

eBook

5 signs your health strategy has a personalization problem —and how to spot them



Why do your benefits feel like they're falling flat?

Why are employees skipping the programs you've invested so much in?

And why are healthcare costs still climbing despite everything you've put in place?

At first glance, it might seem like the solution is to offer more—more programs, more coverage, more options. But here's the thing: more isn't the answer. It's not about how much you offer but how well you design those offerings around your employees' unique needs.

No matter how comprehensive or well-intentioned your benefits are, if they're not personalized, they won't connect. People don't use solutions that don't fit—and when that happens, its consequences show up everywhere: low engagement, rising costs, inconsistent outcomes, and more.

Think of these outcomes like the check engine light in your car. They're not the problem themselves—they're a signal that something under the hood needs attention. But figuring out the exact issue takes a closer look.

That's where this eBook comes in. Think of it as your diagnostic tool. In it, we'll help you identify five warning signs that your health strategy may not be as personalized as it needs to be—and what those signs reveal about the changes you can make to keep your strategy running smoothly.



Sign #1: Low engagement rates



Employees don't disengage from things they find valuable. They disengage from things that feel irrelevant, overly complex, or like a chore. And when it comes to health programs, that's exactly how they feel when those programs aren't personalized.

When your health programs don't resonate, employees tune out. They skip preventive care because they don't see the point. They ignore wellness perks because they don't fit their lives. And they avoid using their benefits because navigating them feels like more trouble than it's worth.

How to diagnose this in your organization

Low engagement doesn't just happen—it leaves clues. If your employees are tuning out, here's how to spot the signs:

☑ **Are your “most popular” benefits only used by a small fraction of employees?**

Look at the participation data for your health and wellness programs. Are only a handful of employees signing up for gym reimbursements, mental health apps, or wellness challenges? If your flagship programs are falling flat, it's a sign they don't resonate with the broader workforce.

☑ **Are employees ghosting after signing up?**

Do employees enroll in programs or benefits but disappear when it's time to actually use them? For example, are they signing up for fitness memberships or wellness apps, only to never redeem them? This kind of “surface-level engagement” often points to programs that feel like work rather than solutions.

☑ **Do employees say they don't have time to engage?**

If employees frequently cite “lack of time” as a reason for skipping health initiatives, it's worth asking whether your programs fit into their schedules. Are wellness activities scheduled during busy work hours? Are there flexible options for working parents or employees with demanding roles?

☑ **Are you relying on one-size-fits-all programs?**

Review your offerings. Are your benefits designed for the “average employee,” or do they account for different needs and preferences? If your strategy assumes everyone has the same challenges, engagement will suffer—because no one feels the program is for them.

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HEALTH

Want to make it easy for your employees to engage with their health and wellbeing benefits?

Today's healthcare consumers expect nothing less than individual support that truly meets their unique needs.

This emphasis on personalization isn't just a nice to have; **it's your key to changing how healthy happens.**

Discover health and wellbeing benefits designed around you and your goals.

See the personal impact →

Sign #2: High healthcare costs



It's no secret that employer healthcare costs have surged. CMS projected that employers would spend \$1.3 trillion on health benefits in 2024—a 5.8% jump from the previous year.

Yet these rising costs are merely a symptom of a deeper issue—a disconnect between health strategies and employee needs.

This misalignment creates critical gaps in care, especially for employees managing chronic conditions. When these gaps go unaddressed, manageable health issues escalate into costly crises, driving annual cost increases of 8-15% and straining budgets to the breaking point.

But the problem doesn't stop there. Misaligned health strategies also lead to significant waste. In fact, \$36 billion was wasted on misused or unused health benefits in just the last 30 days.

This combination of waste and unmet needs hits employees the hardest—especially those with poor overall health. These employees bear the brunt of the gaps, incurring nearly \$2,049 in additional annual healthcare costs compared to those with high wellbeing. Across the U.S. workforce, this adds up to \$101.5 billion in preventable healthcare expenses every year—costs that could be avoided with strategies that better address employee health needs.

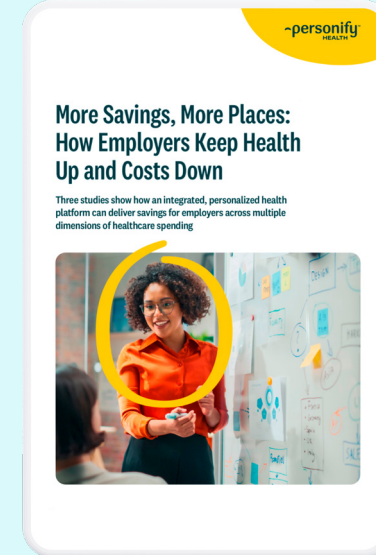
How to diagnose this in your organization

High healthcare costs seem inevitable, but they don't have to be. The key to controlling costs is uncovering these root causes within your organization.

