

LOCKTON | PEOPLE SOLUTIONS

LOCKTON PEOPLE SOLUTIONS MARKET UPDATE

Managing health plan risk amid growing complexity

Q2 2026

INTRODUCTION

Lockton's People Solutions Market Update offers comprehensive quarterly insights on the U.S. market and industry dynamics impacting cost management, employee wellbeing, and benefits strategies. In this Q2 2026 edition, we explore how employers are navigating cost pressure in benefits decision-making with results from Lockton's 2026 National Benefits Survey and rapidly shifting dynamics across the pharmacy and stop loss markets.

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Table of contents

Q2 2026 snapshot	06
Cost continues to challenge employers	08
Stop loss volatility adds to the complexity	12
Pharmacy pricing is also shifting rapidly	16
More areas to watch in 2026	22
Webcast: Expert perspectives on pharmacy, stop loss, and benefits strategy	24



Q4 2025 MARKET UPDATE RECAP

In the Q4 2025 edition, we explored broader industry forces behind systemwide strain and connected high-cost claims analyses with a full picture of how widespread market pressures are shaping employer plan costs. Read the Q4 update. ⟶

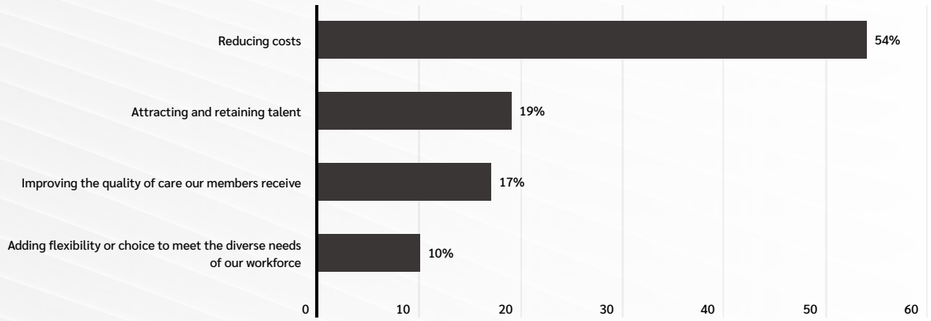


Q2 2026 SNAPSHOT

Cost remains the top priority for employers, but meaningful change remains limited

While organizations are actively exploring a range of cost management strategies, adoption of higher-impact solutions remains limited. Employers are weighing potential savings against disruption, operational complexity, and employee experience — often resulting in incremental adjustments rather than structural change.

2026 EMPLOYER BENEFIT PLAN PRIORITIES



Source: 2026 Lockton National Benefits Survey

At the same time, market dynamics are evolving amid ongoing transitions & volatility

Pharmacy pricing models and stop loss risk dynamics are shifting, requiring more deliberate decision-making. Stop loss renewals are expected to increase **up to 30%,** reflecting continued pressure from high-cost claims and increasing variability in risk. In pharmacy, rebates are declining as drug pricing models evolve — requiring additional time and resources around pharmacy procurement and consulting.

The result is a more complex, higher-pressure, and less predictable cost environment, where managing total cost requires a more intentional strategy.

stop loss renewals are expected to increase up to **30%**

Cost continues to challenge employers



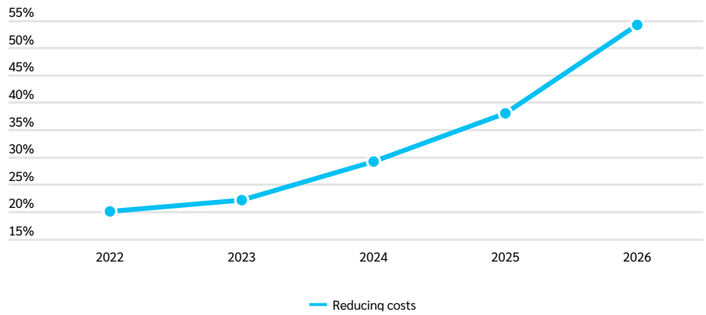
Cost pressure mounts, but action isn't keeping pace with urgency

While plan sponsors are actively exploring a wide range of cost management strategies, adoption of the most impactful approaches remains limited. Employers are weighing trade-offs between savings, disruption, and employee experience and, in many cases, opting for incremental change over structural transformation.

