

Dylan (Sequoia)

Call Summary & Strategic Analysis

Meeting: MODHealth <> Dylan (Benefits Consultant/Analyst) **Date:** February 02 **Type:** Market Intelligence / Positioning Strategy

<https://fathom.video/share/Scxbgru3xEMsQ7yBvtzXrrr8BbNUJ67x>

1. Critical Market Insights

A. The Rise of LSAs (Lifestyle Spending Accounts)

- **Trend:** LSAs are the fastest-growing benefit category (Wellness is the #1 spend bucket within them).
- **The Problem:** Companies want to force healthy behaviors to lower costs, but LSAs are often spent on generic gym memberships with no data visibility.
- **Opportunity:** Employees *can* spend LSA money on nutrition/supplements, but an **education gap** exists. They assume it's for cheap \$30 supplements, not premium protocols. MOD needs to educate employees that their LSA covers high-end performance supplementation.

B. The "Executive Benefit" Anomaly

- **New Signal:** Dylan noted a weird, sharp spike in companies asking specifically for **"Executive-only benefits"** this year.
- **Why:** The talent war for AI engineers and C-level leaders is insane. Compensation (cash/equity) is maxed out. Companies are desperate for unique, high-end perks to steal/retain top talent.
- **Strategy:** MODHealth should consider a dedicated **"Executive Protocol" tier**. Position it as a high-performance tool for the C-Suite, similar to executive physicals or coaching.

C. The CFO is the Grim Reaper of Benefits

- **Reality:** The "Keeping up with the Joneses" era (offering every benefit) is over. CFOs are scrutinizing every line item.
- **The Trap:** Preventative health is hard to sell because the ROI (claims reduction) takes 3+ years to prove. CFOs need to justify spend *now* to their boards.
- **Implication:** Selling "Health/Prevention" is a weak strategy for a new vendor. You must sell **Performance/Productivity**.

D. Return to Office (RTO) & The "Lure"

- **Status:** Full RTO is dead. Hybrid is the reality. Employees hate commuting.
- **The Office Hook:** Companies are looking for "lures" to make the office worth the commute. High-end amenities (like MOD in the micro-kitchen) can be part of the "better than home" narrative, but only if the experience is premium.

2. Positioning Strategy: Performance vs. Health

A. Pivot to "Productivity" (Validated)

- **Insight:** Dylan confirmed that the US market is obsessed with **"Do more with less."**
- **Differentiation:** Very few vendors pitch "Performance/Energy" directly. Most pitch "Wellness/Mental Health."
- **The Pitch:** Position MOD not as a health benefit (long-term, vague), but as a **Productivity Tool** (immediate impact on focus/energy). *"We fuel your team to output more during their sprint."*

B. The "Poster Child" Strategy

- **Social Proof:** Tech companies are sheep. They copy market leaders (OpenAI, Anthropic).
- **Tactic:** Don't try to sell everyone at once. Focus entirely on closing **one trendsetter** (e.g., OpenAI, Anthropic, or a high-profile AI startup). If they use MOD, the rest of the market will follow instantly.

3. Product & Distribution Feedback

A. The Weekend Gap (Critical Flaw)

- **Risk:** If MOD is *only* available in the office (micro-kitchen), users break the habit on weekends and WFH days. "If I miss 3 days, I fall off the wagon."
- **Solution:** The model **must be hybrid**. Office dispensers for cues/daily use + Home delivery (or take-home packs) for weekends/remote days to maintain the "biological momentum."

B. "B2B2C" Packaging Experience

- **Expectation:** Even in a B2B model, the end-user (employee) expects a D2C unboxing experience.
- **Trust:** High-quality packaging signals legitimacy. "If it comes in a cool box, I trust it more."
- **Trust Transfer:** Partnering with trusted vendors (One Medical, Sequoia, Spring Health) is the fastest way to bypass skepticism. If they endorse you, the trust is transferred.

4. Strategic Recommendations

1. **Develop an "Executive Performance" SKU:** Create a specific offering for the C-Suite/Top Talent. Higher price point, concierge onboarding, deeper personalization. Sell this as a retention tool for the "un-poachable" talent.
2. **Hybrid Distribution is Mandatory:** You cannot rely solely on office dispensation. The offer must include a mechanism for home consumption (weekend packs or subscription) to ensure habit adherence.

3. **Target the "Poster Child":** Focus BD efforts on getting *one* iconic AI/Tech company. Use the connection to Sam Altman's circle (mentioned in the transcript) to bypass HR and go straight to leadership at OpenAI or similar.
4. **Rewrite the Pitch for CFOs:** Stop talking about "preventing illness." Start talking about "maximizing output per headcount" via energy management.

5. Action Items

- **Review Dylan's Report:** Analyze the "Benefits Survey" Dylan released on LinkedIn (specifically the LSA data).
- **Partnership Outreach:** Explore "Trust Partnerships" with One Medical or Spring Health (as an add-on value prop).
- **Content:** Prepare a case study/white paper on "The Hidden Cost of Executive Fatigue."

Yellow Brick Strategic Advisors

Yellow Brick Strategic Advisors

Meeting Date: December 8, 2025

Participants: Mindy Fox (Partner), Paul Marcotullio (Consultant) | Pati (MOD Health)

https://fathom.video/share/h6m6arWpo8Z8S_mQVZYg5ybPhRhApGct?tab=summary&utm_campaign=postmeetingsummary&utm_content=view_recording_link&utm_medium=email

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Key Market Insights & Challenges

- **Employer Risk Aversion (Major Barrier):** Employers are historically hesitant to **directly provide** supplements. Placing them in the office is viewed as "promoting" or "endorsing" consumption, which creates liability concerns for HR and Legal departments.
- **Direct Sales Friction:** Selling direct-to-employer is extremely difficult ("Very hard business"). You face high barriers including procurement, privacy, and compliance reviews, especially upmarket.
- **Market Saturation:** The wellness and B2B benefit market is highly saturated. "Better formulas" are not a sufficient differentiator because the average buyer (employer or employee) does not have the expertise to value them over marketing claims.
- **The "Access vs. Provision" Distinction:** Employers prefer models where they provide **access** (e.g., a marketplace or subsidy) rather than the physical product itself. This shifts the choice—and the risk—to the employee.

Strategic Recommendations & Solutions

- **Pivot the Buyer Persona (HR vs. Facilities):**
 - **Current Path:** HR/Wellness budgets are hard to unlock due to compliance.
 - **Suggested Path:** Target **Facilities / Real Estate / Operations** teams. Position the product alongside coffee/tea/snacks as a "Return-to-Office" amenity and physical workspace enhancement.
- **Change Distribution Channels:**
 - **Food Service Partners:** Instead of building a direct sales force, partner with large corporate food service providers (e.g., Sodexo, Compass). They already have the client relationships, on-site logistics, and sales teams.
 - **Benefit Marketplaces:** Integrate into existing "Lifestyle Spending Account" marketplaces (like the ones acquired by Unum) where employees use employer funds to choose their own vendors.
- **Timing is Critical:** The corporate "Buying Season" begins **January 1st**. Consultants/Brokers work with large clients in Q1 and SMBs in Q2. The GTM strategy needs to be ready immediately to catch this window.

Next Steps

- **Data Preparation:** Before engaging further with advisors, ModHealth needs to provide specific data on:
 - Competitor landscape (major brands).
 - Demographics of the startups currently in the pipeline.
 - Supplement research.
 - **Advisor Proposal:** Yellow Brick suggests a "Market Burst" engagement (90-day intensive testing of product-market fit, pricing, and channels) via interviews with ultimate buyers.
 - **Follow-up:** Schedule a second meeting with the wider team to review the requested data and discuss the engagement.
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Detailed summary

CRITICAL RED FLAGS

1. Employer Risk Aversion (HIGHEST CONCERN)

- **Mindy's exact words:** "Employers are by definition risk-averse. To put supplements in the worksite is in essence having them approve. It's beyond approve. It's **promote the use of supplements**. And typically, they wouldn't want to do that."
- **Paul:** "Historically, it's not been an area that employers would normally or typically provide to employees"
- **Implication:** Direct workplace distribution model faces fundamental resistance

2. Market Size Viability

- **Paul's concern:** "How big is that market, and is that really enough to sustain the business?"
- If majority of employers won't directly provide supplements, is the addressable market sufficient?

3. Extreme Difficulty of Direct B2B Sales

- **Mindy:** "It's a **very hard business** going direct to employers. **Very hard**. That's the reality."
- Must pass: procurement, privacy, compliance, legal reviews
- "Particularly hard to do upmarket"

4. Market Saturation

- **Paul:** "This is a **pretty saturated market**... from both employer and from B2C and D2C"
 - Many wellness, holistic medicine, supplement companies already exist
 - Need strong differentiators to compete
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KEY STRATEGIC LEARNINGS

1. Alternative Distribution Model: Marketplace Approach

IMPORTANT SHIFT: Instead of employer directly providing/promoting supplements...

