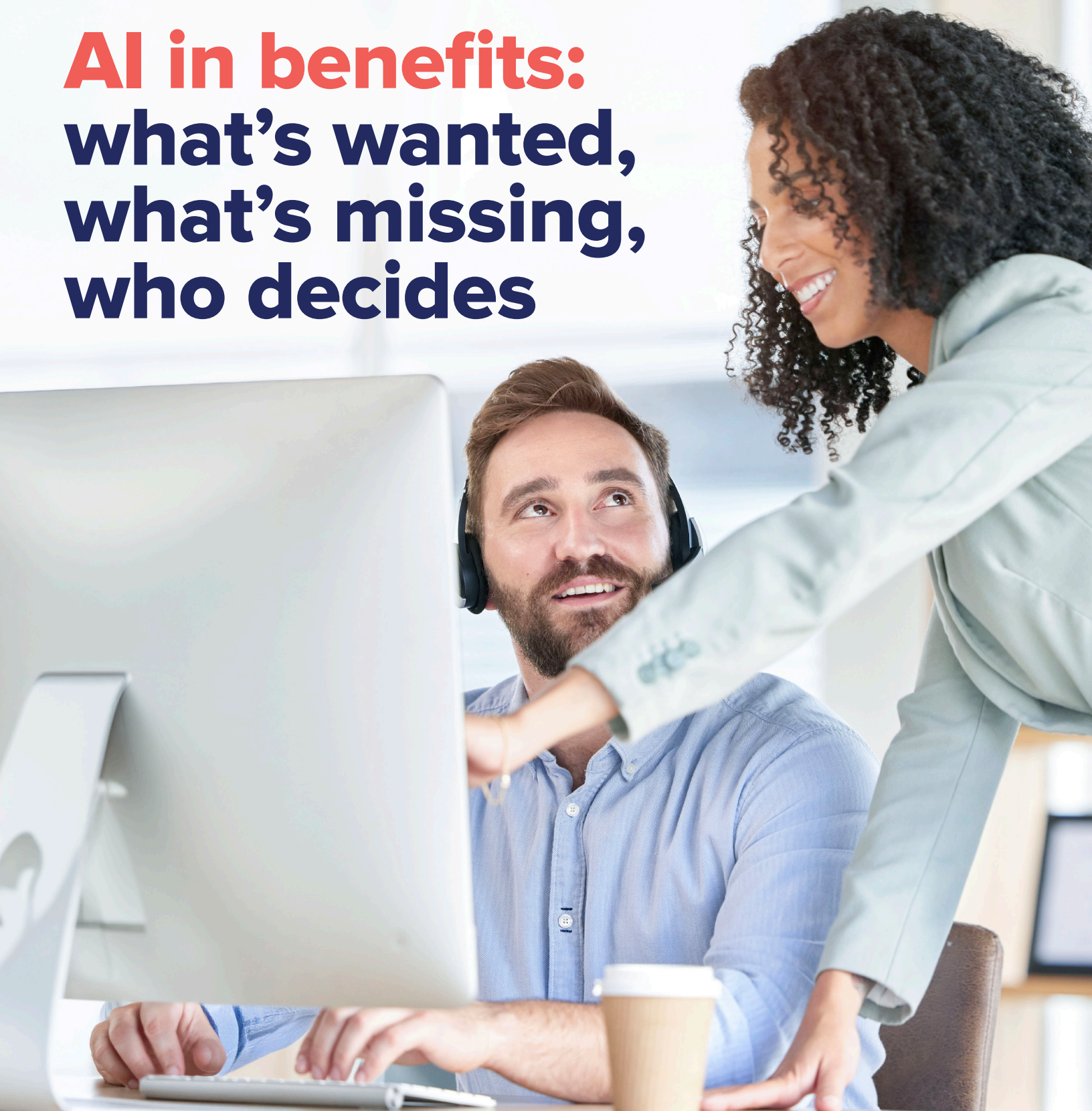


Großker

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AI in benefits: what's wanted, what's missing, who decides



2026-27

HEALTHCARE BENEFITS STRATEGY SURVEY:
AI STRATEGY & ADOPTION

Connecting AI strategy and adoption to workforce wellbeing



Employee wellbeing programs are the heart of your medical and wellness portfolio. They exist to improve employee health, boost retention, and optimize long-term healthcare spend—outcomes your organization depends on amid skyrocketing costs. But can your program prove value if employees can't find and use their benefits when they need them?

Most HR leaders are turning to AI, but not necessarily to answer that question.

To understand how organizations are approaching AI in employee benefits, Grokker Innovation Labs' 2026-27 Healthcare Benefits Strategy Survey: AI Strategy & Adoption asked HR and benefits professionals what they want AI to do, how employees reach their benefits today, and who decides.

AI engagement in employee benefits is high: 88% of respondents surveyed are using or actively evaluating AI solutions. With that much energy in motion, the question is where to aim it. Three insights from our data show what becomes possible when AI is pointed at prevention and access:

- **Organizations demand benefits ROI, yet few name the preventive, cost-steering use of AI that would help produce that proof.**
- **Fragmented benefits access is associated with employees abandoning their search for answers, leading to missed care and lower benefits utilization.**
- **Much AI adoption is happening by default, often before a budget is set, which makes now the time to check whether the solution is truly built for health questions.**

The path to provable ROI isn't about adding another tool. It's about establishing the AI orchestration and strategic governance that make every program in the stack accountable so employees reach the care they need in the moment of truth.

KEY INSIGHTS

The Benefits ROI Paradox: CFOs want proof that prevention pays. AI is being pointed somewhere else.

Benefits leaders rank Actuarial Validation as the most important data point for defending their budget to the CFO: 59% ranked it #1 here, and 53% did in an earlier survey. Yet among organizations using or evaluating AI, 83% expect it to address administrative burden or utilization, while only 15% name cost steering. Among the organizations that have already implemented some AI, only 6% named cost steering as a challenge they most want AI to solve.

The Access Gap: Every extra path to a benefit is another place to give up.

