

Carrot Fertility, Inc. - Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Interview conducted on January 10, 2023

Topics

Employee Benefits, Decision-Making, ROI, Healthcare Communication, Utilization, Insurance Providers, Cost Management

Summary

A Tegus Client inquires about the gastrointestinal space, employer demand for GI solutions, how employers buy, and how employees engage with different solutions. The Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM explains that they rely on external consultants to bring new products and solutions, and referrals from people they already know. The decision-making process involves looking at ROI, utilization, and experience, as well as making a business case for enhancing global well-being or their well-being programs. The appetite for adopting new point solutions depends on deficiencies in the carrier's overall offering, top conditions or disease states, demographics, and competitors. The expert also discusses the company's focus on GI disease, the difficulty of communicating with employees about available vendors and programs, and how companies can attract patients from employers that work with national payers like United.

Expert Details

Senior Vice President of Global Benefits, Well-being, & Compensation at AECOM. The expert can speak in depth to their experience as a leader in the employer benefits space as the current SVP of Global Benefits, Well-being, & Compensation at AECOM.

Currently, the expert is the Senior Vice President of Global Benefits, Well-being, & Compensation at AECOM. The expert has over 25 years of experience with employee benefits and various companies and can speak to strategy and to trends in the space. The expert currently oversees the global benefits department at the company and can speak to the solutions used. Expert was a customer of Remedy Analytics from 2016-2019 and can speak to the evaluation to bring on the solution and to the use cases with the solution.

Q: Are you able to speak to how a gastrointestinal (GI) based digital health provider gets a benefits/payor package?

A: I have some insights on this, including the consultant and carrier environment, in addition to direct to employer.

Q: How important is GI compared to other therapeutic areas (mental health, musculoskeletal, etc) when deciding which benefits to add to an employee package?

A: It is always important to know what the claims data shows, as well as how it is covered under the current medical plan and whether this is an enhancement, or a new added benefit?

Tegus Client

Hello, thanks for taking the time. I want to learn about the gastrointestinal space, and want to learn what does employer demand look like for kind of GI solutions. The second is really understanding how employers buy in general. And then third is really understanding more so how employees discover and engage with different solutions like this. Maybe before we kind of dig into a few things, would it be possible to just tell me a little bit about yourself and kind of your experience, maybe both with kind of self-insured or fully insured plans?

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Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

So is the focus mainly U.S.?

Tegus Client

Yes. Let's say U.S. or North America.

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

North America, so we also have almost 3,000 people in Canada, and we purchased all the programs and administered all those and managed those as well. I've been here about nine years, been in this industry for 40, as far as benefits goes back, when it was just called plain old employee benefits.

So come a long way, had some great experiences at some very premier employers. And so each of these experiences have had lots of M&A and lots of divestitures and huge changes in leadership, which brought a huge effort to change the structure of the company or the focus, et cetera. Always in HR, but with a very strong finance orientation because benefits is the second largest expense after payroll in the HR and the finance areas.

So generally, kind of haven't done it all and seen it all, but I'm aware of it all, I guess, just because of the work that I've done. So yes, we're both fully insured and self insured on our programs in the U.S. and Canada, depending on which ones you're referring to.

So in the U.S., the majority of them are fully insured. In Canada, they're self-insured. But we were self-insured in the U.S., as you would expect because of our size up until 2019. And then we moved into an exchange. So we did a huge paramount shift, if you will, to change how we deliver health care for our employees. But then on top of that, we have a lot of ancillary services that we buy specific to a particular need.

So our general, medical, hospitalization, all those things that fall under just medical plans is provided by carriers, all the national carriers, but then we have supplemental programs, eMindful, Livongo, WebMD, all these others that we add on, if you will, or bolt on. So we sort of have a mix of everything.

Tegus Client

So I mean kind of curious, when you think about kind of Livongo or a bunch of other kind of plans, curious how you think about both from a self insured or fully insured side, decide on kind of what point solutions to buy? And maybe specifically, kind of what the idea from GI in mind. How are you going through that kind of decision-making process?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Yes. So there's a couple of paths that can occur. One is through our consulting organization. So we use Mercer and Aon a lot. We also use WTW a bit as well as some smaller brokers. It really depends on the product and the area of benefits that we're referencing. So I always tell organizations doing this kind of research, you really have to start there because most organizations, like ours, have dramatically reduced their corporate functional staff. And so we have a lot less people to continue to do the same amount of work.

So we rely on our external consultants to be our experts to bring us new innovative, creative products, as well as solutions to problems when they come up. So that is a really important pivotal point. I always tell people, you need to spend time there because then you're touching 50 employers at one time, if you talk to two health and group experts at Mercer. Now you're talking to 50 to 100 employers overall. And that's, to me, the best vehicle.