Solution: Employer-funded marketplace where employees choose

- Employer pays access fee
- Employee decides what services they need and when
- **Example:** Client they worked with (acquired by Unum)
 - Had 4-5 generations of employees
 - Marketplace included non-traditional benefits
 - Oura Ring, supplements, etc.
 - Employer not choosing FOR them, just giving ACCESS

Why this works:

- Addresses employer risk aversion
- Employees have agency/choice
- Employer shows they care without promoting specific products

2. Buyer Segmentation (Critical Discovery)

Two completely different buyers:

Buyer Type	Department	Responsible For	Decision Process
Facilities/Real Estate/Procurement	Operations	Office supplies, coffee, tea, food service, ergonomics, lighting, physical workplace	Different approval process than HR
HR/Benefits	Human Resources	Wellness benefits, health programs, employee perks	Traditional benefits procurement

Paul's experience at TD Bank:

- Real estate group responsible for workplace well-being (chairs, tables, ergonomics, lighting)
- Separate group for catering/food (on-site cafeterias)
- They partnered together with HR for holistic employee well-being

Implication:

- Could position as **office supply/workplace enhancement** (Facilities buyer)
- OR as **wellness benefit** (HR buyer)
- These are different sales motions with different approval chains

3. Partnership/Distribution Channel Strategy

Instead of direct sales, leverage existing distribution:

Option A: Food Service Companies

- **Sodexo, Compass Group, etc.**
- Already have:
 - Sales force accessing companies
 - Established client relationships
 - On-site presence for delivery/restocking
 - Trust with employers
- MOD becomes part of their offering
- Leverage their resources vs. building own sales force

Option B: Established Nutrition Brands

- Many adding GLP-1s and expanding offerings
- **Bi-directional partnership:**
 - MOD embedded in their solution (you leverage their clients)
 - Your app includes their products (they get enhancement)
- Example: Partner with brands that have employer contracts

Option C: Benefits Platform/Marketplace

- Platforms serving multiple employers
- MOD becomes available option
- Employer not directly choosing - platform provides access

4. Positioning & Messaging Refinement

AVOID: "Health supplements" **BETTER:** "Energy and workplace performance system"

Key messaging shifts:

- Don't emphasize supplements alone
- Position as **holistic well-being protocol** that includes:
 - Supplements (as one component)
 - Lifestyle guidance
 - Nutrition integration
 - Exercise support
- Focus on **"sustaining energy for work and life"** not pure health claims
- Makes it less controversial for employers

From Paul: "I wouldn't necessarily always just emphasize the supplements all the time. I would emphasize the fact that you've got a proven methodology and protocol and support that spans the full gamut of well-being."

5. Market Entry Timing

Critical Timeline:

- **Post-holidays (Jan 1+):** Buying season begins
 - **Q1:** Consultants/brokers work with larger clients
 - **Q2-early Q3:** Small to mid-sized clients
 - **Need:** Hit ground running to catch buying season
 - **Your situation:** Product arrives March - tight but doable
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ADVISOR RECOMMENDATIONS

Immediate Next Steps (Before Engagement)

1. **Share more research/data:**
 - Demographics of startups you've talked to
 - Your research on supplements market
 - Biggest brand competitors
 - Discovery call findings to date
2. **Have 1-2 more exploratory conversations**
 - Yellow Brick needs to understand supplements better
 - Must have credibility before interviewing potential buyers
 - Include your colleague (Marissa/Natalia)

Proposed Engagement: "Market Burst"

90-day intensive to determine:

1. Product-market fit
2. Right sales and distribution channels
3. Right pricing model
4. Where to place your bets

Methodology:

- Series of interviews with:
 - Employers (different sizes, industries)
 - Employees (understand actual demand)
 - Distribution channels (food service, benefits platforms, etc.)
 - Subject matter experts

Deliverable:

- Clear go-to-market strategy
- Priority sales channels identified
- Pricing validated
- Positioning refined

Testing Approach

Immediate:

- Continue discovery calls yourself
- Focus on offline/casual conversations at events
- Test different pitches with different buyer types

With Yellow Brick:

- They conduct interviews with "ultimate buyers"
- Leverage their network and credibility
- Parallel track to your direct outreach

STRATEGIC QUESTIONS RAISED

Differentiation Challenge

Question: With saturated market, what makes MOD different?

Your answers:

1. Distribution channel (workplace)

2. Formulations (though "people don't care about formulas")
3. Employer provides = trust signal (removes decision fatigue)

Advisor perspective:

- Workplace angle is interesting
- But faces employer resistance
- Need to solve the promotion/endorsement problem

Category Confusion = Opportunity?

Is MOD:

- Wellness benefits (HR budget)?
- Office supply/kitchen stocking (Facilities budget)?
- Food service enhancement (Catering budget)?

This confusion could be strategic advantage:

- Enter through less saturated door (Facilities vs. HR)
 - Multiple paths to budget approval
 - Different buyer = different competitive set
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COMPARATIVE MARKET INSIGHTS

What Employers Already Do

Paul & Mindy's experience:

- Lifestyle spending accounts (employees buy supplements themselves)
- ICRA marketplaces (access, not provision)
- Gym memberships, wellness apps
- On-site cafeterias (separate from HR)

What They DON'T typically do:

- Directly provide supplements in office
- Promote/endorse specific supplement brands
- Stock supplement displays

Target Industries More Receptive

Mentioned but not detailed:

- Startups/scale-ups (evidence: WorldCoin, etc.)
 - Certain industries more open to innovation
 - SMB market potentially easier than enterprise
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BUSINESS MODEL IMPLICATIONS

Current Model Challenges

What you described:

- \$95/employee/month
- Includes supplements + AI coach
- One family member included
- Physical displays in office

Concerns raised:

- Direct employer promotion issue
- Hard direct sales path
- Need to scale beyond pilots

Alternative Models to Consider

1. Embedded in Food Service Contract

- Food service company sells to employer
- MOD is part of their offering
- Revenue share with food service partner

2. Marketplace Model

- Employer pays access fee to marketplace
- Employees choose MOD (or not)
- MOD captures users who opt-in
- Lower acquisition cost per user

3. Hybrid

- Core product available via marketplace
- Premium workplace displays for companies that want them
- Flexibility in go-to-market

Pati, Nati <> Kevin (ex. Blueboard)

Meeting Summary: Kevin (ex-Blueboard) - Key Insights for Building MODHealth

<https://docs.google.com/document/d/17TQUZtu-x9TFcq5AxiBPoVbLXF6oNSrgElv8vx4rdzl/edit?tab=t.mq2czj23rytq>



KEVIN'S BACKGROUND & BLUEBOARD STORY

Company: Blueboard - Employee recognition platform selling experiential rewards to HR departments

Journey:

- Bootstrapped initially, raised ~\$25M total over 10 years
- Scaled from \$15M → \$48M ARR at peak (pandemic)
- ~200 employees at peak
- Eventually shut down due to cash flow challenges

The COVID Pivot Success:

- Pre-COVID: \$15M/year selling to HR
- Pivoted to replace "President's Club" trips (top sales performer rewards) with individual experiences
- Grew to \$20M in President's Club revenue in 14 months
- Challenge: Event-driven growth - retained only 10% when companies returned to in-person events
- Split resources between two different buyer types (HR vs Sales) who purchase differently

TI;dv - both meetings summary:

Executive Summary: Kevin validates the potential of MODHealth but warns that selling "nice-to-have" benefits to HR is extremely difficult. His experience scaling Blueboard to \$48M ARR suggests success lies in **emotional storytelling**, targeting **top performers** first, and rigorously managing **unit economics** (which killed many physical-goods benefits).

1. CRITICAL RISKS & RED FLAGS (Must Address)

- **Unit Economics Trap:** Unlike SaaS, MOD has hard costs (physical bottles). Kevin warned: *"One thing we f*ed up early on was unit profitability."* If you price at \$95 but full utilization costs \$132, you bleed money as you scale. You must ensure margins are safe even at 100% utilization.
- **"Nice-to-Have" vs. "Must-Have":** Pain-driven benefits (Mental Health, Fertility, MSK) win budgets easily. "Differentiation benefits" (like Blueboard or MOD) struggle. You must position MOD as solving a critical pain (e.g., burnout of key engineers) to become a "must-have."
- **Brand Loyalty Friction:** Employees already have supplement brands they trust. Switching them to an employer-provided generic brand is a hurdle.
- **HR Risk Aversion:** HR buyers are consensus-driven and risk-averse. They fear "Black Mirror" scenarios where giving pills feels like overstepping privacy.

2. STRATEGIC PIVOTS VALIDATED

- **"Biological Infrastructure" Pitch:** Kevin strongly validated Natalia's pitch: *"Not a wellness program, but the biological infrastructure/base layer for health."* This resonates with innovators and biohackers.
- **Targeting "Top Performers":** Instead of a company-wide rollout, target the top 10% of talent (Engineers, Sales).
 - *Pitch:* "Your top talent is burnt out. They are already taking supplements to survive. Let's formalize that support."
 - *Kevin's Reaction:* "I LOVE THAT." (Referenced success of *Thesis* and *Ultra* targeting this demographic).
- **Energy vs. Health:** Pivot positioning away from "Health" (regulated, private, scary) to **"Workplace Energy"** (performance, stamina, focus). This is safer for HR to discuss.