Organizations that rely on more disconnected navigation methods are more likely to report that employees give up without finding an answer: the share climbs from 13% for those using one method to 56% for those using all three. This suggests low utilization may reflect an access problem as much as a content or vendor-quality problem. Personalization is the most-cited limitation of traditional benefits navigation (41%), which suggests a different approach may be needed to match employees' health questions to the right pathway.

The Default Trap: Health questions need AI built for health.

AI adoption is moving faster than strategy. More than half of the 52 respondents asked (54%) say their AI budget status is not yet determined, and 75% plan to lean on native HRIS features or internal builds while only 8% are buying a dedicated solution. When AI that touches employee health is chosen by default, privacy, accuracy, and prevention goals can be left to chance. Working with a partner built for the job is the more deliberate path.

Taken together, the findings reveal an opportunity to point AI at prevention and access, not just efficiency, and to make those choices deliberately rather than by default.

“Eighty-eight percent of organizations are using or evaluating AI, and many are planning to rely on generalized chatbots that aren't connected to all benefits and vendors. That's a strategy problem. Grokker Innovation Labs is how we keep ourselves honest and keep the industry honest: listen to what HR leaders are really facing, then share it, so every dollar of AI and every program in the stack has to earn its place.”



Lorna Borenstein
CEO, Grokker

Give-up rate: the share of organizations whose respondent reported that employees “give up without finding an answer” when they hit a limitation (Q8). It is not a measured rate of employee behavior.

THE BENEFITS ROI PARADOX

CFOs want proof that prevention pays. AI is being pointed somewhere else.



An effective wellbeing program is designed to emphasize prevention and low-acuity interventions that lead to better health outcomes and healthcare savings. An AI layer enables you to connect the dots.

Actuarial validation is confirmed across two Grokker Innovation Labs survey waves as the most important data point to share with the CFO. Yet the survey reveals far fewer organizations expect to use AI to steer employees toward the preventive, low-cost care that creates that proof. When deployed as a connective layer across an organization's existing benefits ecosystem, AI can shift from an efficiency tool into an early-intervention engine that drives preventive care and reduces avoidable health spending.

In both 2026-27 Healthcare Benefits Strategy survey waves, as shown in *Fig. 1*, a majority of benefits leaders ranked Actuarial Validation as the single most important ROI metric for defending budget to the CFO. It was the most frequent #1 in both waves (53% and 59%), well ahead of Engagement/Utilization (42% and 32%).

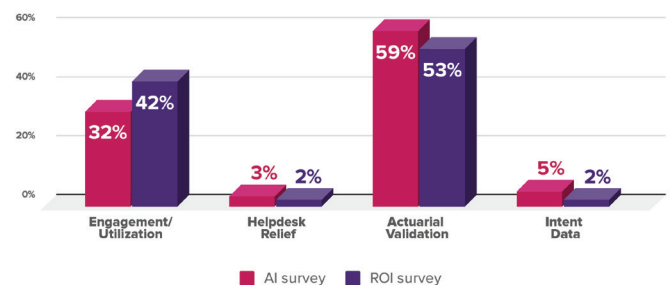
Yet among the respondents who are using or evaluating AI, 83% named administrative burden (62%) or low utilization (46%) as a challenge AI is most relevant to solving (*Fig. 2*). Separately, 40% indicate solving for tech stack fragmentation. Respondents could select up to two, so these categories overlap.

“We’re evaluating AI more on the internal HR process side of things, rather than benefits directly.”

– Survey Respondent

When defending your benefits budget to the CFO, how would you rank the importance of the following ROI data points?

(1 = MOST IMPORTANT, 4 = LEAST IMPORTANT)



Engagement/Utilization: Total registrations and app logins.

Helpdesk Relief: Reduction in manual HR tickets and inquiry volume.

Actuarial Validation: Proving that users of a specific solution have lower total medical/pharmacy claims costs than non-users.

Intent Data: Seeing what employees are searching for before it turns into a high-cost claim.

Fig. 1. Actuarial Validation is the most important ROI data point to show the CFO. (n=59, this survey; n=45, earlier Financial Strategy & ROI survey)

Fig. 2 further shows that fewer respondents (15%) selected cost steering as one of the challenges AI is most relevant to solving, and a small number (10%) are still evaluating which challenge is most relevant. Cost steering is cited more often by organizations still evaluating AI than by those already running it (35% vs. 6%, respectively). These are different organizations compared at one point in time, so the data can't show interest shifting, but it's possible that interest in cost steering is present early in the evaluation process and gives way to more operational priorities once AI is deployed.

Leaders' stated priorities point to the same gap. When asked about their top priority for improving benefits ROI over the next 12 months, 44% (Fig. 3) named proving measurable cost savings, more than any other answer. Yet as shown in Fig. 4, the data most organizations use to make benefits decisions is retrospective: 78% rely on historical claims data that is 12–18 months old, while only 17% use real-time or predictive data.

“By the time we find out about an issue, they already have a plan in place so we can't steer them to a lower cost or better care option.”

– Survey Respondent

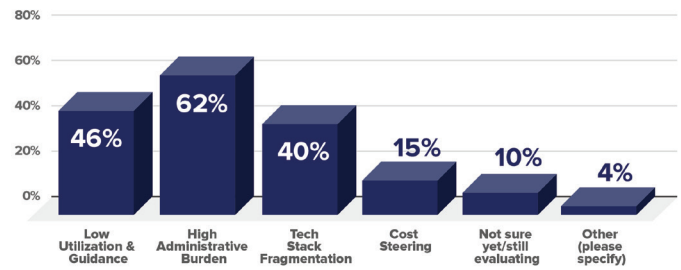
Navigating the Paradox

If you view “AI for benefits” purely as an efficiency play, you're missing its potential as a wellbeing and prevention engine to deflect and drive down healthcare costs. Leaders who want to prove savings are largely working from information that arrives after employees have already made their care decisions, missing the critical window where earlier guidance matters most.

