MapperHealth™

Genomic Health Solutions

MAYO CLINIC

MAYO CLINIC

For over a hundred years, **Mayo Clinic** has been guided by its primary value:

The needs of the patient come first.

This uncompromising commitment to its patients has made Mayo Clinic the **#1 hospital in the world** and the **most trusted name in medicine.**

MapperHealth™

Guided by this philosophy, **MapperHealth** and **Mayo Clinic** have developed a suite of genomic health solutions that **replace clinical guesswork with DNA-guided precision**.

A decade of validation proves that combining patient-centric care with MapperHealth's DNA-guided insights delivers something rarely seen in medicine: **superior health outcomes** and **significant cost savings.**

Our Mission

Solve the Lack of Precision in Healthcare

Starting With Your DNA

1. MapperHalth guarantees that your medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.

MAYO CLINIC

Genomic Health Program

Screens for 12 life-threatening conditions, including six of the top seven causes of death in the U.S. By identifying potential risks 8.9–10.8 years earlier than standard age-based screening, it enables proactive, low-cost interventions.

Personalized Medication Program

Identifies medications likely to be safe and effective and flags those that are ineffective or potentially dangerous, leading to superior health outcomes and significant cost savings.[1]

Powered by MapperHealth

The “Gold Standard” of Precision Medicine

> “We have fully integrated MapperHealth within the Mayo Clinic Genomic Health Lab, where it is playing a transformative role in precision medicine.”

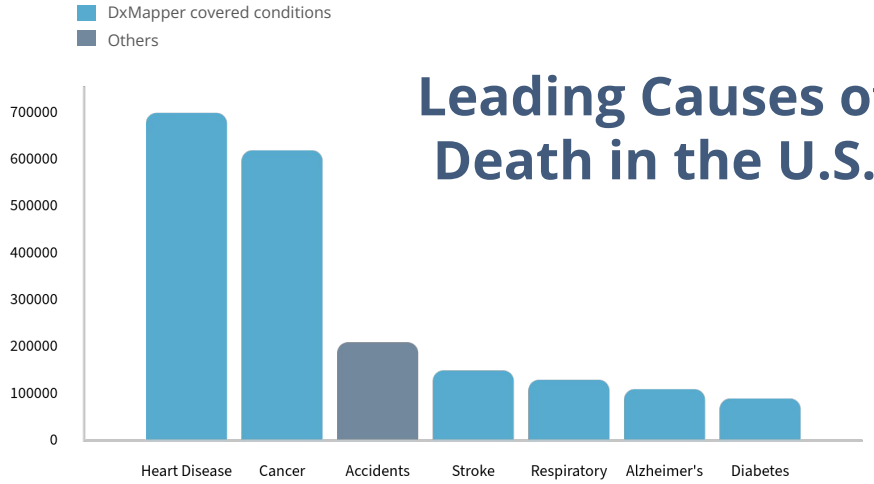
Dr. Victor Ortega, M.D., Ph.D.
Director, Mayo Clinic Genomic Health Lab
Associate Director,Mayo Clinic
Center for Individualized Medicine
Lead Editor for Genomics for JAMA

Genomic Health Program

Powered by MapperHealth

Proactive **Insights** into **12 Life-Threatening** Conditions

Our genetic insights cover **12** critical health conditions, **including 6 of the top 7 causes of death** in the U.S.



Cancer	Heart	Brain
Breast Cancer	Heart Failure	Alzheimer's Disease
Prostate Cancer	Coronary Artery Disease	**Diabetes**
Colorectal Cancer	Hypertension	Diabetes Type 2
Kidney	Hypercholesterolemia	**Lung**
Chronic Kidney Disease	V. Thromboembolism	Asthma [1]
	A. Fibrillation	Interstitial Lung Disease [1]

1. *Asthma and ilnterstitial Lung Disease are in the process of being peer reviewed and will be offered after publication.*

The Problem:

85%

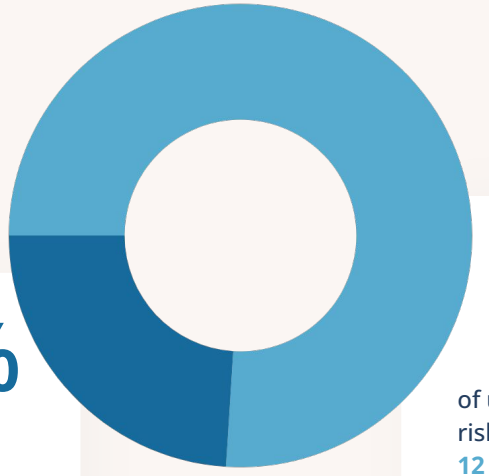
Up to 85% of serious conditions, like Breast Cancer, are **NOT** explained by family history.[1]

Patients often wait for standard screening or symptoms to appear—by then, it is **too late** .

