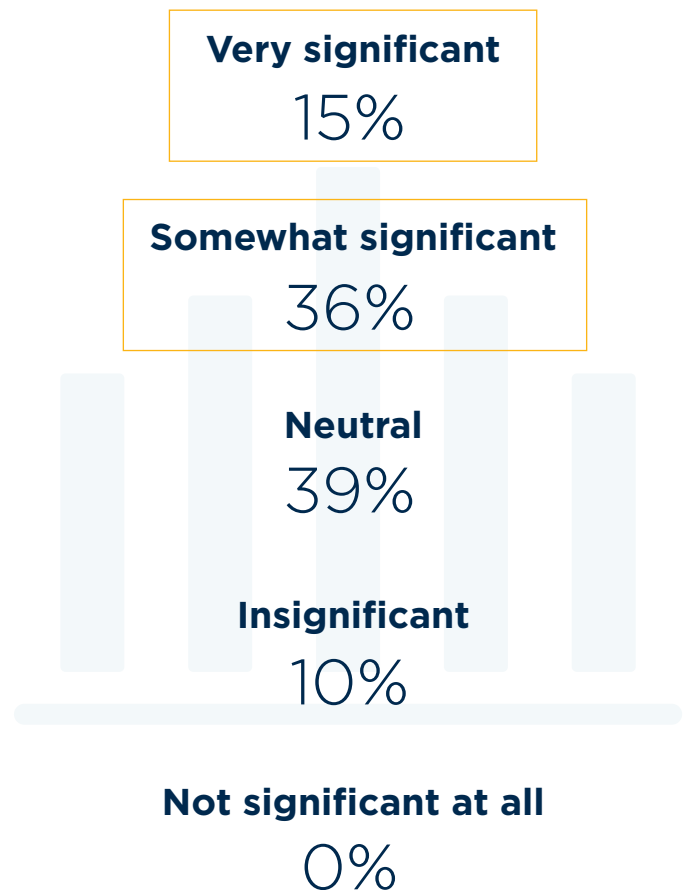


Figure 3

We also found a disconnect between dental and health insurers over the value that oral care brings to market. Over three-quarters of dental insurers (82%) believe consumers value dental benefits at least as much as they did 15 years ago, while 38% of health plan respondents feel otherwise. These numbers may point to a growing belief that millennials devalue dental insurance based on a lower susceptibility to dental disease (as a result of better oral health products, fluoridation, and other factors impacting oral health)—or they could suggest a blind spot in the dental community regarding their ability to deliver value.

While scientific evidence suggests a strong link between oral and overall health, the frequency of dental office visits by young people has been declining. Only 37% of adults visited the dentist last year.² The fact that nearly four in five dental insurers believe consumers still value their product raises a question: Would including dental

in a healthcare plan drive an increase in dentist visits? By offering a single decision and buying experience, could insurers help get individuals to the dentist? In the view of Kristin Irving, a senior director in West Monroe's Healthcare & Life Sciences practice: "As evidence increases that overall health and oral health are interconnected and the shift toward value-based dentistry continues, we believe consumers will find increasing value in visiting the dentist, leading to greater volumes of visits."

These findings and trends, along with the mounting threat from ancillary and healthcare insurers, point to intensifying pressure on standalone dental. To thrive, dental plans will need to be proactive and strategic. They will need to look for effective partnerships, offer the right product and premium structures, and find ways to operationalize plan administration.