Cost reduction is the top consideration

Reducing costs remains the top employer priority when making benefit plan decisions. 54% of employers ranked it No. 1 — rising **16 points** from 2025 to 2026.

REDUCING COSTS SELECTED AS NO. 1 BENEFITS FACTOR BY EMPLOYERS



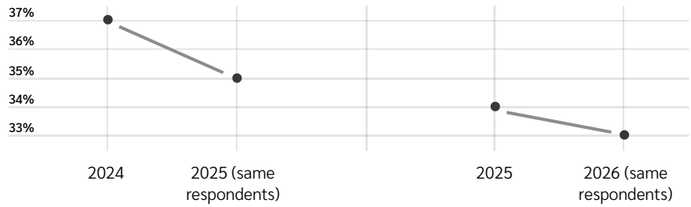
Source: 2026 Lockton National Benefits Survey

More employers are moving to self-funded plans

Over the past few years, more employers have moved away from fully insured plans to other funding strategies, such as self-funded and level-funded plans, as they look for greater transparency and cost control:

- **Self-funded** plans provide plan sponsors with more control over their plan design and opportunities for cost mitigation; however, self-funded plans have greater compliance considerations and increased risk exposure (a critical consideration for smaller group sizes) who may look to self-fund through a group captive to stabilize stop loss premiums and leverage risk management strategies.
- **Level-funded** plans are a middle ground between fully insured and self-funded plans. They provide better access to claims data and potential savings for employers who aren't ready for a full transition to self-funding. These plans also come with the compliance responsibilities of self-funding.

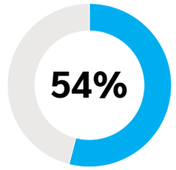
EMPLOYERS MOVING AWAY FROM FULLY-INSURED FUNDING STRATEGIES



Source: Lockton National Benefits Surveys

Despite cost concerns, disruption & complexity are primary barriers

Strategies that meaningfully reduce cost often introduce operational complexity and employee friction, slowing employer decision-making.

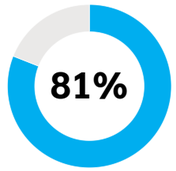


of employers said reducing costs was the most important factor when making benefits decisions.