The opportunity for AI in wellbeing is through the cost-steering mechanism of modern digital health triage. While initial interest in cost steering is often present early in evaluation, the survey suggests it may give way to immediate operational pressures, like administrative burden and utilization, once AI is deployed.

Which benefits challenge is AI most relevant to solving for your team?

(SELECT UP TO 2)



Low Utilization & Guidance: Employees don't know what benefits exist or how to access them at the point of need.

High Administrative Burden: HR teams spend significant time answering repetitive, self-serviceable inquiries.

Tech Stack Fragmentation: Navigating too many disconnected vendor portals, static PDFs, and point solutions.

Cost Steering: Difficulty directing employees toward lower-cost care options before they escalate to expensive care.

Not sure yet / still evaluating

Other (please specify)

PERCENT SELECTED COST STEERING

Actively Considering **35%** Implemented **6%**

Fig. 2. Most respondents expect AI to address administrative burden or utilization; few name cost steering. (n=52; the 7 not exploring AI were not asked)

What is your top priority for improving benefits ROI in the next 12 months?

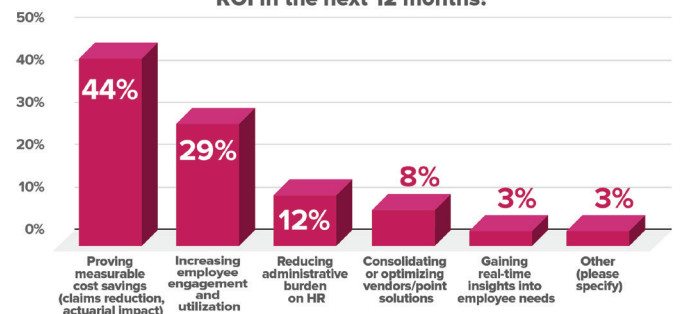


Fig. 3. Proving measurable cost savings is HR leaders' top priority for improving benefits ROI. (n=59)

What type of data do you rely on to make benefits decisions today?

(SELECT ALL THAT APPLY)

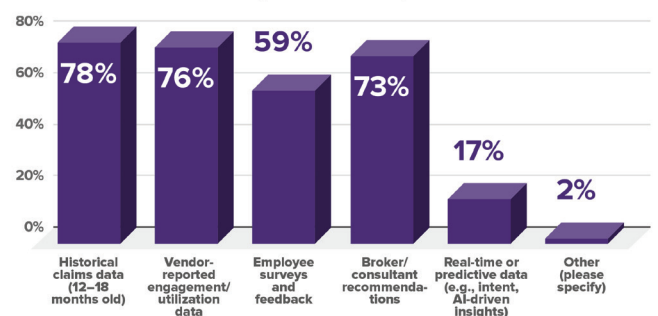


Fig. 4. The data most organizations use to make benefits decisions is retrospective. (n=59)

This is where you can re-frame the AI conversation with organizational stakeholders.

Preventive and low-acuity care may reduce avoidable spending, and as an early interception tool, AI could help route employees to it at the onset of a health need before it develops into a more serious (and costlier) problem.

How? The AI acts as “connective tissue” by layering over your organization’s existing HR and benefits platforms, point solutions, and documents. When employees ask health questions, a conversational agent delivers instant, personalized answers and guides them to high-value care options.

What this means

None of this argues against using AI for efficiency. Administrative relief is a legitimate goal, but it’s important to determine whether prevention is also a goal with results you can confidently share with your CFO. Start by:

- **Naming a prevention or cost outcome alongside the efficiency goal.** Only 15% of respondents named cost steering as a challenge AI is most relevant to solving, and only 6% of those who have already implemented AI did. If proof is the CFO’s top ask, write the outcome into the AI success criteria before deployment.
- **Working backward from the proof Finance will accept.** 59% ranked Actuarial Validation #1. Identify which existing program outcomes already carry actuarial support, and how AI-driven engagement would connect to them.
- **Closing the data lag.** 78% rely on claims data that is 12–18 months old, while 17% use real-time or predictive data. Choose at least one earlier signal that shows whether employees are reaching preventive resources.
- **Asking what your AI tool does with a health question.** A tool that answers policy and PTO questions well may not route someone toward preventive care. Ask vendors, including your HRIS vendor, to show you.

For prevention to be a driver of ROI, employees have to reach preventive care pathways in the first place, which is the question of the next section.

ILLUSTRATIVE SCENARIO:

AI’s impact on a wellbeing program



Amanda has had lower-back pain most weeknights. Instead of booking a specialist visit and diagnostic imaging, she does a short stretching routine and learns how to set up a more ergonomic desk. A few weeks of consistent practice, and the pain fades before it ever becomes an MRI, a referral, or a physical therapy plan. In this scenario, Amanda finds relief and builds habits that may keep a minor issue from becoming a costly one.

THE ACCESS GAP



Every extra path to a benefit is another place to give up.

HR leaders often assume low wellbeing program engagement stems from vendor quality or poor content, when the real issue may be benefits stack fragmentation. When the access layer is the problem, AI that connects employees to existing programs may help more of them get used.

Data from the 2026-27 AI Strategy & Adoption Survey show that organizations relying on more disconnected navigation methods are more likely to report that employees give up without finding an answer. This access failure may be masked by low usage rates and high support ticket volume, leading HR leaders to solve the wrong problem. Today's AI addresses this gap not by adding another destination app, but by acting as a health-fluent orchestration layer that delivers guidance directly at the moment of need.

As shown in Fig. 5, when asked which resources their employees use when struggling to navigate benefits, respondents cite use of manual HR support (85%), static guides (67%), and/or vendor chatbots (40%). Only 6% say that this isn't a challenge for them right now. Other (free-text) responses include "internal HR chatbot" and "champion networks."

When indicating the primary limitation of their approach to helping employees find guidance, roughly 6 in 10 of respondents who answered this question cite lack of personalization or difficult navigation (Fig. 6). The respondents who identified a limitation were then asked what typically happens next (select all that apply). Three in four (76%) say employees escalate to HR, and 40% say employees give up without finding an answer. Far fewer say employees eventually find an answer through trial and error (17%), and 15% are not sure or give another response, such as employees "ask a coworker" (Fig. 7).

