The Case for a Personalized Employee Benefits Experience
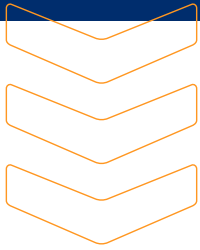
Table of Contents

The consumer experience has changed dramatically in recent years. Thanks to online banking, waiting in line for a teller or physically depositing a check is a thing of the past. Ride share services are now the norm; the car finds you, rather than the other way around. And, depending on how hungry you are, you can track your pizza from the time they put it in the oven to the moment the delivery driver turns down your street.

83.5%

More than 85.3% of Millennials think that personalized communications make them feel vendors care about them. And 82% of Baby Boomers felt the same.

IDC

You might also like...

But it's the emergence of a hyper-personalized experience that has made the biggest impact on today's consumer. Online retailers recommend products based on your past purchases. An app on your phone knows when you—or your teenager—are speeding, helping to lower your insurance rates. Media streaming services suggest what to watch or listen to next.

And, marketers overwhelming agree this approach works. In fact, Salesforce's 2020 Evergage report found that 99% of marketers say that personalization helps advance customer relationships.[1]

Among those surveyed, 78% claim personalized consumer engagement has a "strong" or "extremely strong" impact on delivering better customer experiences. Other top motivators for this approach include increasing loyalty (61%) and generating measurable return on investment (59%).

Marketers have already discovered the power of a personalized approach. Consumers at every age overwhelmingly agree that custom messages deliver a better experience. In fact, more than 85% of Millennials think that personalized communications make them feel vendors care about them. And 82% of Baby Boomers felt the same.[1]

In addition to creating a seamless consumer experiences, marketers and HR professionals alike are finding personalization improves loyalty and return on investment.

1. Customer Data Platforms. Salesforce. 2022.

Consumers now demand personalization

Today's consumers expect brands to use data to engage with them on a more personal level than ever before. In fact, 76% of people are willing to share their data in order to have a more personalized experience.[2] he key here is using employee data to give something truly valuable in return. More and more people, nearly 70%, want a personalized and consistent customer experience across multiple channels, both physical and digital. However, organizations can do more to follow through on delivering a unique experience tailored to employee needs.[3]

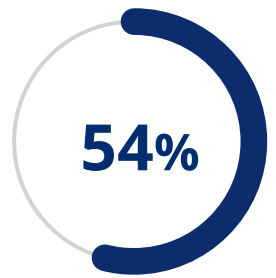## HR is the new health care marketing

When thinking about evolving consumer expectations, it's important to remember that employees are, in fact, a type of consumer—your consumer. And, many are disenchanted with the way their employer engages with them. A recent MetLife study of benefits trends found that only 54% of employees strongly believe their employers' benefits communication is customized to address their personal situations.[4]

Failure to provide employees with a positive experience, including the one you deliver when it comes to their benefits, is an opportunity lost, says Citrix's Customer Engagement Strategist and Researcher Chris Voce. "Ninety-five percent of employees reporting a positive experience with their company say they engage in activities that are beneficial to their organization but aren't necessarily part of their job," Voce notes. "That discretionary effort makes the difference between typical and extraordinary business results."[6]

Providing employees with a positive experience results in increased engagement—a factor Voce says can decrease employee turnover by 50% and increase customer satisfaction by as much as 81%.

70%

Nearly 70% of people want a personalized and consistent customer experience across multiple channels, both physical and digital.

Segment.io Inc.

54%

of employees strongly believe their employers' benefits communication is customized to address their personal situations.

MetLife

2 Consumer Experience Sentiment Report. Merkle. 2021.
3 The State of Personalization. Segment.io Inc. 2021
4 Strengthening Employers' Role in the Whole Employee Experience. MetLife. 2022.
6 The New Employee Benefits Experience. Businessolver. 2020.

Benefits programs present employers with a unique opportunity

Consumer experiences and employee experiences share a lot in common, especially when you look at what's happening psychologically. In both cases, a positive employee experience is the direct result of <u>empathy</u>. Like the marketer, an HR professional's ability to create a positive employee experience is in direct correlation to their ability to see things from someone else's perspective. A truly empathetic HR pro asks themselves questions like:

- What does this employee find valuable?

- How does this employee prefer to receive information?

- When will this employee need help taking action?