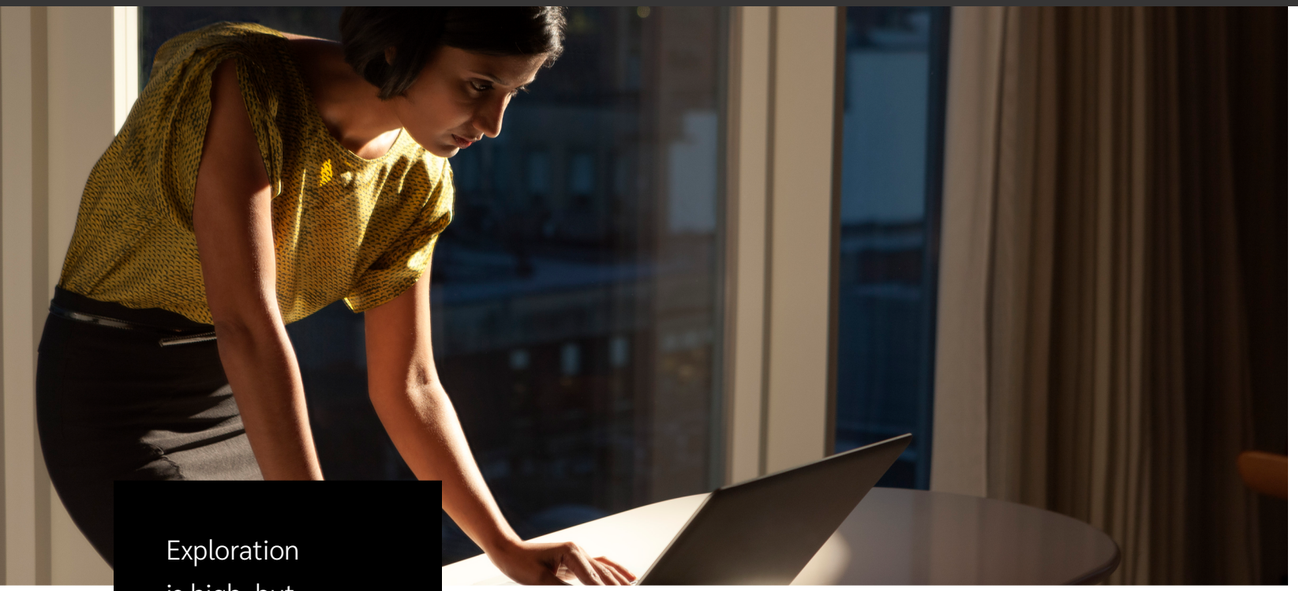
WHAT TO KEEP IN MIND BEFORE CHOOSING A SELF-FUNDED GROUP HEALTH PLAN

As healthcare premium costs continue to rise, companies that offer fully insured group health plans may consider switching to a self-funded plan. While there can be cost benefits and more flexibility with self-funded plans, they also come with more compliance responsibilities, variability, and risk.

Read more from Lockton in *Forbes*



of employers report that the impact to employees is a primary consideration and a determining influence as they consider changes to benefit plans.



Exploration is high, but implementation is low, as high-impact strategies remain underutilized.

Where are employers currently focused within their benefit strategies?

EMPLOYERS ARE ACTIVELY EVALUATING SOLUTIONS, but few are making significant changes. Reference-based pricing and ICHRAs are still not widely used, since employers tend to stick with traditional strategies instead of embracing potentially disruptive changes.

Commonly implemented strategies & programs

LEVERAGED BY MORE THAN HALF OF EMPLOYERS

PLAN CONTRIBUTION CHANGES

60% moved to a lower-cost option like a higher-deductible plan.

PHARMACY CARVED IN OR BUNDLED WITH MEDICAL CARRIER OR MEDICAL PLAN ADMINISTRATOR

67% have carved in or bundled pharmacy.

WELLBEING PROGRAMS

73% of employers invest in wellbeing programs.

Versus more impactful cost mitigation strategies

43% use a narrow network to drive care to more affordable, higher quality care.

3% have mandatory specialty site of care management.

Less than one third have a chronic condition management program in place.

Less adopted strategies & programs

LEVERAGED BY LESS THAN HALF OF EMPLOYERS

DIRECT CONTRACTING

7% of self-funded employers leverage direct contracting with a health system or hospital.

REFERENCE-BASED PRICING

7% leverage reference-based pricing (RBP).

ICHRAS

1% leverage an individual coverage health reimbursement account (ICHRA).

ELIGIBILITY MANAGEMENT

11% exclude spouses with access to other coverage.

21% implement a spousal surcharge.

On average, spousal plan paid costs are **35%** more versus employees, according to Infolock®.

Source: 2026 Lockton National Benefits Survey



Read more insights from the 2026 National Benefits Survey

1,705 employers across the U.S. responded to Lockton's 2026 National Benefits Survey, representing a broad range of industries, group sizes, and ownership structures. Responses provide valuable insight into how employers are managing costs while providing benefits to their workforce.

LEARN MORE

WHAT IS RBP?

RBP is a payment structure where the plan sponsor pays a set amount toward the cost of a specific healthcare service.

The goal of RBP is to promote price discipline and transparency while reducing unnecessary healthcare spending. RBP can drive meaningful savings, but only when implemented with clear plan design, strong compliance controls, and comprehensive employee support.

WHEN IS RBP A GOOD FIT?
Employers who generally see the best financial results:

- Have a high percentage of out-of-network claims.
- Are located in areas with a competitive provider market.
- Have robust communication channels to educate employees.
- Are willing to explore innovative healthcare cost management strategies and navigate the complexities of RBP implementation.
- Have access to strong member advocacy and communication support to manage provider pushback and balance billing risk.

