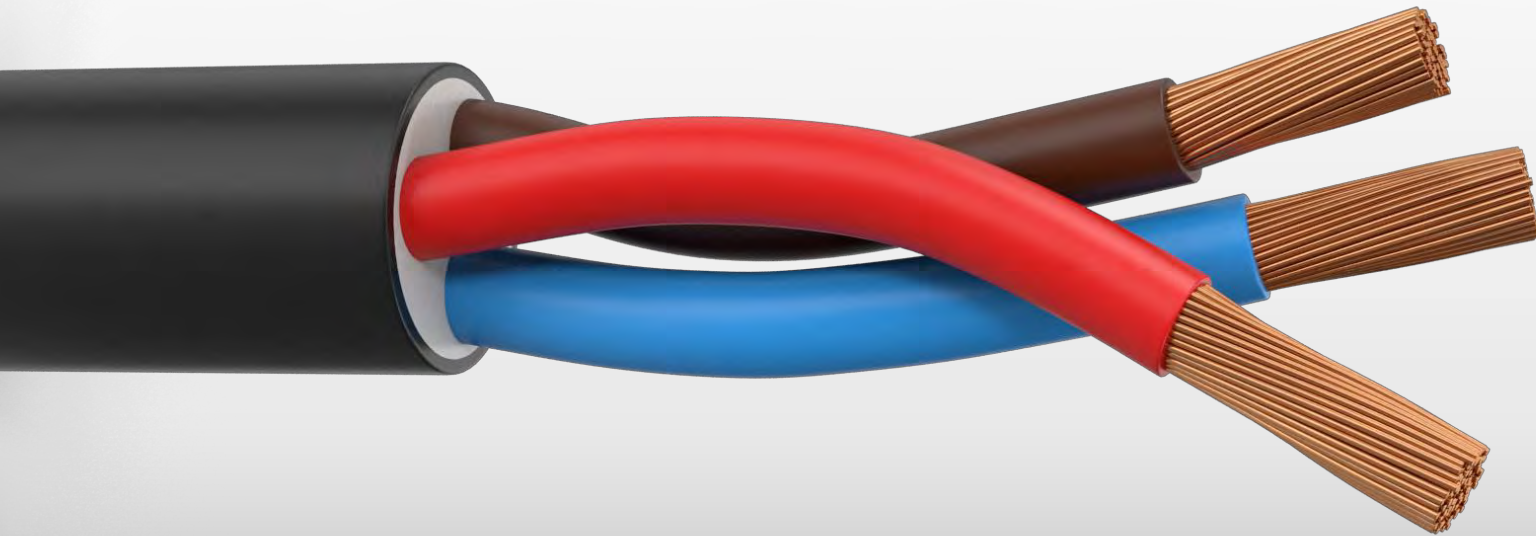


REWIRING:

Why Workplace Benefits are Healthcare's New Front Door



Stephen K. Klasko, MD, MBA

Executive in Residence, General Catalyst
North American Ambassador, VP for Global Innovation, Sheba Medical Center/ARC
Presidential Trustee: National Board of Education
Former President & CEO, Thomas Jefferson University and Jefferson Health

Back in 1979



Can we get physicians to embrace change and be optimistic about the future?

Can we do anything to connect outcomes and payment?

1979 EMPLOYEE BENEFITS GUIDE

Your Health Benefits

Helping You
Take Care of
What Matters
Most.



We're in this together.

HENDERSON INDUSTRIES HEALTH BENEFITS ENROLLMENT

Name Michael Henderson
Social Security Number _____

Address: _____
City: _____ State _____ ZIP _____

Home Phone: _____

Coverage Selection:
 SPOUSE
 DEPENDENT CHILDREN

ET FIMCITIES. EITHETA ANSY INVOTRE OATHERS SOEM DORTSD PARTD CHAR
CO EPDRE THOSE ON THE CARPO O CETH NOT DOOKA ING THE CONSIDERATION
BY THEOOC-TRICE MIVAT COE GAUDERS, CONSIDERARE. MOVE S ONE COGNITR

WHEN BENEFITS WERE SIMPLE ...

...and THAT was the problem

One-size-fits-all plan. Employer picked a carrier, handed you a trifold brochure, and that was your “choice.”

Paper enrollment forms in manila envelopes. You filled them out at your desk, HR mailed them to the carrier, and you prayed they got there.

EOBs arrived by mail weeks later — written in a language no employee could decode.

Benefits meant one thing: your medical plan. No mental health, no financial wellness, no fertility, no elder care. If you needed those, you were on your own.

“Open enrollment” was a filing cabinet. Nobody called it an employee experience.





“My bank just
got an ATM...

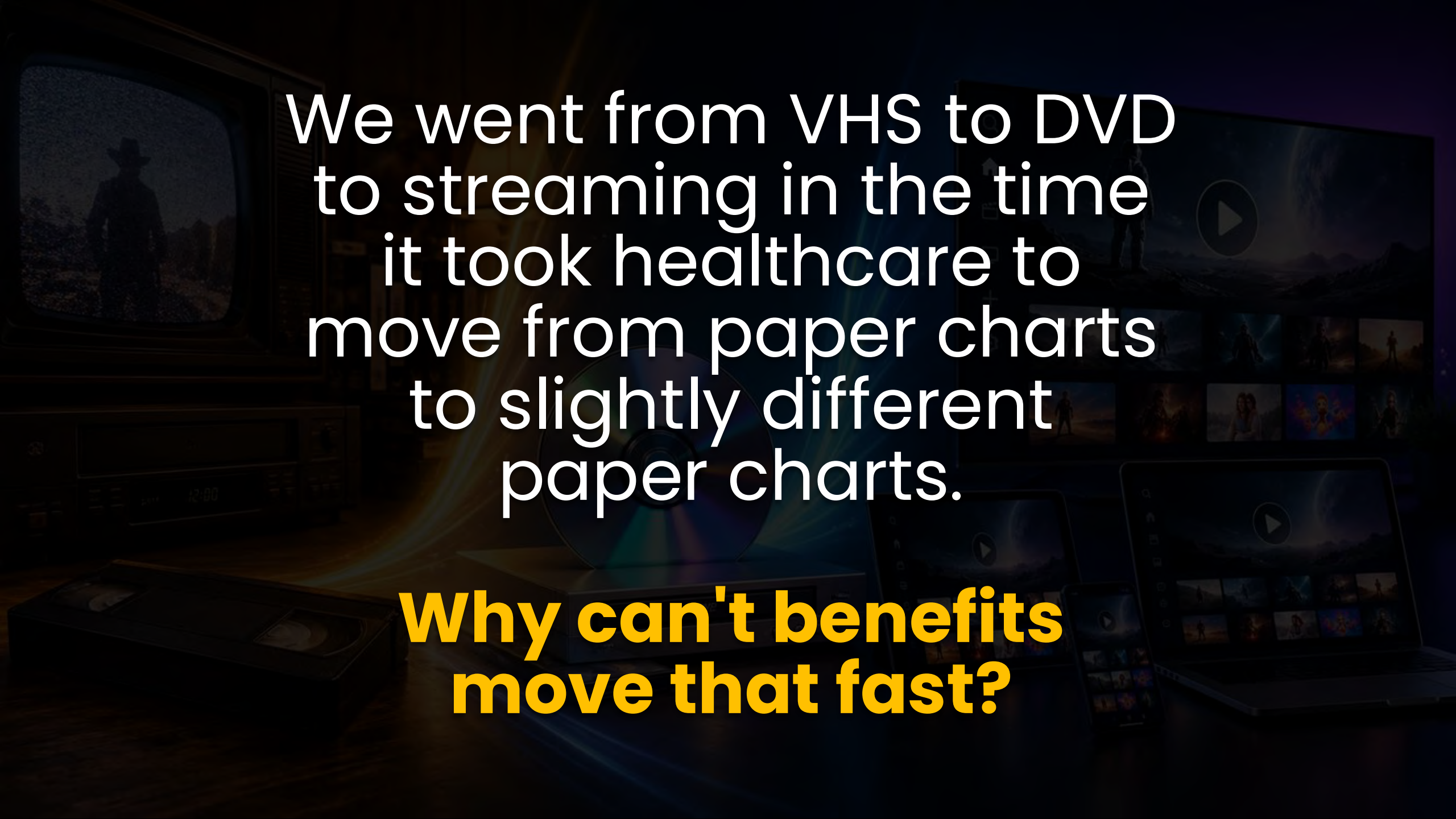
...why can't
healthcare
do cool things
like that?”

2006



TONICLE
chronicle.com

I was the dean at
USF asking the
SAME questions
you're asking now



We went from VHS to DVD
to streaming in the time
it took healthcare to
move from paper charts
to slightly different
paper charts.

**Why can't benefits
move that fast?**

My bank had online bill pay. Amazon had one-click purchases.

If an employee wanted to understand her deductible, **why did she have to call an 800 number and sit on hold for 20 minutes?**

At USF, I was asking:
can we get physicians
to embrace change?

I was trying to
connect outcomes
and payment.

You were asking:
can we get benefits
to feel less like a compliance
exercise and more like
something employees
actually value?

You were trying to connect
employee well-being
and business outcomes.

SAME FIGHT. DIFFERENT BUILDING.

EOBs?

Still written in a language no
employee could decode.

Now in a PDF instead of paper.

Progress.