Agree or disagree: Consumers value dental benefit less today than 15 years ago

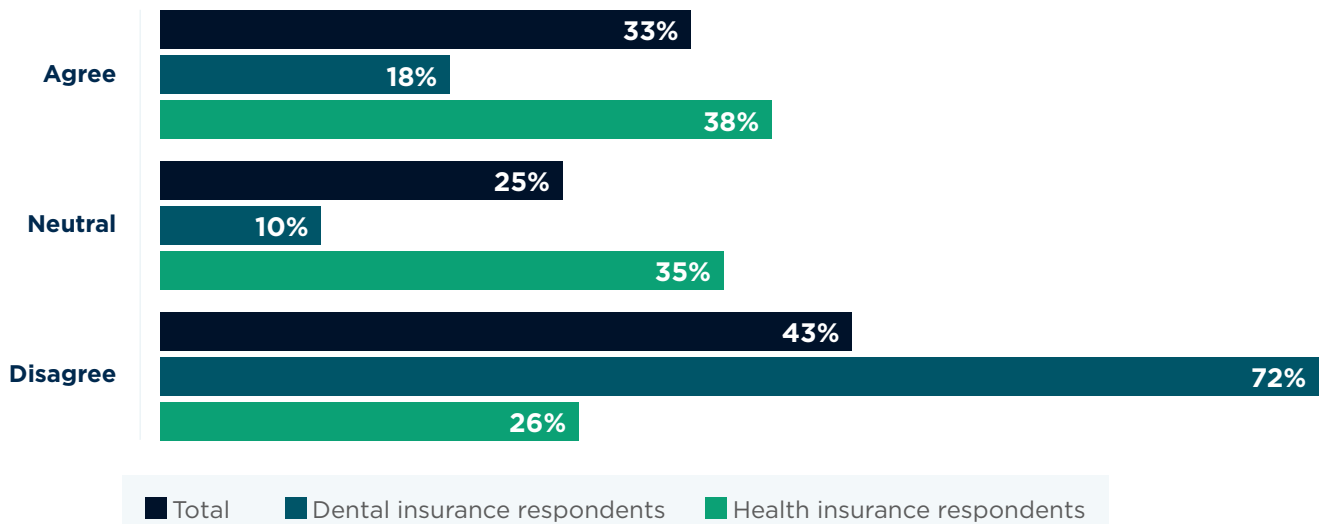


Figure 4



By offering a single decision and buying experience, could insurers help get individuals to the dentist?

PLANS FOR BUNDLING ACCELERATE, SETTING THE STAGE FOR CHANGE

This year's survey found clear evidence that "bundling"—when a distinct, separate dental insurance policy is sold in a package with a health plan—is already accelerating. The portion of health insurers offering dental insurance products has risen substantially, from 68% in 2018 to 80% today.

Among the 20% of health insurers who do not offer dental benefits, 58% are either likely to offer them in the future (25%) or undecided (33%). This contrasts sharply with 2018, when health insurers that didn't offer dental essentially had no plans to add it. The type of coverage bundled with health plans has also evolved. Most significantly, the portion offering embedded adult benefits has more than doubled since 2018, from 22% to 48%.

Clearly, convergence is accelerating. Health plans are determined to compete in the dental marketplace, and they are developing the capacity to do so. While more than 95% of consumers may still rely on standalone dental, health plans in many states now offer real alternatives, heating up competition and setting the stage for change.

The portion of health insurers offering dental insurance products has risen *substantially*

68%
in 2018

80%
in 2020

Figure 5

Opinion on potential bundling of dental insurance (benefits) into health insurance