These are the beginnings of a more empathetic—and a more personalized—approach to your benefits programs and strategy.

From benefits selection to benefits activation

Perhaps your organization has already begun to adopt a more personalized approach to benefits. For example, you may already provide your employees with access to a decision support tool during annual enrollment to help them build the most suitable benefits package. Or perhaps your benefits platform allows employees to personalize their communication preferences, such as email, text messages or mobile app push notifications. You may even proactively reach out to employees who have had a baby recently to remind them to add their child as a dependent.

If you're doing any of these things, you're headed in the right direction.

Some employers are going the extra mile in delivering a more personalized and holistic benefits experience. In addition to facilitating personalized benefits selection and management, these HR pros are helping their employees take full advantage of their benefits when and where they need them, thereby supporting their overall health and well-being.

The experience they're aiming for extends beyond benefits selection to benefits activation.

So how do you activate benefits activation? Read on to learn about five technology-driven programs and resources employers are increasingly using to help their employees activate their benefits through a hyper-personalized benefits experience. Each includes some relevant statistics and a use case—or "activation path"—to demonstrate the impact on your employees, your HR team and your bottom line.

ac'ti·va'tion path
noun

A method by which individuals are connected with the right resources at the right time to help them maximize their employee benefits.

An opportunity for empathetic employers to support employee well-being while improving their bottom line.

Care Navigation

The U.S. health care system is not known for its simplicity nor its efficiency. In fact, the estimated total cost of waste attributed to administrative complexity alone is between $285 and $570 billion annually and accounts for 15-30% of an organization's health care spend. That's a lot of wasted dollars under one of the most expensive line items on your PNL.[7]

High-cost claimants (HCCs) take up a significantly larger portion of benefits spend than other plan members. Care navigation services come alongside employees to make decisions that are cost-effective and on track with their treatment plan. Only 23% of adults feel confident in their health decisions, however even less, only 14%, feel at peace in their a care choice for a loved one.[8] This lack of healthcare familiarity is costing employers billions.

A short history

Since the 1990s, health care professionals—particularly those treating serious or chronic conditions—have recognized that health outcomes are often directly linked to patients' ability to adequately navigate the complexities of the health care system.[9] In the years that followed, this resulted in an increased focus on primary care physicians as the central point of access and the hub for coordinating the care of patients with complex needs.[10]

Fast forward to today and many of these strategies are being used by third-party health care navigators (a.k.a., clinical advocates). Not to be confused with the "navigators" who help consumers find coverage options through public insurance exchanges, these individuals are registered nurses or highly trained laypeople. Their responsibilities include:

- Helping patients find and access treatment.
- Maximizing employees' understanding of their health care plans.
- Facilitating more effective use of available services to achieve better health outcomes.
- Coordinating individual patient care among multiple providers and services.

↓ $429

In one study, care navigation reduced the total cost of care by $429 per member per month, a savings of more than $5,000 per year.

The ASCO Post

> *"The result (of such complexity) is that the system is pluralistic, mysterious, capricious and impossible for most patients and providers to understand."*
>
> Harris Poll Chairman, Humphrey Taylor

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7   The Role of Administrative Waste in Excess Health Spending. Health Affairs. 2022.
8   Survey Highlights 'Frustrating' Care Navigation Process In US. Home Healthcare News. 2022.
9   Using Navigators to Improve Care of Underserved Patients. American Cancer Society. 2005.
10 Navigation Roles Support Chronically Ill Older Adults Through Healthcare Transitions. Health and Social Care. 2011.

It's just good business sense

Helping your employees navigate the health care system is not only the right thing to do, it also improves your bottom line. One study found that a group of layperson navigators yielded a 10-to-1 return on investment, with average costs for cancer patients receiving navigation declining by $781.29 per patient per quarter. The largest cost reductions in the study were for inpatient and outpatient care, each declining by $294 and $275 per patient per quarter, respectively. And, emergency room visits declined by 6%, hospitalizations by 7.9% and intensive-care unit admissions by 10.6%.[11]

Another study sampled 28 employers and discovered a 17.6-to-1[12] return on investing in comprehensive care navigation based on the sustained lower-than-market per-member-per-year medical costs. And, when it comes to care coordination for individuals with chronic conditions, yet another study found that employers could reduce their health care spend by more than $4,500 per patient per year.[13]

Care coordination for individuals with chronic conditions can save employers $4,500 per member per year.

