PREPARED FOR EPIC + VANIR

preventive health that compounds.

Comprehensive biomarker testing, personalized guidance, and privacy-safe evidence — designed for a distributed workforce.

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DESIGN A PILOT

A practical path from preventive testing to *measurable workforce value*.

223	Mixed	California
employees eligible for medical coverage	Aetna self-funded + Kaiser fully insured	primary employee footprint

Benefits see cost late — and health opportunity *too shallowly*.

Claims explain what already happened. Generic wellness tracks activity. Standard screenings often stop before employees understand what to do next.

1

benefit employees can personally use — not another portal to ignore.

30+

participants before privacy-safe aggregate views become available.

2 cycles

baseline + retest create an honest before/after evidence path.

EPIC already asks the right question: how does a benefit move from *engagement to outcomes*?

EPIC'S 2026 VIEW

7.5–9.5%

projected health plan trend

2

funding lanes inside Vanir

VANIR'S OPENING

Aetna — self-funded · outcomes + cost-learning lane

Kaiser — fully insured · engagement + differentiation lane

One pilot can create a shared employee experience while keeping the measurement strategy specific to each funding model.

Sources: EPIC 2026 Employee Benefits Market Insights · Rori Russo / Vanir briefing, Jul 22, 2026

PocketMD turns a lab result into a living care loop:

understand, act, follow up, retest, and prove what changed.

Evidence-backed • Privacy & Consent • Audit Trail • Human Review • Clinician Escalation

Built on HPO, SNOMED, UMLS, and leading clinical knowledge from Cleveland Clinic and Mayo Clinic datasets.

Employees get a *private health experience*. Leadership gets a clearer program signal.

Discover

140 biomarkers with optimal-range context

Understand

personal report + action plan

Act

daily guidance and follow-up

Measure

participation now; movement after retest

The employer never receives individual results. Aggregate views begin only when consent, timing, and cohort-size rules are satisfied.

A health guide that remembers the context — and turns results into next steps.

PERSONAL BY DESIGN

“What should I focus on first?”

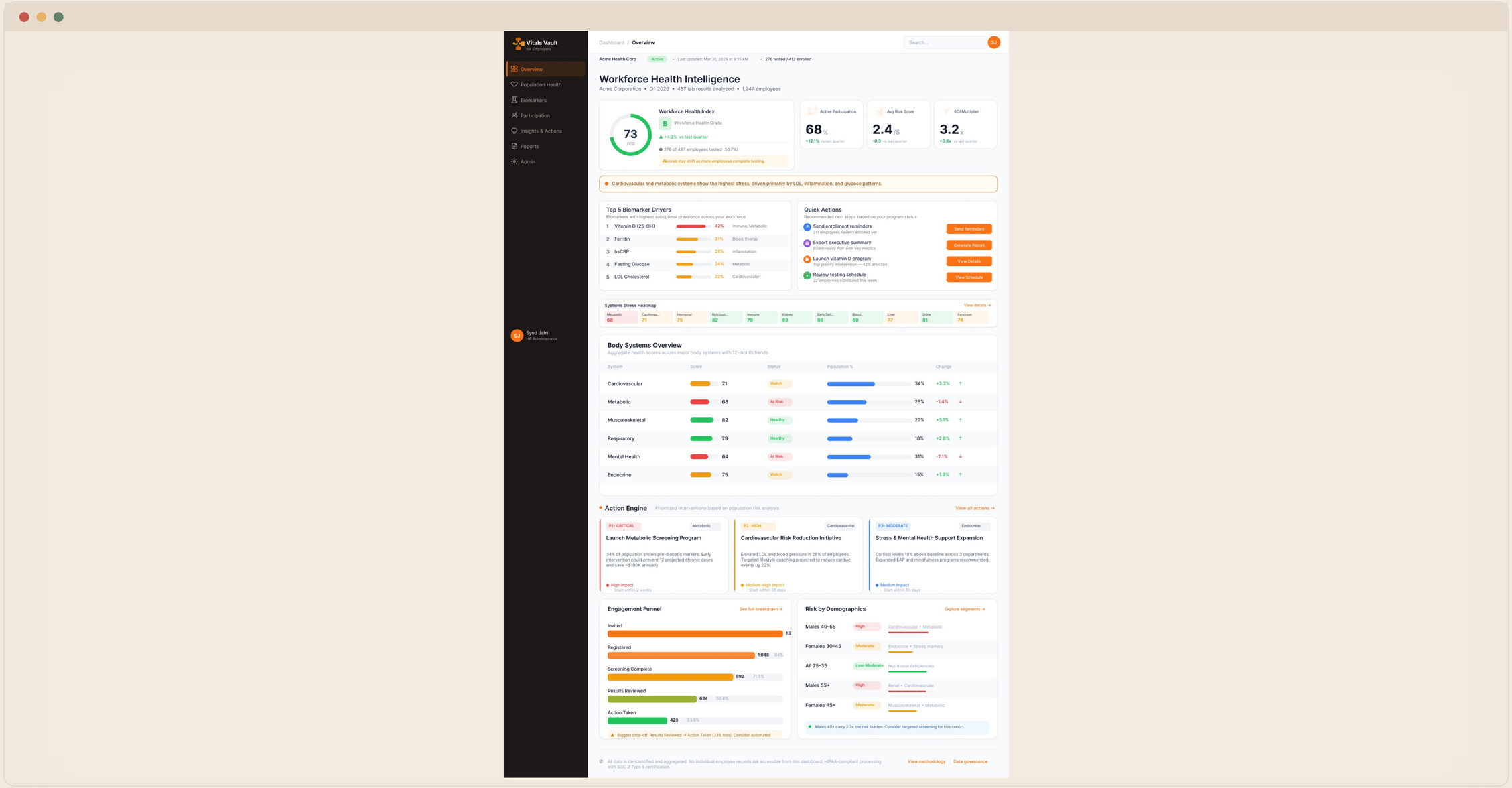
“Start with the three highest-impact signals in your report. Here’s a plan for this week.”