“The two things you don’t want to be running for the next ten years are **academics** and **healthcare** *because the economics are unsustainable.*”

*~Austin Goolsbee, Economist,
at Aspen Institute, 2012*

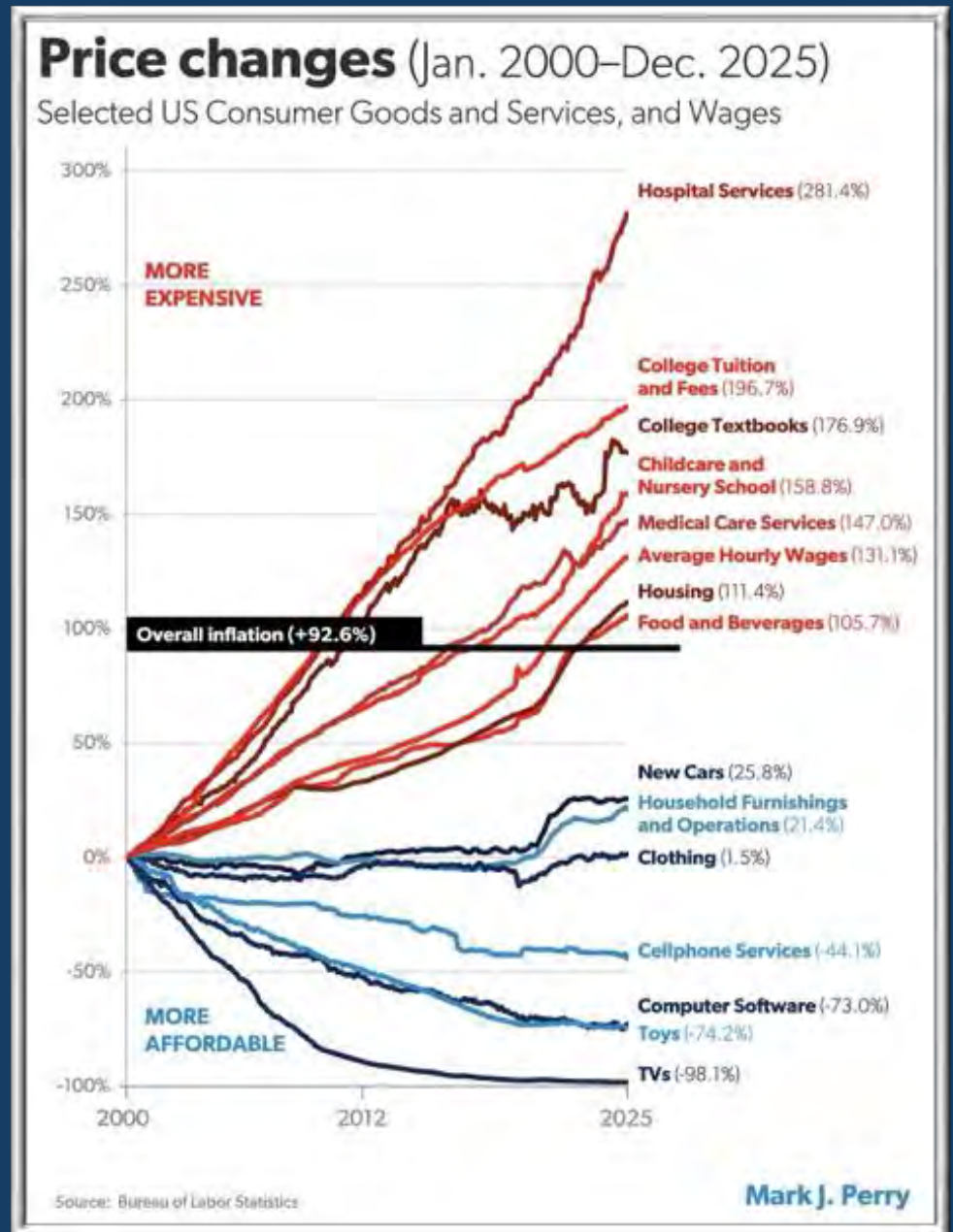
Speaker #2: Stephen Klasko, Futurist



Price Changes

January 2000 to
December 2025

*Selected U.S. Consumer
Goods and Services, Wages*



2026

I ran an \$11 billion
health system.

The employee
experience was
still **broken.**

On my phone I can order dinner, book a flight, and check my portfolio...all while walking my dog.

But if one of 40,000 employees wanted to know if their kid's ER visit was covered, ***they received a 47-page EOB...six weeks later.***

My Tesla updates
ITSELF overnight.

Benefits enrollment still
looks like 2004
TurboTax.

We scaled Jefferson from
\$1.8 billion to over \$9 billion.

**The benefits experience for the
person in the middle didn't scale
at all...it just got worse.**

Every acquisition brought a different
carrier, a different portal, a different
enrollment process.

I was on both sides: the provider AND the employer.

We sent our own employees EOBs for visits to our own hospitals, **and nobody could explain what they owed.**



Over 40
years and
nothing has
changed



2035



THE ROLLING STONES



ZOMBIE TOUR

In 2035, workplace benefits finally smashed the cost-complexity-confusion curve and employee experience curve through a series of disruptive partnerships and one radical idea:

INSTEAD OF RISKING ANYTHING NEW,
LET'S PLAY IT SAFE BY CONTINUING OUR
SLOW DECLINE INTO OBSOLESCENCE.





CEO

Employer of 40,000

I sat on both sides of this table.

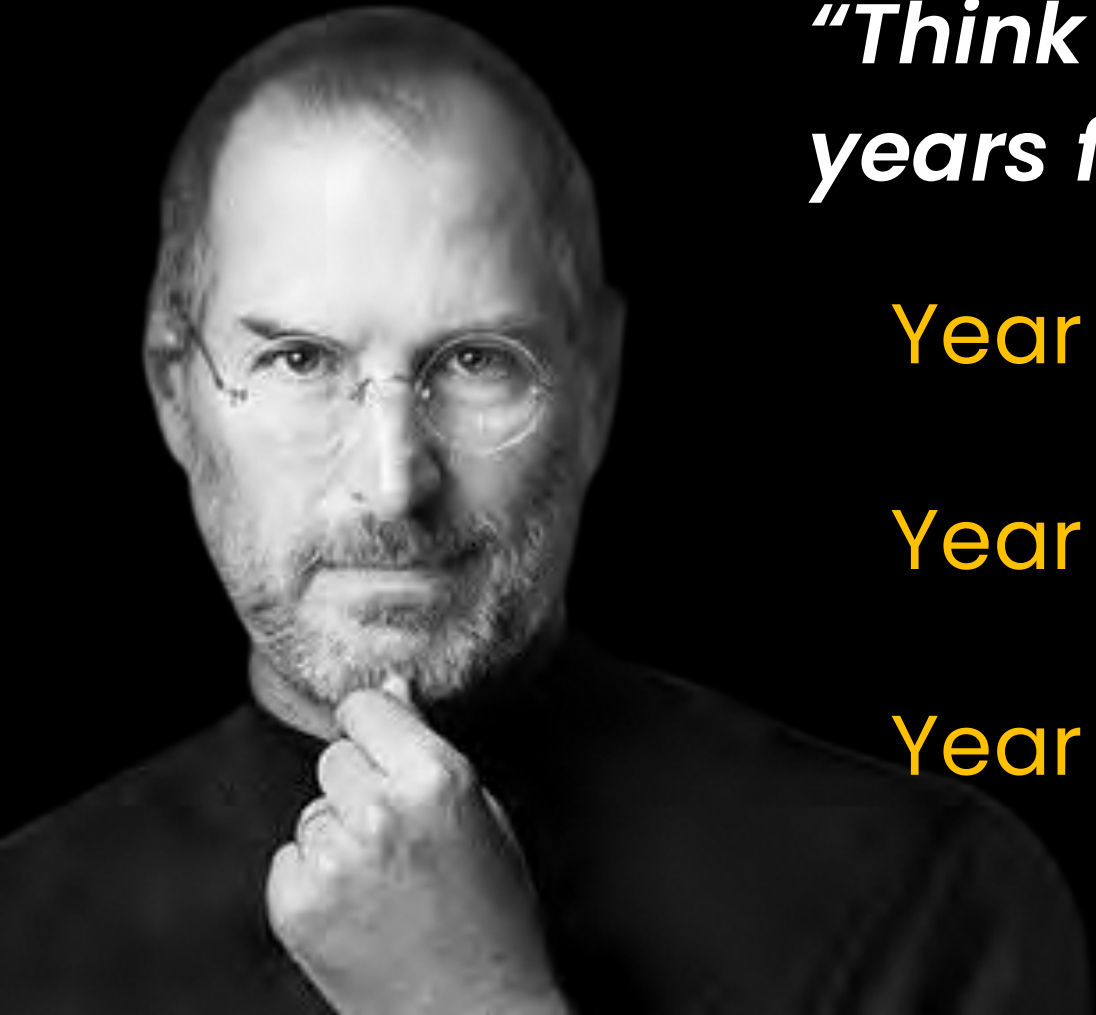
My "AHA" Moment

"Think about what will be obvious 10 years from now...and do it today."

Year 1: We change

Year 2: We change the industry

Year 3: We change the world



ACT I: We change.

Individual health system transformation

We change how we see the employee. Not a policy number, but a person navigating five eras of a working life. The 17-minute enrollment becomes a year-round relationship.

Can a 200-year-old AMC make it acting like a start-up company?



“True disruption means
threatening your
existing product line
and your past
investments.

Breakthrough products
disrupt current lines of
business.”

~ Peter Diamandis



BC

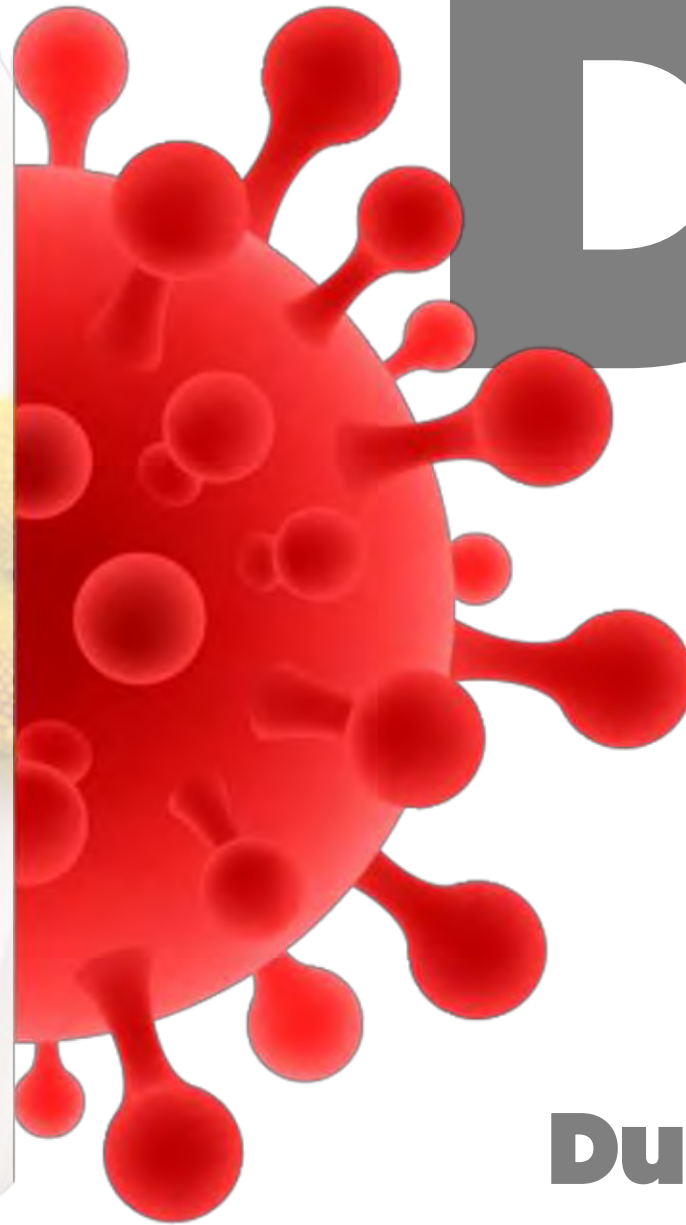


Before COVID

"We'll get to telehealth eventually. We're piloting it. There's a committee studying it. We'll have a report by Q3."