Download the summary →



Stop loss volatility adds to the complexity

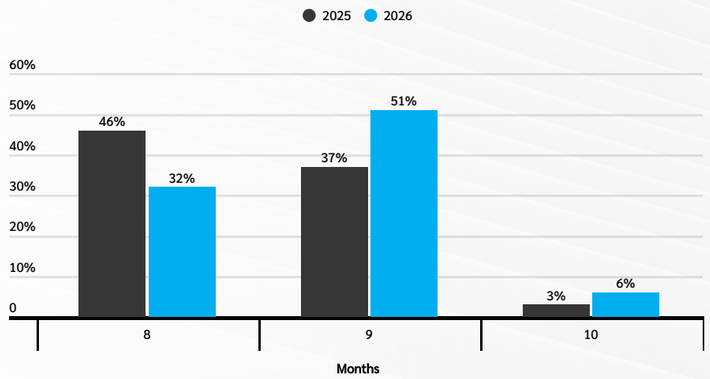
Executing stop loss strategy effectively will require precision amid market turbulence

The stop loss market is transitioning as high-cost claim severity continues to rise. Carriers across the market are responding with tightening terms, contract restrictions, and increasing premiums.

Employers should expect:

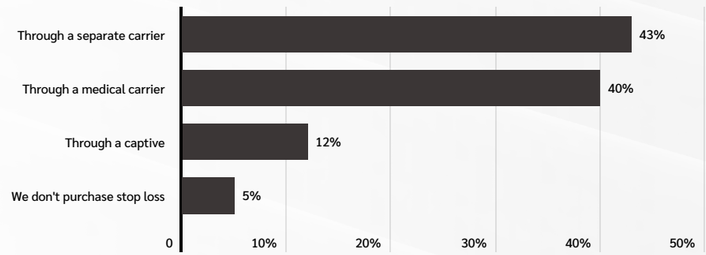
- **More pricing pressure:** Average 2027 renewal increases up to 30% are expected, compared with 20% average target increases for 2026. Carrier loss ratios have not stabilized and with ongoing liability being less predictable, even employers with historically strong performance may still face significant increases.
- **Greater demand for claims data:** Carriers are requiring clean, timely data, often closer to the effective date. This will drive more data requests and tighter submission timelines.
- **Longer reimbursement timelines:** HR teams must build more time into planning cycles and reconcile claims more frequently. Q4 2025 claim filings were up 40%+ versus prior years, which impacted reimbursements due to staffing constraints. While standard claims historically took seven to 10 days to process, additional scrutiny and data requests on complex claims are extending over a month.

MONTHS OF CLAIM DATA FOR SOLD QUOTE DISTRIBUTION[1]



Source: Lockton BoB. [1]Percentages may not total 100% due to early renewal decisions made before a full eight months of data were available, related to lock or no-shop initiatives.

HOW PLAN SPONSORS ARE PURCHASING STOP LOSS



Source: 2026 Lockton National Benefits Survey





HOW CAPTIVES MAY OFFER STABILITY IN A VOLATILE MEDICAL STOP LOSS MARKET

As employers navigate a more volatile medical stop loss market, moving forward via captives requires discipline, alignment, and a long-term view. Many employers already use single-parent captives to manage property, casualty, and financial risks. Those same structures can, in the right circumstances, be extended to medical stop loss. Read more about today's market conditions and who can benefit from a captive.

READ THE ARTICLE ⟶

Being intentional with risk strategy

Now is the time to be highly deliberate in stop loss strategy. As claim severity rises and carrier performance remains under pressure, decisions around carrier selection, contract terms, and risk structure are more financially critical. Disciplined, well-structured approaches are essential to protecting against unintended exposure.

DISCUSS RENEWALS EARLIER

Going forward, earlier strategy meetings focusing on budget projections and risk transfer strategies will be more important than in past years, as underwriting results are delayed due to the need for detailed, real-time claims data.

46% of Jan. 1 policyholders were able to finalize coverage with August data in 2025, versus only **32%** in 2026.

ADAPT TO TIGHTENING TERMS

Increase specific deductibles to decrease premiums but still protect against risk, leverage aggregating specific deductibles, and understand how lasers can be used for a premium advantage.

EVALUATE ALTERNATIVE FUNDING

Captives, consortiums, and purchasing groups are gaining traction for employers looking for greater stability.