Intrado

11 Resource Use and Medicare Costs During Lay Navigation for Geriatric Patients with Cancer. JAMA Oncology. 2017.
12 Improved Savings and Health Outcomes Through Health Advocate's Comprehensive Solutions. Intrado Health Advocate. Accessed on Oct. 13, 2020.
13 Care Coordination: Provider and Patient Impact. West Healthcare. 2016.

Technology's role

But it's not enough to simply make these services available. Employers must also ensure their employees know about and make the most of the care navigation services available to them. According to a national study, care navigation support helped reduce ER admissions by 6% and hospital admissions by 8%, simply by directing people to appropriate care options. This is where technology comes in.

A powerful benefits platform coupled with your preferred care navigation partner can help you create an ecosystem that supports convenient employee self-service options and, when needed, personal outreach to enhance the employee experience and improve health outcomes. Powered by individual employee demographic and claims data, the right tech partnership can:

- Leverage a deep and data-driven understanding of each employee, not just those with chronic conditions or high-cost claims.
- Identify care optimization opportunities and gaps in cware, such as missed screenings.
- Give employees a single place to go for help with their benefits, often accessible through their benefits platform or mobile app.
- Provide employees easy access to benefits experts and nurses who can guide them to the right programs at the right time.
- Connect employees to second-opinion services to ensure the accuracy of diagnoses and the efficacy of treatment.

Better health, less waste

These services are not only effective at improving health outcomes, they also help address a great deal of waste within the health care system—waste that ends up impacting employers' bottom lines. Each year, inefficiencies in care coordination cost between $285 and $570 billion annually.[7]

Mary Helen's Activation Path

Like many Americans with kidney failure, Mary Helen was on a transplant waiting list. Her doctor told her that a good track record with her dialysis and sticking to her medications would increase the likelihood she would get a new kidney when one became available. By working with a care navigator arranged through her employer, Mary Helen got help with scheduling regular dialysis, taking her meds regularly and keeping appointments with her specialist. Within 18 months, Mary Helen's compliance rating gave her doctor the confidence needed to recommend her for a new kidney.

Result: Following the transplant, Mary Helen's quality of life and productivity changed dramatically. And within two years, the investment in the procedure completely offset the cost of ongoing dialysis.

Provider Guidance

As pointed out in the section on care navigation, patients see better health outcomes when they have help from someone who knows their benefits, knows the health care system and, perhaps most importantly, knows them and their unique health care needs. This is especially true for those with one or more chronic illnesses or those receiving temporary yet complex treatment.

We all need care at some point

But what about those employees and dependents who aren't regular health care consumers? Perhaps they're young and healthy. (The Kaiser Family Foundation reports that 45% of millennials don't even have a primary care physician.[14]) Or perhaps they lack transportation, find it difficult to take time off from work, or don't have a social network that supports seeking health care when necessary. Or maybe they're part of the 61% of Americans who admit to putting off routine care and seeing their primary care doctor.[15] Confusion and cost are sparking procrastination across the United States.

Whatever their reasons, infrequent health care consumers run the risk of making less-than-optimal decisions when they eventually find themselves in the position of needing care. And, this can be expensive. A bill for an emergency room visit can easily exceed $2,000, which is 12 times higher than an office visit ($167) and 10 times more than a trip to urgent care ($193).[16] Add in the fact that the vast majority of E.R. visits are avoidable, more effectively treated or prevented with a primary care physician.

Right care, right time, right place

Even when the situation isn't urgent, people find themselves in the position of not having all the information needed to make optimal decisions regarding where to seek care. According to the Kaiser Family Foundation, nearly one in five inpatient admissions includes a claim from an out-of-network provider.[17] (See page 12 for more information about surprise billing.) Meanwhile, countless others find themselves unnecessarily readmitted to the hospital after failing to seek care from a provider participating in the health plan's center of excellence program.[18]

13% to 27% of emergency room visits could be managed elsewhere.

Agency for Healthcare Research and Quality

14 Kaiser Health Tracking Poll. Kaiser Family Foundation. 2018.
15 Medical Procrastination Nation Report. MyVision.org. 2022.
16 Avoidable' ER Visits Fuel Health Care Costs. U.S. News. 2019.
17 An Analysis of Out-of-Network Claims in Large Employer Health Plans. Peterson-KFF. 2018.
18 Hospital Readmissions. Agency for Healthcare Research and Quality. Accessed on Oct. 13, 2020.