It brings an employee's labs, history, goals, and prior actions into one continuous experience — then carries the plan into follow-up and retesting.

Employee-owned results. Sharing is the employee's choice.

The employer view begins only after *privacy rules* are satisfied.

Concept view: aggregate participation, health-system patterns, and opportunities — never individual results.



07 · MEASUREMENT

ROI is an *evidence stack* — not a savings claim.

	EVIDENCE LAYER	WHAT VANIR CAN SAY
Operational	Enrollment, testing, result engagement	“The program reached X employees.”
Clinical signal	Aggregate modifiable opportunities	“Testing revealed priority patterns.”
Action	Programs chosen and launched	“Vanir acted on the leading signals.”
Outcome	Movement among retested participants	“Aggregate measures changed from X to Y.”

Financial ROI appears only when claims, absence, or HRIS inputs and agreed attribution rules support it.

Start with a *60-seat*, company-paid design pilot across both plan types.

223

eligible employees across the organization

→

60

pilot seats across Aetna + Kaiser

→

>70%

testing-completion design target

→

30+

minimum for aggregate reporting

At 60 seats, the pilot can absorb normal drop-off and still target privacy-safe reporting.

Design target, not forecast · Final cohort mix depends on Aetna/Kaiser populations, eligibility, and participation.

09 · COMMERCIAL PATHS

Three ways to start — *one recommended*.

RECOMMENDED

60-seat pilot

$11,940

140 biomarkers · one baseline cycle

NEXT

Company-wide

$44,377

223 employees · 140 biomarkers

FLEXIBLE

Blended contribution

Custom

sponsor one lane · subsidize or voluntary in the other

Illustrative before implementation and optional retesting. Advanced pairs $199 with 140 biomarkers. Formal quote follows scope.

A launch plan *built for action* — not a long integration.

60-SEAT DESIGN PILOT

- → Week 0–1: success measures, cohort, privacy, and agreements.
- → Week 1–2: roster, communications, and enrollment.
- → Week 2–6: scheduling and lab visits.
- → Week 4–8: results, reports, and employee guidance.
- → 60–90 days after action: aggregate review; six-month retest optional.

Illustrative timeline · dependent on roster readiness, agreements, lab availability, and employee participation.

The member experience is live. Employer intelligence is the next disciplined layer.

2,100+
paying customers

2,400+
paid orders processed

Live
lab ordering, results, personal reports

Validation
patient-authorized data portability

What exists today is the hardest part: a benefit employees can actually use. Employer measurement is being built with the same discipline.

Company-reported consumer metrics through Jun 28, 2026 · Employer analytics remains concept-stage.

Give employees answers they can use — and leadership *evidence it can trust*.

Let's design Vanir's 60-seat pilot.

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ALIGN ON PILOT

APPENDIX · A1

Five privacy promises.

1 Individual biomarker values, health profiles, reports, and action plans remain visible only to the employee.

2 Employer-facing experiences read only from a privacy-safe aggregate layer — never individual health tables.

3 **A 30-person minimum applies to each displayed metric or cohort; smaller groups are suppressed.**

4 A 48-hour delay reduces the chance that appointment timing can be correlated with dashboard changes.

5 Employers see aggregate engagement rates — never who viewed results, opted out, or belongs to a risk tier.

APPENDIX · A2

What is live — and what Vanir can help design.

“Is the employee experience live?”

Yes. Ordering, scheduling, results, personal reports, action plans, and longitudinal tracking exist today.

“Can Vanir see individual results?”

No. Sponsorship never creates access to an employee's biomarker values, profile, or recommendations.

“Is data portability production-ready?”

The read-only FHIR architecture exists, but partner production launch remains gated by consent, security, and validation work.

“Is the employer dashboard live?”

Not yet. The screenshots are concept product; Vanir would be an early design partner for the reporting layer.

“Can we claim savings after one cycle?”

No. We report adoption and clinical signals first; observed movement requires retesting; financial proof requires external data.

“What would Vanir help define?”

The KPI set, communications, cohort design, reporting cadence, intervention choices, and renewal evidence that matter most.