Critically, as Table 1 indicates, the share of organizations reporting employee give-ups climbs steeply with each added tool, rising from 13% for organizations using 1 navigation method to 33% for 2 methods, and 56% for those using all three disconnected methods. Table 2 shows that tool choice also matters: among respondents who answered the question about which resources their employees use when struggling to find or use their benefits, those relying on vendor-specific chatbots report give-ups at about 2.7 times the rate of those who don't (52% vs. 19%).

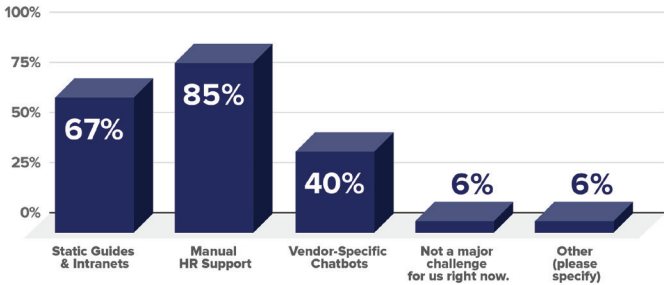
"GIVE UP" RATE		
1 method	13%	2 methods 33%
		3 methods 56%

Table 1. The share of organizations reporting employee give-ups rises with each additional navigation method an organization relies on. (1 method n=16; 2 methods n=18; all 3 n=16) Rates use all organizations in each group that were asked Q6, including those that did not reach Q8 because they reported no significant limitation on Q7.

	"GIVE UP" RATE (USED)	"GIVE UP" RATE (NOT USED)
Vendor-Specific Chatbots	52%	19%
Static Guides & Intranets	37%	24%
Manual HR Support	39%	0%

Table 2. Share of organizations reporting employee give-ups by navigation method used; the gap is widest for vendor-specific chatbots. (n=52 who were asked Q6; Used/not used: chatbots 21/31, static guides 35/17, manual HR 44/8) Note: Give-up rates are calculated on all respondents in each group, including those who did not reach Q8. Manual HR "not used" is 0 of 8, so treat it as directional.

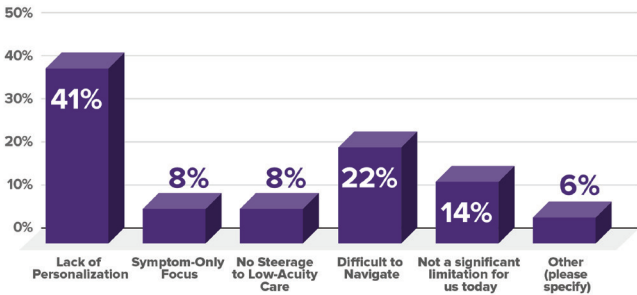
When employees struggle to find or use their benefits, how does your team currently manage that gap?
(SELECT ALL THAT APPLY)



Static Guides & Intranets: We rely on centralized intranet search bars, PDF benefit guides, and portals.
Manual HR Support: Employees reach out directly to HR via email or tickets, and our team handles inquiries manually.
Vendor-Specific Chatbots: We rely on individual carriers and point solutions to provide their own separate support bots.
Not a major challenge for us right now.
Other (please specify)

Fig. 5. Manual HR support and static guides are the most common ways organizations help employees find and use their benefits. (n=52; the 7 not exploring AI were not asked)

When employees face a health challenge (e.g., back pain, sleep issues, stress), what is the primary limitation of your current approach to helping them find guidance?



Lack of Personalization: They receive broad policy documents or directory links rather than situation-specific guidance.
Symptom-Only Focus: The response addresses the immediate search query without uncovering underlying root causes (e.g., stress vs. injury).
No Steerage to Low-Acuity Care: It fails to point employees toward preventive or low-cost care options before they seek expensive specialists.
Difficult to Navigate: The tools themselves are clunky, unclear, or hard to search, making it hard for employees to find an answer.
Not a significant limitation for us today.
Other (please specify)

Fig. 6. Lack of personalization and difficulty navigating are the most common primary limitations of how organizations help employees find health guidance. (n=49; excludes 3 who said Q6 "not a major challenge" and the 7 not exploring AI were not asked)

Misdiagnosing the access problem

A strong health and wellbeing portfolio that underperforms leaves your budget vulnerable and drives teams to throw extra resources at communications, tier 2 support, and basic chatbots that underdeliver. What may really be happening is point-of-need friction: when employees have health questions, they encounter static intranet links, buried PDFs, or HRIS chatbots unequipped for complex care guidance.

The result? Employees abandon their search without getting to the preventive benefits they need (missed opportunities for program utilization) or create more administrative work for your team. The survey can't show downstream effects on health or cost, but when employees give up without an answer, the likely result is a health question that never reached a preventive resource. This can ultimately degrade health outcomes and inflate healthcare costs that your health and wellness benefits are put in place to avoid.

The right AI is positioned to close the access gap by immediately routing employees to the wellness resources you've already invested in. It acts as a single connective orchestration layer across the entire benefits ecosystem, delivering guidance directly where employees work.

AI also helps to deliver personalization, the core mechanism of a wellbeing program (tailored guidance, content matched to someone's actual situation). If your organization's current navigation experience isn't capable of delivering a truly personalized wellbeing experience, then your employees are missing prevention moments when wellbeing questions never get resolved into the right pathway.