But then we also talk to them individually, where they might reach out to us. Maybe somebody was a sales rep at Hello Heart and then they went to WebMD or something or some account person went from care.com to accounts like EAP or something. And then all of a sudden, they reach out and say, "Hey, we used to work with you. I'm now here. We'd love to tell you about our product." So we usually make time for those kind of calls, mainly because of the relationships that we have. I don't do cold calls. I just don't have the time.

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But if somebody I knew before or somebody refers us and says, "Hey, you really should look at this program, it's been great for us." If it's someone I know and trust and respect and I'm like, "Oh, well, then I guess we should look at it." So there's like multiple entry points, I guess, but the two biggest ones are consultants and then referrals from people that you already know.

Tegus Client

And then curious maybe on the latter side as well. So I understand or appreciate kind of the pipeline that comes to you, how are you making decisions then whether to onboard or bring someone on or even spend the time? Like are you having to kind of weigh benefits or kind of, let's say, does MSK also compete with GI.

And do all solutions kind of compete for similar dollars? Or do you really kind of look at it and say if this can return X cost saving or it can hit this kind of hurdle rate then really kind of we'll bring in as many of these different plans as we can? Or really, is there kind of competition they need to make trade-offs regardless of kind of that spend portfolio?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Yes, that's a great question. So I guess a couple of things. One is ROI, right. But that is so overused that it really becomes more of a conversation of, if we spend X, what's the result of that in the end, which I guess is Y. But it can't always be exact math. Because a lot of times in health care, things that you avoid, you never actually had the cost. So you have to have a bit of a religion around it to believe that if you spend to increase people's health and well-being to improve, then you're going to see a reduction in cost, but you won't see it direct because avoidance isn't measured in the same way.

So about four years ago, we put in a data warehouse. We used to have it with Mercer, now it's with Aon because of the exchange. And we actually look at all of our claims data and all of our spend for all of our health and group related benefits. And then we look at utilization, we look at experience, like how much not just did the plan get used, but how many employees enroll for it or engage with it. And so we try to gather all this data and then come back with personas to say, this is how this is being used and here's how it's returning value for us, and we have help with the actuaries and/or the consultants to help us tell that story.

We have a very strong culture of well-being. We've had a global program. Now we're going into our seventh year. So I'm really proud of that because that started after I got here. So we can always use that as a bit of a wildcard when we're trying to do something, and we say, well, this is going to enhance global well-being or our well-being programs, this is going to enhance our Freedom to Grow initiative, which is working hybrid and all these things.

So part of it is just making the business case, but not just the financial business case, but the HR or the people side business case, and right now, talent is everything. We're trying to hire engineers for projects, and there's just not enough of them. So we're using the talent wildcard more than the cost savings wildcard, which up until three years ago, if you didn't have that, the other didn't matter.

But now it's kind of both depending on what it's related to. So in this product, you're talking about, if that means people are more productive, they get back to work sooner, they're healthier while they're working, et cetera, then that's going to add value that doesn't even talk about reducing the costs to the Aetna PPO plan.

Tegus Client

The question was, you commonly hear that benefits managers are inundated with various point solution options now, it's pretty saturated, especially with like a ton of digital health startups. So completely understand the rubric you described to evaluate new point solutions. But I guess my question is, what is the real appetite even for looking at or adopting new point solutions?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

I guess it will be dependent upon a couple of things. I always have lots of points of view. So if your health care vendor and your medical plan is doing everything optimal, and they're the best at everything, you don't need anyone else. But the reality is everybody is good at some things and not so good at others. So what we've relied a lot on Mercer and Aon by the way is they come to us and say when it comes to disease

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management, or it comes to diabetes management, or cancer-related treatments, et cetera, these groups are just not the best of that.

But there's these ancillary or stand-alone firms that do a much better job and you have a much better outcome. So you negotiate it out of your medical plan and you set up a separate plan. So it could be the consultants telling us about maybe a deficiency in the carrier's overall offering.

And then secondarily, it could be like with our data warehouse, where we look at what are the top conditions or disease states and then what are the behavioral areas that maybe people can change, whether it's tobacco-use, weight, et cetera. And say, you have a real opportunity here to influence your cost because we know this is an area of expense for you.