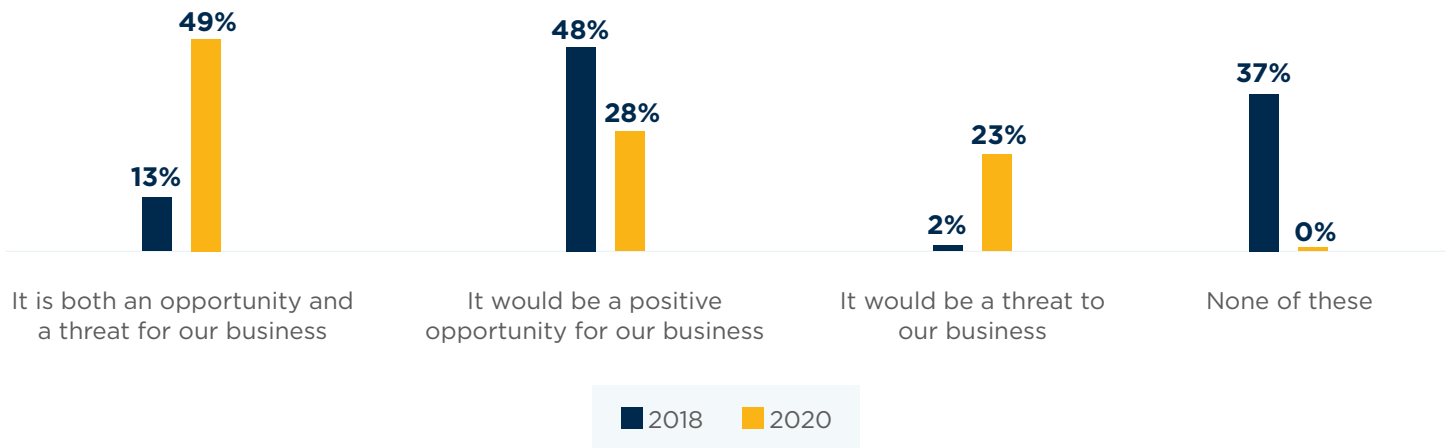


Figure 6—Dental insurance respondents only

A threat to a thriving business model—like the one standalone dental has profited from for decades—will inevitably feel like a crisis. But in crisis lies opportunity for those who are strategic and prepared. As disruptive as the changes may be, dental insurers who embrace the trend and get in front of it aggressively will be the winners.

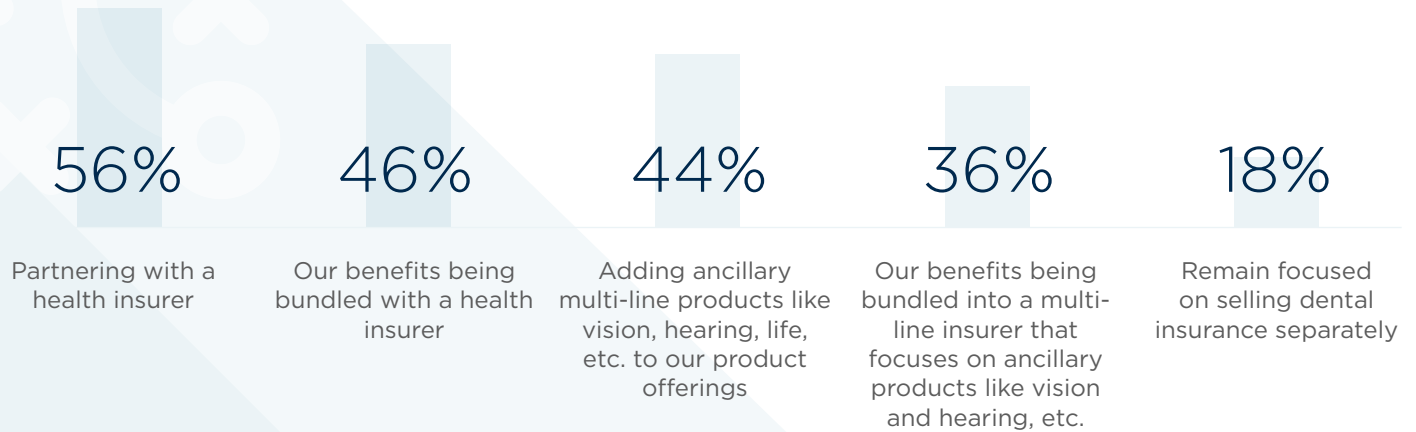
MOST DENTAL INSURERS EMBRACE CONVERGENCE, BUT HOLDOUTS REMAIN

We have long believed that dental payers can benefit by looking outside the traditional product suite. On the clinical side, dental-health plan partnerships can offer meaningful insights into patients. A visionary

insurer leveraging health and dental data can offer a more holistic patient view and deliver better health outcomes. Such arrangements can work well for both payers. They can also inoculate dental firms from the threat that health payers could capture their revenues by developing competitive dental benefits of their own.

The survey found that dental insurers are increasingly recognizing these competitive realities. Over the past two years, there has been a dramatic shift in the portion of executives who embrace the bundling of dental benefits in health plans. More than three-quarters (77%) of dental respondents now see it either as an opportunity (28%) or both an opportunity and a threat (49%). In 2018, this cohort represented only 6 in 10 respondents (61%). The portion of dental executives who view bundling purely as an opportunity has fallen from 48% in 2018 to 28% today. Those who see bundling as an outright threat has risen from 2% in 2018 to 23% today.

By 2025, which of these strategies will you pursue?



How will you handle bundling?