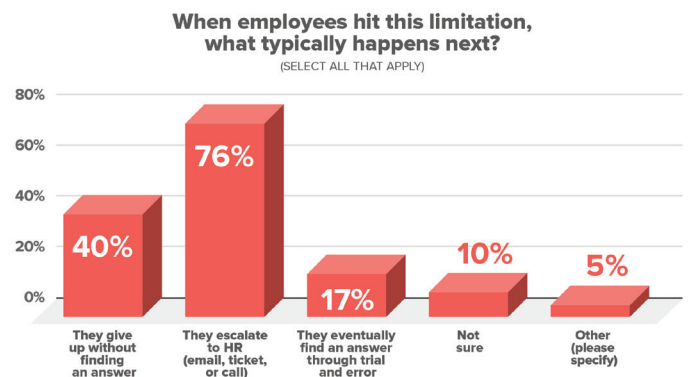


Fig. 7. When employees hit a limitation, they commonly escalate to HR and/or give up without finding an answer. (n=42 who identified a limitation in Q7; the 7 not exploring AI were not asked)

The Data Case for Effective Benefits Access

Research on digital health engagement points to friction as a likely contributor to low use:

- **A median 70% of digital health app users discontinue use within their first 100 days of download.** ([Journal of Medical Internet Research](#))
- **53% of mHealth app downloads are uninstalled within 30 days.** ([Healthcare](#))
- **75% of employers now manage four or more digital health vendors, at a median annual cost of about \$580,000 just to keep the stack running, with usage typically under 20% and only about 30% of point solutions proving ROI in isolation.** ([Solera](#))

It's not that employees won't engage with digital health, it's that a standalone destination with yet another login and password to remember is competing for a download and a habit most people abandon within months. More destinations compound the problem, so the fix has to be a layer, not another app.

Employees need a resource that's available at the moment of need across the channels they're already in, so guidance meets them where they're at. This is possible with an AI layer that connects them to all of their benefits at once and provides a conversational agent built to understand context and deliver personalized care paths taking them from access to action.

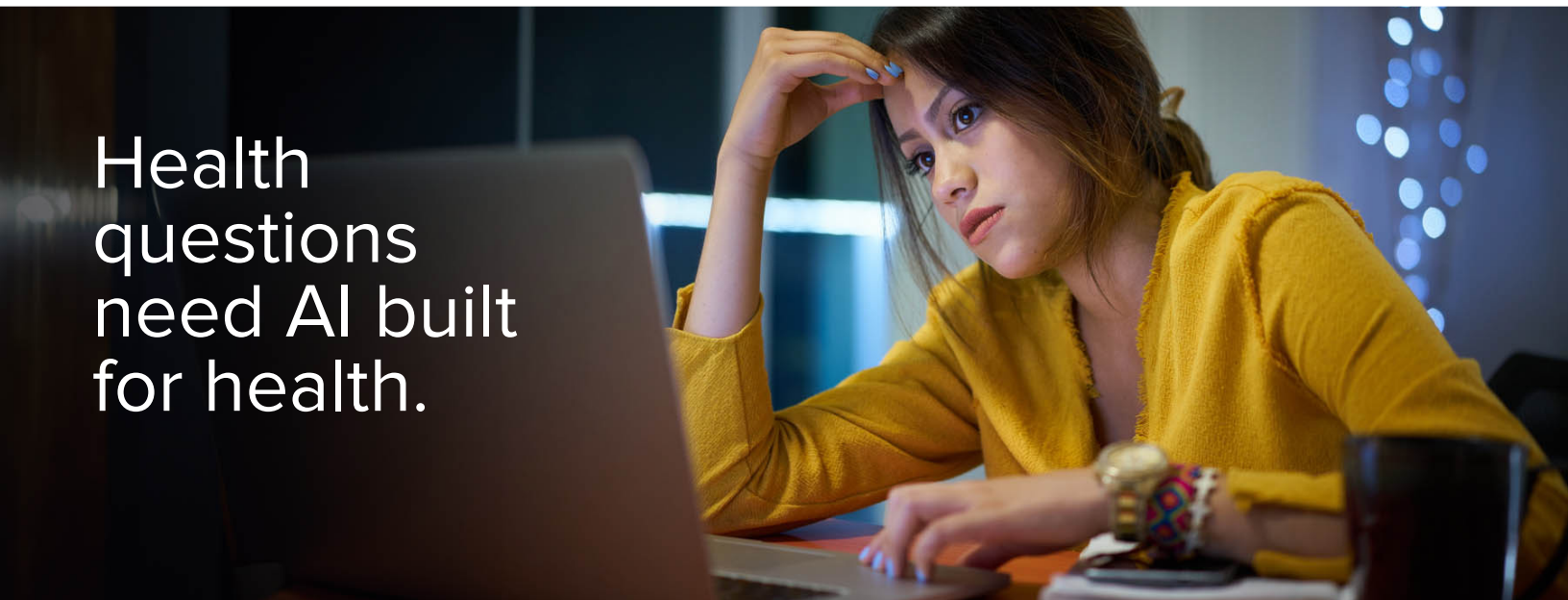
What this means

These findings are associations in self-reported data, but let them inspire you to look at your team's approach to benefits navigation and preventive guidance. Start by:

- **Counting the paths an employee must try.**
Reported give-up rates rise from 13% at organizations relying on one navigation method, to 33% for two, to 56% for all three. Map every route (intranet, HR inbox, carrier and vendor chatbots) before adding another.
- **Measuring abandonment, not just usage and tickets.**
Of the respondents who answered the follow-up, 76% said employees escalate to HR and 40% said they give up. A give-up leaves no ticket behind, so add a way to see it, such as search exits, chatbot dead ends, or a one-question pulse survey.
- **Matching the fix to the limitation.**
Lack of personalization (41%) and difficulty navigating (22%) are different problems. One is about content fit, the other about tool design. Find out which your employees hit first.
- **Looking closely at vendor-specific chatbots.**
Give-up rates were 52% among organizations using them versus 19% among those not using them. This is an association, and organizations using chatbots may differ in other ways, so use it as a reason to audit any vendor AI product you're using.

Who decides what AI is pointed at, and how, is the subject of the final section.

THE DEFAULT TRAP



Health
questions
need AI built
for health.

AI adoption in HR is moving via low-barrier paths, leaving governance and funding lagging behind active deployment. A strategic, intentional approach is how organizations can deliver outcomes every stakeholder values.

More than half of the 52 respondents asked about budget (54%) say their funding status for AI in HR/benefits is not yet determined. Most respondents are building on systems they already have, planning to lean on native HRIS features or internal builds, and far fewer are working with a dedicated third-party partner. For technology that will field employee health questions and handle sensitive data, that is a significant choice to make by default rather than by design.