10 |

Self-service to the rescue

To ensure their employees receive the right care from the right provider, more employers are turning to services that help their employees find, evaluate and book appointments with high-value providers in their network and geographic location. Today's self-service technologies can help employees:

- Identify in-network providers.

- Schedule one-time and recurring appointments.

- Locate urgent care centers.

- Take advantage of telemedicine options.

- Find high quality hospitals for inpatient care.

- Identify cost-effective imaging services.

- Maximize appropriate use of primary care for common health needs.

- Arrange care through highly experienced outpatient surgery centers.

Helping employees stay in-network can reduce employer health care spend by 3%.

Amino

Jim's Activation Path

Late one Sunday afternoon, Jim was mixing some concrete to install a new mailbox. His 8-year-old son, Jamal, was helping. When some concrete got in Jamal's eye, Jim's first thought was to take him to the nearest emergency room. As they were about to leave, Jim's wife, Sara, opened her benefits app to find the nearest ER. She learned, however, that a nearby in-network urgent care center could help with injuries such as Jamal's.

Result: Jamal received an exam and an eyewash. Jim and Sara avoided a $250 ER copay. Jim's employer saved over $700.

Claims Support

Many Americans, especially those with severe or chronic conditions, must juggle multiple providers and specialists, prescriptions, and detailed treatment plans. Without intricate knowledge of the system, patients are leaving money on the table trying to navigate health care complexities on their own.

Claims support services, like digital nurses and billing guidance, come alongside patients not only too book care, but understand industry jargon and know what questions to ask.

Cases in complexity

Although insurance carriers have made headway in reducing error rates, the employee experience with health care claims continues to be compromised by several factors, including:

Surprise billing.

A 2019 survey found that 44% of Americans have received a surprise out-of-network bill. Among those who had, 68% said the bill was difficult to pay, while 11% said they could not pay the bill at all.22 Surprise medicals bills were banned in early 2023, and experts predict the No Surprises Act will save more than $2 million dollars in unexpected costs in the first two months alone.[19]

Denials.

Claim denial rates vary widely between insurers, however overall 18% of all in-network claims are denied. The majority (72%) are classified as "other" with 16% denied because of an excluded service and 10% is due to lack of preauthorization or referral.[20]

Meanwhile, errors add up. On average, it cost $30.50 to rework a rejected claim in 2022.[21]

18%

About 18% of all in-network claims are denied.

Kaiser Family Foundation

On average, it cost $30.50 to rework a rejected claim in 2022.

Web PT

19 Surprise Medical Bills Have Been Banned Since January. Morning Consult. 2023.
20 Claims Denials and Appeals in ACA Marketplace Plans. Kaiser Family Foundation. 2022.
21 The True Cost of a Denied Claim. WebPT. 2022.

Decreased benefits literacy.

Prior to COVID-19, just over a third of employees indicated they were confused about their benefits. Now a solid 80% of employees feel confused when enrolling in their benefits and leveraging them in real healthcare scenarios throughout the year.[22]

Prior authorization.

While requiring documentation to determine the medical necessity of certain drugs, tests and treatments is vital to controlling medical spend, 34% of physicians say that the prior authorization process has led to a serious adverse event for a patient.[23] Oftentimes, the patient finds themselves in the uncomfortable—and confusing—position of coordinating the flow of information between their health plan and the provider just to get approval to receive care.

Billing complexity.

The typical explanation of benefits (EOB) features at least a dozen pieces of information presented in a format and using language that can be more confusing than a mortgage, lease agreement or bank statement. The current procedural terminology (CPT) codes are downright intimidating, while the tables related to charged amounts, negotiated rates, and cost share breakdowns is enough to give one nightmares about impossible-to-solve story problems in math class.

22 Benefits Insights Report. Businessolver. 2022
23 2021 AMA Prior Authorization (PA) Physician Survey. American Medical Association. 2021.

Following the money

Similar to care navigators, claims support representatives (i.e., advocates) can greatly improve the employee experience. Unlike care navigators, however, these highly trained professionals focus more on the financial side of receiving care. Today's claims advocacy services do this by:

- Analyzing billing documents to uncover coding errors or troubleshoot issues related to network status.

- Providing advocates with access to each employee's real-time benefits information.