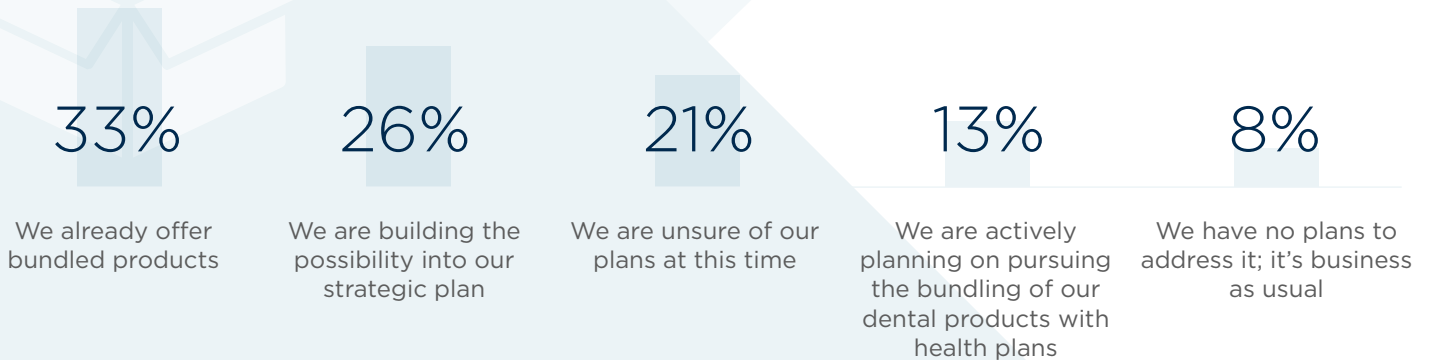


Figure 7—Dental insurance respondents only

Many dental insurers are now busy laying the operational and strategic groundwork to seize this opportunity. By 2025, most foresee partnering with (54%) or bundling benefits with (46%) a health insurer. Currently, only one-third offer bundled products. Many dental insurers are also looking to ancillary products to shore up their future. Forty-four percent say they will add ancillary multiline products, and 36% foresee bundling their benefits with multiline insurers' vision, hearing, life, or other products.

DESPITE OVERWHELMING EVIDENCE, CONVERGENCE SKEPTICS REMAIN

A modest undercurrent of skepticism emerged in this year's survey. Despite the overwhelming consensus that convergence is picking up momentum, the portion of respondents who believe that convergence will never happen actually rose from 4% in 2018 to 13% this year.

Likewise, nearly 3 in 10 dental respondents remain either unsure of their plans regarding convergence (21%) or are pursuing a business-as-usual approach with no intention to address the trend (8%). However, this latter group shrank by two-thirds since 2018 (24%).

The rise in skepticism could be attributed to several factors. First, reimbursement models are already being tested as the industry shifts from traditional fee-for-service models to more value-based pay-for-performance. This shift has been discussed for years, albeit with very slow adoption rates. The healthcare industry's tendency toward deliberate, sometimes reluctant, change may contribute to skepticism for many insurers.



Moreover, uncertainty regarding models and pricing factors remains. Insurers have still not seen the blueprint for integrating the two products and coordinating subsequent care between physicians and dentists.

This suggests that for at least half of dental insurers, the threat or opportunity posed by convergence has already materialized.

In other cases, executives may simply doubt that convergence, with all its complexity, is actually arriving. A cynic may point out that convergence has been on the risk radar for years. Some executives have grown complacent. Some appear intent on pursuing their current strategy without regard for new competitive pressures. Interestingly, one respondent indicated that his company is addressing the threat by “creating a positive experience for customers, [so] that they are not motivated to work with a different organization.”

Skeptics who say convergence will never happen are evenly distributed between dental and medical insurers. But dental payers are more likely to recognize that their world is already changing; more than half (54%) say convergence is happening, while one-third (33%) say it will eventually happen. For health payers, these results were flipped: about one-third (32%) say it is happening, and half (53%) say it will eventually happen.

This suggests that for at least half of dental insurers, the threat or opportunity posed by convergence has already materialized. With pressure mounting from both health and ancillary insurers, this could also be a sign that dental insurers recognize their business model would be the first to shift and has the most at stake. Dental executives may be exploring defensive measures much earlier than health plans due to their market position and the risks they face.

◆ **CHAPTER 2**

Executives expect strong consumer demand

Dental plans can expect competitive pressures to rise as convergence accelerates. But if executives are correct, stability or even modest growth in the dental insurance marketplace may offset other competitive pressures and even buffer some lost revenues. Nearly half of survey respondents (48%) say they expect the market for employer-sponsored dental plan membership will grow slightly (40%) or significantly (8%) in the next five years. Only 14% believe it will shrink. (The survey was conducted before the COVID-19 pandemic; in the near term, high unemployment is likely to drive a market contraction as well as a shift from employer-sponsored to individual membership).