AI engagement is high: 59% of respondents have implemented some AI, and another 29% are actively considering it (Fig. 8). Yet among the 52 who were asked about budget, 54% say their organization’s funding status for AI in HR/benefits is “not yet determined,” and only 17% have an active budget and dedicated project (Fig. 9). The pattern is similar among implementers: 57% report budget as undetermined, suggesting implementation is running ahead of formal budget processes. Several “Other” responses point to bundled or pre-existing funding.

“Our current AI tool is provided as part of a package we already have with a vendor—it did not entail new spend. Future product spend would require buy-in and allocation.”

Figure 10 shows that three in four respondents’ primary approach to implementing AI is to use native HRIS capabilities (40%) or build internally (35%), while only 8% are buying or evaluating a dedicated third-party solution. Fifteen percent have not yet determined an approach. Table 3 shows these choices line up with differences in employee experience: among organizations leaning on native HRIS features, 43% report that employees give up without finding an answer when they hit a limitation, compared with 22% of those building internally. Escalation to HR is high in both groups (62% and 56%). The groups are small, so this difference is directional.

The survey asked respondents to indicate the role played by various organizational groups (HR/Total Rewards, Finance, Legal, et al.) when bringing new AI technology into their HR and benefits ecosystem. HR/Total Rewards holds final sign-off in 40% of the organizations, Finance in 65%, and IT Security in 31%. Because responsibility for AI decisions is spread across functions, these figures overlap (Fig. 11).

APPROACH	“GIVE UP” RATE		ESCALATE RATE	
Native HRIS	43%		62%	
Internal IT	22%		56%	

Table 3. Share of organizations reporting employee give-ups and HR escalation, by primary AI approach. (Native HRIS: n=21; Internal IT/Data: n=18. Small groups; treat as directional.)

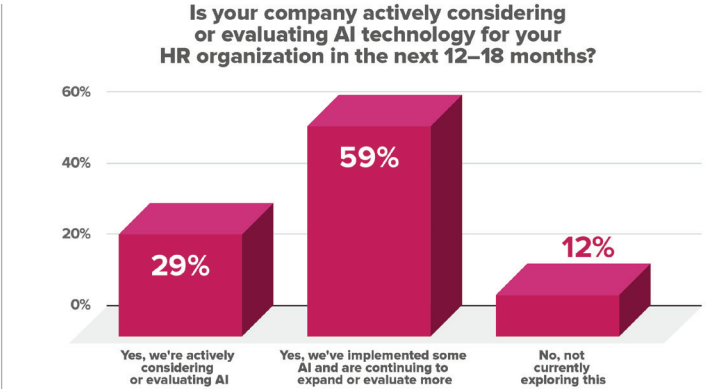
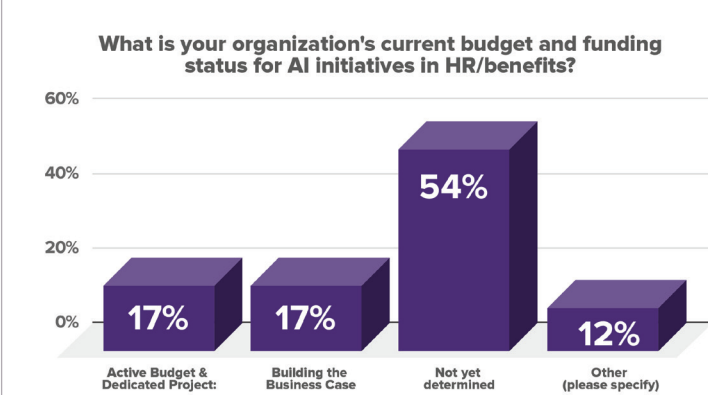


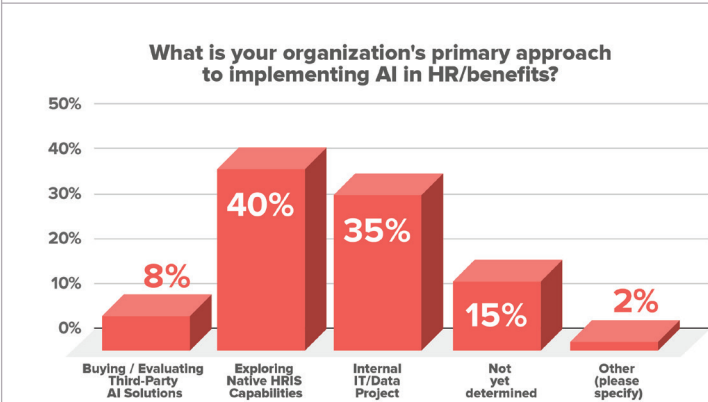
Fig. 8. 88% of organizations have either implemented or are actively considering or evaluating AI for HR. (n=59)



Active Budget & Dedicated Project: We have executive buy-in and allocated budget to evaluate and purchase an AI solution soon.
Building the Business Case: We are evaluating options now to justify and request budget for an upcoming cycle.
Not yet determined
Other (please specify)

BUDGET STATUS	IMPLEMENTED	CONSIDERING
Not yet determined	57%	47%

Fig. 9. More than half of organizations (54%) say their AI budget status is “not yet determined,” and only 17% have an active budget and dedicated project. (n=52; the 7 not exploring AI were not asked)



Buying / Evaluating Third-Party AI Solutions: We plan to purchase a dedicated AI tool or platform.
Exploring Native HRIS Capabilities: We are looking to leverage AI features through our existing systems (e.g., Workday, ServiceNow).
Internal IT/Data Project: AI for HR is being evaluated and built internally by our IT or Data teams.
Not yet determined
Other (please specify)

Fig. 10. The tools most organizations are reaching for first are often the ones least designed for health. (n=52; the 7 not exploring AI were not asked)

Sign-off authority is associated with how respondents frame AI's purpose (Table 4). Where HR does not hold sign-off, 74% cite administrative burden as the most relevant challenge for AI to solve, compared with 43% where it does. Tech stack fragmentation shows a similar split (55% vs. 17%). Interest in utilization and guidance is about the same in both groups (45% vs. 48%).