"Every hospital in America became a telehealth company overnight. Employers scrambled to add mental health benefits they'd been 'considering' for five years. We discovered that frontline workers — the ones we'd been calling 'low-skilled' — were actually keeping civilization running. Suddenly benefits for hourly workers mattered."

Before COVID



DC

During COVID

KAC

Kinda After COVID

"We couldn't go back. Employees said: you figured out remote work in a week, you figured out virtual care in a week, you figured out flexible benefits in a week — don't tell me it takes three years now. The permission structure for 'we can't do that' got permanently revoked."

The KAC World:

The 4th Industrial Revolution

- The Employee
 - The Consumer
 - JOLTING the medical staff
 - The Singularity
- 



17:00

The time an employee spends electing benefits they live with for an entire year

An aerial photograph of ancient stone ruins, possibly Mayan or Aztec, showing a complex grid of stepped platforms and structures. The scene is dark and atmospheric, with the ruins appearing as a series of interconnected rectangular blocks. The text is overlaid on the center of the image.

Still optimized
AROUND,
not
FOR



**Designed to meet
needs of**

CARRIER,
not
CONSUMER



**EOBs in language
no employee
could decode**

Healthcare costs are surging

- Medical inflation
- Specialty drug spending (GLP-1s)
- Higher provider reimbursement
- Rebound in care utilization

Layered cost management strategies include virtual care, HDHPs/HSA, alternative funding models

**2% to
11%**

Contract labor costs ballooned from 2% of total labor expenses in 2019 to 11% in 2022.

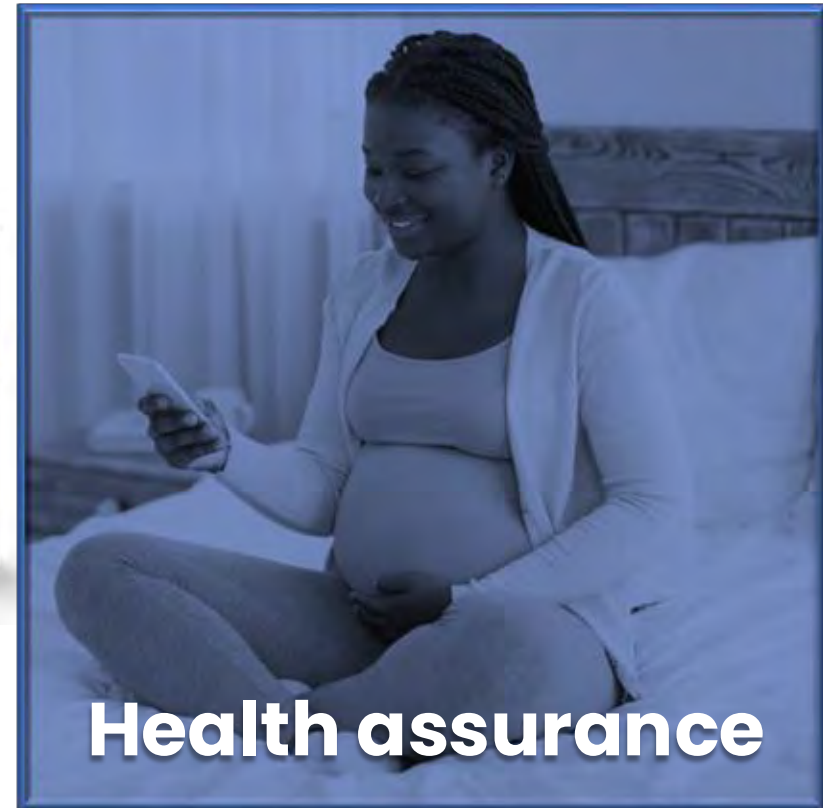
That's what happens when you don't invest in your people — **you end up paying three times as much for someone else's people.**



What if a Silicon Valley entrepreneur and a CEO of a 200-year-old AMC had a baby?

UnHealthcare

Costly “sick care” is giving way to affordable, personalized, and preemptive care with genomics, sensors and AI-based digital therapies



UnBenefits

From “What’s covered?” to
“What keeps you well?”

Every open enrollment, employees ask ‘What’s covered?’ That’s a sick care question.

The question is: ‘what keeps you well?’ — and it’s different for every employee, at every life stage, in every era of their working life.”

Stop designing around the OFFICE and start designing around **where the employee actually lives and works.**



Whole-Person Well-Being

BEYOND, BUT INCLUDING, A FOCUS ON PHYSICAL HEALTH:

- Protecting mental health and emotional well-being
- Integration of medical and financial “health”
- Prioritizing burnout prevention, resilience

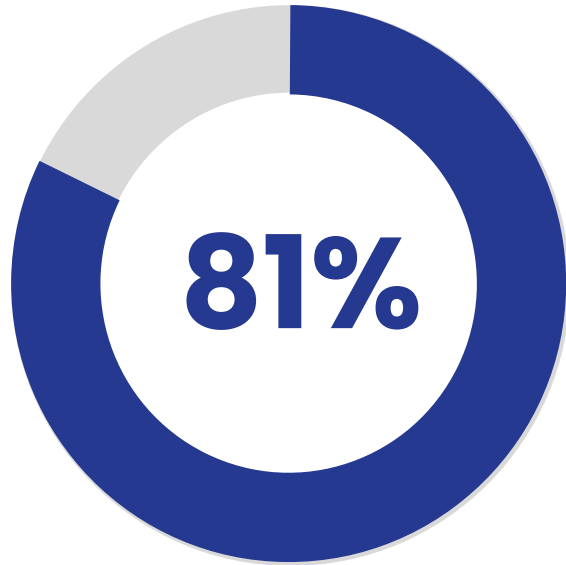


**Carrier, employer,
broker & platform all
optimize for own KPIs**

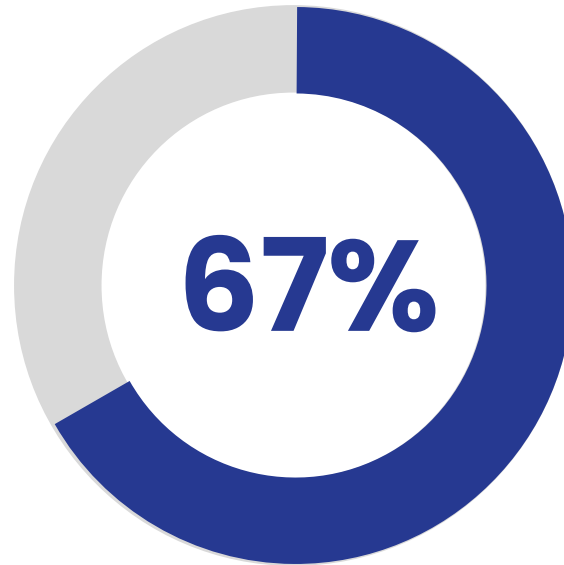
“Bad Blood”

What are people saying?

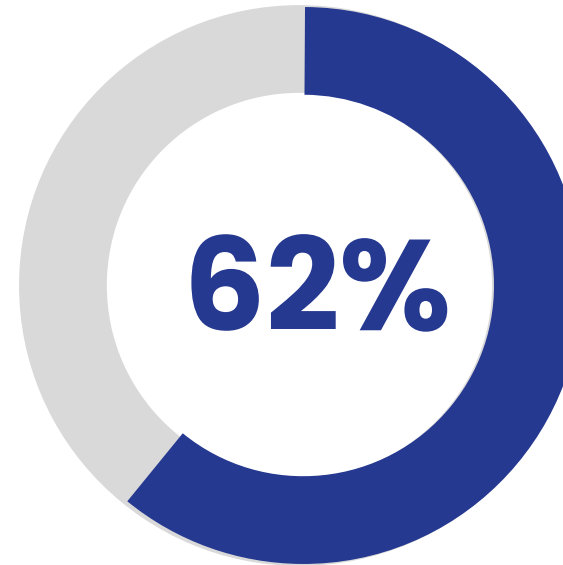
Harris Poll, March 2023



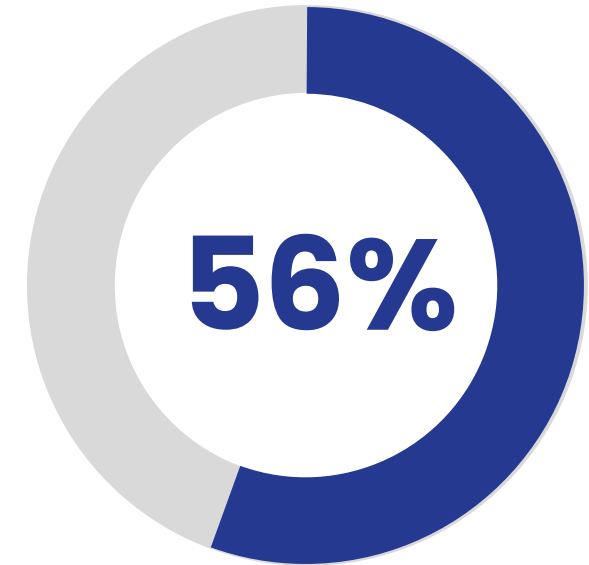
Shopping for healthcare services should be as easy as for other services



Every step of healthcare process is a chore



Healthcare experience feels as though intentionally set up to be confusing




Know people who will do anything to avoid seeking care because experience is so poor



“Try to get some rest. I’ll be in every few minutes to make sure you don’t.”