Executives are even more bullish about the individual dental plan market; 63% foresee it growing either significantly (15%) or slightly (48%), while 12% see it shrinking. Dental respondents were more optimistic on the individual market, with 92% expecting growth, compared to 44% of health respondents. If the survey had been conducted after the wave of job losses triggered by the pandemic, we expect that respondents may have been even more bullish about the individual market. In the near term, demand for new individual products is poised to expand as COVID-19 triggers job losses and individuals seek options beyond their COBRA plans.

Expectations for dental coverage growth by 2025

How will employer-sponsored dental plan membership change in the next 5 years?



How will the individual dental insurance market change in the next 5 years?

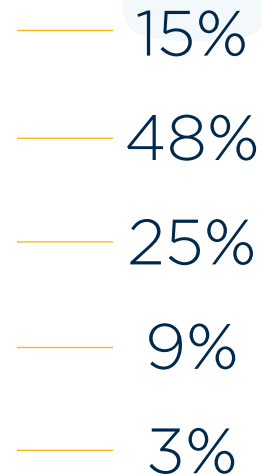


Figure 8



In the near term, demand for new individual products is poised to expand as COVID-19 triggers job losses and individuals seek options beyond their COBRA plans.

The bottom line: There's a widespread perception that dental insurance is a growing market with modest competition, and that outsiders (notably health insurers) enjoy advantages over standalone dental carriers. The outlook amounts to a green light for new entrants in the dental market.

MARKETING-BUNDLED DENTAL: A STRATEGIC SHIFT

Looking ahead, a key strategic question is how insurers will sell and administer bundled health and dental benefits. The administration of the two plans will be critical to convergence, as executives grapple with how to operationalize the two. Respondents in 2018 envisioned that health and dental insurers would enter partnerships aligning their benefits from a consumer perspective but continue to operate separately in a two-

product, two-premium model. This year, that scenario is seen as the least likely to be pursued, suggesting that bundling will require more than just marketing the partnership, but truly pursuing a bundled model.

Instead, respondents say health insurers will bundle dental benefits with health insurance but administer dental separately, similar to the standalone model, in a one-product, two-premium model. In other words, in our 2020 research, it's clear that the trend is moving toward a single purchase incented by discounting for purchasing more than one product from a single insurer. Even if the administration takes place separately behind the scenes, the bundled plan looks singular in nature to the consumer.



Based on the complexity of underwriting a single product that includes health and dental coverage, our view is that a two-premium model is the most likely to come to market. In this scenario, the consumer would make a single buying decision (whether via a portal or their employer-based plan), and the insurer would independently administer these products.

This single-product model carries three key advantages: it appears bundled and cheaper (as a discount is offered when combining products) to the consumer, while the underlying operations require limited administrative changes. “Insurers are not waiting for a single admin system,” says West Monroe director Ben Baenen. “While a single system that ties products and procedure codes together will significantly improve outcomes, we haven’t seen a platform handle that gracefully. The two-premium model is far easier, administratively, and we see this as the quickest way to market—and the time to act is now.”

In our 2020 research, it’s clear that the trend is moving toward a single purchase incented by discounting for purchasing more than one product from a single insurer.

◆ **CHAPTER 3**

Drivers and impediments to convergence

Respondents say the biggest factor driving the shift away from standalone dental is the integration of overall health and oral health. This integration is a win-win. It facilitates significant gains on the medical side by properly managing oral health. As one respondent said in 2018: “It’s not like the mouth isn’t connected to the body.”

Moreover, new technology enables insurers to analyze claims data for both medical and dental conditions. This 360-degree member view can significantly improve outcomes and care coordination, offering considerable consumer benefits. At the same time, it delivers greater simplicity for the consumer—a powerful selling point for individuals navigating a complex health system.

Interestingly, executives see profitability as a far greater motivator than they did in 2018. Half (50%) believe that bending the cost curve is a key driver, compared to only 23% two years ago.

BARRIERS TO CONVERGENCE

As for what stands in the way of convergence, executives’ most common answer is that employers prefer a best-of-breed approach to health and dental insurance, in which consumers can select the best plans for themselves and their families, rather than having benefits bundled. The portion choosing this response (42%) has changed little since 2018 (39%).