And then the last thing we look at is our demographics. So for example, at AECOM, our average age is certainly higher and our tenure is higher than maybe you would see in the high-tech world or other places like financial services where I used to work. And at Gap, we always said our three main health care costs are pregnancy, pregnancy, pregnancy or maternity. Because we have such a young workforce. There was nothing else we focused on because it was all about the spend for maternity. So it's things like that where you have to just look at the data and then decide what are the areas you need to either supplement or maybe offer something new.

And then the last thing I'll just mention is competitors. Sometimes people come to us in leadership roles from other competitors, and they say, "Oh, we had this, we had that". And all of a sudden it becomes, why aren't we doing it. But like those are all the various ways that something may come to be, if you will. Because all those things are in play.

Tegus Client

And I was curious I mean maybe specifically for GI then, how top of mind is GI compared to other kind of disease areas when you think about your own kind of employee base?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Well, I know it's always in the top list along with musculoskeletal and others. But I always remind vendors or we call them business partners, but not getting too into the weeds around the medical side of this is tough because we just don't have that acumen. So that's where we really rely on the consultants to tell us based on your data and based on maybe your age or your makeup of your workforce, highly male versus highly female, all those things, they come back and say, "You really should be looking at this."

Even if our data doesn't tell us, our makeup may tell us. Because we're 70-30 male, female or because our average age is early 40s or whatever. They may come to us and say, we don't know for sure, but we can almost guarantee you have this problem. And so if that's the case, that would probably be the biggest opportunity.

And then the only other thing I'll mention is we're in the Aon exchange. So two of our providers that we offer now is because the exchange decided for their 50-some employers to partner with one particular vendor. So like second MD is the telemedicine vendor for the exchange. We used to have best doctors, and we also used to have 2nd MDLIVE.

And because we could consolidate all that with one vendor and it's through the exchange where they're negotiating it for us, we move both of those to that one provider. So sometimes, if you're part of one of those employer coalitions or an exchange or something that does contracted buying in a larger group, that can be an influencer also.

Tegus Client

I mean, just to clarify as well, so then if a consultant came to you and said, "Hey, our recommendation is that GI falls within these top three, based on your employee population, we think they're a very good candidate for you." Do you take their kind of validity or kind of word and go to implement something like that pretty easily? Or again, do you have to make kind of a cost decision to say, I'm going to be taking out MSK and putting in GI?

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Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Yes. It is a cost decision, but normally, unfortunately, it's an add-on. We don't tend to take out because if something isn't value-add, we would have changed it already. I know there's all those conjoint analysis of how did you spend your money differently, would you get a better return.

But in organizations like ours, where we're very cost focused, we've taken a lot of things out. If it's value-add it stays in, if it's not, we don't continue it. And so we're constantly evaluating. So it's not as if we have this gold mine or we call it the money tree that you can shake and all of a sudden you find things you didn't know, it's like a discovery, it's like, no, unfortunately, we're way past all of that.

So then it becomes a question of, well, when you have \$100-plus million or close to \$200 million spend in health care, is it valuable to add, I'm making this up because I have no idea of the product cost, \$500,000 or \$1 million to improve productivity and have better outcomes on health care. That becomes a very small number in the grand scheme of it. But then you still have to go forward and say, this is what we're planning to do for next year, here's why.

Like we just added Carrot, the family-forming benefit. It took us three years to do that. Because first, we had to make sure that people understood it was important, then we had ED&I initiatives and EVP initiatives. And all of a sudden, it's like it really is about the employee, and they're getting this care anyway, but they're not getting it in a perhaps quality-based way. And they need help with it, and it can very much be a distractor at work.

So all those things made it easier to come around to say we really should look at doing this. And then the third thing is we scaled it back. Like we didn't build in a benefit, it's a service. So we don't have any additional infertility benefit beyond what we include in our health plans, which is \$35,000. But we have a service that says, when you spend that \$35,000, it's going to be on much better resources with much better quality, and they're going to be a concierge for you through the whole thing.

So it makes employees feel good, but it's not a multimillion dollar program because we're only buying the service resources. All the cost of the benefit is still being funded through the medical plan. So like there can be really differing levels of what you buy. Are you just buying access to services and resources, are you actually buying a benefit. And then is it an add-on to your medical plan, or is it a replacement where like you said, you take it out of there, but most of the carriers won't underwrite that. They won't take it out of the current plan, then it becomes duplicative. And if it's duplication, then it doesn't feel as good.

Tegus Client

And maybe just kind of a quick question, then I would like to a little bit more about your current kind of digital health landscape, do you have GI providers kind of that you provide or offer today? Are you familiar with any of them in the market?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

So I'm not aware of us offering something specifically because we don't communicate it and we don't tout it. So I know that we're not offering anything specific today outside the medical plan. But I remember when I first looked at this, there was a list of the providers, and I have to be honest and tell you, I don't remember who the top ones were, but I was familiar with some of them, I thought we actually used to work with one of them.

