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ACCOUNT TEARDOWN

I researched a Fortune 500 grocer's benefits program.

117,000 participants. 20+ vendors. 5 years of filing history. One AI-powered conversation.

117K	100/100	20+
participants	fragility score	vendors mapped

Company name removed to protect the employer. The data is real.

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STEP 01

Five years of filings tell a story most people misread.

At first glance, this account shows broker changes every single year. Four different names over five filings. That looks like instability.

2020	116,699 participants	Mercer Health and Benefits LLC
2021	109,864 participants	Mercer Health and Benefits LLC Broker change flagged
2022	125,303 participants	Mercer Health Benefits Dal Broker change flagged
2023	122,881 participants	Mercer Health Benefits Dal Broker change flagged
2024	117,275 participants	Custom Benefit Programs Inc Actual new broker

THE REAL STORY

Three of those four "changes" are Mercer entity naming variations — not real broker churn. Without domain knowledge, you'd misread continuity as instability. The only real shift: a new advisor entering in 2024.

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STEP 02

Filings show who. Plan documents show how.

A web search surfaced their publicly posted enrollment guide. Combined with filing data, a complete picture emerges.

Medical architecture

Three-tier structure — two national plans plus a market-specific plan using a completely separate carrier/TPA stack.

The advisory shift

The new advisor already had a foot in the door through voluntary benefits. Classic wedge strategy — ancillary access first, then advisory.

Vendor density

20+ distinct vendors across medical, dental, vision, pharmacy, benefits admin, virtual care, MSK, EAP, and voluntary lines.

Workforce investment

Tenured employees with 40K+ service hours pay $0 for coverage. Benefits as a retention strategy, not a cost center.

Fragility: 100 / 100

Maximum instability. New advisor entering, multi-broker complexity, entity naming inconsistencies. For a vendor or competing broker — this is the signal.

STEP 03

Intelligence without action is just research.

For a hypothetical health navigation vendor approaching this account, every data point maps to a specific strategic decision.

The hook

They just added a third medical plan option in 2024. Employees in 13 markets have to choose between three tiers with different networks, different TPAs, and different funding accounts. That complexity is the opening.

01

The channel

The new advisory firm already touches voluntary benefits. They're building credibility and would be receptive to bringing in solutions that make them look good. Go through them, not around them.

02

The ask

Don't lead with a product demo. Lead with a claims analysis offer — low commitment for the employer, high value as proof. The advisory transition means nobody has done this analysis for the new team yet.

03

The white space

No chronic condition management. No fertility benefits. No diabetes program. For a 117K-participant grocery workforce, cardiometabolic conditions represent a massive cost—and nobody is addressing it.

04

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THE TAKEAWAY

This took one conversation.

Not a research team. Not two days of pulling filings. Not a database export and a spreadsheet.

One conversation with an AI system trained on five years of filing data, plan construction expertise, and benefits industry context.

From a single query, this session produced:

- Entity resolution across 5 years of naming variations
- Broker relationship mapping with concurrent advisors
- Distinction between real changes and filing artifacts
- Fragility scoring quantifying account instability
- Full plan architecture from public enrollment documents
- Complete vendor stack across 20+ providers
- Specific go-to-market strategy for a hypothetical vendor

This is what benefits intelligence looks like when data meets expertise.

Want to see this for your target accounts?

DM me or drop a comment.