Figure 12 shows the concerns or barriers preventing respondents' organization from deploying AI within HR and benefits. Data Privacy & HIPAA Governance is cited as the #1 barrier (50%). It's cited by 57% of organizations that have already implemented AI, compared with 35% of those still considering it.

CHALLENGE AI IS MOST RELEVANT TO SOLVING, BY HR SIGN-OFF

	HR HOLDS SIGN-OFF	HR DOES NOT HOLD SIGN-OFF
High Administrative Burden	43%	74%
Tech Stack Fragmentation	19%	55%
Low Utilization & Guidance	48%	45%

Table 4. Organizations where HR does not hold final sign-off on AI are more likely to say administrative burden and tech stack fragmentation are the challenges AI is most relevant to solving. (n=52; the 7 not exploring AI were not asked. HR holds sign-off n=21; HR does not n=31.)

The “need for clear governance has become more urgent” as only **28%** of employers have a comprehensive AI governance policy. (NFP)

82% of CHROs say their organization has changed its workforce-planning process because of AI, although just 19% say anticipated AI effects have been incorporated into workforce and financial planning across the enterprise. (The Conference Board)

84% of healthcare orgs have some AI governance structure, but only 59% require formal review before deployment — and even then, “fewer hospitals applied [evaluation practices] to all or most models.” (HIMSS26)

When bringing new AI technology into your HR and benefits ecosystem, what role does each group play?

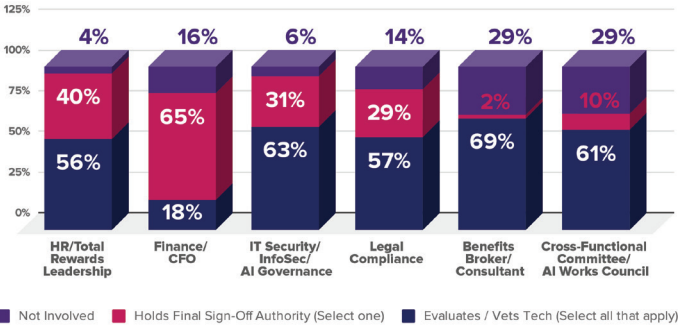
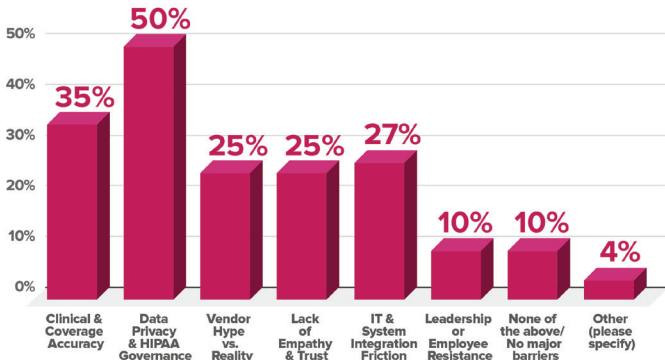


Fig. 11. Finance/CFO most often holds final sign-off on AI decisions (65%), followed by HR/Total Rewards (40%) and IT Security (31%); responsibility is spread across functions. (n=49-52 depending on the group; the 7 not exploring AI were not asked)

What is the top concern or barrier preventing your organization from deploying AI within HR and benefits?



Clinical & Coverage Accuracy: Fear that AI will give incorrect information regarding complex plan coverage, claims, or FMLA.

Data Privacy & HIPAA Governance: Security concerns surrounding employee health data and integration with enterprise data warehouses.

Vendor Hype vs. Reality: Skepticism that vendors offer real AI capabilities rather than rebranded, basic search tools.

Lack of Empathy & Trust: Fear that AI will feel cold or impersonal during sensitive employee health moments.

IT & System Integration Friction: Limited IT bandwidth or fear of complex integration with our existing HRIS/Ben Admin stack.

Leadership or Employee Resistance: Cultural hesitation or fear from leadership and employees regarding AI adoption.

None of the above / No major barriers

Other (please specify)

Fig. 12. Data Privacy & HIPAA Governance is cited as the top concern or barrier preventing their organization from deploying AI within HR and benefits. (n=52; the 7 not exploring AI were not asked)

ADOPTION STAGE

CITES DATA PRIVACY/HIPAA AS TOP BARRIER

Already Implemented Some AI

57%

Considering AI (not yet implemented)

35%

Table 5. Share of respondents citing Data Privacy & HIPAA Governance as a top barrier, by adoption stage. (Implemented: n=35; considering: n=17).

The Case for Governance

The survey reveals that many organizations are already using or evaluating AI, but far fewer have settled how it will be funded or what it is meant to accomplish. Most are taking familiar, low-friction routes, such as extending the systems they already have, building internally, or using tools bundled with existing vendor relationships. While these routes are fast, often free of new spend, and don't require a formal buying decision, they also let organizations begin without being committed to the same strategic north star. What's more, native HRIS features and internal builds are typically built for general HR service delivery rather than health questions, which call for privacy controls built for health data, personalization, and judgment about whether to route someone to an EAP, a coach, or a care option.



The employee experience offers an early signal of this disconnect. Among organizations leaning on native HRIS features, **43%** report that employees give up without an answer, compared with **22%** of those building internally. These are self-reported associations, but they are consistent with the concern that tools not designed for health guidance can leave employees stranded at the moment of need.

The stakes may also change over time. Concerns about privacy are more concrete once AI is running and real employee data is flowing through it. These concerns can be addressed as criteria before deployment, but they are harder to retrofit afterward. The finding that implementers raise concerns more often than those still evaluating is a signal that governance should not wait until after adoption.