A person in a white lab coat is shown in profile, talking on a mobile phone. In the background, a computer monitor displays a video call with a doctor. The scene is set in an office or clinical environment.

**Find convenient ways for
consumers to connect with
healthcare community**

**Be Amazon, Target, Walmart
Don't Be Macys, Sears,
JCPenney**



Colonoscopy Procedure

by Dr. Emil Fissure



53 ratings | 27 answered questions

Amazon's Choice for Colonoscopy

Share

1 Used from \$61.31

Select delivery location

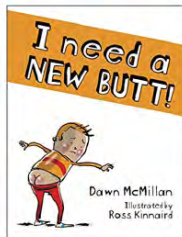
See All Buying Options

Add to List

Have one to sell?

Call on Amazon

Customers who viewed this item also viewed



I Need A New Butt
> Dawn McMillan
★★★★☆ 216
\$12.59 ✓prime



I Hate Doctors
> Susan Murphy
★★★★☆ 669
\$11.91 ✓prime



Puffs Plus Lotion Facial
Tissues, 10 Cubes, 52
Tissues per Cube



Febreze AIR Freshener
Heavy Duty Crisp Clean,
8.8 Oz, Pack of 3



The Everything Easy
Large-Print Crosswords
Book, Volume V: 150...

Inspire loyalty

- Learn from success of other industries
- Demonstrate value for money
- Give consumers a single point of contact
- Create a seamless experience across continuum



**Engage patients
as active
members of
healthcare team**



**From catastrophe
prevention to thriving
at any stage**

“Long Live”

A person in a white lab coat is holding a smartphone. Another person's hand is visible in the foreground, also holding a smartphone. The background is a blurred office or clinical setting. The entire image has a blue tint.

**The “consumer
movement” in
healthcare?**

**It’s already in your
employees’ pockets**



**Spotify knows their
taste after three songs**



**CONSUMER
EXPECTATIONS**

**BENEFITS
EXPERIENCE**



THE
EMPLOYEE
IS THE
CUSTOMER



**No more
“one size
fits all”**



A SHIFTING LANDSCAPE

- Aging population
- Rising healthcare costs
- Shifting employee expectations
- Advances in digital/AI benefits delivery
- Focus on personalized, holistic, flexible benefits
- Emphasis on physical, mental, financial well-being



“We are Never Getting Back Together”

- One-size-fits-all benefits plans
- Paper enrollment forms and 47-page EOBs
- 17-minute open enrollment as only touchpoint
- Treating mental health as EAP afterthought
- Benefits designed around carrier, not employee
- “Consumer-directed” plans where consumer has no idea what's directed at them
- Leaving older workers to muddle their way to retirement

“Shake It Off”

- “Employees don't care about their benefits” (they care — they just gave up trying to understand them)
- The idea that personalization is too expensive to scale
- Benefits as cost line instead of retention strategy
- “We can't change that — it's too complicated” (you did complicated in your pajamas during COVID)
- The 45-minute phone call to an 800 number just to find out what's covered
- The idea that AI will replace benefits professionals (haters gonna hate — it'll replace the paperwork, not the people)
- Pretending five generations in the workforce can thrive on the same plan



ACT II:

We change the industry.

System-wide disruption

We alter the benefits ecosystem. Carriers, employers, brokers and platforms stop optimizing AROUND the employee and start optimizing FOR them. Radical collaboration replaces bad blood.

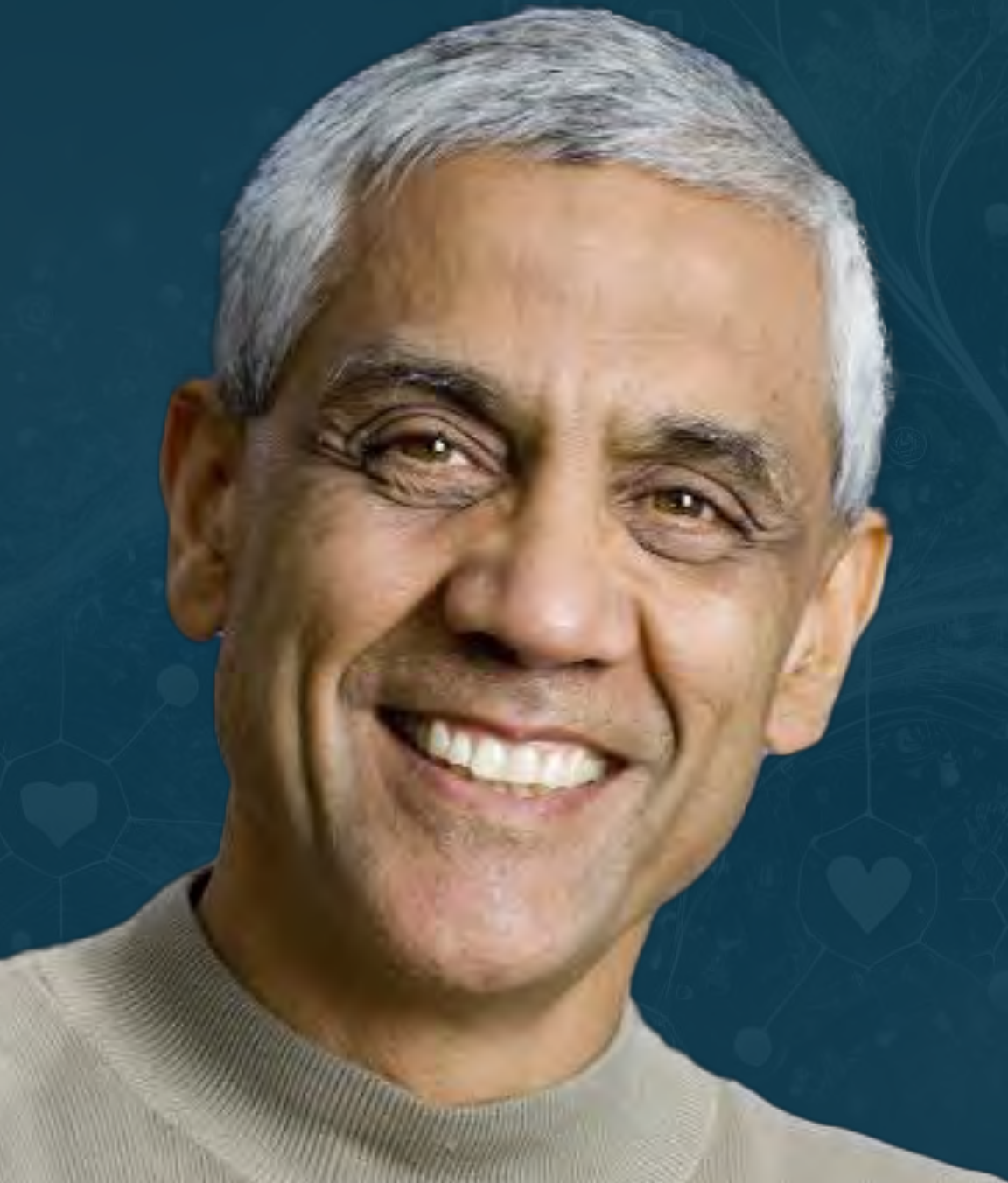
Is there
an AI Doc
in the
house?



"You can't list your iPhone as your primary-care physician."