Start with these questions:

- ✔ **Are chronic conditions driving a significant portion of your healthcare spending?**
Look at your claims data. If diabetes, heart disease, or mental health conditions consistently rank among the top cost drivers, it's a sign that employees aren't getting the proactive support they need.
- ✔ **Are ER visits or urgent care the default for routine issues?**
If employees are using emergency services for non-emergencies, it's a red flag that they don't know where else to turn—or that your benefits aren't designed to guide them toward cost-effective options.
- ✔ **Do employees seem confused or frustrated by their benefits?**
If you're fielding questions like, "What's covered?" or "How do I find a provider?" on a regular basis, it means your benefits aren't as clear or accessible as they should be. Confusion leads to avoidance, and avoidance leads to expensive, reactive care.
- ✔ **Are telehealth and preventive care underutilized?**
Preventive solutions and virtual care options are some of the most cost-effective tools in your arsenal. If employees aren't using them, it's time to ask why.

If these questions are raising concerns, you're not alone—and you're not without options. By uncovering the root causes of healthcare overspending, you can take actionable steps to reduce costs and improve outcomes for your employees.



Download our free guide, More Savings, More Places, to uncover how wasteful spending happens—and how smarter benefit design can curb costs without compromising care.

Download the guide →

Sign #3: High rates of avoidable care

Avoidable care happens when small, manageable health issues are left unchecked and eventually explode into big, expensive problems. It's the flu that turns into pneumonia because an employee didn't get a vaccine. It's the untreated high blood pressure that turns into an ER visit.

They skip preventive care because they don't know it's covered.

They ignore symptoms because they're unsure where to go.

They delay managing chronic conditions because the system feels overwhelming.

And what does all this lead to? Preventable crises. Rising costs. And employees feeling like their health—and their peace of mind—is spiraling out of control.



How to diagnose this in your organization

Avoidable care leaves patterns behind. To find out if this is happening in your organization, take a step back and look for these signs:

✔ **Are preventive care services underutilized?**

Look at how often employees use free or low-cost services, like annual physicals, flu shots, or cancer screenings. If participation is low, it's a sign that employees aren't being guided toward these resources—or that they don't see their value.

✔ **Are employees delaying care for minor issues?**

Review your data for patterns of delayed care. Are employees waiting until small problems—like untreated infections or recurring symptoms—become bigger emergencies? This suggests they're either unsure where to go or hesitant to engage with the system.

✔ **Are chronic conditions escalating into costly crises?**

Employees managing conditions like diabetes or hypertension need consistent support. If you're seeing frequent hospitalizations or ER visits for these conditions, it's a sign that they're not getting the proactive care or guidance they need to stay on track.

✔ **Are your benefits designed around convenience—or complexity?**

Can employees easily schedule appointments, find in-network providers, and access telehealth options? If not, they're more likely to skip care altogether, resulting in avoidable health crises that could've been prevented.

By identifying and addressing your population's care gaps, you can guide your employees toward proactive, preventive care that reduces crises and costs.



Want to know how?

Check out our blog to learn how to close gaps in care so you can turn avoidable care into better outcomes for your workforce!

Read the blog →

Sign #4: Inconsistent health outcomes



Not all employees start their health journey from the same place. For some, it's about managing a chronic condition like diabetes with regular doctor visits and medication. For others, it's about staying ahead with preventive care. These differences should shape your health strategy, but all too often, they don't.

Instead, most workplace health strategies treat everyone like they're on the same track—offering a one-size-fits-all approach and expecting identical results. But when your benefits fail to account for your employees' diverse challenges, their health outcomes start to look like a patchwork quilt. When this happens, you're left with a culture where some employees thrive, others struggle, and many fall through the cracks entirely.

Think about the single mom who skips her annual check-up because her paycheck won't stretch far enough that month. Or the employee in a rural area who can't access a specialist because he can't afford to make the three-hour drive. Or the new hire who feels overwhelmed trying to manage their mental health but doesn't know where to start.

These aren't isolated stories—they're real examples of how a generic health strategy can leave people behind.

How to diagnose this in your organization

Inconsistent health outcomes can be hard to spot at first. They don't show up in a single data point—they reveal themselves in patterns. Here's how to identify if this is an issue in your workforce:

- ✔ **Are chronic conditions unevenly managed across your employee population?**
Look at your data. Are some employees managing conditions like diabetes, hypertension, or asthma effectively, while others are frequently ending up in the ER or missing work? If the outcomes vary wildly, it's a sign your benefits aren't reaching everyone equally.
- ✔ **Are certain groups of employees struggling more than others?**
Break down your data by demographics: income level, location, family status, or access to care. Are employees in rural areas, lower-paid roles, or caregiving situations experiencing worse outcomes? This could indicate that your benefits aren't addressing the unique barriers these groups face.
- ✔ **Are preventive care rates lower for certain employees?**
Preventive care is one of the clearest markers of engagement. Are specific groups—hourly workers, remote employees, or those in high-stress roles—skipping routine check-ups, screenings, or vaccinations? If so, they may feel that care is inaccessible or unaffordable.
- ✔ **Is mental health care underutilized or skewed toward certain groups?**
Mental health outcomes are often inconsistent because stigma, cost, or lack of access keep people from seeking help. If only a small subset of employees is using your mental health resources, it's a sign the system isn't designed in a way that makes everyone feel supported.