Traditionally, consumers have gravitated toward best-of-breed because they want more product options. But millennials have another motivation: convenience. “We believe that the focus on convenience provides opportunities for those offering a single purchasing decision,” Baenen says. As other insurance markets converge, there may even be opportunities for enabling a consumer to bundle medical, dental, vision, and pet insurance into a single purchasing decision.



Respondents say the second most common barrier is a lack of appropriate technology, although the portion citing this response dropped by 10% since 2018 (46% to 36%). “Without a doubt,” says Will Hinde, managing director of West Monroe’s Healthcare and Life Sciences practice, “traditional claims systems are antiquated, so introducing new product lines takes time. The drive toward convergence would greatly benefit from technology facilitating a holistic view of covered lives and enabling payers to easily integrate dental and medical claims.”

We believe the fact that so many fewer respondents cited technology as a barrier reflects a mindset shift: Insurers are increasingly implementing a multiline

experience without a seamless technology solution. More insurers accept that a single benefit administration system for medical and dental (and other multiline offerings) may not be available soon, due to the complexity of auto-adjudication. Instead, the two-product, one-premium model suffices until technology companies solve the single-product model.

Dental respondents in particular are seeking to improve their technology. Two-thirds (67%) identified technology debt as their biggest area of investment (from either a budget or time perspective). Investment in technology dominates investment in product diversification (18%) and strategic partnerships (15%).

Organization’s status regarding the multi-line products

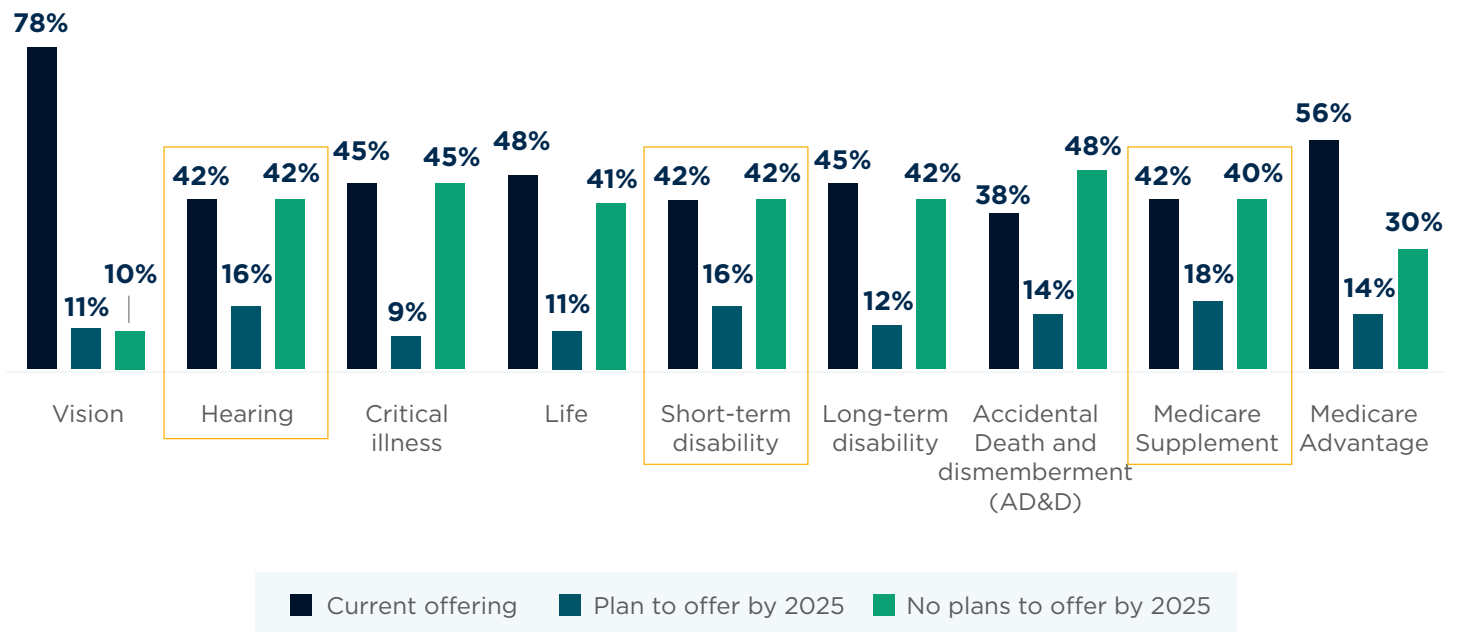


Figure 9—Dental insurance respondents only



Regarding barriers to convergence, the most dramatic change since 2018 concerns the interest of health insurers. In 2018 “a lack of interest from health insurers” was the top barrier, cited by more than half of respondents (54%), including two-thirds (68%) of health insurers. This year, only about one-quarter (28%) said health insurers remained uninterested; health payers were marginally less likely to say this than their dental counterparts. “We believe this reflects a rapidly expanding recognition of the opportunities presented by convergence,” says Irving.