Healthcare and
caring must
CONVERGE
with technology

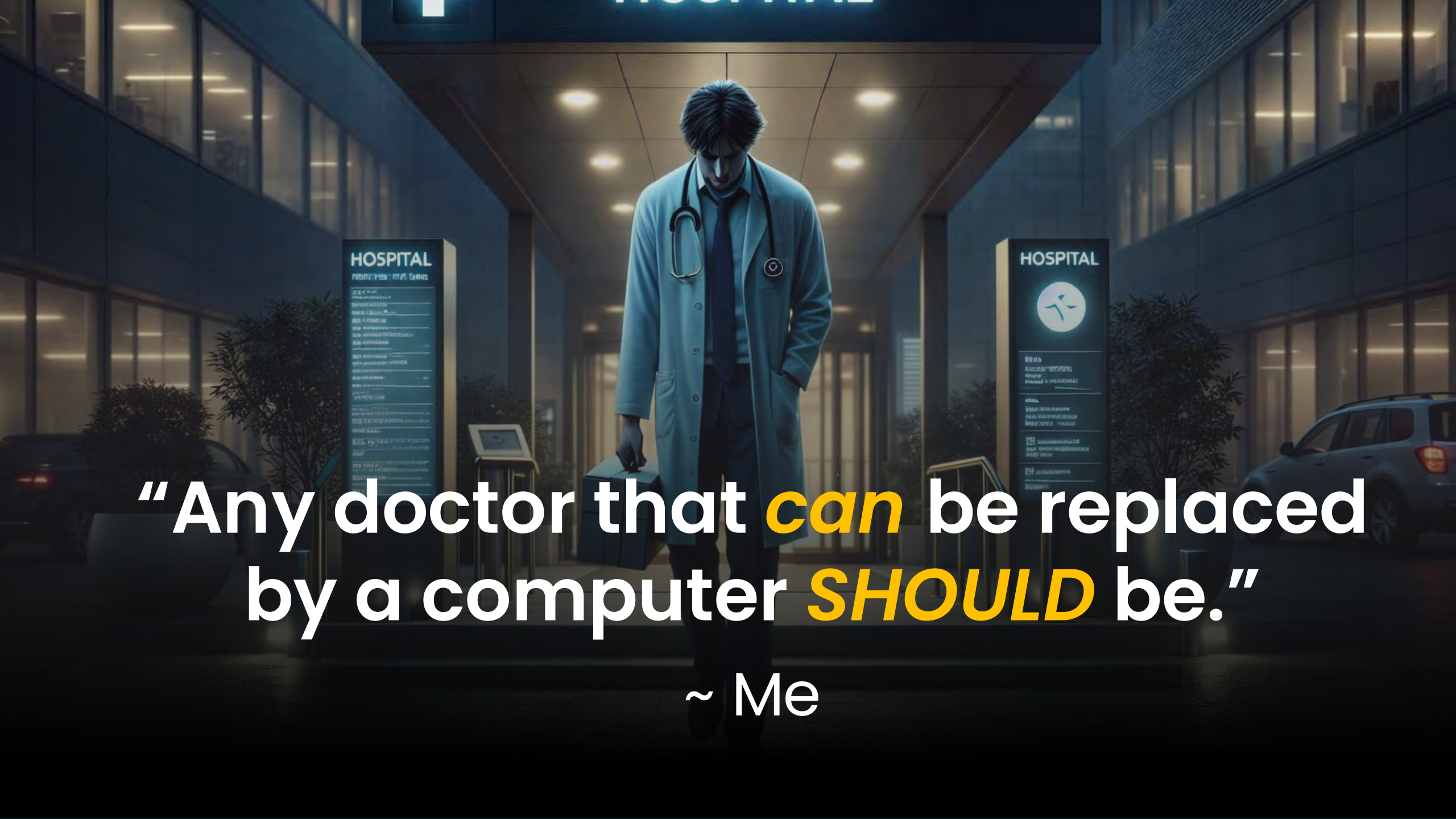


“Technology
will replace

80%

of what
doctors do.”

~ Vinod Khosla



“Any doctor that **can** be replaced
by a computer **SHOULD** be.”

~ Me

Start from the beginning...

Doctors in 2026 still chosen based on:

- **Science GPA**
- **MCATs**
- **Organic Chemistry Performance**

And somehow we're amazed...

Doctors in 2026 aren't more:

- **Empathetic**
- **Communicative**
- **Creative**

Humanics

**AI won't steal your job, but
someone who works with AI will!**

Technological literacy

**Basic education in
function of fourth
industrial
revolution
technologies**

Data literacy

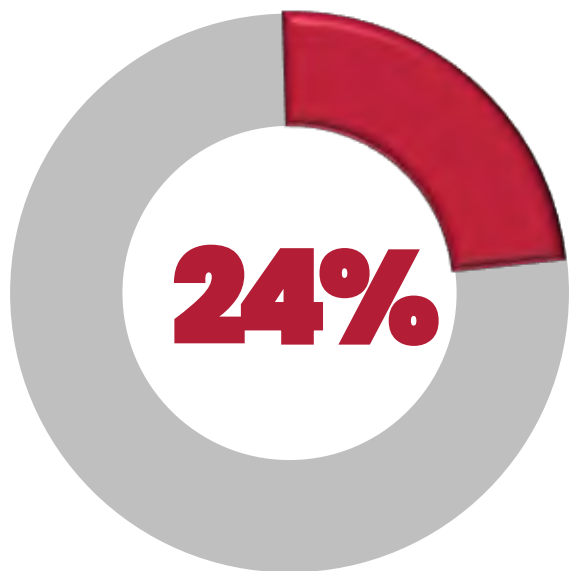
**How to understand
and interpret data
emanating from
these technologies**

Human literacy

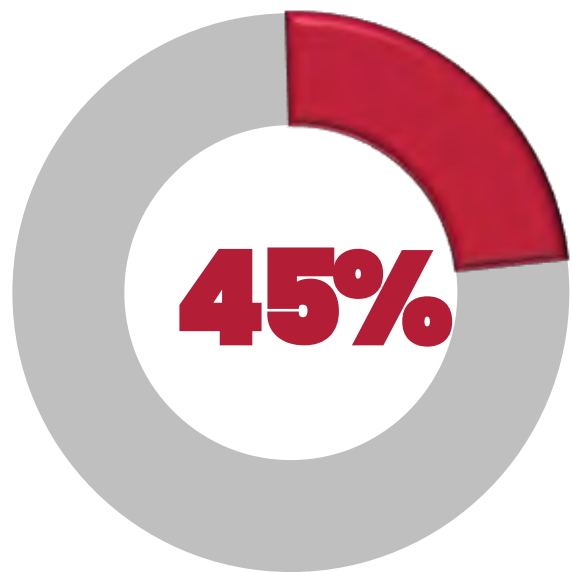
**Development of
uniquely human
attributes that
continue to
differentiate us
from advanced
machines**

“In an era of technology,
THE HUMAN TOUCH
is the most powerful
diagnostic tool we have.”

~ Abraham Verghese



Less than a quarter of frontline clinicians trust leadership to do what's right for **workers.**



Fewer than half trust leadership to do what's right for **patients.**

If that's true inside health systems, what do you think it looks like from the **BENEFITS** side?

BENEFITS AT ANY ADDRESS



BENEFITS AT ANY ADDRESS

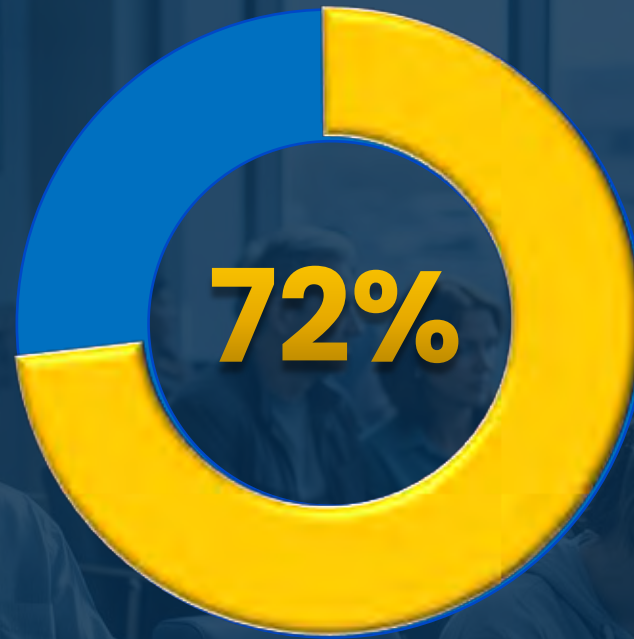
The parts of healthcare that break people—financial catastrophe, caregiving, mental health—don't happen at the office

Benefits need to meet employees where they actually live their lives

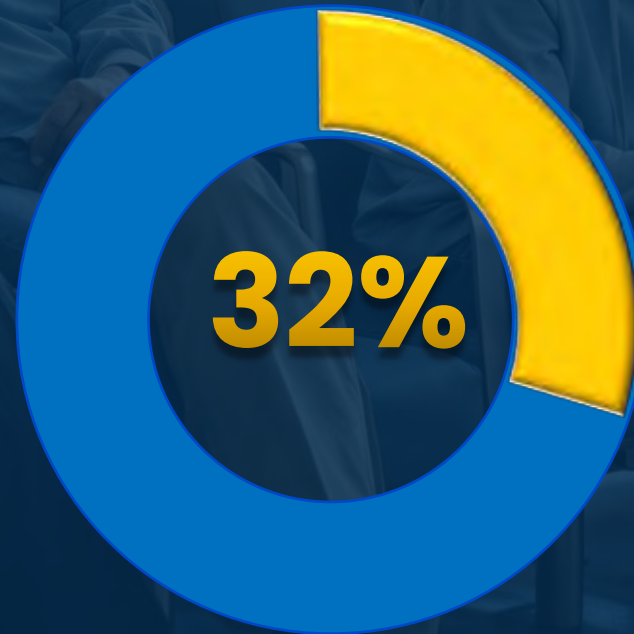
This is health **ASSURANCE**—not waiting for the claim, but preventing the crisis

BRIDGING BOOMERS & ZOOMERS

Five generations
share the waiting
room...only one is
comfortable waiting



of Gen Z
trusts AI for
diagnosis



of
Boomers
trust AI for
diagnosis

BENEFITS TAILORED TO EMPLOYEE

LIFE STAGE

**FAMILY
STRUCTURE**

**FINANCIAL
REALITIES**



MODULAR & FLEXIBLE

Pet
Insurance

Elder Care

Fertility

Childcare/
Parenting
Support

Lifestyle
Accounts

Caregiving
Leave

Weight
Mgmt

Financial
Coaching



COST IS ALWAYS A FACTOR

- Smarter plan design
- Preventive care incentives
- Prescription drug management
- Level-funded and self-funded models
- High-performance networks
- Reference-based pricing
- Vendor consolidation
- Care navigation/advocacy

I thought our new benefits package was a **home run**.

My frontline workers told me it was a **disaster**.

The C-suite was **celebrating**.

The people actually using the benefits were **furious**.



HOT DOGS		SAUSAGES		DRINKS		SNACKS	
Hot Dog	1.80	Spicy Sausage	1.80	Soda	1.50	Chips	1.50
Veggie Dog	1.90	Polish Sausage	1.80	Bottled	1.80	Proteins	1.80
Cheese Dog	1.90	Italian Sausage	1.80	Sports Drink	1.80	Salads	1.80
Chili Dog	1.95	Wurst	1.80	Apple Juice	1.80	Trail Mix	1.80

THE
HOT DOG
STAND

“I was the CEO. I thought our benefits were great. My frontline workers told me otherwise.”

Gap between what executives design and what employees experience

CEO engagement with employees is most underrated benefits strategy

Human factor in benefits administration amid technological change

“Everything I needed to know about our benefits I learned at the hot dog stand.”



Carriers see claims data.

Employers see cost data.

Brokers see renewal data.

Benefits tech platforms see click data.

A close-up photograph of several hot dogs in buns on a dark wooden surface. In the foreground, there are condiment bottles: a yellow mustard bottle on the left and a red ketchup bottle on the right. The hot dogs are topped with various ingredients like onions, cheese, and pickles. A semi-transparent white box with a black border is overlaid on the center of the image, containing the text.

**LOOK for the
HOT DOG
data.**



The best
benefits aren't
ADMINISTERED.