Alternative risk strategies: Powerful, but not one-size-fits-all

IN TODAY'S STOP LOSS MARKET MARKED BY RISING PREMIUMS AND TIGHTER UNDERWRITING, captives and alternative risk solutions can offer employers greater control and cost stability. However, not all structures, partners, or financial commitments are created equal. **Group size, risk tolerance, and claim volatility profile must align with the strategy.**

Evaluating alternative risk options

Traditional stop loss and group captives help employers move beyond fully insured renewals, but they offer different on-ramps:

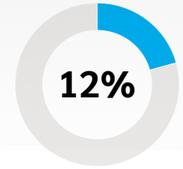
- **Traditional stop loss:** Delivers protection with simplicity — no capital, no shared risk, and the freedom to change carriers each year — making it the cleanest, most accessible entry into self funding.
- **Group captive:** Adds control and potential profit, but requires shared risk, collateral, and multiyear commitment.

For employers looking for predictable, low-friction self-funding, traditional stop loss is the straightforward path; for deeper involvement and upside, a captive is worth exploring.

- **Single-parent captives:** A single-parent captive is a wholly owned insurance vehicle that finances a company's own risks and captures underwriting profit. These structures typically become cost-effective when total captive premiums exceed approximately $3 million. Large employers with a comprehensive risk strategy that also spans property and casualty lines such as workers' compensation, general liability, auto, and cyber may be well positioned to consider a single-parent captive approach.

Lockton provides independent consulting and reinsurance brokerage, which brings unique advantages to a company forming or operating a single-parent captive.

CONTACT US TO LEARN MORE ⟶



of employers are currently purchasing stop loss through a captive.

Source: 2026 Lockton National Benefits Survey

SOME SELF-FUNDED LARGE EMPLOYERS (500–1,500) may not want to enter a pooled captive that could provide more financial upside to smaller employers using their larger total premiums to subsidize the higher frequency of claims. In these cases, a risk/reward model that emphasizes transparency and member ownership could be a more attractive option. This gives direct insight into program performance, rewarding employers for their own performance and giving them the freedom to customize how they manage claims and control spend.

Pharmacy pricing is also shifting rapidly



The pharmacy market is also transitioning as lower drug prices continue to reduce rebates. And while some drug costs are declining, upcoming high-cost specialty therapies and the shift to more expensive specialty drugs will drive increased cost. At the same time, legislative and PBM changes are increasing complexity and reducing predictability in pharmacy cost management.

This is not a temporary disruption — it represents a fundamental shift in how pharmacy value must be evaluated, communicated, and budgeted.

With lower drug prices come lower rebates

Several factors are contributing to lower drug prices, including biosimilars, Medicare price negotiations, manufacturer price reductions, and regulatory pressure. While these dynamics reduce ingredient cost, they also reduce the need and ability to generate rebates.

As a result, rebate payments are declining, directly impacting predictability of plan sponsor budgets, even as underlying cost dynamics shift. In many cases, lower ingredient costs offset reduced rebate payments to plan sponsors, resulting in net-neutral or modestly improved spend for the drugs directly impacted.

AMP CAP REMOVAL & MORE PRICING CHANGES

The removal of AMP cap has contributed to lower list prices and reduced upfront plan and member costs. However, it also limits rebate opportunity and has led some manufacturers to adjust pricing strategies, including price reductions or product discontinuations. Additional government actions, including Medicare pricing reforms and most-favored-nation (MFN) pressures, are further influencing pricing behavior and reducing reliance on traditional rebate structures.

BIOSIMILARS REDUCE COST & REBATES

Biosimilar adoption continues to accelerate, particularly for high-cost reference drugs such as Humira and Stelara. These products are driving:

- Lower ingredient cost
- Reduced paid claims spend
- Lower rebate levels compared to originator products

While net plan costs may improve in these categories, rebate payments also decline.

Upcoming biosimilar launches

Earliest biosimilar launch date	Reference drug name	Category
2026	Xolair	Respiratory (and others)
2026	Simponi & Simponi Aria	Inflammatory disease
2026	Perjeta	Cancer
2029	Enbrel	Inflammatory disease



WHAT IS AMP CAP?

Average manufacturer price (AMP) cap was a limit set on the rebate amount that drug manufacturers were required to pay to Medicaid. The cap was set at 100% of the AMP. The American Rescue Plan Act of 2021 removed the AMP cap. The removal of the cap has led manufacturers to reduce list prices on drugs to avoid higher Medicaid rebate payments — impacting all plans, not just Medicaid plans.