3. GTM & SALES TACTICS (The Blueboard Playbook)

- **Emotion First, Data Second:** Kevin's philosophy: Start with the "Why" and the story. HR buyers are people-oriented. If you lead with features/formulas, you lose.
 - *The Fear Narrative:* "John is your top engineer. He gets 10 recruiter emails a month. How are you helping him sustain his energy so he doesn't burn out and leave?"
- **The "Trojan Horse" Partnership:** Find MOD's version of *Culture Amp*. Blueboard grew by doing webinars for Culture Amp's audience.
 - *Action:* Partner with a platform that has access to HR buyers but isn't a competitor.
- **Account-Based Marketing (ABM):** The "Book Campaign" tactic: Sent a relevant book (Google's CPO book) with a handwritten note to 75 CPOs. Resulted in a 40% meeting rate. High personalization is key.
- **The "Sphere of Influence":** Don't just sell product. Pick 3-4 topics (e.g., Workplace Fatigue, Preventive Health, Energy Management) and become the undisputed content expert on them.

4. BUDGET & PRICING INTELLIGENCE

- **Hidden Budget Source:** Don't just fight for the standard \$200/month wellness stipend. Look for **Insurer Wellness Budgets**. Insurance carriers often give companies \$500/head/year for wellness that *must* be spent.
- **No Discounts:** Kevin strongly advises against "Founding Member" discounts (e.g., 80% off). It devalues the product and attracts bad customers.
 - *Alternative:* Run a pilot with a specific "Burnt Out Team" to prove value, rather than discounting the price.
- **Deal Size Evolution:** Blueboard started at \$10k ACV and grew to \$80k. Start small (pilots), prove the "habit," then expand.

5. METRICS THAT MATTER TO HR

To prove ROI, you must track and report on:

1. **Engagement:** Are people actually taking it? (The "Coffee Ritual" analogy – does it become essential to their morning?)
2. **Performance:** Self-reported energy/focus levels.
3. **Retention:** Correlation between MOD users and tenure (difficult early on, but the goal).
4. **Feedback:** Qualitative quotes ("I love this," "I feel better") are powerful currency for HR to show their bosses.

6. ACTIONABLE NEXT STEPS

- **Pilot Strategy:** Stop trying to sell the whole company. Find a company with a clearly burnt-out department (e.g., Customer Support or Engineering during a sprint) and pitch a "Recovery/Energy Pilot" for that specific team.
- **Refine Unit Economics:** Re-calculate the cost of goods sold (COGS) assuming 100% usage to ensure the business model doesn't break at scale.
- **Content Strategy:** Create content around "Energy Management" rather than "Vitamin Science."
- **Outreach:** Use the "Fear of Talent Loss" narrative in cold outreach to HR Leaders.

GO-TO-MARKET STRATEGIES THAT WORKED

1. Early Customer Acquisition

- **Door-to-door approach** in SOMA (San Francisco)
- Targeted companies that raised \$10M+

- Hit 300 companies, closed 2 customers
- **Key insight:** Direct, personal outreach to understand customer needs

2. Partnership Strategy - The Culture Amp Success

What they did:

- Partnered with Culture Amp (employee engagement survey platform)
- Offered: "We'll do ALL the work, you just show up and promote to your newsletter"
- Co-hosted webinars on topics like:
 - Retaining top performers
 - Recognition & motivation
 - Incentive design
 - Culture building

Results:

- 1,000+ HR people per webinar (when they only had 6-7 employees)
- Access to Culture Amp's "People Geeks" community

Kevin's Content Framework: "Spheres of influence" - Pick 3-4 topics where you'll be THE expert and build all content around those areas

3. The High-Converting Book Campaign

Campaign Details:

- Sent 75 Chief People Officers a book by Laszlo Bock (Google's first CPO)
- Underlined specific page about non-cash recognition
- Included handwritten personal note (researched each company/person individually)
- Explained why they wanted to meet

Results:

- ~40% response rate (30 meetings)
- 50+ total responses
- High personalization was key to success



SALES PHILOSOPHY & METHODOLOGY

Emotion First, Rationality Second

Kevin's approach based on Daniel Kahneman's System 1/System 2 thinking:

1. **Start with emotional connection:** "Do you believe in what we're doing? Do you understand our story?"
2. **Then provide data/metrics**

Why this works for HR:

- HR buyers are "people-oriented and very emotional"
- Storytelling is the most powerful sales tool
- Authenticity matters - "you cannot fake it"

On Tactics:

- "I'm tactic agnostic" - willing to try everything
- Focus: "How do you increase the surface area?"
- Acknowledges: "A lot of it is luck" - about timing and being in the right place

ROI Communication:

Kevin focused on **3 core metrics**:

1. **Engagement** - Recognized employees are more engaged
2. **Performance** - Engaged employees perform better
3. **Retention** - Engaged employees stay longer

Used Culture Amp partnership data to show correlation between recognition and these outcomes

US VS EUROPE: HR CULTURE DIFFERENCES

United States (especially tech):

- HR comfortable discussing "employee performance" and "boosting performance"
- More data-driven approach
- Benefits viewed as performance enablers

Big Corporations (AT&T, P&G):

- Very resource-driven and systems-oriented
- Focus: Global scalability, standardization
- More procurement-heavy processes

Tech Companies (Roblox example):

- "Culture in service of the business"
- Focus on retaining top talent (especially engineers)
- Employer branding priority

Europe:

- More reluctant to discuss employees in "performance" terms
 - People viewed less as resources, more holistically
 - Benefits seen more as care/responsibility than performance tools
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BUSINESS MODEL INSIGHTS

Pricing Evolution:

- Charged 20-30% software/service fee on top of reward budget
- Example: \$100K in employee rewards = \$20-30K in software fees
- Started at ~\$10K ACV, scaled to ~\$80K average
- "Easier to land bigger deals when there's credibility"

Sales Cycle:

- **70 days** average from qualified opportunity to close
- Key success factor: Strict qualification framework
- Built qualification criteria evolved from BANT methodology

Customer Profile Evolution:

- Started: Startups, companies with \$10M+ funding
 - Evolved: Mid-market and enterprise
 - Different company sizes/types have different buying processes
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HIRING THE FIRST SALESPERSON

Their Approach:

- First hire started in business operations
- Learned the entire business before transitioning to sales
- Had already heard directly from rewarded employees (authentic stories)
- Started at top of funnel (setting meetings)

Critical Success Factors:

"Your Why" Exercise:

- Every salesperson needs personal resonance with the mission
- First day: Articulate your personal story about why you joined
- Must be able to authentically live the story

Kevin's Philosophy:

- "Different stages of company need different archetype salespeople"
 - Early stage = storytelling and emotion-driven sales
 - Cannot fake emotional connection - authenticity is essential
 - Values-driven people sell values-driven products better
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KEVIN'S REACTION TO MOD'S BUSINESS MODEL

MOD Concept Presented:

- Supplements as employee benefit
- App provides personalized, non-generic health tips
- Two models: Micro-kitchen placement + Foundation/Functional supplements
- Target: Time-poor employees who want to improve health but lack resources

Kevin's Background with Supplements:

- Currently working on supplement company project
- Personal health focus - takes multiple supplements daily
- Helping aging parents (mother with autoimmune disease)
- Works with clinical director who co-created Blueprint with Bryan Johnson

Kevin's Strategic Questions:

1. **Population targeting:** "Is this for entire company? People who opt-in? Specific demographic?"
2. **Brand loyalty concern:** "I'm worried about and curious - if people already have their own brands they believe in and love, will they want to transition to your brand?"
3. **Differentiation:** How does this stand out in crowded wellness benefit space?

Kevin's Positive Signals:

- Engaged with Oliver/Blueprint connection ("Oh awesome")

- Responded positively to "low effort/high impact" approach ("Totally like low hanging fruit")
 - Asked strategic questions (shows genuine interest)
 - Personal alignment (working on supplements himself)
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KEY TAKEAWAYS FOR MOD'S GO-TO-MARKET

1. Partnership Strategy

Find MOD's equivalent of "Culture Amp":

- Who has access to your target HR/benefits buyers?
- Potential partners: Wellness platforms, benefits brokers, HR tech companies
- Offer to do all content creation work

2. Content Marketing Focus

Pick 3-4 "spheres of influence" topics:

- Workplace energy & fatigue
- Preventive health in benefits design
- Nutrition as performance foundation
- "Low effort, high impact" wellness

3. Sales Approach

- Lead with mission/story: Why supplements? Why employee benefits? Why now?
- Show you understand their challenges (wellness fatigue, budget constraints)
- Then present data on impact

4. Positioning Framework

- Not another wellness app to ignore
- Foundation that makes other benefits work better
- Passive intervention (micro-kitchen) vs active engagement requirement

5. Metrics to Track/Communicate

Following Kevin's framework:

- **Engagement:** Daily health ritual participation
- **Performance:** Energy, focus, sick day reduction

- **Retention:** Health benefits impact on employee satisfaction

6. Target Customer Profile

Start focused (avoid Blueboard's mistake of splitting between two buyer types):

- Companies with office presence/micro-kitchens
- HR/benefits leaders who prioritize preventive health
- Budget already allocated for wellness benefits

7. First Salesperson Criteria

- Must personally believe in preventive health
 - Can articulate authentic "why" story
 - Understands emotional-first sales approach
 - Comfortable with storytelling (not just metrics)
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CHALLENGES IDENTIFIED

1. Brand Loyalty Issue

Kevin's concern about people already having preferred supplement brands is valid - needs strategic response

2. Wellness Benefit Fatigue

HR teams overwhelmed with wellness solutions - differentiation crucial

3. Measuring Impact

Need clear ROI story for renewals - how do you prove supplements drove business outcomes?