They're
FELT.

What Stevie K.
the DJ taught
Stephen K.
Klasko, MD, MBA
the CEO



The

PLAYLIST



A person wearing blue medical scrubs is shown from the chest up. They are holding a glowing heart-shaped string of lights in their gloved hands. The background is a soft, out-of-focus blue.

Organizations with a chief well-being officer see lower clinician burnout.

But only 28% of organizations have one.

The benefits equivalent: **who in your organization owns the employee experience of benefits end-to-end?**

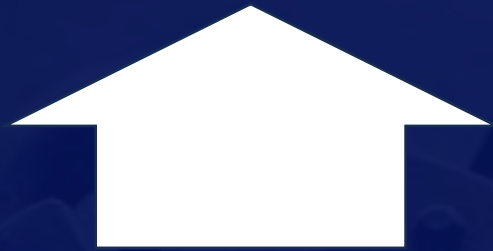
17:00

The time an employee spends electing benefits they live with for an entire year

People spend longer picking a pizza topping than choosing their family's health plan



Workers at high-trust companies report:



50%

higher
productivity



76%

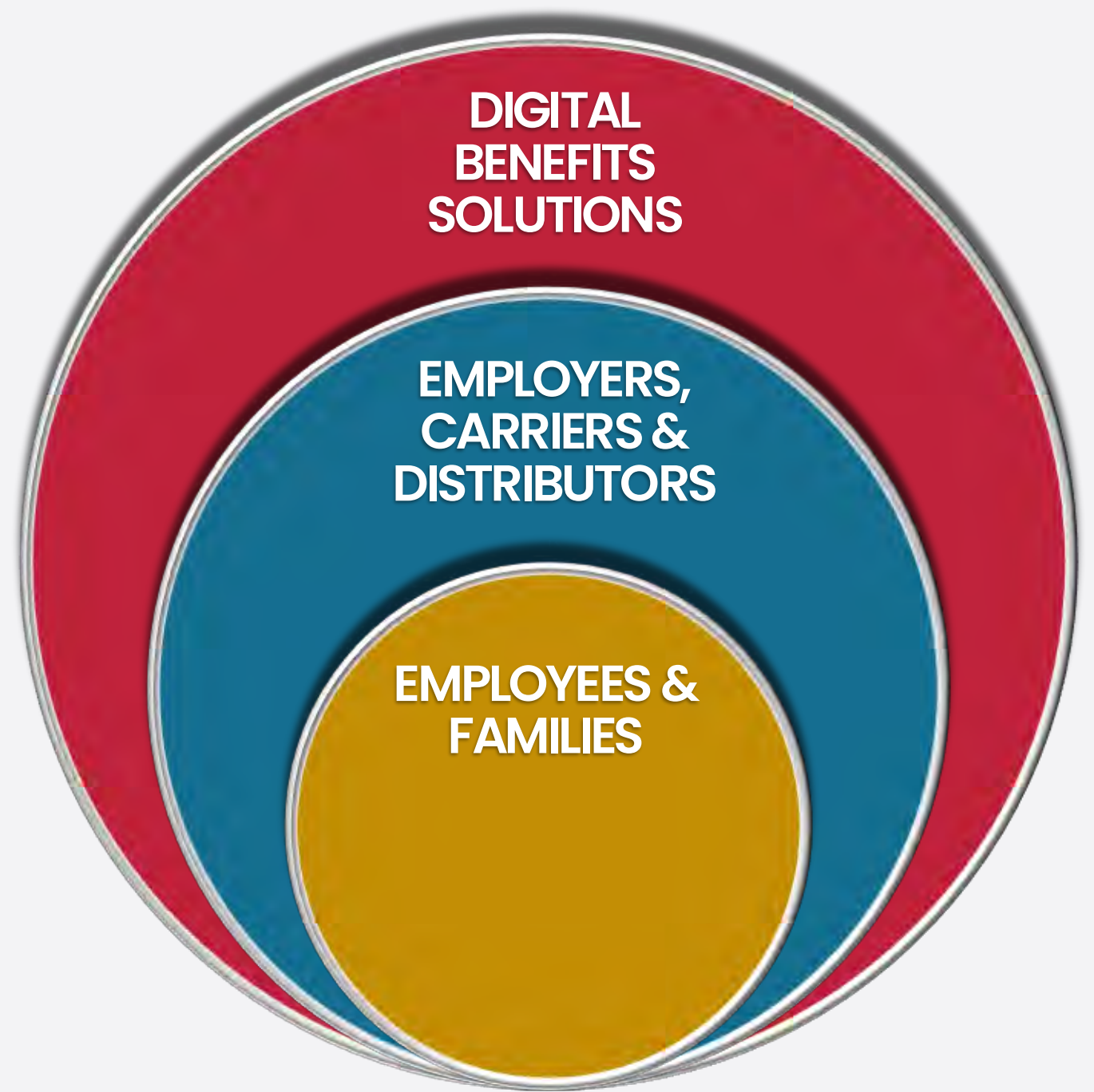
more
engagement



40%

less
burnout

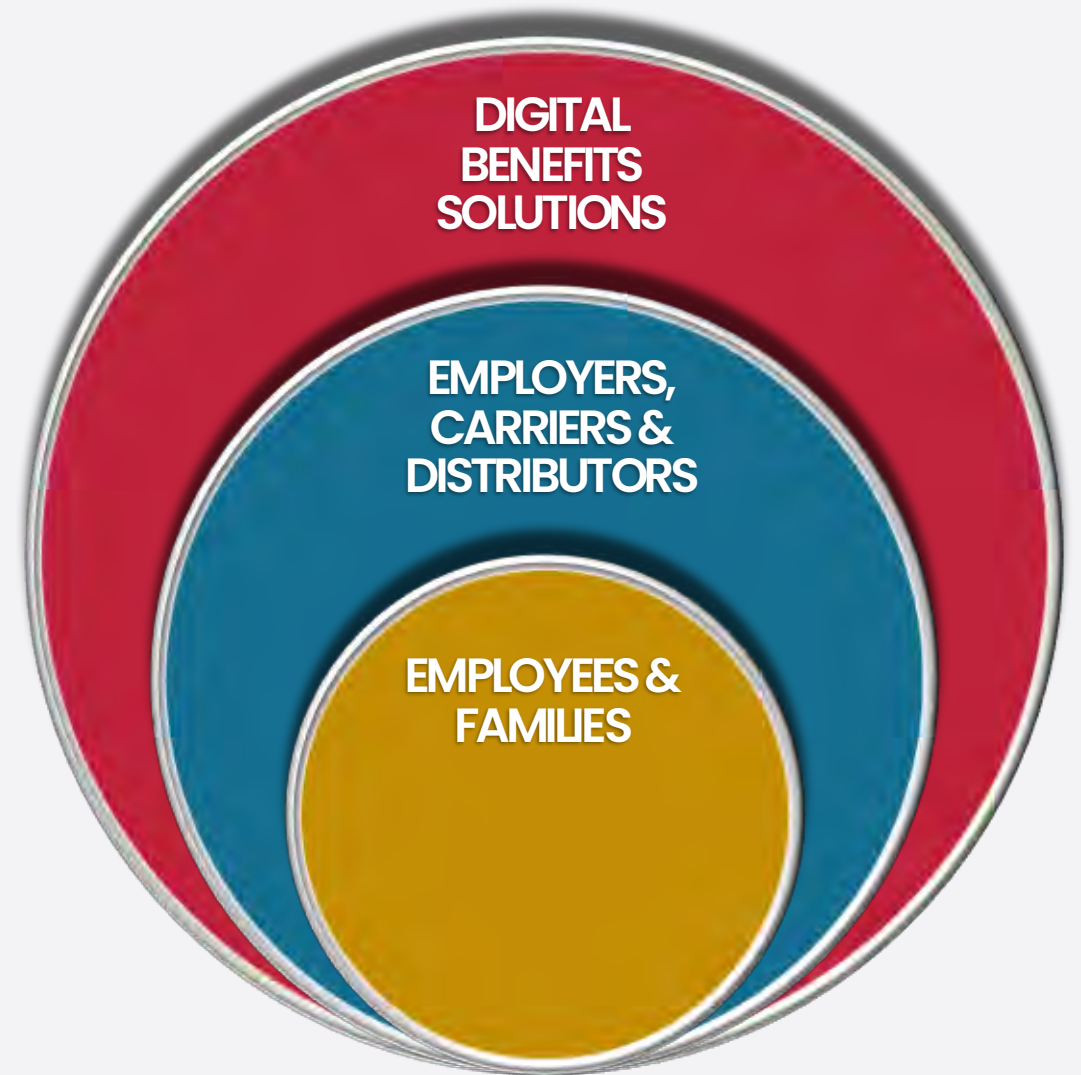
Win Win Win



LIMRA

Protection, not paperwork

Biggest value in workplace benefits is protecting employees from healthcare financial catastrophe and covering gaps that "break people"