Tegus Client

Yes, whether it's Oxehealth or an Able Health, et cetera. So there's a handful of companies I believe that are kind of around that space, do those ring a bell?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

The Able Health does, the other two do not, but that doesn't mean we haven't seen it on a chart. Like once a year, Mercer gives us a diagram of like, here's the 30 different programs that you could think about in all these categories. So I'm sure those were all in that GI space. But then it becomes, okay, well, where do we want to focus this year, where do we want to spend and just at least not so far.

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Tegus Client

Have you heard of Vivante Health at all?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Wow, that sounds familiar. I don't know if I heard of it because of that or because of something specific to benefits.

Tegus Client

And you just mentioned something that was really interesting in terms of kind of how you communicate it to employees, et cetera. And so I've also heard that it's difficult or there's kind of fatigue as well around the number of vendors that you see. But curious as well, when you kind of think about translating that to employee engagement, what have you noticed kind of around the receipt of care? Or like how do you think about kind of helping employees be better consumers? Are there kind of indicators you find folks through communication channels, et cetera, adopt or utilize a lot of these technologies better?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Well, simplicity is key and I mean, at one point, I think when I joined AECOM, I think we had 16 different programs in addition to the medical plan, that's probably too high. Maybe it was 13 or 14. But it was like employees didn't know where to go for what. It's so complex. And we're in this business, so we tend to know this.

But so those vendors that said like, I can't think of their names right now but I can picture them, where it's like, we'll be the one-stop shop, and then employees come to us and then we'll tell them which vendor to go to, we do have a light to help us with that because they are benefits provider.

But those aggregators, I think, is the term people were using for a while, they're very helpful if you need one. Fortunately, over time, we actually created our own internal site. So if you wanted to, you could go to aecombenefits.com. You don't need a password, you don't need username. So if you're thinking about a job here or you work here or you're just curious, you can look up all of our programs. The only thing you won't find are the costs. But everything else is nonpersonalized. So we've gotten very transparent.

So if you just type in second opinion or if you type in telehealth, it's going to pull up the vendors that we offer, and then it's also going to refer you maybe to your medical plan. So we've sort of created our own, but it's not a true app. So I wouldn't say it's as good as some of the aggregators that are out there, but the information is readily available in a simple way and spouses and partners can get to it as well.

So I think that is a big problem. And that's why a lot of benefits people like myself, I think, it's like they don't want one more to add because then it's one more to communicate, it's more confusion for employees, and I sort of feel the opposite of. Yes, but if we can do a good job of educating and communicating, then it isn't seen as oh, another thing, it's seen as, oh, good, I'm glad we have that.

The problem is they don't read anything. Everybody is overwhelmed with information. So you have to find a way to funnel it or channel it to when you know you need something, you know where to go to get it. And so that's why we created this site, and we do like e-newsletters, e-cards. We do all these things all the time to people just to say, "Hey, we only need two minutes of your time. But then if you really need to know something, here's where you go for it."

So we've gotten to where we give minimal information very frequently versus a lot of information once or twice a year, but it is a problem in our industry because everyone just gets too much information every day. But I don't think the new program that, that should be a deterrent to offering one. You just have to be smart about it. Otherwise, it could be.

Tegus Client

And then probably the final question I had is just when a company or if a company signs the national payers, think about United, how easy or kind of hard is it for them to attract patients from employers that work with those payers? I mean, if you can sign into a national plan, then I guess really what is the question or how

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difficult is it for you, let's say, if you're with United to adopt a tool or a kind of a provider that they have underneath their current plan?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Well, I guess, there's a couple of thought. I mean, one, it's usually a financial incentive of some kind, right. Because you can tell people about quality outcomes all day long, but they're looking for either convenience by location or cost. That is the reality of how most people unfortunately make their health care decisions.

So because of that, it's like you have to make it either easy for them or you have to incent them or you have to have a referral program built into whoever your benefit service provider is. So that's a tough one because the carriers want to channel that utilization into the providers that are in their network.

And also remember, because you're an AECOM employee, you also have Livongo services or you have the EAP depending on whatever the issue is. So they're supposed to remind them of that, but we don't really have any true knowledge of whether that's happening. So that is either a barrier or a roadblock that you have to plan around.

And that's why those communications separately are important. Because if you go to your PCP in United, she or he are going to refer you to somebody they know or someone in their network. It's really hard to get them to say, "Oh, I see you offer such and such." That would be a really good alternative for you, but they don't know how is it funded. They don't know if it's in or out of network. So that's a tough one. I don't know if I gave you a solution. I just gave you the challenges.