4. Adoption Rates

Will people actually use it consistently? What's the engagement strategy?



BUSINESS MODEL CONSIDERATIONS

Pricing Direction:

- Consider per-employee-per-month model
- Start with smaller pilots to prove value
- Scale ACVs as you build credibility and case studies

Qualification Framework:

- Office presence/micro-kitchen availability
- Wellness as strategic priority this year
- Budget allocated
- Clear champion who will own implementation

Success Metrics:

- Usage/consistency rates
- Employee satisfaction scores
- Health outcome indicators
- Renewal rates

KEVIN'S FIRST REACTION TO MOD CONCEPT

Initial Thoughts:

- Referenced similar companies: **Bendy** (smoothie mixes as benefit)
- Categorized MOD as "**differentiation benefit**" vs "**pain-driven benefit**"
- **Concern:** This is a more competitive, harder space

Success Pattern Kevin Observed:

Pain-driven benefits win:

- Mental health (Spring Health, Modern Health) - "people are struggling"
- Fertility (Carrot) - "huge moment in life"
- Musculoskeletal (Hinge Health) - "a lot of people actually struggle with that"

Kevin's core question:

"Is this a pain? Is this something else? How do you position it so everyone who can benefit actually engages?"



KEY STRATEGIC DISCUSSIONS

1. Engagement/Utilization Challenge

- **Kevin's emphasis:** "Utilization is always the main issue with every benefit"
- Patrycja's response: Build **B2C brand for B2B distribution**
- Success formula: "Easy to resonate with, likable brand" vs "terrible HR-focused platforms, ugly, boring"

2. Positioning Evolution - Workplace Energy

Patrycja's positioning strategy:

- NOT about gut health, hair, sex life
- Focus: **"Supplements for workplace"** - energy you experience when performing/working
- Target problem: **Lack of energy/battery for life**
- Affects: Sleep, performance, stamina, momentum

Target persona shift:

- Away from "gym bros" and masculine energy brands
- Toward: **Busy working mothers, executive assistants** (12-hour days + 2 kids + no gym time)
- Want energy for kids, for themselves - not gym performance

Why avoid health positioning:

- Too much regulation
- "Take care of something through supplement employer gives you" = distrust
- "Black mirror" fear - "They're giving me pills"
- Supplements are personal/private

New angle: Energy, less fatigue, performance (not health issues)

3. Brand Comparison - Thesis

Kevin referenced **Thesis** (his friend is CEO):

- Energy-focused for "high performers" (engineers, gamers, sales, finance)
- Based in New York, doing "tens of millions" in first year
- Still quite masculine despite being nicer than most

Patrycja's differentiation:

- More universal (not gender-specific)
 - Softer than energy-focused brands
 - Unified for both genders
-

RED FLAGS & CRITICAL QUESTIONS KEVIN RAISED

1. Distribution Strategy Question

Kevin: "If B2B is just distribution channel, do you also think about going direct? How does that influence things?"

2. Benefit Consultancy Challenge

- Kevin used to pitch **Mercer, Willis Towers Watson** (big benefit consultancies)
- Their questions:
 - "What population does this benefit?"
 - "How does this decrease costs or improve experience?"
- **Blueboard was seen as "nice to have" vs essential** - struggled to sell through them

Patrycja's response: Health angle is stickier because you can argue supplements impact health outcomes (obesity, diabetes, etc.)

3. Unit Economics - THE BIG WARNING

Pricing discussed: \$95/person/month

- Includes employee + 1 family member
- 6 supplements per person

Cost structure:

- \$10-11 per supplement bottle/month average
- If full utilization: 12 bottles x \$11 = \$132 cost vs \$95 revenue = **\$37 loss/month**

Kevin's CRITICAL warning:

"I think one thing we fucked up early on was unit profitability when you have hard costs. This is a business with associated costs, whereas software has margin to give away. I'd be careful."

Kevin's advice:

- Business becomes profitable when: (1) enough scale to drive down unit costs, (2) selling enough to compensate
- Pricing becomes hard to change as you grow (existing contracts lock you in)
- **"This is one of the single biggest points of leverage that can become hard to change"**

Patrycja's explanation:

- Plus-one doesn't automatically get supplements (they order with code)
- Employee grabs from micro-kitchen
- Lower actual utilization than if you shipped directly
- Not everyone orders all 6 supplements

Kevin's assessment:

- "Risk is negligible - not everyone will take all six"
- "Great first deal to get, I would take it"
- But has PTSD from similar business model issues



BEHAVIORAL PSYCHOLOGY & PHILOSOPHY

1. Why NOT Just Give Money

The Core Argument:

- "When people get more money, they spend it on Amazon, stupid shit"
- No lasting impact, no memory
- Defined benefits = actual usage + contribution + memory

Patrycja's insight:

- "This is how we want to take care of you, show we appreciate you"
- Very different communication than just giving money

2. Market Norms vs Social Norms

Kevin's framework (from behavioral psychology/economics):

Social norms:

- Build relationships
- Engender loyalty
- Non-transactional

- "When you want to build relationship, you do it in a SOCIAL way, not just offer money"

Market norms:

- Transactional
- Just offering money
- Weaker emotional bond

Book reference: "Predictably Irrational" by Dan Ariely (Duke professor)

3. "Start With Why" Validation

Kevin read **"Start With Why" by Simon Sinek** when he got "conscientious" about being too emotional/storytelling-first in sales

Result: Book confirmed his approach was right - lead with WHY (emotion/purpose), then show data

4. HR Buyers Are Risk-Averse

Kevin's observation:

"HR people are more risk-averse. So how do you get people to actually add this in, change?"

This is a MAJOR challenge for getting MOD adopted.

REQUESTS & NEXT STEPS

1. Patrycja's Requests:

A. Introductions to 2-3 people:

- For discovery calls
- For sales conversations
- To understand company needs

B. Informal mentorship:

- Occasional calls when facing situations
- "Hey Kevin, what do you think?"

Kevin agreed: "Completely fine, I really enjoy that" - already acts as unofficial founder coach to several people, including another benefits startup (digestive health/IBS focused)

2. Kevin's Recommendations:

Person #1: Partnership in New York

- VP of Benefits/Total Rewards at TD Bank + Citigroup
- Woman was head of US at Mercer
- Very seasoned in benefits space
- Worked with them on building benefits committee

Person #2: Chief People Officer

- HR team at Airbnb
- CPO at Care/of (was Blueboard customer)
- "Super smart"
- Haven't talked in few years but will message him



ADDITIONAL PRODUCT STRATEGY

The App Strategy (Beyond Supplements)

Why not just supplements:

- Don't want to be "just supplement brand"
- Goal: Build healthy habits, not just sell products

BJ Fogg Consultation:

- Stanford professor, created motivation psychology
- "Big guy for behavioral psychology"
- Helping create app that supports healthy habits

Approach:

- NOT "stupid, childish gamification"
- NOT bullying (like Duolingo)
- "We don't go for perfection - if you skip days, get back and try again"
- Give "health hacks" that people actually stick to and repeat

Goal:

"Instill healthy habits over time that will show tremendous impact on lower obesity rates, lower diabetes, etc. - that's the semi-end goal"



KEY PROBLEMS IDENTIFIED

1. Category Problem: "Nice to Have" vs "Must Have"

- MOD risks being seen as differentiation benefit (nice to have)
- vs pain-driven benefits (must have)
- Harder to sell, more competitive

2. Utilization/Engagement Challenge

- Every benefit struggles with this
- Need strong B2C brand to drive adoption
- Physical presence (micro-kitchen) helps but not guaranteed

3. Unit Economics Risk

- Potential to lose money per customer at full utilization
- Hard costs make this different from SaaS
- Pricing becomes locked in with contracts
- Need scale to drive down costs

4. Benefit Consultancy Skepticism

- Big consultancies may see it as "nice to have"
- Need strong ROI story on cost reduction or experience improvement

5. HR Risk Aversion

- HR buyers hesitant to add new, unproven benefits
- Need de-risking strategy

6. Trust/Privacy Concerns

- Supplements are personal
 - "Employer giving me pills" = potential "black mirror" fear
 - Need careful communication strategy
-



BUSINESS MODEL DETAILS

Current raise: \$1.14M on \$10M valuation (Poland) **Strategy:** Come to US with Polish money backing, get traction, then raise US money

Key investor: Sam Altman's operations person (7 years in family office, ran Cool Climate Operations, buying persona for solutions at OpenAI)

Name: MODHealth (changed 3 times, still working with lawyers)



KEY LEARNINGS SUMMARY

1. **Pain-driven benefits sell better than nice-to-have benefits**
 2. **Utilization is the main challenge with every benefit**
 3. **B2C brand approach for B2B distribution wins** (vs ugly HR platforms)
 4. **Positioning matters:** Energy/performance > Health conditions (less regulation, more trust)
 5. **Unit economics with hard costs require careful management** from day one
 6. **Behavioral psychology matters:** Social norms > Market norms for building loyalty
 7. **HR buyers are risk-averse** - need de-risking strategy
 8. **Emotional storytelling validated** by "Start With Why" philosophy
 9. **Memory creation > transactional benefits** for retention
 10. **Scale needed to make business model work** with physical products
-

Bottom line: Kevin sees potential but flags significant challenges around positioning (nice-to-have vs must-have), unit economics (losing money at scale), and utilization. His advice: Lead with emotion, back with data, but carefully manage pricing/costs from the start.