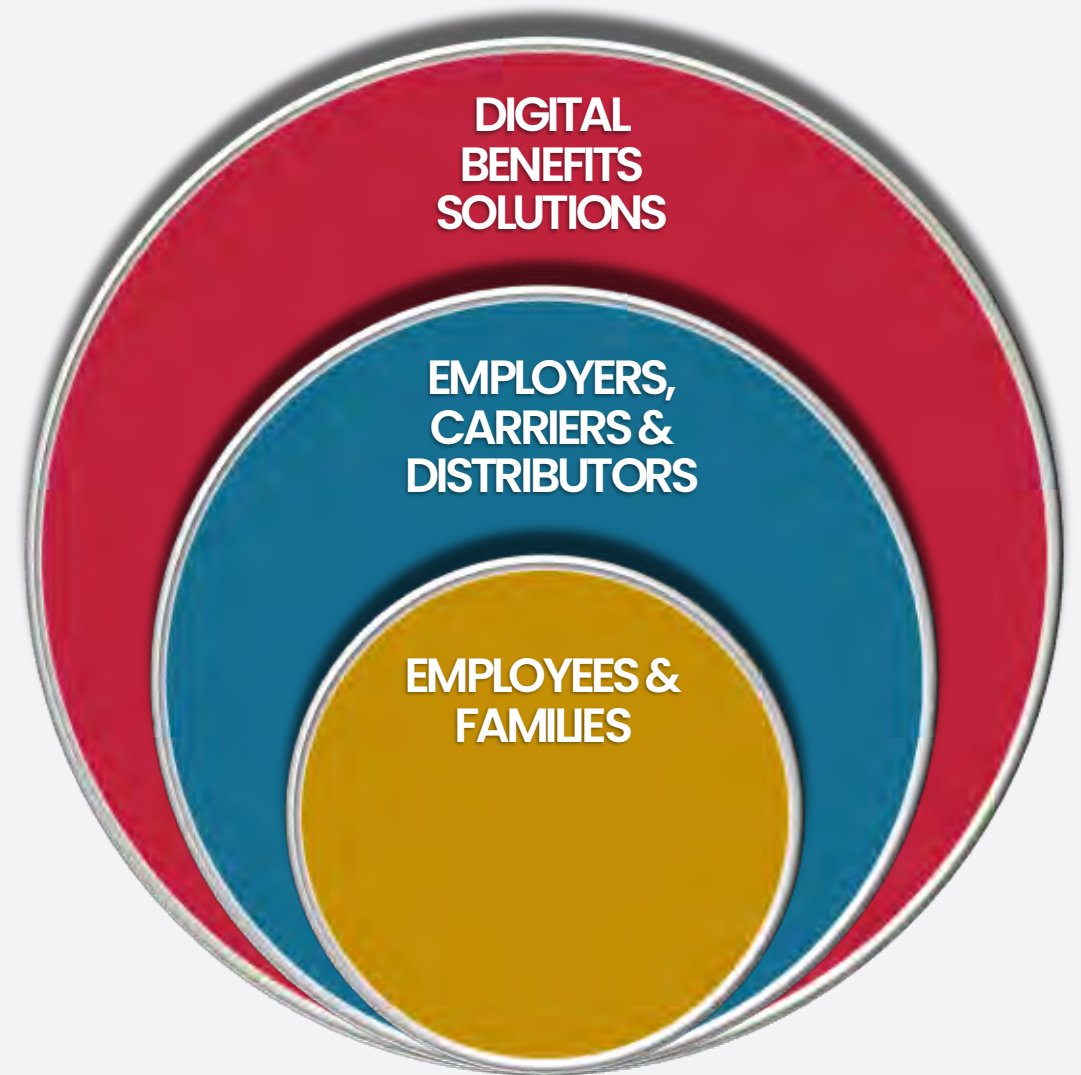


LIMRA

Protection, not paperwork

Employees spend about 17 minutes electing benefits and then live with those choices for a year

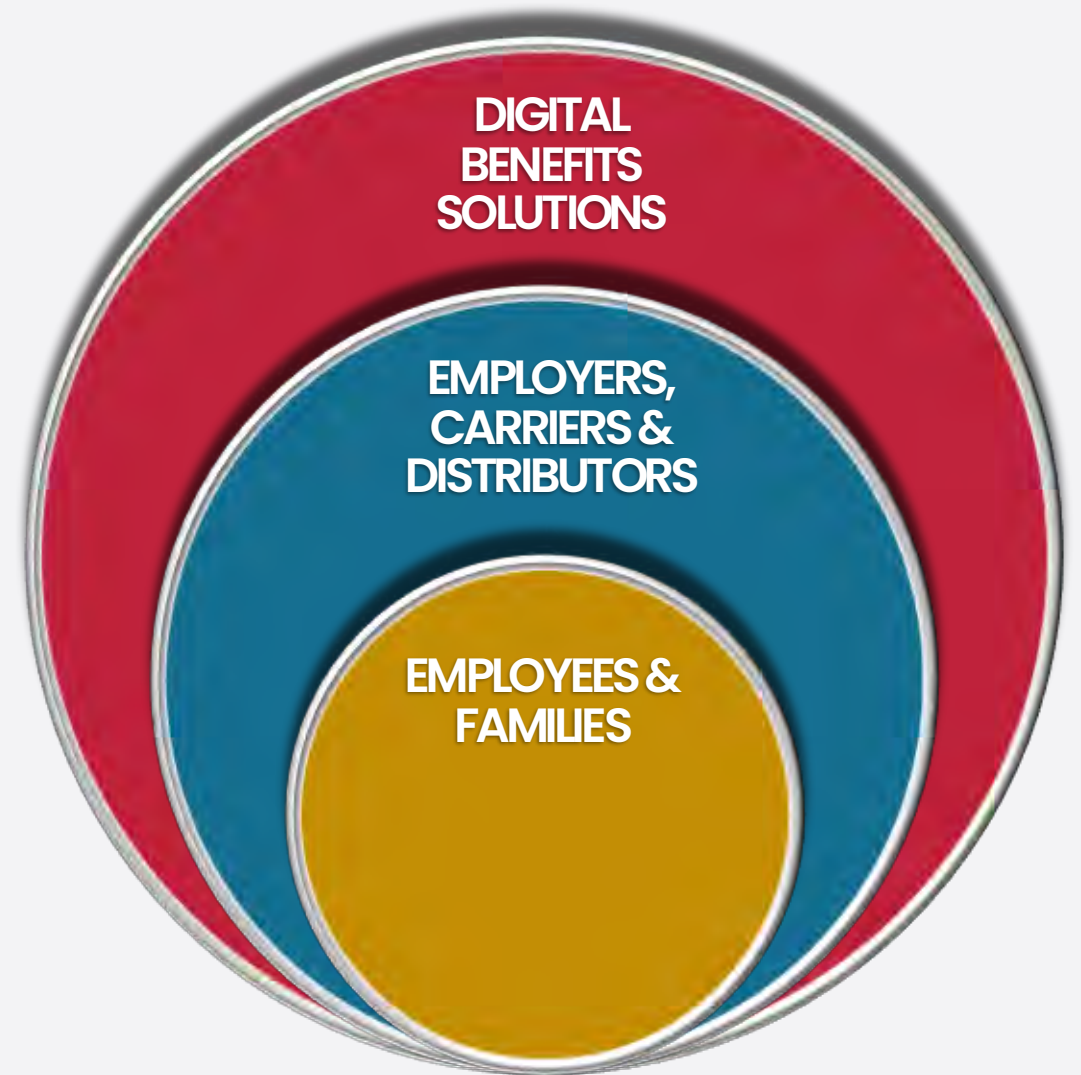
AI guidance and year-round communication must make benefits understandable, personal, usable



LIMRA

Protection, not paperwork

Whole-person benefits now extend beyond medical plan: mental health, financial wellness, caregiving, and support that fits life stage, family structure and financial reality



ACT III:

We change the world.

Global health transformation

We change the definition of “benefits.”
From catastrophe prevention to health
ASSURANCE, from sick care to thriving.
Benefits at any address, at any stage, for
any era. The person in the middle finally
becomes the person at the center.

A 3D rendering of a blue domino chain. The dominoes are arranged in a line, with one domino lying flat on the surface in the foreground. The text "Embrace DISRUPTORS" is overlaid on the dominoes. "Embrace" is in a smaller, lowercase font, and "DISRUPTORS" is in a larger, uppercase font. Both are in a metallic, silver color with a slight shadow effect.

Embrace
DISRUPTORS

The

PREWIRING



Era

**The biggest
workplace
benefit of 2035
wasn't
medical.**

**It was
REWIRING.**

- **Re-WIRING, not retiring:**
new pathways for those in
60s and 70s who want to
stay productive
- **Benefits less about
protecting from
catastrophe and more
about helping people
thrive across every era**

THE BENEFITS E-R-A-S TOUR

Fertility Era Sandwich Generation Era

GLP-1 Era

Rewiring-at-63 Era



ERAS

E-R-R-A-S

Empathy

See employees as people, not policy numbers. A 28-year-old with a new baby has different needs from a 58-year-old with aging parents.

E-R-A-S

Radical Collaboration

Carriers, employers, brokers and platforms working together instead of throwing paperwork at each other.

E-R-A-S

AI & Access

Ambient intelligence that helps employees understand what they're enrolling in—available anytime, anywhere, in language they speak.

E-R-A-S

Swift

Make benefits tailored, and make them SWIFT. (Not the president's last name—the operating principle.)



MONDAY
MORNING

A FRAMEWORK

...not an action list



What you do
MONDAY MORNING



1



**ASK YOUR FRONTLINE
EMPLOYEES WHAT THEY
THINK OF YOUR BENEFITS**

Not a survey—a conversation



MON



2

MAP YOUR EMPLOYEES' BENEFITS JOURNEY LIKE A CONSUMER JOURNEY

Blank spaces? Where does the experience break? Where does the person in the middle get lost?



