

CASE STUDY

How one large employer
improved benefits
selection and decision
making



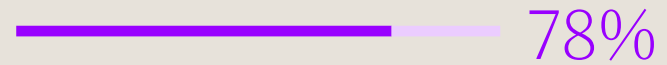
Operating in a highly competitive market, this large manufacturing company strives to offer the most robust and comprehensive benefits in the industry. Looking to make it easier for employees to understand the financial impact of health benefits options, they set out on a journey to better support benefits decision-making with personalization and meaningful data.

The team searched for a solution that could arm more employees with relevant, timely information and help guide them to the best-fit plan based on their anticipated needs. They decided that Truven had the data, technology, and expertise they needed to take their benefits experience to the next level.

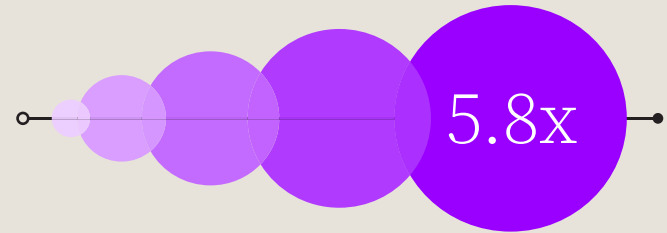
More than a decade later, and the team continues to rely on [Benefits Mentor](#) to support employees through benefits selection in a virtual environment with simple interfaces, easy navigation, and conversational chat bot. Employees can add in potential procedures and anticipated life events to create a model of what benefits plan best suits their needs. The solution also provides benchmarking data to make more informed plan comparisons by surfacing estimated costs, medical and Rx details, and applicable spending accounts.

They wanted to take it a step further and provide more personalized comparisons for employees based on their household's actual healthcare claims history. In addition to leveraging [Benefits Mentor](#), they also rely on the analytics of [Health Insights](#) to better understand workforce health and cost drivers, design more comprehensive and personalized benefits, and engage team members in more cost-effective care. Combining the data from [Health Insights](#) with the [Benefits Mentor](#) tool makes it possible to aggregate an individual's household claims history and create personalized financial breakdowns, providing meaningful context to help employees think about their future healthcare needs.

The results spoke for themselves, and it was clear that most members that used the tool, selected the best-fit plan for their household. While open enrollment is only a few weeks out of the year, Truven works throughout the year with clients to continuously improve. We also provide an annual analysis that evaluates areas like plan election decisions, member health engagement levels, and cost and utilization profiles. These evaluations have provided critical insights that have resulted in additional product enhancements, stronger enablement, and improved access.



78% of members that used the tool selected the best-fit plan for their family



5.8x more likely to move to a different plan that is optimal

Want to try it for yourself?

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About Merative

Merative provides data, analytics, and software for healthcare and government social services. With focused innovation and deep expertise, Merative works with providers, employers, health plans, governments, and life sciences companies to drive real progress. Merative helps clients orient information and insights around the people they serve to improve decision-making and performance.

Learn more at merative.com

About Truven

Truven by Merative is a portfolio of healthcare data and analytics solutions, backed by 40 years of deep healthcare expertise. We provide trusted insights and proven expertise to help employers, health plans, life sciences organizations, and government agencies drive better health and financial outcomes. With market-leading solutions like Health Insights and MarketScan, Truven serves 7 of the top U.S. health plans, over 40% of the Fortune 500, and the top 20 global pharmaceutical companies.

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