The impact of specialty drugs extends beyond the pharmacy benefit; these drugs affect the medical benefit as well.

Specialty drugs will drive future cost pressure

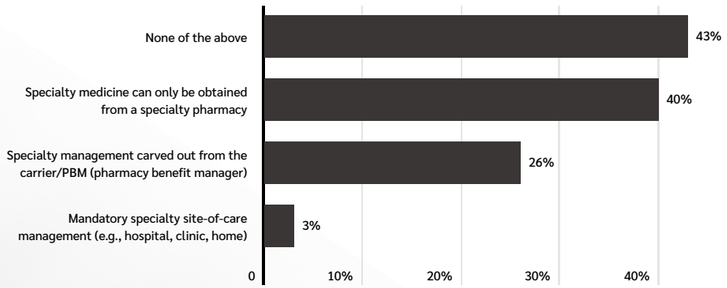
Although biosimilars are helping reduce drug costs in some areas, a new wave of specialty therapies is expected to drive significant cost pressure and introduce additional complexity for employers. Meanwhile, PBMs are making retrospective formulary and specialty list changes that can materially impact rebate performance. The result is a more dynamic and less predictable pharmacy environment — where savings in one area are often offset by emerging pressures in another.

The impact of specialty drugs extends beyond the pharmacy benefit; these drugs affect the medical benefit as well.

Self-administered injections, often packaged in prefilled syringes or auto-injector pens, contribute to the majority of specialty drug impact on the pharmacy benefit (e.g., Humira, Stelara, and their respective biosimilars), while drugs requiring either intravenous or other highly specialized administration techniques by providers often land in the medical benefit bundled with an administration fee (e.g., many oncology drugs and all gene therapies).

The pharmacy benefit uses its traditional formulary and utilization management tools to help drive better cost outcomes, while there are limited levers available for medical specialty management. We continue to see niche vendors offer options in this space to help manage medical specialty spend.

HOW ARE EMPLOYERS IMPLEMENTING SPECIALTY PHARMACY STRATEGIES?



Source: 2026 Lockton National Benefits Survey

WHAT'S NEXT FOR THE SPECIALTY PIPELINE?

Estimated launch date	Brand name	Generic name	Category	Role
May 2026	TBD	Sonrotoclax	Cancer (refractory mantle cell lymphoma)	Oral; breakthrough and orphan designations
June 2026	TBD	Veligrotug	Thyroid eye disease	IV; breakthrough designation
July 2026	TBD	Atacicept	IgA nephropathy	Subcutaneous weekly injection; breakthrough therapy designation
July 2026	TBD	Eedatolisib	Cancer	IV infusion; breakthrough therapy designation
August 2026	Mol-breevi	Molgramostim	Respiratory	Nebulizer-delivered treatment for autoimmune pulmonary alveolar proteinosis; breakthrough and orphan designations
August 2026	TBD	Pariglasgene brecaparvovec	Glycogen storage disease	Gene therapy; IV infusion; 1x dose; orphan designation
September 2026	TBD	Denecimig	Hemophilia type A	Subcutaneous injection; orphan drug designation
2026	TBD	Delpacibart zotadirsen	Duchenne muscular dystrophy	IV infusion every six weeks; $750K to $1 million per year; breakthrough therapy and orphan designations
2026	TBD	Ianalumab	Sjogrens syndrome	Subcutaneous injection; breakthrough therapy and orphan designations
2026	TBD	Sonpiretigene iste-parvovec	Initially for retinitis pigmentosa (RP) and pending for Stargardt disease	Gene therapy; intravitreal injection; orphan designation



Legislative activity & PBM pressure are increasing

State and federal legislative activity is increasingly influencing pharmacy pricing analytics and how value is measured, forecasted, and reported. Mandates related to PBM transparency, pass-through requirements, spread pricing restrictions, and rebate disclosure are also changing how pricing is structured. At the state level, variation in reporting and pass-through requirements are creating fragmentation and limiting comparability across markets.