Natalia <> Kevin Call Summary - December 17, 2024

BUDGET & PRICING INSIGHTS

Budget Sources (Kevin's Experience at Blueboard)

3 main budget sources they pulled from:

1. **Wellness/benefits budgets** (what Natalia is targeting)
2. **Employee engagement & people program budgets**
3. **Discretionary business unit budgets** (gifts, parties, manager-led spending)

Company-dependent dynamics:

- More established companies = more defined budgets = likely need to REPLACE something
- Earlier stage companies = more flexible

Hidden Budget: Wellness Spend from Insurers ★

CRITICAL INSIGHT Kevin shared:

- Insurance companies often include wellness budgets as part of premium companies pay
- Example: Company of 100 people might get \$500/person = \$50,000/year **just for wellness**
- **This budget is FOR THE COMPANY to decide, not employees**
- Companies like **Virgin Pulse** and **Limeade** tap into this budget
- MOD could potentially access this instead of competing for the \$200/month budget

Kevin's advice: "That's another budget that is kind of interesting... instead of taking out of the \$200 per person per month, maybe it comes from this wellness budget."

Budget Approval Process

- **Existing wellness budget:** HR leader can sign off
- **Net new budget:** Needs finance/CFO approval

Creating New Budget Lines (What Works)

Kevin's observation: Only certain benefits create their own budgets - it's "pretty hard"

Recent successes:




- **Mental health** (Spring Health) - positioned as "employer of choice" gold standard
 - **Fertility benefits** (Carrot) - positioned as essential employee care
 - Sometimes funded differently than wellness budgets
-

ICP & TARGETING

Sweet Spot: 50-500 employees, Series A-C funded

Kevin's validation: "I think that's a good place to start"

Kevin's ICP Framework:

1.  High revenue per employee
2.  Very competitive talent labor market
3.  **Do these people need what you're offering in their actual life outside of work?**

Selling Strategy: Tell the Fear Story

Kevin's approach:

"I would find the top engineer, top salesperson. I'd tell them: 'Greg and John have been working here 2 years. John's probably getting 10 recruiting emails. He's taking an interview a month or two just to test the market. How are you keeping them? How are you taking care of them? This person cares about their health, productivity - you can help take care of that.'"

Key stat Natalia shared: 40%+ of HR leaders in 2025 focus on recruitment & retention

VALUE PROPOSITION TESTING

Angle #1: Retention/Cost of Replacement

Kevin's take:

- "That is ultimately what every company is trying to mitigate - they don't want top people to leave"
- **BUT:** "That's proactive... I think there are stories that can lead to that"

What works better: Prove health outcomes or retention with data

- Example: **Hinge Health** (musculoskeletal benefit)
 - Proved people recovered quicker
 - Back to work faster
 - Cost of care cheaper
 - Lower insurance premiums long-term
 - Result: "They became a big company, benefit brokers were pushing it left and right"

Kevin's key point:

"If you can show it's good for the employee BUT ALSO good for the company - whether through retention or reducing healthcare costs - that's going to be huge. Second biggest line item after salaries is healthcare."

Angle #2: Biological Infrastructure ★

Natalia's pitch:

- "Companies provide food - no one debates people need protein. But macros are half the equation."
- "Brain needs B vitamins for neurotransmitters, magnesium for stress regulation"
- "94% of Americans vitamin D deficient, iron deficiency = 20% productivity drop"
- "Not wellness program - biological infrastructure, base layer for health to work"

Kevin's reaction:

"I actually LIKE that because I take a lot of supplements. I really like that pitch and I think that pitch will work."

The caveat:

- "That pitch is going to work for **innovators, early adopters**"
- Perfect person: "Benefit head who is also a biohacker"
- Like Blueboard: "HR person who was huge surfer or rock climber - experience-driven. They'd say 'I love this, this is how I think about my life anyway'"

Natalia's targeting strategy: Scraping Brian Johnson's posts/IG to find people interacting (writing comments) = potential champions/decision makers

Angle #3: Performance/Productivity Boost

Natalia's question: "Is it too strong to say our supplements boost cognitive performance, productivity?"

Kevin's response:

- "You're going to have to test that out"
 - "There's the core pitch/story, then surrounding impact"
 - Blueboard was "more of an emotional sale"
-



EMOTIONAL VS DATA-DRIVEN SELLING

Kevin's Core Philosophy: Emotional Storytelling First, Always

Blueboard's approach:

- Started with Kevin's personal story: "I was top employee, got recognized, felt impersonal, not motivated, ultimately left"
- Then: "High performer doing great work - how amazing if they could do something fun in personal life for great work"
- Emotional core: "Top performers sacrifice a lot. Give back to them. Imagine if they could learn to surf in Guatemala - they'd come back motivated, refreshed, ready to kill it on next project"
- THEN talked about engagement, performance, retention as added benefits

Critical insight:

"We did emotional storytelling the **WHOLE TIME**. You get better at it, it starts to index differently, but we were a premium product. Whenever we got away from emotional storytelling, **we never closed the business.**"

Why emotional works:

- People weren't using Blueboard to cut costs
 - Premium product needs emotional justification
 - HR buyers are people-first oriented
-



DECISION-MAKING PROCESS

Primary Buyer: HR Leader

The challenge: Consensus-driven

- HR wants feedback from sales, finance: "Would you use this?"
- "Very much an influence sale - who are the influencers? Everyone at the company"
- They'll ask the most important people at the company

Kevin's experience:

"I heard this SO MANY TIMES: 'We need to run this by finance' or 'I don't think this is great, but I don't know if THEY'LL think it's great'"

Contrast: Selling to Sales vs HR

- **Sales teams:** "Yeah let's do it, boom. Cool we'll sign, ready to go. Wouldn't talk to anyone."
- **HR:** "Wants to socialize things"

How HR gathers feedback:

- Ask department: "What company/department is burnt out? Let's talk to those people"
- Culture committee: Ask for feedback
- **Total Rewards Survey** (annual): Employees give feedback on benefits, office, programs
- "What benefits do you want? X, Y, Z?"

Key takeaway: "HR person is NOT going to make decision unilaterally"



METRICS THAT MATTER

Macro Metrics (What HR Reports to Leadership)

Top 3:

1. **Engagement** (cohorted by: region, business unit, seniority, tenure, gender)
2. **Performance** (same cohorts)
3. **Retention** (same cohorts)

HR uses these to triage: "Where are we doing well? Where do we need to improve?"

Program Metrics

1. **Utilization** - huge one
2. **ROI** - if you can get there
3. **Feedback** ★ - "Often overlooked but HUGE"
 - "Are people saying 'I love this, I take it every day'?"
 - "Happy customer = happy employee"
 - "If you build the habit and people are taking it daily"

Advanced analysis example:

"Our top performers are taking ModHealth. 90% of our top performers are engaged in ModHealth at least once a week."

Blueboard's Success Metrics:

Qualitative (not a huge hurdle):

- Were managers giving out rewards? (utilization by managers)
- Were employees going on experiences?
- How were they rating them?
- Were they sending pictures/feedback?

Sophisticated companies looked at:

- Engagement, performance, retention related to program usage
- "Are these people performing better?"
- "Are certain groups using it more? Why?"

Great customer indicators:

- Managers knew about it, used it
 - Employees used experiences when they got them
 - Employees submitted pictures
-

PILOT PROGRAM APPROACH

Natalia's Idea: Founding Member Program with 80% discount for 3 months

Kevin's Strong Reaction: Against Big Discounts ⚠️

"I HATE giving discounts. It devalues the product. If budget's a concern, is this person going to be a long-term buyer? I'm usually the last person to be like 'why are we cutting price? Are they even a good buyer?' I'm not the best person to talk about price discounts - I don't like cutting price generally."

Kevin's Alternative Approach: Must-Have vs Nice-to-Have

Key question:

"What makes this a must-have? Who in the company actually NEEDS this? Who is unhealthy, burnt out, and we need them NOT to be? That's when this turns from nice-to-have to must-have - it's a tool to help turn around the health of a group of people."

Suggested pilot approach:

- "What team/department is most burnt out in your company?"
- "Let's pilot there. Maybe this can help."
- Focus on proving value where pain is highest

Making It Feel Essential: The Coffee Analogy

Kevin's thinking:

"For a lot of people: 'If I don't have my coffee before my first meeting, my first couple meetings are going to be absolute shit. That morning won't be productive.' Coffee gets them in the groove in the morning. How can supplements be tied to that type of feeling?"

Other examples:

- The 3pm crash
- Rituals around lunch, what type of food
- How to have energy for 2-3 hour work block after dinner

Kevin's personal routine:

"When I'm really dialed in and working hard, I have rituals around coffee, what type of lunch I'm eating, how I'm feeling post-dinner to go on another 2-3 hour block of work. A lot of people go through that - it's just hard to figure out how to tap into it."