- Ensuring advocates have a deep understanding of the complex claims process, including CPT codes.

- Helping employees through the manual claims filing process when necessary (e.g., for out-of-network services).

- Establishing relationships with providers and health plans for expedited claims resolution, including reimbursements.

- Helping employees work with third-party entities, such as disability and workers' compensation carriers.

- Working with providers and health plans to proactively address common claims filing errors.

- Ensuring prior-authorization rules have been followed and assisting where necessary.

- Helping employees negotiate terms with providers or establish payment plans.

Jennifer's Activation Path

Following her recent knee surgery, Jennifer received an unexpected bill from the anesthesiologist. She was positive the entire procedure should have been covered, so she called her employers' member services number. The representative reminded Jennifer of her claims advocacy benefit available through her employer, and connected her right away. Jennifer's advocate, Gary, reviewed the bill, discovered a coding error and worked with the surgery center and health plan to correct it.

Result: Jennifer saved more than $1,200 and told her coworkers about her experience with Gary, many of whom had never heard of claims advocacy services.

Personalized Health Communication

In the U.S., where 5% of the population consumes 50% of total health care costs, benefits administrators and risk managers understand the value of helping their employees stay as healthy as possible for as long as possible.[24] This is especially true of those with chronic conditions, whom the National Institutes of Health say account for 85% of health care spending.[25]

However, some employers are reluctant to address even the most basic, yet consequential, health behaviors due to employee privacy concerns—a fear often driven by the regulatory environment. While quite rational, this fear can paralyze HR teams from doing what's right by the health of their employees, not to mention their bottom line.

Why it matters

First, employers have a vested interest in the health of their employees, especially if their health plans are self-funded. From a purely economic perspective, strategic and targeted health communications are justifiable, as long as they are HIPAA compliant.

More importantly, however, offering help to those employees who need it most is an expression of employer empathy—a trait many organizations lack. In fact, 92% of employees say organizations should do more to address the overall well-being and needs of their employees.[26]

Then, there are the less urgent—yet no less consequential—situations that make a strong case for targeted health communications. These include local or global disease outbreaks, age- or gender-based health screenings, financial well-being reminders, mental health promotions and more.

85%
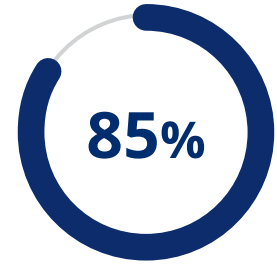
Americans who struggle with chronic conditions, account for 85% of health care spending.

The National Library of Medicine

92%
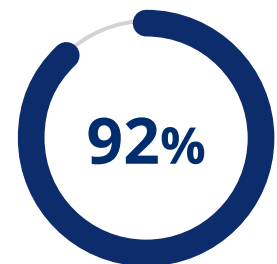
of employees say organizations should do more to address the overall well-being of their employees.

Businessolver

24 How Do Health Expenditures Vary Across the Population? Peterson-KFF. 2019.
25 Prevalence and Medical Costs of Chronic Diseases Among Adult Medicaid Beneficiaries.
    National Institutes of Health PubMed Central. 2018.
26 State of Workplace Empathy. Businessolver. 2022.

Trust through technology

Fortunately, today's data-driven technologies provide HR teams and employee wellness professionals with a variety of tools to conduct effective and empathetic outreach to employees in the right place and at the right time. And they can do so while protecting the individual's private health information from unauthorized access through services such as outsourcing, thereby allowing HR teams to separate themselves from sensitive data. Today's benefits technology can:

- Build and maintain a unique profile for each employee based on demographic data, health and pharmacy claims and benefits ecosystem activity.

- Analyze claims data to identify members experiencing a gap in care, such as overdue screenings, office visits or prescriptions.

- Deliver messages year-round through employees' preferred communication channels, such as push notifications, text messages, email or print.

- Facilitate rapid response to urgent situations (e.g., natural disasters, disease outbreaks, etc.) by connecting impacted employees with available benefits and local resources.

- Send only the most relevant messages based on strategic variables (e.g., demographics, claims history, etc.), thereby preventing "message fatigue."

- Maintain list accuracy in real time through automated data refreshes to ensure you're reaching the right people, right now.

- Track employee engagement through opens and clicks via a real-time dashboard so you can measure return on investment.