1. https://www.breastcancer.org/facts-statistics

Redefining Early Detection

with our Genomic Health Report



24%

of users receive the **peace of mind** that they do not have elevated genomic risks for these conditions.

76%

of users have an increased risk for one or more of the **12 life-threatening conditions** where early interventions **can improve long-term health outcomes**.

Early Detection Leads To Better Health Outcomes

~10 Year

Earlier Detection

We identify high-risk disease an average of **8.9–10.8 years earlier** than standard screening. This allows for proactive, high-impact care that empowers patients and significantly reduces costs.[1]

23.3%

Reduction in Premature Deaths

Our proactive, DNA-guided insights **reduce premature death in 23.3% of high-risk patients** while providing actionable insights for anyone looking to optimize their health.[1]

1. Chuong M, et al. Preventing premature deaths through polygenic risk scores. Nat Commun. 2026 Jan 21;17(1):1379. doi: 10.1038/s41467-025-68129-x. PMID: 41559068; PMCID: PMC12876942.

Genomic Health Report

MAYO CLINIC

Patient Name: [REDACTED]
Sample ID: 0560222205
Collection Location: SC

Date of Birth: [REDACTED]
Ordering Provider: Dr. Victor Ortega
Date Collected: 2025-09-30

MRN: [REDACTED]
Account Info: Mayo Clinic Labs
Report Date: 05/12/2026

Genomic Health Report

ASSESSED CONDITION	POLYGENIC RISK (PRS)	ODDS RATIO	PERCENTILE	DETAILS
Alzheimer's Disease	Average	0.4x	4th	Pg. 2
Atrial Fibrillation	Average	0.8x	30th	Pg. 3
Breast Cancer	Average	1.0x	58th	Pg. 4
Colorectal Cancer	Increased	2.0x	95th	Pg. 5
Coronary Artery Disease	Average	1.5x	87th	Pg. 6
Heart Failure	Average	1.2x	74th	Pg. 7
Hypercholesterolemia	Average	1.0x	54th	Pg. 8
Hypertension	Average	1.7x	72nd	Pg. 9
Type 2 Diabetes	Average	0.6x	18th	Pg. 10
Venous Thromboembolism	Increased	4.3x	99th	Pg. 11
Appendix	*Additional information about this test.*			Pg. 12

Increased Polygenic Risk Score Identified
This patient's results show an increased polygenic risk score for **2** of the 10 conditions tested:
Colorectal Cancer, Venous Thromboembolism

How to Use This Report

This report is designed to help you and your healthcare team create a personalized plan for screening and prevention. It is important to remember that these results are **not a diagnosis**, nor gurantee you will develop a specific condition.

The "Odds Ratio" score (e.g., 2.2x) compares the patient's genetics to people who have already been diagnosed with a condition. Values above 1.0x indicate a higher polygenic risk score (2.0x threshold for 'increased'), while values below 1.0x indicate reduced chance of disease. All findings should be considered with other factors (lifestyle, medication, clinical tests).

In some cases, your provider may even recommend screening earlier or more often than standard guidelines suggest to stay proactive. Detailed results for each condition can be found on the pages listed in the summary table.

Laboratory Director Victor Ortega, M.D., Ph.D
Laboratory Mayo Clinic MaRVIL Lab
Phone Number (507) 284 - 9811
Email prs@mayo.edu

This report is not a diagnosis. It should be used to inform conversations with a healthcare provider about screening and prevention.

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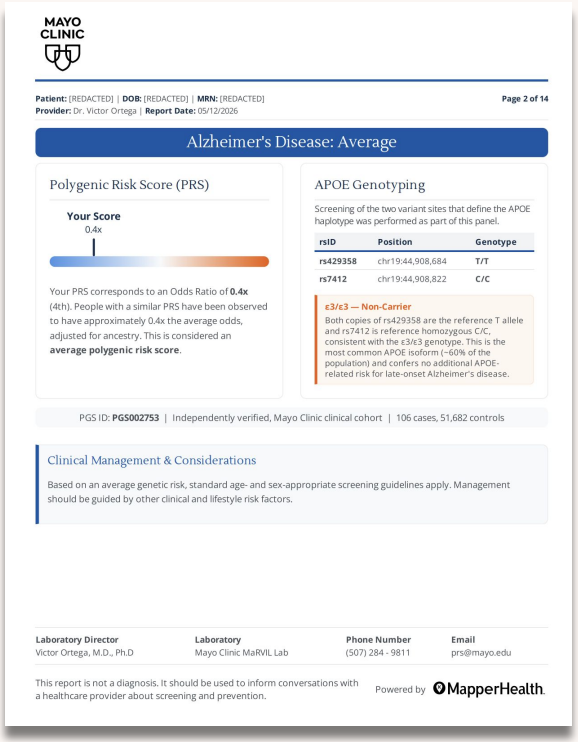
Cover Page - Report Summary