BREAKTHROUGH IDEA FROM CALL

Natalia's Strategic Pivot: Target Top Performers First

The pitch:

"It's hard to find the most burnout team, but we can find top-performing people at companies. Send them and offer them MODs. Then pitch: 'Your top talent is already taking MODs. How about your whole company?'"

Kevin's reaction:

"I LOVE THAT."

Kevin referenced: Ultra (TakeUltra.com)

- His buddy is COO of this consumer supplement pouch company

- "All their marketing focuses on: 'You're a top performer - engineering, gaming, sales, anything - we're for the best of the best'"
- "They're selling millions of dollars"
- "Like the Zyn crew"

Kevin's validation:

"Marketing to top performers - whether indirectly like we did (incentives/recognition) or directly like TakeUltra - there's an absolute big market there. Everyone's trying to get the edge. What helps me get into flow? What helps me work harder?"

Tactical advantage: "Much easier to find top performing people in San Francisco"



DEAL SIZE & PRICING EVOLUTION

Blueboard's Journey:

Early years: \$10-12K average deal size **By the end:** \$70-80K average deal size **Top customers:**

- Many spending \$100K+
- Handful spending \$1M+/year

Pricing model: Usage-based (different from typical benefit all-access pricing)



KEY STRATEGIC TAKEAWAYS

1. Budget Strategy

- ☒ Explore wellness budget FROM INSURERS (Virgin Pulse, Limeade model)
- ☒ Don't limit to \$200/employee wellness budget - there are other sources
- ☒ Position for net new budget if possible (like mental health/fertility did)

2. Positioning

- ☒ "Biological infrastructure" resonates with innovators/early adopters (biohackers)
- ☒ Emotional storytelling ALWAYS - never abandon it
- ☒ Must-have = solves urgent problem for specific group (burnt out team)
- ☒ Make it feel essential like coffee (ritual, performance enabler)

3. Sales Strategy

- ☒ Target top performers first, then expand to whole company
- ☒ HR is consensus-driven - need to influence multiple stakeholders
- ☒ Finance approves net new budget, HR approves existing budget reallocation
- ☒ Use fear story: "Your top engineer is getting 10 recruiting emails/month"

4. Metrics Focus

- ☒ Macro: Engagement, Performance, Retention (cohorted)
- ☒ Program: Utilization, Feedback (often overlooked but huge)
- ☒ Advanced: "90% of top performers use ModHealth weekly"

5. Pricing Approach

- ☒ Avoid big discounts (devalues product, attracts wrong customers)
 - ☒ Find must-have use case instead of discounting
 - ☒ Pilot with most burnt out team to prove value
-

Megan (Google Ventures) <> Pati

20 Jan Megan <> pati

<https://fathom.video/share/gYbq-ww2VdkuoZUxEiH-srbfZusZCRNu>

Meeting: MODHealth <> Megan Klein (Executive Business Partner at GV / Google Ventures)

Date: January 20

Type: Customer Discovery / Influencer Validation

1. Key Market Insights

A. The "GLP-1 Resistance" Segment (New Insight)

- **The Insight:** Megan identified a specific, underserved market segment: People who **do not want to take Ozempic/GLP-1s** (due to injections/side effects) but are looking for natural, effective alternatives for health and weight management.
- **Opportunity:** Position MODHealth not just as "wellness," but as the **"Natural Alternative"** for metabolic health and energy, capturing the backlash against the medicalization of lifestyle.

B. The "Employer as Curator" Trust Model

- **The Problem:** The consumer supplement market is a "jungle" (unregulated, confusing, "people lie"). Even motivated employees (like Megan) give up because they don't know who to trust, and doctors offer little guidance on non-FDA products.
- **The Solution:** Employees *want* the employer to be the gatekeeper.
- **Validation:** Megan confirmed that if an employer provides a supplement, **the trust barrier disappears**. Employees assume: *"The company vetted this, checked the liability, and ensured it's safe."* The employer's stamp of approval is the strongest marketing asset.

C. Persona Validation: The Executive Assistant (EA)

- **Pain Point:** EAs are the ultimate "Busy Strivers." They manage C-suite lives but neglect their own (sleep, diet, gym). They are overworked, undervalued, and critically need energy/focus.
- **Gatekeeper Power:** EAs control access to the C-Suite (CEOs/CFOs). If you win the EAs (by solving their burnout), you gain access to the decision-makers.

2. Product & Story Reaction

- **"Biohacking for Normies":** The pitch of "Biohacking for people who don't have time for 10k steps" resonated perfectly with Megan's reality as a single mom/startup vet.

- **The "Dr. Ollie" Hook Works:** Mentioning Dr. Oliver Zolman (Brian Johnson's physician) immediately validated the product's credibility. It bridges the gap between "random supplement" and "clinical protocol."
- **Formulation Logic:** The explanation of separating fat-soluble vs. water-soluble vitamins was a strong "aha moment" that proved competence and differentiation from generic multivitamins.

3. Strategic Opportunities

- **Channel Strategy: National EA Groups**
 - Megan offered to introduce MOD to her **National EA Group** (supporting CEOs/CFOs nationwide).
 - **Action:** This is a high-leverage distribution channel. Create a specific campaign/offer for EAs ("Fueling the people who fuel the C-Suite").
- **Equinox / Gym Connection:**
 - Megan's boyfriend has a nutrition background (ex-GNC) and connections to **Equinox**.
 - **Action:** Follow up for this intro to explore the "high-end gym" distribution or partnership angle.

4. Critical Feedback / Risks

- **Distribution Complexity:** Megan noted that smaller startups often use PEOs (like Sequoia One/Justworks), which makes custom benefits harder to implement.
- **Google Barrier:** GV uses Google's benefits stack, so selling to GV is impossible (too big). The value here is Megan's network (Portco companies + EA groups), not GV itself.

5. Next Steps

1. **Send Materials:** Send the "One Pager" (non-confidential) to Megan immediately.
2. **EA Group Activation:** Prepare a specific pitch for the EA group introduction.
3. **Equinox Intro:** Follow up regarding the introduction to her boyfriend for expert validation/gym channel exploration.

Mary Lee Sharp & Anne-Marie

Call Summary & Strategic Analysis

Meeting: MODHealth <> Mary Lee Sharp & Anne-Marie

Date: January 07

https://fathom.video/share/_8pFv3pQKCzyJYxqdpkemDRBK9gfNSyA

1. Key Takeaways

A. Pricing & Budgeting (Critical Insight)

- **\$95/mo is a barrier:** The price point triggered "sticker shock." For a company of ~350 employees (Anne-Marie's case), a \$95/month blanket benefit is budget-prohibitive.
- **The "Sweet Spot":** Anne-Marie indicated a tolerance of **\$30-\$50 per month**, or a model heavily subsidized by the employee.
- **Stipend Model ("Cafeteria Plan"):** Companies are moving away from picking specific vendors for everyone and towards "Lifestyle Spending Accounts" (LSA). MODHealth needs to position itself as a top-tier option within these marketplaces, or facilitate payment via HSA/FSA if possible.

B. Adoption & Engagement

- **The "Health Nut" Segment:** HR assumes only ~5% of employees (the "biohackers" or health-conscious) will use this intensively. Selling a company-wide license (\$95 x 350 employees) will be rejected based on anticipated low utilization.
- **Targeting:** The strategy should pivot to:
 1. **Selection:** A voluntary benefit where the company subsidizes 50%, employee pays 50%.
 2. **Segmentation:** Targeting specific high-performance teams rather than the whole org.

C. Sales Cycle & Entry Points

- **Pilot Programs:** A 3-month paid pilot (e.g., for 10-20 people) is the path of least resistance. It bypasses complex annual budget approvals.
- **Events as Lead Gen:** "Lunch & Learns" and Webinars are still effective *if* the content is high-quality (recorded for later viewing).
- **Benefits Fairs:** Large tech campuses (like Google neighbors) use physical fairs. This aligns with MOD's physical product (bottles/displays).

D. Product Feedback

- **Physical Presence:** The idea of physical supplements at the office/coffee station is a differentiator but raises logistical questions (who pays vs. who takes).

- **Integration:** The idea of integrating with catering (identifying nutritional gaps in provided lunch) was well-received as innovative.
- **Metrics:** HR wants to see engagement (attendance) short-term, but reduction in medical claims long-term (very hard for a seed startup to prove initially).

Lewis (triNet)

Key Intel Summary: MODhealth <> TriNet (Lewis Sweeney)

This call, while initially challenging, yielded critical strategic insights into the US PEO landscape and specific feedback on the product's positioning in a crowded market.

1. The PEO Opportunity (TriNet's Role)

- **What They Do:** TriNet is a Professional Employer Organization (PEO). They aggregate thousands of small-to-medium businesses (SMBs) into one massive pool (370,000+ employees) to negotiate "Fortune 500" level benefits and handle compliance/payroll.
- **The Go-to-Market Insight:**
 - **Direct Partnership is blocked:** Lewis explicitly stated he *cannot* act as a referral partner or sales channel due to strict regulations as a publicly traded company.
 - **The "Marketplace" Opportunity:** This is the big win. TriNet has an internal marketplace for its 370k "employees." Lewis offered to introduce MODhealth to their **integrations team** once the MVP is ready. Getting listed here would provide massive exposure to MODhealth's exact target audience (startups/SMBs) without needing to sell to each one individually.

