
Group Benefits Reimagined

Segic Reinvents the Traditional Model

A profound shift is underway in group insurance programs.

Brokers, plan sponsors (employers), and HR professionals are increasingly aware that the traditional model no longer meets the demands of today's evolving workplace.

What makes a group benefits program modern and effective?

In this white paper, we showcase how Segic's data-driven, flexible, and Benefits Marketplace-powered approach offers a concrete and evolved alternative that directly addresses the needs of modern organizations and their employees.



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Data

A Strategic Asset for Modern Group Benefits Programs

In a world where information drives decision-making, data becomes a strategic lever—even in group benefits programs. A data-driven approach allows organizations to optimize their programs and maximize their impact.

By analyzing data, organizations can identify the most frequently used coverages, claims trends, and employee preferences. Where the traditional model offers a fragmented view, data brings strategic clarity.

Segic places data at the heart of its platform. Thanks to Microsoft Power BI integration, all relevant information—usage, costs, demographics—is centralized in a secure data warehouse and can be visualized in real time.

Tangible data for HR and brokers:

- Tangible data for HR and brokers:
- Real-time, dynamic, and customizable reports
- Power BI dashboards on claims, telemedicine, and wellness program participation
- Cost breakdowns by type of benefit—in just a few clicks

This applied business intelligence enables fast, fact-based decision-making.

Unlike the siloed data of traditional models, Segic's approach gives decision-makers a clear strategic advantage.



Segic's Third-Party Administrator (TPA) Service

Regain Control of Your Data



One of the limitations of the traditional model is the lack of control employers and brokers have over their data and program administration. In a typical insured setup, the insurer holds the data and manages all processes. Changing insurers becomes complex: data migration is required (when it is even possible), claims history is often incomplete, and each new insurer comes with their own tools and processes. This creates inertia and can hinder program improvements.

Segic offers a different model through its Third-Party Administrator (TPA) service. As an independent TPA, Segic acts as the administrative partner for your group benefits program, regardless of which insurer or risk carrier you are working with. In other words, you retain full ownership of your data and processes—even if you change the insurance component of your program.

The advantages of Segic's TPA model:

- **Total freedom:** Combine multiple insurers or specialized services without added administrative complexity
- **Unified platform:** Centralized management with consolidated billing
- **Complete historical continuity:** Claims, participant, and premium data remain intact
- **No single-insurer dependency:** More flexibility and stronger negotiation power
- **No additional cost:** The overall budget remains similar, with more value and control

Importantly, this third-party administered model does not result in prohibitive extra costs. The fee structure is simply redistributed between the insurer and the TPA, so the total cost is comparable to that of a traditional program—with equivalent services—but offering significantly greater added value. Furthermore, the ability to shop around for each component of the program often leads to medium-term savings for plan sponsors, without compromising participant experience.

The Benefits Marketplace

A Driver of Attraction, Retention, and Personalization



Attracting and retaining talent is a critical challenge, and group benefits play a strategic role. But employees today expect more than just basic coverage—they are looking for options that support their health, wellness, financial well-being, and specialized insurance needs.

To meet this demand, Segic offers an integrated Benefits Marketplace that brings together complementary services employers can add based on their priorities. The result: a diverse, customizable offering, easily managed from a single platform.

Segic's integrated Marketplace includes:



Health & Wellness Services

Telemedicine, wellness tools, employee assistance programs (EAPs), cybersecurity—these are essential in a hybrid work environment, supporting employee health and boosting engagement.



Financial & Legal Benefits

Financial advice, budgeting education, legal protection, retirement planning—these services strengthen employees' financial well-being and support them through every stage of life.



Specialty Insurance

Coverage for critical illness, complementary care, pet insurance, and more—helping employees feel supported while giving employers a competitive edge.



Exclusive Discounts & Programs

Employee perks, wellness apps, and other added-value services—often with minimal or no cost to the employer, but delivering tangible benefits in everyday life.

Smart Personalization at Scale

With Segic, employers can build a fully customizable, fully customizable program aligned with their company culture and employee needs.

Gone are the rigid models—now, it's about intelligent personalization at scale.

Backed by Data

Each initiative is supported by real data—no more decisions are made in the dark.



**Adoption
rate metrics**



**Employee feedback
surveys**



**Absenteeism
impact assessments**

A Win-Win Approach

Integrating health, wellness, and financial dimensions into a group benefits program benefits not only employees but also the organization as a whole. Employees who are healthier, less financially stressed, and better supported are more productive and contribute to stronger organizational well-being.

It's no longer just about covering care—it's about preventing issues and improving quality of life at work. A true win-win.



Seamless Technology Integration For Simplified Administration

One of Segic's key differentiators is its advanced technological integration, designed to simplify the management of group benefits programs. Managing multiple providers across disconnected systems takes time, increases the risk of errors, and weakens the administrator experience.

Segic's platform functions as a unified ecosystem where all program components are interconnected. With its self-enrollment tool, adding or removing an employee automatically updates all relevant parties—insurers, service providers, and billing systems—in a single action. This automation eliminates repetitive tasks, reduces errors, and significantly simplifies administration.

Key features of the Segic platform:

- **Consolidated billing:** One detailed invoice, with automated payments to providers
- **API integrations:** Real-time sync with HR and payroll systems
- **Broker portal:** Full, up-to-date access to key program data

A seamless experience for everyone:

- **Administrators:** Intuitive portal, simplified onboarding, automated management
- **Employees:** Self-enrollment, health card, mobile app, centralized access to telemedicine

No more juggling multiple portals or paperwork—everything is integrated.



Toward a New-Generation Group Benefits Program

Modern benefits are no longer about simply selecting an insurer and a few base coverages. They are a strategic lever built on data, flexibility, diversity, and technology to enhance both management and employee satisfaction.

Segic fully embraces this evolved model. As a trusted partner to brokers and employers, it combines technological innovation with TPA services to deliver an agile and comprehensive ecosystem.



Brokers

A unique opportunity to offer a competitive, differentiated solution—while maintaining control over the relationships and the data.



HR Professionals

A streamlined experience and improved retention through a better employee journey.



Employers

A flexible and high-performing program, aligned with budget realities and able to evolve without friction.

By contrast, the traditional model reveals its limitations: underutilized data, dependency on a single insurer, rigid offerings, and complex administration. Not all organizations have made the shift yet, but the trend is clear.

Today's new-generation group benefits programs integrate health, wellness, financial services, and specialized coverages into a holistic model powered by advanced analytics.

This is the vision that Segic brings to life—and makes accessible.

Elevate Your Group Benefits Strategy

With a Modern and High-Performing Approach

Choosing this approach means transforming your group benefits program into a true strategic lever for your organization. This shift—from a perceived expense to a value-generating solution—makes it possible to better meet employees' expectations while simplifying program management.

In today's competitive job market and data-driven environment, this evolution is both natural and necessary. Segic is here to guide you through this transition, helping you build a modern, sustainable, and high-performing group benefits program—for both your organization and your employees.



Ready to Elevate Your Benefits Program?

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