



Benchmark
ADMINISTRATORS
a Trean Company

EVERYONE SAYS THEY ARE **DIFFERENT**,
BUT **BENCHMARK ADMINISTRATORS** REALLY IS!



TIMELY REPORTING AND THOROUGH INVESTIGATIONS

Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of claims can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs.

Our 24/7, multi-lingual claim reporting center provides prompt service to injured employees, and our Claim Adjusters help business owners control cost by working with injured workers and physicians on the appropriate care plans. Learn more below.

- Multiple 24/7 claims reporting options
- Nurse triage services and reporting available
- Assignment to adjuster within 24 hours
- Quick determinations on compensability
 - Timely and thorough investigations
- Fraud is fully investigated and submitted for prosecution

EXPEDITED MEDICAL CARE

Benchmark Administrators provides streamlined access to quality medical care



- Adjusters have authority to approve a majority of medical procedures
- In some jurisdictions the employers have authority to approve routine: physical therapy, prescriptions, diagnostic procedures, office visits

- Focus on first available appointments to reduce length of time out of work
- Transportation and translation coordination with office visits (if necessary)
- Nurses embedded with claim team to assist with medical determinations for optimal results



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FOCUSED APPROACH TO LITIGATION

A focused litigation panel with emphasis on settlements and avoidance of long, protracted litigation
We litigate many cases, but our focus is always on claim resolution.

HIGHLIGHTS OF OUR LITIGATION PROGRAM:

- Small defense panel with local expertise
- You have a seat at the table on all settlements
- Settlement authority in hand for key events in life of litigation (deposition, hearing, etc.)
- Online access for panel firms to reduce expense
- Litigation roundtables aid in moving more difficult and complex cases to closure



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PAYING ATTENTION TO WHAT MATTERS



TRANSITIONAL WORK

Focus on transitional work to allow the employee to return to work with some limitations

LOCAL MEDICAL NETWORKS

Use of local medical networks for optimal results

RESERVE ACCURACY

Use of the Official Disability Guidelines to aid in establishing accurate reserves

COLLABORATIVE

Strategic settlements where you have a seat at the table

TECHNOLOGY

Best in class claim system

COMMUNICATION

Returning phone calls and emails is what we do, and it is critical to our job



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LOW CASE LOADS

Among our core values is adherence to the principal that quality claim handling cannot be done with large, out-of-control caseloads. We attract the best talent with a promise to keep caseloads under 100 claims. We believe that if we treat our people well, you will directly benefit. Among some of the other employee friendly benefits we provide:

Each adjuster has their own office | User friendly claim system

Family oriented office culture | Flexible work schedule

EXPERIENCE AND EXPERTISE

We have a claims team that can move your claim program in a positive direction. With that we realize that education is the key to the future. Here are ways that we make a difference:



- Employee education reimbursement
- Annual In-House Benchmark Administrators Indemnity and Medical Only Adjuster training class and certification



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RESULTS

We focus on great outcomes.

When you measure what matters the most, our loss ratios and other key indicators show that Benchmark Administrators regularly come in well below state averages.

Our employee's annual evaluations
are tied to our Best Practices

Average Loss Ratio, Average Cost Per Claim, and Average Cost of Medical Treatment are well below state averages



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