Recent Lockton pharmacy legislation thought leadership



A DOUBLE DOSE OF PBM REFORM: WHAT EMPLOYERS SHOULD KNOW ABOUT THE NEW FEDERAL LAW & PROPOSED DOL RULES

With the skyrocketing costs of healthcare and increased pharmacy spending, the implementation of new PBM reforms focusing on transparency, access to data, and participant rights was expected. Employers should be prepared for the restructuring of PBM contracts, reporting, and oversight governance.

READ THE ARTICLE



FTC SETTLEMENT WITH EXPRESS SCRIPTS SIGNALS MAJOR SHIFT IN PBM PRICING

The Federal Trade Commission's recent settlement with Express Scripts marks one of the most significant regulatory interventions in the PBM space in years. For employers, the agreement may signal a broader shift in the industry toward true net-cost drug pricing models, with potential implications for pharmacy benefit design, budgeting, and future PBM contracting.

READ THE ARTICLE



STATES ARE TRYING TO REGULATE PHARMACY COSTS. CAN THEY OVERRIDE FEDERAL LAW?

For over 50 years, the Employee Retirement Income Security Act (ERISA) has served as the foundation around which employer benefit plans are built. That foundation, however, has shown cracks in recent years as the cost of healthcare continues to rise and many states try to take regulatory matters into their own hands.

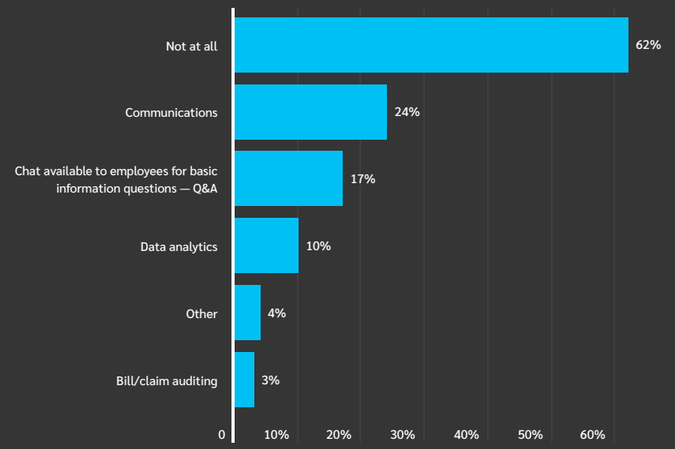
READ THE ARTICLE

More areas to watch in 2026

AI

While interest in AI is growing and is a greater HR workforce priority, many employers have not yet implemented AI within their benefit programs.

IMPLEMENTING ARTIFICIAL INTELLIGENCE RELATED TO EMPLOYEE BENEFITS PROGRAMS



Source: 2026 Lockton National Benefits Survey

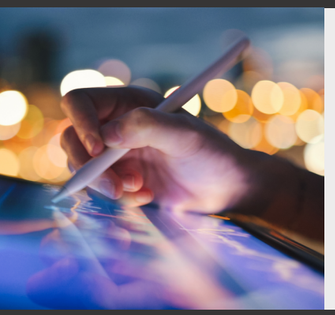


Read the 2026 Workforce Priorities Survey Executive Summary

43%

of employers selected AI as their top workforce priority in 2026, rising to No. 1 from No. 12 in 2025.

Source: 2026 Workforce Priorities Survey



AI IN HR: THREE USE CASES & KEY CONSIDERATIONS

From sharper data insights to streamlined operations and more intuitive employee experiences, AI has huge potential to help HR teams deliver value and be more efficient. When building and leveraging AI within your HR function, it's critical to understand opportunities across data, operations, and personalization, while deploying responsibly through thoughtful planning, governance, and ethical safeguards.

READ THE ARTICLE

GLP-1s



86%

of respondents, regardless of GLP-1 coverage status, indicated that they do not have an overall GLP-1 coverage strategy. This highlights a market largely reacting to pressure rather than operating from a long-term plan.

Even among employers that have adopted GLP-1 coverage, commitment is mixed and, in some cases, reversing.

- **73%** of plan sponsors are **not covering GLP-1** medications for weight loss.
- **27%** of plan sponsors **are covering GLP-1** medications for weight loss.