MULTILINE INSURANCE: A THREAT OR OPPORTUNITY FOR STANDALONE DENTAL?

Multiline insurance is poised to play an important role for dental insurers. On the one hand, it poses a threat as multiline firms eye dental plans’ healthy margins. Half of the executives surveyed believe that non-medical, ancillary insurers are exerting significant pressure on dental benefits.

On the other hand, many dental insurers are looking to expand into new lines of insurance. Forty-four percent say they will add ancillary products by 2025, and 36% foresee bundling their benefits with multiline insurers’ vision, hearing, life, or other products. The types of ancillary insurance attracting the most attention include Medicare supplements (18%), hearing (16%), and short-term disability (16%). In addition to the options shown in the chart (figure 9), respondents told us they are also considering expanding into pet insurance (see sidebar: Pet Plans: A Furry Future for Dental Insurers).

PET PLANS: A FURRY FUTURE FOR DENTAL INSURERS

In verbatim survey responses, dental plan executives say they see pet health coverage as a lucrative diversification opportunity. Why expand from oral coverage to four-legged family members? Dental insurers see synergies between their current business and the rapidly growing pet insurance market, fueled by pet-loving millennials and rising veterinary costs.

The \$3.33 billion global pet insurance industry is expected to expand by more than 15% annually, surpassing \$10 billion by 2025.³ The portion of U.S. companies offering pet healthcare grew from 6% in 2014 to 11% in 2018. The quest for top talent and a recognition of “the strong bonds between people and pets” are leading large technology companies, including Yahoo, Microsoft, Xerox, and Hewlett-Packard, to offer pet coverage.⁴

Big insurers are responding. MetLife, Allstate, BCBS and Geico have all added pet plans. Still, there’s plenty of kibble left in the bowl for dental insurers and other ancillary newcomers. Only about 3%⁵ of the more than 130 million U.S. dogs and cats are insured.⁶ And for uninsured pet owners, out-of-pocket expenses are escalating as advanced veterinary procedures become more commonplace.⁷

According to Hinde, “Because many dental plans have the staff and back-office capabilities to support another product type, pet insurance continues to gain traction as a primary source of new revenue.”



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WILL HINDE

Managing Director in West Monroe's Healthcare & Life Sciences practice

CONCLUSION

While insurers aren't typically built for rapid change, the shifts in the dental market over the last two years prove they should be thinking—and acting—faster. The momentum for bundling with health plans is growing, and competition from health and ancillary insurers is intensifying. The dental plans that hold their own in this competitive landscape must ensure that they have strong foundations and capitalize on their strategic opportunities.

Specifically, plans must:

Fine-tune operations.

Start by optimizing processes, eliminating long-ignored administrative inefficiencies, and getting more insight into operations with new data management strategies. “A firm understanding of your operations is essential to the identification of pain points and opportunities to streamline for improved profitability,” Baenen notes. “Looking at headcount and metrics is the best way of benchmarking, and can quickly point to strategic differentiators to reduce costs.”

Harness operating metrics.

Start with claims systems. After spending a lot of time with these old legacy systems, we believe that there are tactical ways of looking at operating metrics and systems to determine where efficiencies can be gained.

Tackle technology debt.

As we learned from this survey, most dental plans are at least beginning to tackle the deep technology debt that affects their performance and competitiveness. Those that aren't, or that

aren't addressing it quickly enough, need to do it before they fall hopelessly behind.

Innovate aggressively.

“Now is the time to ‘fail fast,’” according to Hinde, with alternate payment models, exploring mergers and acquisitions (both within payer and clinical models), sharing data with health plans (PMS integration with EMR), implementing value-based models, delivering tele-dentistry, and bringing dental insurance into the modern age.

Capitalize on strategic differentiators.