MAYO CLINIC

Patient: [REDACTED] | **DOB:** [REDACTED] | **MRN:** [REDACTED]
Provider: Dr. Victor Ortega | **Report Date:** 05/12/2026

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Alzheimer's Disease: Average

Polygenic Risk Score (PRS)

Your Score
0.4x

Your PRS corresponds to an Odds Ratio of **0.4x** (4th). People with a similar PRS have been observed to have approximately 0.4x the average odds, adjusted for ancestry. This is considered an **average polygenic risk score**.

APOE Genotyping

Screening of the two variant sites that define the APOE haplotype was performed as part of this panel.

rsID	Position	Genotype
rs429358	chr19:44,908,684	T/T
rs7412	chr19:44,908,822	C/C

ε3/ε3 — Non-Carrier
Both copies of rs429358 are the reference T allele and rs7412 is reference homozygous C/C, consistent with the ε3/ε3 genotype. This is the most common APOE isoform (~60% of the population) and confers no additional APOE-related risk for late-onset Alzheimer's disease.

PGS ID: **PGS002753** | Independently verified, Mayo Clinic clinical cohort | 106 cases, 51,682 controls

Clinical Management & Considerations

Based on an average genetic risk, standard age- and sex-appropriate screening guidelines apply. Management should be guided by other clinical and lifestyle risk factors.

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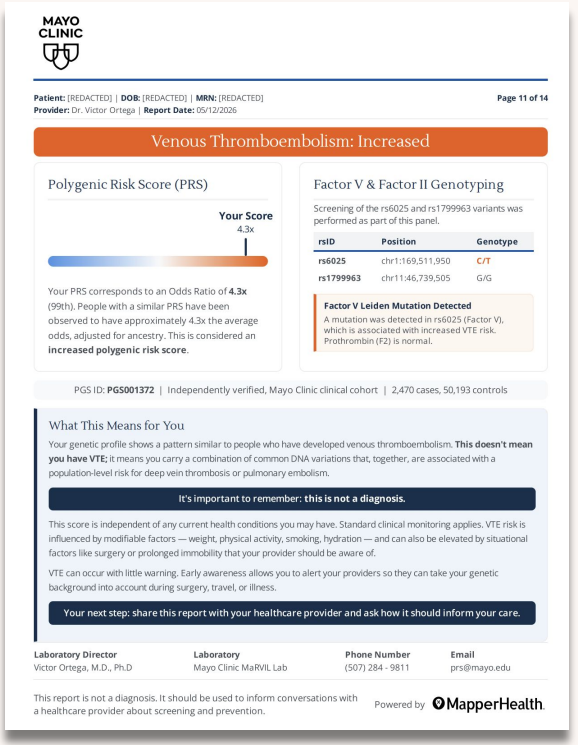
Average Genomic Risk



MAYO CLINIC

Patient: [REDACTED] | **DOB:** [REDACTED] | **MRN:** [REDACTED]
Provider: Dr. Victor Ortega | **Report Date:** 05/12/2026

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Venous Thromboembolism: Increased

Polygenic Risk Score (PRS)

Your Score
4.3x

Your PRS corresponds to an Odds Ratio of **4.3x** (99th). People with a similar PRS have been observed to have approximately 4.3x the average odds, adjusted for ancestry. This is considered an **increased polygenic risk score**.

Factor V & Factor II Genotyping

Screening of the rs6025 and rs1799963 variants was performed as part of this panel.

rsID	Position	Genotype
rs6025	chr1:169,511,950	C/T
rs1799963	chr11:46,739,505	G/G

Factor V Leiden Mutation Detected
A mutation was detected in rs6025 (Factor V), which is associated with increased VTE risk. Prothrombin (F2) is normal.

PGS ID: **PGS001372** | Independently verified, Mayo Clinic clinical cohort | 2,470 cases, 50,193 controls

What This Means for You

Your genetic profile shows a pattern similar to people who have developed venous thromboembolism. **This doesn't mean you have VTE;** it means you carry a combination of common DNA variations that, together, are associated with a population-level risk for deep vein thrombosis or pulmonary embolism.

It's important to remember: this is not a diagnosis.