2. Market Feedback (The "Redundant" Trap)

- **Honest Feedback:** Lewis gave candid feedback that he sees "health tech" as a wildly competitive and increasingly "**redundant**" space.
- **The Perception Problem:** He mentioned hearing pitches that sound "very similar to something I heard last week."
- **Strategic Takeaway:** MODhealth's current pitch isn't differentiating enough yet. To avoid the "just another wellness app" bucket, the messaging needs to sharply distinguish itself from the sea of mental health/wellness apps he sees. The "science-backed" and "physical supplement" components need to be front-and-center to break this "redundancy" perception.

3. Networking & VC Access

- **VC Connections:** Lewis confirmed TriNet has partnerships with all major VCs (providing discounted rates to portfolio companies).
- **The Offer:** He offered to make introductions to **VCs and people in his network** if Pati finds mutual connections. This is a high-value resource for fundraising and business development, unrelated to the product sale.
- **Future Customer Path:** Lewis identified the specific trigger for when TriNet becomes relevant for MODhealth as a *customer*: **3 full-time US employees**. Until then, he validated that Gusto is the correct choice.

4. Competitive Intel (Insurance Carriers)

- **Existing Bundles:** Major carriers like Kaiser already bundle apps like **Calm** for free. Blue Shield has its own mental health programs.
- **The Barrier:** This reinforces that selling a "me-too" mental health app is a dead end. MODhealth's value prop *must* be about the **physical product (supplements)** and **nutrition**, areas that insurance carriers aren't currently covering well.

Action Plan

1. **MVP Milestone:** Prioritize the MVP launch to unlock the **TriNet Marketplace introduction** (Lewis's specific offer).
2. **Network Mining:** Review Lewis's LinkedIn connections immediately to identify 2-3 specific VC or partner intros to request, as he explicitly offered this.
3. **Refine Positioning:** Address the "redundancy" feedback. sharpen the pitch to explicitly say: *"Unlike the 50 mental health apps you've seen, we are a nutritional logistics company that solves the physical fatigue problem."*

Sana (exec. coach) <> Pati

Meeting: MODHealth <> Sana Keshtkaran (Executive Coach) **Date:** January 13 **Type:** Market Validation / Influencer Discovery

<https://fathom.video/share/nsTENj3GymwLmF9bsmcmggdyNtH2VEwx>

1. Key Takeaways

A. Product Reaction: The "Trust Gap" & Red Flags

- **Initial Hesitation:** Sana's immediate reaction to the concept of "supplements in the office" was a **"Red Flag."** Her primary concern is trust: *"How do I trust the brand? How do I know what's good for me?"*
- **The "Safety" Barrier:** For an Executive Coach to recommend this (or for a company to adopt it), the brand must overcome the suspicion associated with generic pills. Safety and purity are top concerns.
- **The Turning Point:** Sana's skepticism disappeared only when the **Personalization (App)** and **Medical Protocols (Dr. Ollie)** were explained.
- **Strategic Insight:** The App is not just a feature; it is the **Risk Mitigator**. Without the personalization layer, the physical product is perceived as risky/unsafe.

B. Market Psychology: The "Sprint" Mindset

- **Founder Behavior:** Target users (Founders/Execs) treat health as a luxury they ignore during business "sprints" (fundraising, launches). They operate on a deficit until burnout forces a change.
- **Implication for MOD:** Positioning cannot be "Wellness" (which is easily deprioritized). It must be framed as **"Fuel for the Sprint"** – a tool to sustain high intensity without crashing.
- **Permission Culture:** Even if perks exist (naps, supplements), employees won't use them unless leaders explicitly advocate for them.

C. Messaging Validation: US vs. Europe

- **"Performance" is Safe:** Sana confirmed that in the Bay Area/US, framing health as a tool for **Performance** is accepted and desired. Unlike in Europe (where it might feel exploitative), US executives view it as empowerment.
- **ICP Definition:** The conversation validated the distinction between the "Biohacker" (who already has a complex stack) and the **"Busy Striver"** (MOD's true target: ambitious people who need a simplified, trusted system).

D. Channel Strategy: Gatekeepers

- **Coach as a Channel:** Executive Coaches are powerful gatekeepers to decision-makers, but they are protective of their reputation.

- **Requirement:** To unlock referrals from this channel, MOD must provide specific "Trust Materials" (Clinical backing, lab safety, sourcing) rather than just marketing decks.

2. Strategic Next Steps

- **Create "Trust One-Pager":** Develop a specific document for Gatekeepers (Coaches/HR) focusing **only on Safety & Science** (Dr. Zolman, lab testing, sourcing) to handle the immediate "Red Flag" objection.
- **Refine Pitch Flow:** When pitching, introduce the **Personalization/AI layer immediately alongside the supplements** to prevent the "random pills in a bowl" perception.
- **Follow-up with Sana:** Send the requested "Safety/Science" materials. Do not ask for intros until she confirms she feels "safe" with the brand credibility.

Krista Ward <> Pati

Meeting: MODHealth <> Krista Ward (ex-Cigna, Legal/MBA background) **Date:** January 13
Type: "The Skeptic" Interview / Risk Assessment

<https://fathom.video/share/EBttFD1LKoG15e3uC-t-tGyiy3LrPVD>

Call Summary & Strategic Analysis

Meeting: MODHealth <> Krista Ward (ex-Cigna, Legal/MBA background) **Date:** January 13
Type: "The Skeptic" Interview / Risk Assessment

1. Key Takeaways

A. B2B Deal-Breaker: The "Liability" Wall (Confirmation)

- **The Verdict:** Krista confirmed (from a Cigna perspective) what the Yellow Brick advisors warned about: **Corporations are afraid of promoting the consumption of anything (ingestibles).**
- **Legal Perspective:** *"Companies won't want to take the liability of promoting supplements... acting like medicine."*
- **The Loophole:** Companies are willing to pay for **app subscriptions** (Peloton, MyFitnessPal, GymPass models).
- **Strategic Pivot:** In the B2B model, the contract must be for an "Employee Performance Platform" (App/Content). The physical supplements must be an optional add-on (purchased by the employee or via a stipend/marketplace), not a "product distributed by the company." This removes legal liability from the employer.

B. Consumer Psychology: The "Intelligent Skeptic" Persona

- **The Trust Deficit:** Krista represents a large demographic of conscious individuals (50+) who do not take supplements because **"People lie."** They fear contaminants, packaging migration, and baseless marketing.
- **Demand for Deep Personalization:** Generic quizzes ("Are you active?") are insulting to an intelligent user. Krista wants to input specific concerns: "Menopause, sleep, creatine for memory."
- **Actionable Insight:** The App must educate on "Why does this work?" and "Why is this pure?" rather than just saying "Take this." Transparency regarding ingredients and production is key to converting skeptics.

C. Market Insight: The "Sandwich Generation" Stress

- **Primary Stressor:** Employees aged 40-50+ (often the decision-makers!) are in the "Sandwich Generation." They care for aging parents (witnessing dementia, Alzheimer's) and children, while working full-time.

- **Opportunity:** This segment fears the loss of mental sharpness (brain fog, memory).
- **Specific Interest:** Krista specifically mentioned **Creatine** (for long-term memory) and **Magnesium** (for sleep). These are ready-made sales hooks for the older demographic within companies.

D. Direct Feedback on Outreach (Critical)

- **Outreach Failure:** Krista explicitly stated she agreed to the meeting *only* because she saw you in person at an event. Normally, she would have refused because your invite was **too generic ("you didn't say what you do or what you wanted")**.
- **Lesson:** Cold outreach must be specific and show respect for the prospect's time by offering an "upfront contract" (what you expect and what value you provide).

2. Strategic Recommendations

1. **Contract Structure Pivot:** Structure the B2B offer so the invoice reads "Employee Performance Platform Subscription" (App). Physical products should be a "pilot bonus" or purchased separately by the employee (B2B2C Model). This bypasses the legal department.
2. **"Silver Economy" Marketing:** Create a separate landing page or track within the app for the 45+ group. Focus on: **Neuroprotection (Creatine/Omega-3)**, **Menopause**, and **Sleep Quality**. This group has high purchasing power and fears aging.
3. **App Onboarding:** Change the flow. Instead of a simple quiz, offer an "Advanced Input" option for users like Krista who want to enter specific goals (e.g., "Interested in creatine's effect on memory").
4. **Sales Hygiene:** Improve outreach scripts. They must include "Context + Value + Clear Ask." Example: *"I am building a health-tech solution for busy leaders. I saw your experience at Cigna and need 15 minutes of brutal feedback on legal risks."*

Lunar Energy

Lunar energy

2 Dec 2025

https://fathom.video/share/2UGUegUC9Q2vdsb6RQy3fLQziH_c2HvE

This is **MODHealth B2B Sales & GTM Strategy Expert**.

Here is the **English** strategic summary for the Lunar Energy meeting.