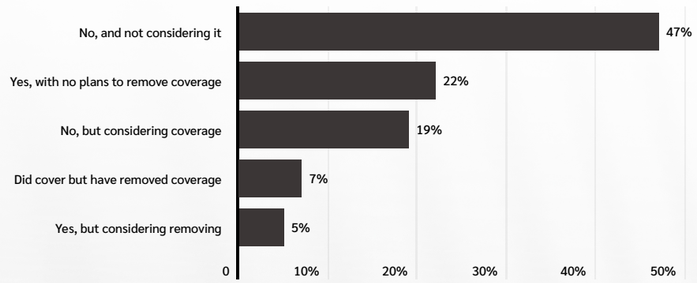
Employers **not** covering GLP-1s for weight loss:

- 47% are not covering and not considering coverage
- 19% are not currently covering but are considering coverage
- 7% previously covered GLP-1s but have since removed coverage

Employers **covering** GLP-1s for weight loss:

- 22% are covering GLP-1s with no plans to remove coverage
- 5% are covering but considering removing coverage

COVER GLP-1 MEDICATIONS FOR WEIGHT LOSS



Source: 2026 Lockton National Benefits Survey

WHY HOLISTIC GLP-1 STRATEGIES ARE NEEDED NOW

GLP-1 costs are rising, utilization is increasing, and new formulations and indications are entering the market. Meanwhile, employers are making key GLP-1 decisions against a backdrop of broader health plan cost pressures and worsening population health.

Employers need a coordinated, long-term approach that moves beyond access and cost alone to focus on real outcomes, sustained engagement, and financial sustainability.

Read the article →

THESE FINDINGS SUGGEST A MARKET CHARACTERIZED BY:

- High uncertainty and experimentation
- Coverage decisions driven by near-term cost pressure rather than outcomes
- Limited infrastructure to support appropriate use, engagement, and long-term sustainability

WEBCAST

Managing health plan risk in a more volatile market

Expert perspectives on pharmacy, stop loss, & benefits strategy

COST REMAINS THE TOP PRIORITY FOR EMPLOYERS — BUT MANAGING HEALTH PLAN RISK HAS BECOME FAR MORE COMPLEX.

Rising cost pressure, increasing stop loss volatility, and rapidly shifting pharmacy dynamics are changing how employers must think about risk, predictability, and long-term sustainability.

In this live webcast, Lockton experts across stop loss, pharmacy, and benefits consulting dive into key benchmarks you should know. They go beyond the trends to share practical interpretation, real-world implications, and planning considerations for employers navigating an increasingly volatile and less predictable environment. The discussion focuses on how today's market forces intersect and what employers should be prioritizing as they plan for the years ahead.



Gain clearer perspective on how today's benefits market shifts intersect & how to respond more intentionally

- How cost pressure, pharmacy pricing changes, and stop loss volatility are converging to create new risk dynamics for employer-sponsored health plans
- What rising stop loss renewals and tighter underwriting really signal for renewal timing, data readiness, and risk structure decisions
- Why lower drug prices don't always translate to lower pharmacy spend, and how declining rebates are changing how value should be evaluated
- Where incremental approaches may fall short — and where more deliberate, holistic planning matters most in an increasingly unpredictable market

LEARN MORE



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Across the market, cost priorities remain consistent, but conditions are changing rapidly. As a result, employer focus should shift from exploring solutions to applying holistic strategies with precision, requiring a deep understanding of how these dynamics interact and where meaningful long-term opportunities exist.

ABOUT LOCKTON

What makes Lockton stand apart is also what makes us better: independence. Lockton's private ownership empowers its 13,100+ Associates doing business in over 160 countries to focus solely on clients' risk, insurance, and people needs. With expertise that reaches around the globe, Lockton delivers the deep understanding needed to accomplish remarkable results. For more information, visit **global.lockton.com**.

ABOUT LOCKTON PEOPLE SOLUTIONS

The same power to improve the health of your people also accelerates the growth of your business. Lockton helps you achieve elevated people intelligence by transforming complex data into clear, actionable insights and intelligence. By pairing advanced analytics with specialized expertise, we help clients attract and retain talent, manage rising costs, and elevate wellbeing through strategies shaped around their unique goals. The result is confidence to act, outcomes that matter, and healthier organizations built for what's next. Visit Lockton People Solutions to learn more.

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