Plans need to understand their unique value propositions, and then focus their energies on being the best they can be at whatever they are. One plan might have the highest auto-adjudication rate, another the quickest reimbursement or best customer portals. Remaining a standalone dental plan without a strong differentiator, and without the goal of becoming a desirable partner for health plans, is just burying your head in the sand.

Explore options for diversification.

Does it make sense to become a third-party administrator, or to offer ancillary products such as vision, hearing, life, and disability? A dental plan could also acquire or merge with other companies. Targets could include other dental plans for economies of scale, ancillary insurers for breadth of product offerings, or dental providers for vertical integration. These are all viable options but note that strong core admin systems are required to make them profitable. Reducing technology debt and expanding system capabilities can help payers move in this direction.



Looking at headcount and metrics is the best way of benchmarking, and can quickly point to strategic differentiators to reduce costs.

BEN BAENEN

Director in West Monroe's Healthcare & Life Sciences practice

to recover. Those insurers who can offer technology tools to support their members (individual shopping portals, increased mobile capabilities), or plans for those recently unemployed, may see opportunity. In the meantime, invoice credits, waiting periods, and teledentistry services will have a big impact.

Regardless, we believe that convergence will only gain momentum. Standalone dental plans should remain focused on the challenges they face, and on positioning themselves for the coming evolution. As the survey found, dental insurers increasingly see convergence as an opportunity rather than merely a threat. The winners will be those that take a proactive approach, explore their options and pursue strategic opportunities, without letting near-term challenges distract them.

Of course, the world has changed recently as a result of COVID-19. While the situation is evolving rapidly, for insurers the pandemic appears to be introducing particularly high levels of uncertainty. Tens of millions of workers have lost their jobs and therefore their health coverage, making it difficult to predict what the market will look like. But slumping revenues may very well persist as the nation and world endeavor

SOURCES

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METHODOLOGY & RESPONDENT PROFILE

From January through March 2020, West Monroe surveyed executives and leaders from healthcare, dental, and ancillary payer organizations across the country on the future of standalone dental plans. While many of the questions asked were drawn from West Monroe’s 2018 survey, new lines of inquiry were added to effectively demonstrate the significant levels of change over the last two years. West Monroe received responses from 106 people directly dealing with the substantial shift toward convergence among health and dental plans. The respondents represented a wide range of roles and business lines.

Primary line of business

Health/medical insurance—commercial and government



Dental insurance—commercial and government



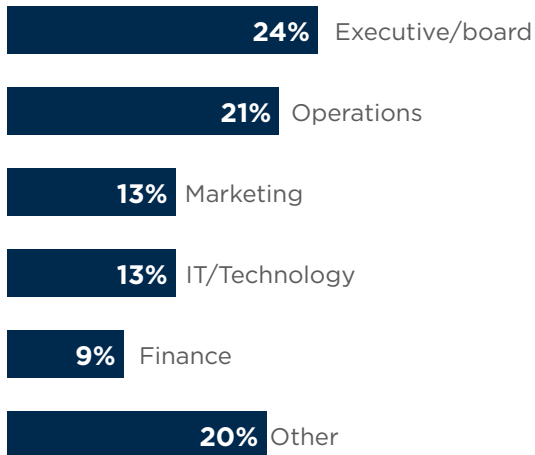
Other and non-dental ancillary insurance



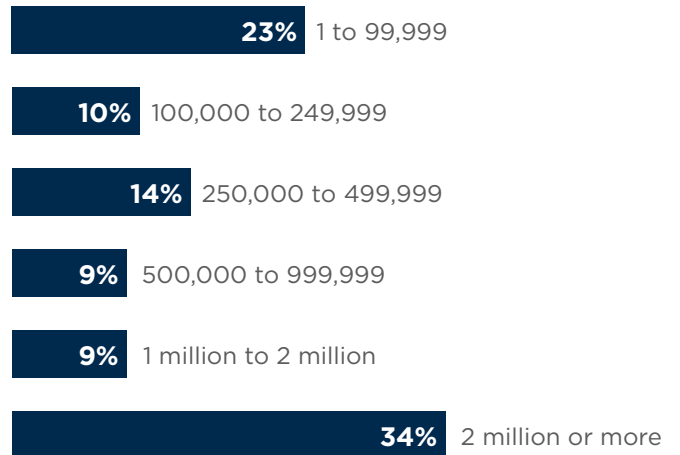
Role



Department



Lives covered



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