Call Summary & Strategic Analysis

Meeting: MODHealth <> Lunar Energy (John Matthew Pagaragan - HR Ops) **Date:** December 02 **Type:** Customer Discovery / Budget Reality Check

1. Key Market Insights

A. The Budget "Winter" & PEO Barrier (Sequoia One)

- **The Aggregator Barrier:** Lunar Energy uses **Sequoia One** (PEO), which bundles insurance, dental, vision, and mental health (Spring Health).
- **Insight:** If a benefit isn't included in the Sequoia bundle, the company must pay "out of pocket." In the current economic climate ("budgetary reasons"), the company is cutting extra costs.
- **The Opportunity:** They recently **removed energy drinks (Celsius)** from the office due to cost and health concerns. This is MOD's opening—not as an "add-on benefit," but as a "healthier, cost-effective replacement for energy drinks."

B. Employee Persona: The "Costco Shopper"

- **Price is King:** John explicitly stated that he and employees buy supplements at **Costco (Kirkland brand)** because they are cheap and come in bulk.
- **Risk:** The subscription/home delivery model is viewed as "unsustainable" for the average employee's wallet.
- **Mentality:** Employees are asking for gym subsidies (ClassPass), not supplements, largely due to a lack of awareness that supplements could even *be* a corporate benefit.

C. Safety as the First Reflex

- **Reaction to Pitch:** John's immediate first question wasn't "Does it work?" but **"Is it safe? Has it been tested?"**

- **Insight:** HR Ops fears medical liability. Any pitch must lead with **Safety Certifications** before making performance claims.

2. Buying Center & Process

A clear, 3-step decision hierarchy was identified (typical for scale-ups):

1. **HR Ops (John):** Gatekeeper / Researcher.
 2. **Director of People / VP HR:** Business Owner.
 3. **VP Finance:** The Final "Check Signer" (Budget Holder).
- **Buying Cycle:**
 - **December:** Finalizing the general company budget (worst time for new line items unless it's a replacement cost).
 - **May:** Benefit review period (Open Enrollment starts in July). This is the window for larger implementations.

messages (Linkedin)

THOMAS KNOLL - CONVERSATION

<https://www.linkedin.com/in/thomasknoll/>

Hi Pati, Thank you so much for reaching out!

I did not click 'Accept' yet because I only have LinkedIn connections with people I already know well enough to personally introduce to someone else.

This is why:

<https://thomasknoll.info/how-i-use-linkedin/>

But, don't run off yet. I would still love to hear more about what you are working on, and why you wanted to connect?

Stay curious!

TK

JAN 8

Pati Brzozowska sent the following message

Hi Thomas, totally respect the high bar for connections. I appreciate you replying anyway! To answer your question, I just came across your post and thought it would be great to connect and exchange thoughts.

I recently raised a pre-seed round to build a solution specifically for preventing burnout, turnover, and performance lag in high-growth teams.

Since you talk to founders daily, be honest with me: do you see them actually treating "prevention" as a strategic priority, or is it still seen as a "nice-to-have" until a crisis hits?

JAN 9

Thomas Knoll sent the following messages at 11:45 AM

oh fun! Which post?

11:47 AM

And, yeah, in my experience founders very rarely spend time and energy on prevention until/unless there is an emergency. Priorities are driven by grow-grow-grow and go-go-go and brute force the next day into existence.

11:49 AM

For the work that I do, I've had to frame it as an active solution that has to do with unlocking things for today. Not about preparing for the future.

JAN 12

Pati Brzozowska sent the following messages at 10:09 AM

10:09 AM

Hah! I actually saw the post in my feed first and thought 'Wait, that sounds familiar...' 😊 I feel honored to be the inspiration!

10:10 AM

But honestly, your answer is painfully accurate. That 'brute-forcing' mode is exactly where most founders live.

10:14 AM

So, connecting the dots here: Does this mean the winning strategy is to just accept that reality? Instead of selling prevention (which feels like insurance), should I focus entirely on immediate performance and retaining top talent?

10:15 AM

Thomas: oh fun! Which post?

I even commented on this post:

https://www.linkedin.com/posts/thomasknoll_i-have-thousands-of-founders-in-my-network-activity-7396699507767402496-zb-5

Thomas Knoll sent the following message at 10:37 AM

10:37 AM

The good news is, I think you can still find a way to get the useful preventative stuff in people's hands... but you might have to resort to some good old fashioned advertising tricks and/or storytelling techniques. Geico doesn't sell insurance, they sell save 30%. Seen those drug ads (that shouldn't even be on tv?) they don't sell drugs, they sell a lifestyle that is better than the one you have.

JAN 13

Pati Brzozowska sent the following message at 3:00 PM

3:00 PM

Thomas, that Geico example is great, and it made me think about the difference between selling a 'should' vs a 'want'.

You are right, prevention feels like 'should' -> insurance or just another

to-do. But founders definitely want an edge, they want their team operating at full capacity.

So I'm thinking about flipping the pitch completely. Instead of selling burnout or turnover prevention, focus on unlocking team capacity.

The logic is: if we stop the silent accumulation of stress, poor recovery, nutrient deficiencies, we aren't just preventing a crash. We are unlocking sharper cognitive function, longer focus hours, and fewer expensive errors today.

Be honest, does the term biological capacity sound like a serious business asset to you? Or does it just sound like fancy wellness fluff?

Thomas Knoll sent the following messages at 3:14 PM

(He/Him) 3:14 PM

NO I'M GOING TO LIE TO YOU!

j/k

i like where this is headed.

but, also, who cares what I think... test it.

(He/Him) 3:18 PM

X unlocks sharper cognitive function, longer focus *windows*, and fewer expensive errors. We stop the silent accumulation of stress, poor recovery, and nutrient deficiencies on your team. We don't just prevent burnout, we give you rocket fuel. (Edited)

TODAY

Pati Brzozowska sent the following messages at 2:07 PM

Thomas, SO SORRY! I mentally wrote this reply a week ago, but it's been a crazy sprint. Besides changing the pitch, we actually had to change the company name 🚀

2:08 PM

This is gold! Rocket fuel hits so much harder than prevention. Prevention feels like maintenance; rocket fuel sounds like growth. I am 100% stealing that 😁!

Will Bryk

<https://www.linkedin.com/in/william-bryk/>

hey Pati! Saw you reached out. Curious what you're up to. My last name is polish too btw

JAN 8

Pati Brzozowska sent the following messages at 10:59 AM

10:59 AM

Hey Will! Love the Polish connection! Seriously though, I dug into Exa after seeing that viral post, and hitting series b with just 50 people is wild.

I raised seed to build a solution for preventing high-growth burnout and performance lag. Is that actually a top-3 problem for you right now, or is it a non-issue at your stage?

JAN 9

Will Bryk sent the following message at 4:51 PM

4:51 PM

not an issue right now luckily!

JAN 12

Pati Brzozowska sent the following message at 10:26 AM

10:26 AM

Wow, that makes you a huge outlier (in the best way).

Seriously asking though: Do you attribute that mostly to who you hired, or is it about how you organize the work? I'd love to understand what's working at that speed

Will Bryk sent the following message at 7:34 PM

7:34 PM

I think burn out comes from people working hard AND not seeing results. Hence the analogy to tire burnout when the car wheels are rotating but not moving. So no matter how hard we work at Exa, as long as we're clearly progressing toward an exciting goal, people don't feel burnout.

Also, people work hard, but not 9-9-6. I never make anyone come in on weekends, they choose to do so bc the work is fun. Work being fun is also critical to no burnout(Edited)

JAN 13

Pati Brzozowska sent the following messages at 3:03 PM

3:

Love the tire analogy, but here's the trap:

Even if you're winning the race, you can't drive thousands of miles on the same tires. The damage accumulates silently - > stress, late nights, poor recovery. You often don't see it until you suddenly spin out.

So to stick with the car analogy, do you build in specific pit stops as a company, or is it fully on the individual employee to manage their own maintenance?

Jared Goralnick (Your360 AI)

Strategic Snapshot: Jared Goralnick (Your360 AI)

<https://fathom.video/share/qUc3-ybgBuzPY5WC9xbUQYPAqBFCLnx>

1. Product Reaction: The "Liability" Dealbreaker

- **The "Prescriptive" Trap:** Jared (representing the employer mindset) fundamentally rejects recommending *specific* ingestibles to employees. He equates it to an employer recommending specific stocks—too much liability and overreach.
- **Desired Solution:** Employers want **neutrality**. They prefer to fund the *means* (stipend/marketplace) and let the employee take the risk of choice, rather than endorsing a specific product.

2. Brand & Narrative Failure

- **"Biohacking" is Toxic:** The "Blueprint/Bryan Johnson" association backfired. Jared (a fit, healthy founder) views it as **"insane and extreme."**
- **Insight:** Leaning on biohacking alienates the "Healthy Normie" executive. The brand must pivot to "High Performance" or "Science-Backed" to avoid sounding fringe.

3. Target Market Mismatch

- **SMBs are a Dead End:** Companies under 50 employees (like Jared's) are the wrong ICP. They lack the "mental bandwidth" for complex benefits and prefer simple cash bonuses.
- **Utilization Math:** In a small team, standard wellness utilization (5%) means *zero* users. It provides no ROI for the founder.

4. Strategic Pivot Required

- **Move Up-Market:** Shift focus immediately to companies with **200–2,000 employees** where "Organizational Development" budgets exist.
- **Reframe the Offer:** Stop selling "Supplements in the Office" (Risk). Start selling **"Employee Education & Performance Platform"** (Safe) where supplements are an optional, employee-chosen add-on.