MON



3



**PICK ONE ERA OF THE
EMPLOYEE LIFE CYCLE AND
REDESIGN BENEFITS FOR IT**

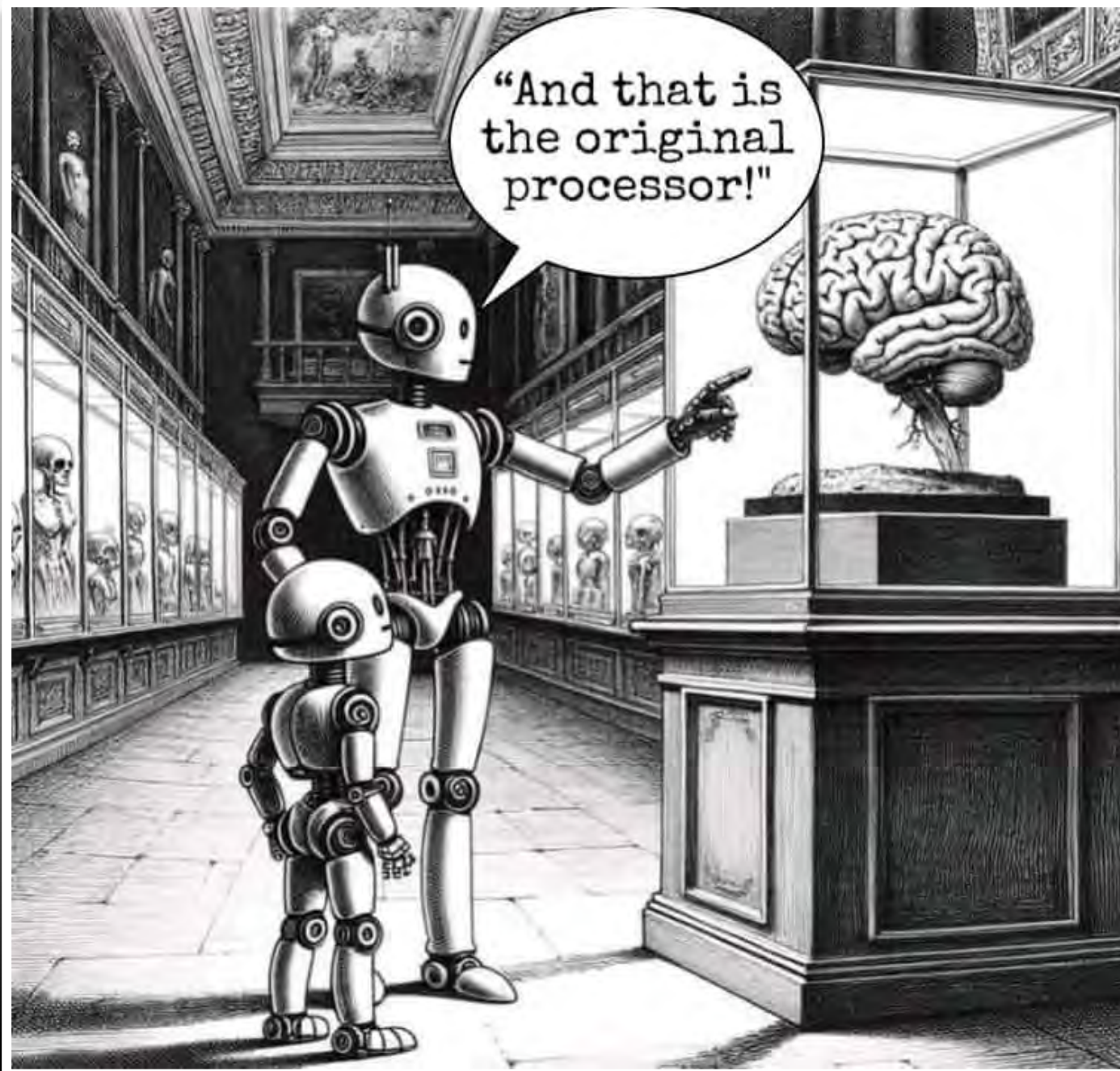
*Pick one era (Fertility, Sandwich
Generation, Rewiring) and build
one personalized, empathetic
experience*

MON

A

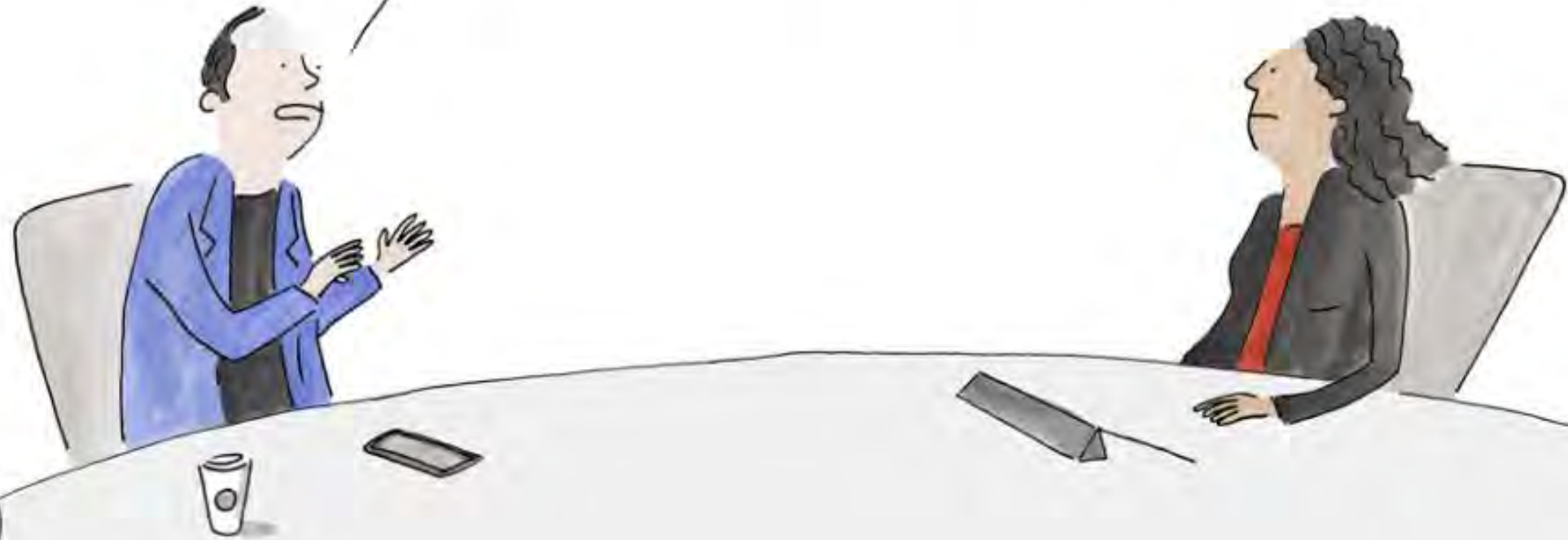


THE GOOD, THE BAD & THE UGLY



"And that is
the original
processor!"

CONSUMERS WANT COMMUNICATION
THAT IS **HUMAN, EMPATHETIC, AND REAL.**
SO HOPEFULLY OUR AI CAN LEARN TO
GENERATE CONTENT LIKE THAT FOR THEM.



TOM
FISH
ARTS





AI

PLAYS ROLE IN

PATIENT SAFETY

INFRASTRUCTURE

INFINITE ABUNDANCE



Heat Wave Outreach

- A payor identified and asked us to **call 16,000 vulnerable New York members** during a historic heatwave only during the hottest 4 hours on the hottest days
- We provided safety tips, directions to nearby cooling centers, connections to care management and community resources
- **10% of members requested help**
- Staffing 4,000 humans would be impossible and cost-prohibitive - **\$1.6M - \$2.8M/day vs AI at \$15,000**



Lung Cancer Screening

- For a leading AMC we called patients with open orders for CT scans to screen for lung cancer
- They didn't have staff to support their annual volume goals
- We **called 1,705 patients** over 3 days and **scheduled 249 CT scans**
- At a cost of \$2,000 of AI time there was a **775x-1,424x ROI** in CT scans, biopsies, earlier detection and therapy
- More importantly statistics suggest **1-2 lives were saved**



Trust & Education

Technology & Health Equity

//

**We're going
to turn this
team around**



~ Jason Kidd
*after his team went
34-52 in 1995*

A silhouette of a person standing on a rocky outcrop, with their right arm raised in a fist. The background is a light gray gradient.

Do **OR** **Do not**

There is no

TRY

HOUR MIN
01:21

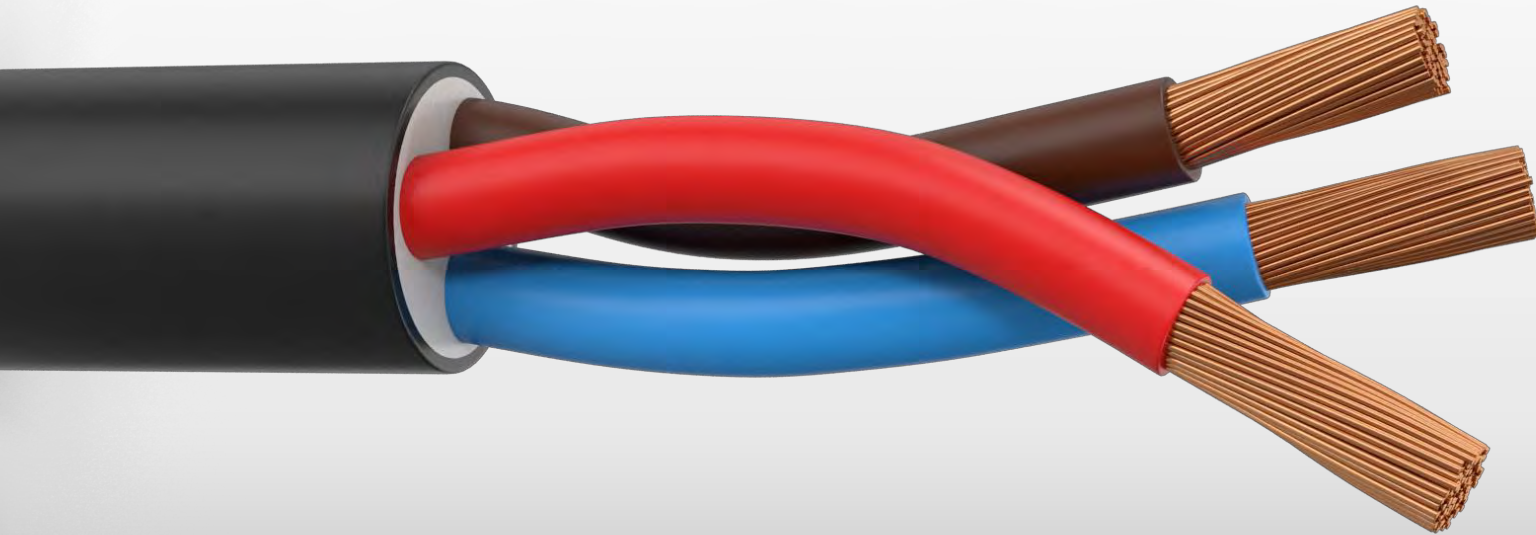
HOUR MIN
01:22



Time Monitor

REWIRING:

Why Workplace Benefits are Healthcare's New Front Door



Stephen K. Klasko, MD, MBA

Executive in Residence, General Catalyst
North American Ambassador, VP for Global Innovation, Sheba Medical Center/ARC
Presidential Trustee: National Board of Education
Former President & CEO, Thomas Jefferson University and Jefferson Health