Tegus Client

I guess my question is, if one of these GI solutions has signed a national contract with a payer, right, so United, Aetna, it doesn't matter and I mean the solution may come to you directly, or maybe it's just the fact that it's now included in your bundle because you guys get coverage through Aetna. The two part of the question to this is, one, how do you as an employer discover that that's actually there? Are you relying on the payer to actually push that to you? Are you actively seeking on what GI solutions are, et cetera?

And then the second would be kind of what you touched on, but as an employee, how do you discover this or start to experiment with it. And I know you described that really interesting platform that you guys created so that you can discover a lot of the solutions that are available like if something is already part of Aetna and you're an Aetna customer, does it end up on your site? Like who discovers that and adds it on there then?

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Well, that's a good point. So we have links to the carrier site. So we don't detail everything about the medical plans. We have general information more around the financials, right, deductible, out-of-pocket, number of visits, percentage, copays, things like that. But then if you want to know the specifics, we always say you need to contact the carrier, explain the network that you're in because we really want them to be the experts. And they're also hopefully one that's going to refer them either to maybe a health coach or maybe someone in the medical, in the provider, credentialing group or whatever. So we don't play that part of it.

But your point is a good one, I call it white label, right. It's like Cigna says they have an EAP, but then you find out, well they actually outsourced it through Magellan or something. So to me, I prefer that the employee not necessarily know that. They think they have Cigna EAP, but really underneath that, it's through another provider. I don't care about they can exist all day long. It just has to be a good seamless experience for the employee. And what we've often found is when they do that, it tends not to be.

Like the eligibility has been shared or they don't coordinate with the doctor so like the PCP knows part of it and this outsourced group knows part of it, but they don't speak to each other through the technology that exists and all these kind of challenges. So like United has all those different subsidiaries, but they always said, don't worry to the employee, it's just United, it's not Optum, it's not Magellan, what used to be Behavioral Health. So if it works, it's great. The problem is it doesn't always work. That's why we're not against that we offer because in theory, sometimes that's happening in the medical plan, you just don't know it. Yes, how that comes together.

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Tegus Client

I guess what I wanted to unpack there was, if Aetna has a contract with, I don't know, I'm going to say Oxehealth or someone else like that. And how are you, as the employer finding out, is Aetna coming to you and saying, "Hey, this is the annual renewal we're doing, looks like GI is a massive cost for your employee base. So you know what we already have, Oxe or we offer Vivante as a solution. So you should push this to your employee base or we'll feature it on your employee site".

Or are you guys going to Aetna and saying, "Look, we have some interest on GI. What do you guys got for GI?" Like just trying to better understand that because some of the companies we evaluate their pitch is, hey, we signed up, we've gotten a contract with a large national payer. And our question is, great, so from there, how hard is it for them to get an employer to either push this to their employees or at least become discoverable so that people start to actually use the service because it's now covered under Aetna's network or United's network.

Senior Vice President of Global Benefits, Well-Being, & Compensation at AECOM

Yes. If I'm paying for it, I'm going to let them communicate however they want as long as it has our branding. So a lot of that where we say, okay, either you want to send information to our employees or you want to host, what we call them, wellbinars versus webinars. But you want to do something, that's great. We support that. That's not additional cost to us because it's probably built into the cost model already. And you benefit and we benefit as people use it more. So we would be very supportive of that.

But the best model in my mind is when you contact Aetna and they refer you because most employees will look at that either ID card or the ID card they have on an app on their phone, and they think they have Aetna. They don't think about Vivante or something else. They just want to go to one place and have that group help them with their whatever particular issue is that they have.

So I think that's the challenge is if someone comes to us and says, "Hey, did you know this is part of your Aetna plan?" I would say, well, first of all, Aetna didn't tell us that, that's a disappointment. But two, well, then we need to communicate it more. So then we'd probably go back to Aetna and say, should we be communicating this more? Is there a reason we're not doing it. But because actually, Aon's having that conversation with Aetna for all 55 of their employers. So there are two and a half million, three million lives, they're talking to Aetna about that anyway.

And then they would be educating us. So it's a little different than when it was a fully self-insured model, where we had to do all that on our own. But it doesn't mean we still can't ask about it, and we do have situations when employees come to us and say, I have this great service through whoever Cigna, United, and we're like, well, we didn't even know that was in the product. So that does happen.

Tegus Client

Well, this has been absolutely great. I really appreciate you taking the time and have a great rest of your day.

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