Deja's Activation Path

Last October, Deja went online to make a change to her benefits. While there, the website's AI-powered virtual assistant greeted her by name, celebrated her recent 50th birthday and reminded her that she was now eligible for a colorectal cancer screening—a commonly covered benefit which 20% of American adults fail to ever take.[27] The next day, Deja made an appointment for a colonoscopy.

Result: During the procedure, Deja's doctor found and removed three pre-cancerous polyps, potentially saving her life and preventing tens of thousands of dollars in medical costs.

27 Use of Colorectal Cancer Screen Tests. CDC. Accessed 2023.

Telemedicine

In early 2020, the U.S. experienced a revolution—or perhaps a revelation—in the need for remote care in a socially distanced world. Faced with the prospect of exposing themselves or others to COVID-19, a Johns Hopkins study found that 20% to 30% of Americans stopped going to community physicians.[28]

Meanwhile, telemedicine (a.k.a., telehealth or virtual visit) services exploded. According to FAIR Health's Monthly Telehealth Regional Tracker, telemedicine claim lines increased 4,347% nationally, from 0.17% of medical claim lines in March 2019 to 7.52% in March 2020.[29]

A bright spot for managing costs

The increased use of telemedicine in 2020 was good news, as remote care services have been shown to result in significant cost savings. Telehealth appointments allow patients to speak with their doctor and save half the cost.[30] Departments with telemedicine can save between $309 to over $1,500 per visit.[31]

Overcoming utilization barriers

Despite employees' newfound comfort level with seeing a provider in a virtual environment, telemedicine's potential remains largely untapped. Some barriers to adoption, like access to broadband internet, are beyond employers' control.

Other factors, however, are very much within employers' spheres of influence. Here are some tips.

Telemedicine saves an average of $309 to $1,500 per session over emergency room visits.

Medical Economics

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28 Don't Avoid Your Doctor During the Coronavirus Pandemic. Johns Hopkins. 2020.
29 The Coronavirus Pandemic and the Transformation of Telehealth. U.S. News and World Report. 2020.
30 Telehealth Post-COVID: going digital to reduce costs? Medical Economics. 2022.
31 New Study Shows Telehealth Saves $1,500 Per Visit. Ortholive. 2019.

17 |

Consider a direct relationship with a telemedicine provider.

Video appointments allow for a partial physical exam and give providers a unique glimpse at a patient's home environment where health and family are intertwined. Overall, about 1 in 4 US adults currently take advantage of telehealth services.[32]

Ensure integration with your benefits platform.

Linking directly to your preferred telemedicine carrier within your benefits portal and mobile app eliminates employee confusion of knowing where to start. Ensuring that your benefits platform plays nicely with your preferred telemedicine service through single-sign-on functionality removes complexity and provides a seamless employee experience.

Maximize eligibility awareness.

Let employees know they're eligible for virtual care services. Start by creating excitement during your benefits fair and keep reminding your employees of this benefit throughout the year. Consider campaigns tied to cold and flu season, mental health awareness month, company-wide health challenges and other opportunities.

Help employees think beyond episodic care.

While the pandemic made a strong case for seeing a doctor for conditions such as colds, injuries, infections, and other intermittent care, telemedicine's capacity for meeting ongoing health needs has remained largely unnoticed. Make sure your employees know that telemedicine can be used for treatment such as mental health counseling, chronic disease management and even some types of physical therapy.

Optimize utilization in the moment of need.

Ask your benefits administration vendor to help you think through opportunities to remind employees of telemedicine services based on their touchpoints with members or the data in your system. For example, can their member services representatives be trained to recommend telemedicine when employees call for help finding a doctor?

32 National Survey Trends in Telehealth Use. ASPE. 2022.

The advantage of direct access

Is telemedicine here to stay? Within health care systems, it would appear so. In 2019, only 1% of total visits with a physician were through telehealth. But this all changed during the pandemic, with 21% of total visits in 2021 held via telehealth. ^# Offering a convenient and affordable way to ask questions and manage chronic conditions, telehealth isn't going anywhere anytime soon.[33]

However, it's also important to note that telemedicine, in some respects, is in direct competition with providers' more traditional—and more lucrative—services offered in their brick-and-mortar settings. Employers who make telemedicine directly and easily accessible through an advanced employee benefits experience help drive utilization in ways health systems might not.

In 2019, only 1% of total physician visited were through telehealth, compared to 21% just two years later.