Sign #5: Limited member satisfaction



Only 19% of employees strongly believe their employer genuinely cares about their health and wellbeing.

What's driving this disconnect? Complexity.

For many employees, traditional health benefits feel like assembling furniture without instructions—full of scattered pieces, confusing terms, and no clear path to making it work.

When benefits feel impersonal or overly complicated, employees hear one loud, clear message: „We're not looking out for you.“

And that perception doesn't just hurt engagement—it erodes trust.

On the flip side, when employees feel supported, everything changes. They stick around. In fact, 62% of employees say their benefits play a major role in their loyalty.

How to diagnose this in your organization

Limited member satisfaction can often be a silent problem—one you don't notice until it's already undermining your culture. Here's how to spot the signs:

- ✓ **Are employees satisfied with their benefits?** Go directly to the source. In employee surveys or feedback sessions, are people describing your benefits as helpful, accessible, and relevant—or confusing, impersonal, and frustrating? Don't just ask about usage—ask how they feel about what you're offering.
- ✓ **Do employees feel cared for by the organization?** Employees often tie their satisfaction with benefits to how much they feel their employer values their wellbeing. In surveys, look for questions about trust, care, and support. If employees don't feel seen or supported, your benefits might be sending the wrong message.
- ✓ **Are you seeing higher-than-average turnover or disengagement?** If frustrated employees are leaving or mentally checking out, it's worth asking whether your benefits are part of the problem. Dissatisfaction with health support can erode loyalty and push employees to look elsewhere.
- ✓ **Is dissatisfaction tied to specific employee groups?** Satisfaction levels often vary across your workforce. Are remote workers, lower-income employees, or those in high-stress roles reporting lower satisfaction? If certain groups feel left behind, it's likely a sign that your benefits aren't designed with their needs in mind.



Recognizing the warning signs is just the beginning

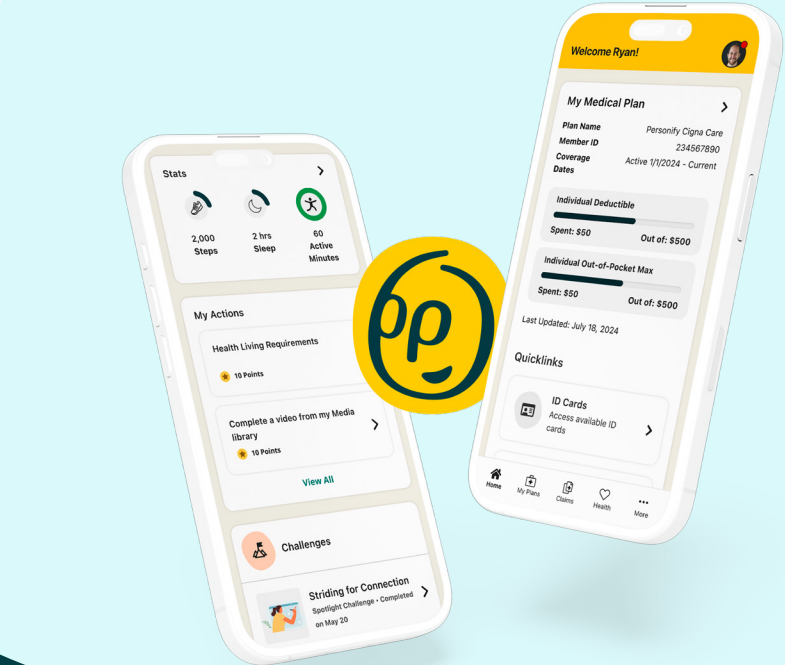
At the end of the day, a lack of personalization in your health strategy isn't just a minor detail—it's a large disconnect that leads to disengagement, rising costs, and uneven outcomes across your workforce.

Now that you've seen the five warning signs, you have a clearer picture of where things might be breaking down—and why employees might not be getting the support they need.

If these red flags sound familiar, your next step is to dig deeper. Whether it's auditing your current offerings, gathering employee feedback, or exploring more tailored approaches, identifying the problem is just the beginning.

At Personify Health, we help organizations like yours move from one-size-fits-all to one-size-fits-you.

Because when your health and wellbeing strategy is designed around your people, you get healthier employees at lower costs. Now that's what we call a win-win!



Ready to see what a personalized health strategy could look like for your workforce?

Book a demo with one of our expert health strategists today!

Book a demo →

About Personify Health

By bringing industry-leading health plan administration, holistic wellbeing, and navigation solutions together, all in one place, we have created the industry's first and only personalized health platform. With decades of experience and global operations, we empower diverse and unique businesses – and diverse and unique people – to engage more deeply in health at a lower cost. Through our proprietary combination of data-driven personalization, science-backed methodology, and concierge-level clinical expertise, our end-to-end platform makes it easier to proactively address people's needs across their lives. With a personalized, holistic, and powerfully simple experience, we are redefining industry expectations and what it means to manage health.

Let's connect →

Learn more at personifyhealth.com



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