What this means

While there's nothing wrong about moving quickly or building on existing systems, be sure that you have alignment with your cross-functional stakeholders on a strategic plan to support employees' health and wellness questions at their moment of need. You can start by:

- **Defining the problem and the measure of success before deployment.** This includes whether AI will be aimed at prevention and cost outcomes as well as efficiency. Over half of respondents (54%) say AI budget status is “not yet determined,” including 57% of those who have already implemented AI; your team can start now.
- **Bringing HR/Total Rewards into the decision alongside Finance, IT Security, and Legal.** Respondents report Finance holding final sign-off at 65% of organizations and HR at 40%, so health outcomes may not have a voice by default.
- **Tying funding to measurable outcomes.** This helps ensure the business case connects to the proof CFOs say they want.
- **Setting privacy and clinical-accuracy criteria up front.** Data privacy and HIPAA governance was the top barrier (50%), and clinical and coverage accuracy was next (35%). Both are easier to enforce before deployment than to retrofit.
- **Working with a partner whose product was built for the problem.** They can show you how it handles a health question, and who shares accountability for doing it the right way.

NEXT STEPS

1

Point AI at prevention, not just efficiency.

Administrative relief is a worthy goal, and nothing here says to drop it. But if your CFO wants proof that prevention pays off, AI will only help if someone asks it to.

TRY THIS: Finish this sentence with your team: “We’ll know this AI worked if ____ (an efficiency result) and ____ (a prevention or cost result).” Then ask Finance what evidence they would accept for the second blank.

2

Fix access before adding another destination.

Every extra portal, PDF, and chatbot is one more place someone can give up. Before adding a tool, see what the current experience feels like.

TRY THIS: In 30 minutes, play an employee with a real question, like trouble sleeping or nagging back pain. Try to find an answer through every route you offer (intranet, HR inbox, carrier and vendor chatbots). Note the dead ends and how many steps it took to reach a wellbeing resource. Then pick one way to start seeing abandonment, such as search exits or a one-question pulse survey.

3

Decide on purpose, together, and early.

Adopting AI by default is easy: you extend a system you already have or accept a feature bundled into a contract. But defaulting also means deciding that a general-purpose tool can do a health-specific job. A deliberate conversation now is cheaper than untangling those choices later. Put a purpose-built partner on the shortlist, and hold every option, including your HRIS vendor, to the same standard.

TRY THIS: Hold one 45-minute meeting with HR/Total Rewards, Finance, IT Security, and Legal. Leave with three things in writing: who signs off, what outcome the AI is accountable for, and two or three privacy and clinical-accuracy requirements any tool must meet before launch.

FIVE QUESTIONS TO ASK **BEFORE** YOUR NEXT AI DECISION

Use these with your HR, Finance, IT Security, Legal, and benefits-broker colleagues before you select, expand, or fund an AI tool. The questions are drawn from the three insights in this report.

- 1** What outcome will this AI be accountable for: efficiency, prevention, or both?
- 2** When Finance asks for proof, what will we show, and when will we have it?
- 3** How many separate paths must an employee try to find an answer, and how would we know if they gave up?
- 4** What does this tool do when an employee asks a health question? Can the vendor show us?
- 5** Who is at the table, who signs off, and what must be true on privacy and accuracy before launch?

Download our [AI Buying Committee Field Guide](#) for a step-by-step playbook to lead the governance process instead of reacting to it.

What to look for in an AI partner

- **HEALTH-FLUENT BY DESIGN:** Can it understand a health question in context and route to the right resource, not just retrieve a policy document?
- **GOVERNANCE BUILT IN:** Can the vendor document HIPAA compliance, data handling, and clinical-accuracy safeguards before launch?
- **CONNECTIVE, NOT ANOTHER DESTINATION:** Does it work across your existing programs and the channels employees already use?
- **ACCOUNTABLE TO OUTCOMES:** Will it commit to measures beyond deflection, including whether employees reach preventive resources?
- **SHOW, DON'T TELL:** Will the vendor demonstrate what happens when an employee asks about back pain or sleep?

A New Way to Well

The survey describes a gap: wellbeing programs organizations already own, employees who may never reach them, and AI that is mostly aimed at saving time. Most organizations are building AI from what they already have, when the better path is a partner built to make prevention easier to reach, and easier to prove.

At Grokker, we believe AI works best as a connective layer across the benefits and wellbeing resources you already have, not as another destination for employees to remember. Employees should get guidance for a health question where they already work, and be pointed toward preventive options along the way. The goal is to help the programs you've invested in get used, and to give you a clearer line of sight to the outcomes your CFO wants to see.



Grokker is the modern wellness solution that drives behavior change, with expert-led wellbeing content and an AI-powered intelligence suite. Grokker acts as the connective tissue across the entire benefits ecosystem to give employees what they need in the moments that matter so they can take immediate action, with the goal of better health outcomes, lower costs, and less burden on HR teams.

Problems we solve

Grokker addresses the gap between an employee's immediate need and taking action. Through our AI-powered intelligence suite, Grokker not only understands the employer's benefit ecosystem but we also help the employee to understand what benefits they have available and how each benefit applies to their inquiry.

Rather than only providing a link directory, enrollment support, or workflow automation, Grokker provides context and all supporting benefits with a next-step care plan to reduce benefits confusion. This may look like preventive wellbeing content, benefits guidance, and escalation to clinical pathways when appropriate. This helps employees act earlier on preventable health needs and gives employers insight into which programs are under-indexing.

Employers can help more employees act earlier on preventable health needs, improving the employee experience and health outcomes before needs become higher-acuity and more expensive. Grokker also gives employers insight into what employees need, how they are being guided, and where program and plan-design changes may help. Our intelligence suite drives action, action drives health improvement, health improvement drives cost savings.

For more information about how Grokker can transform your HR operations while improving employee wellbeing, [schedule a demo today.](#)

About the data: This survey collected 59 completed responses from HR and benefits professionals. No Finance- or IT-titled respondents participated, so findings on sign-off authority reflect HR's perception of who decides. Respondents who said they are not exploring AI (n=7) were not asked Q2-Q9. Responses are self-reported. The patterns shown are associations, not proof of cause, and several subgroups are small enough that results should be read as directional. ©2026 Grokker, Inc. All Rights Reserved.