TechTarget

Tom's Activation Path

After the kids left home, Tom found life as an empty nester increasingly difficult. Feelings of isolation coupled with mounting financial debt was causing him to lose sleep. He was plagued by sudden unexplained crying fits and weight gain to due inactivity and increased drinking. Deciding that these symptoms could no longer be ignored, he went online to find a nearby provider. Among the options listed on his benefits portal, he discovered that telemedicine could be used to address mental health. Within an hour, Tom was speaking to a physician.

Result: Tom's doctor diagnosed him as having an anxiety and depression disorder, prescribed an antidepressant and arranged a follow-up appointment in three weeks.

33 Telehealth Visits at Community Health Centers Rose to 21% in 2021. TechTarget. 2023

Five Tips for Creating a Personalized Benefits Experience

Rising health care costs, a complex health care system, and low benefits literacy make a good case for a more personalized employee benefits experience. By helping your employees activate the right benefits and programs, you can dramatically reduce your health care spend, while increasing employee loyalty and engagement through this strong demonstration of empathy.

But you must also ensure that the execution of these technologies and services is, itself, empathetic. It isn't enough to simply make these value-added services available. To realize a real return on investment, you need to provide your employees with an experience that integrates personalized services alongside their core electable and non-electable benefits. In short, you must create awareness, convey value and help employees to get started.

To do so, here are five tips.

1. Bring everything together under one roof.

To create a benefits experience that supports positive health outcomes while creating greater employee engagement, the importance of integration cannot be understated. Employees are much more likely to use provider guidance, telemedicine and other self-service options when they're integrated directly into their benefits portal and mobile app.

The same can be said of more "high-touch" services like care navigation and claims advocacy. When you allow your employees to get started via your benefits platform or the member services number they use for other benefits-related issues, you make the right choice the easy choice.

2. Maximize automation, algorithms and artificial intelligence.

Today, we expect technology to play a role in nearly all our consumer experiences. From engaging with our preferred retailers to accessing streaming media services and everything in between, we have come to expect the three A's—automation, algorithms and artificial intelligence. Our benefits experience should be no different.

When looking for a vendor to help you execute your personalized benefits strategy, make sure to find out how they use algorithms to determine when and how to conduct employee outreach, whether they use personas to send automated messages to subsets of your employee population, and whether they use artificial intelligence applications, such as a 24/7 virtual assistant to help employees.

3. Employ an omni-channel communication strategy.

Today's HR teams must think like marketers. Omni-channel refers to a marketing strategy that combines content, personalization and technology to create an enjoyable consumer experience. In the retail environment, for example, a customer can be shopping online from a desktop or mobile device, or by telephone, or in a brick-and-mortar store and the experience is seamless.

In the context of benefits, an omni-channel approach implies employee-centric content that is simple, educational and inviting. Also, omni-channel benefits communications are personalized, based on each employee's preferred communication channels and life stage. Lastly, an omni-channel approach to benefits relies heavily on technology to engage with employees when and where they want.

4. Ensure you have real-time visibility into utilization.

Today's data-driven technology has changed the way employers gain insight into how their employees are using their electable benefits. With just a few clicks or a call to their client services team, employers can access periodic or ad hoc reports to gain visibility into real-time metrics like eligibility, changes due to qualifying life events, service center call volume and much more.

When offering services such as those described in this white paper, make sure your vendor and benefits technology can generate real-time reports on the metrics you care about, such as engagement rates (e.g., email open or click-through rates) and other indicative data points that demonstrate increased activation into the benefits and programs you make available, not to mention return on your investment.

5. Create your own ecosystem.

The rapidly growing popularity of the technology and solutions featured in this white paper has resulted in a wide variety of vendors from which to choose. Some may offer two or more types of these personalized services, while others specialize in only one. That's good news for you, as it allows you to select service providers based on your organization's unique needs and business goals.

In creating the right mix of services, also consider how well each vendor integrates with the core technology you'd like to use to engage employees. If you plan on using your benefits administration platform to host these non-electable benefits, for example, ask your vendor whether they have preferred vendors that can help create a seamless delivery experience.

Learn More

Curious about how benefits technology can impact your benefits spend? Try our Benefits Cost Savings Tool to learn about your organization's potential cost avoidance.

businessolver

**Market-Leading Benefits Technology +
Innovative, High-Touch Services**

businessolver.com