This score is independent of any current health conditions you may have. Standard clinical monitoring applies. VTE risk is influenced by modifiable factors — weight, physical activity, smoking, hydration — and can also be elevated by situational factors like surgery or prolonged immobility that your provider should be aware of.

VTE can occur with little warning. Early awareness allows you to alert your providers so they can take your genetic background into account during surgery, travel, or illness.

Your next step: share this report with your healthcare provider and ask how it should inform your care.

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Powered by MapperHealth

Increased Genomic Risk

Genomic Health Program

Clinical Examples

Powered by MapperHealth

MEET SARAH

An active and seemingly healthy 38-year-old

Standard Care

The Scenario: Sarah has no family history. She follows standard medical guidelines and waits until age 45 for her first routine colonoscopy.

The Result: A Stage 3 or 4 colorectal cancer is discovered.

The Human Impact: Sarah faces a grueling battle for her life with a 65% survival rate.

The Financial Impact: The health plan incurs $100,000+ in complex, avoidable treatment costs.

Avoidable High-Cost Claim: >$100,000

With Mayo Clinic Genomic Health

The Scenario: Sarah takes the Mayo Clinic Genomic Health test through her employer. Her results reveal a HIGH polygenic risk for colorectal cancer.

The Intervention: While standard guidelines suggest waiting, Sarah's care team discussed a more proactive screening regimen taking into account all her clinical factors and made the decision to begin her screening at age 40, instead of waiting until 45.

The Discovery: A precancerous polyp is found and safely removed.

The Human Outcome: Sarah goes on living a healthy, happy, and cancer-free life.

Preventative Cost: ~$3,000

Sarah Is Not An Isolated Case

Uncovering hidden genetic risks transforms high-cost claims into preventable outcomes.

7%

of members carry a high genomic risk for colorectal cancer—most just don't know it.[1]

~40%

of high-risk patients have precancerous polyps that can be removed, stopping cancer before it starts.[1]

$110k

average per-patient cost of medical services for **late stage** colorectal cancer.[2]

https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html

1. Northcutt MJ, Shi Z, Zijlstra M, Shah A, Zheng S, Yen EF, Khan O, Beig MI, Imas P, Vanderloo A, Ansari O, Xu J, Goldstein JL. Polygenic risk score is a predictor of adenomatous polyps at screening colonoscopy. BMC Gastroenterol. 2021 Feb 12;21(1):65. doi: 10.1186/s12876-021-01645-4. PMID: 33579203; PMCID: PMC7881602.
2. https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html

MEET JANE

An active and seemingly healthy 40-year-old

Standard Care	Mayo Clinic Genomic Health
The Scenario: Jane has no family history. She follows standard medical guidelines and foregoes her annual mammogram screening until 45-50.	**The Scenario:** Jane takes a the Mayo Clinic Genomic Health test. Her results reveal a HIGH polygenic risk for breast cancer.
The Result: A Stage 4 breast cancer is discovered in her early 50's.	**The Intervention:** As a result her care team took a more detailed look at her case, and decided to recommend an immediate MRI.
The Impact: Jane faces a grueling battle for her life with a 33% survival rate.	**The Discovery:** Stage 1 breast cancer is discovered and treated before progressing to later stages.
	The Human Outcome: Jane undergoes a minimally invasive therapeutic treatment addressing previously undetected cancerous nodule and goes on to live a healthy, happy, and cancer-free life.
Avoidable High-Cost Claim: >$150,000	**Preventative Cost: ~$3,000**

Jane Is Not An Isolated Case

Uncovering hidden genetic risks transforms high-cost claims into preventable outcomes.

30.7%

of women have an elevated (28.2%) or extreme (2.5%) risk of breast cancer – driven by their genetics.[1]

31%

reduction in premature deaths for women identified at high-risk of breast cancer.[2]

14x

higher annual odds to develop breast cancer for women in the highest risk group than the lowest.[1]

1. Eklund M, Broglio K, Yau C, Connor JT, Stover Fiscalini A, Esserman LJ. The WISDOM Personalized Breast Cancer Screening Trial: Simulation Study to Assess Potential Bias and Analytic Approaches. JNCI Cancer Spectr. 2019 Jan 8;2(4):pky067. doi: 10.1093/jncics/pky067. PMID: 31360882; PMCID: PMC6649825.
2. Chuong M, Thompson D, Weale ME, Riveros-Mckay F, Samani NJ, Wells D, Plagnol V, McVean G, Ashley EA, et al. Preventing premature deaths through polygenic risk scores. Nat Commun. 2026 Jan 21;17(1):1379. doi: 10.1038/s41467-025-68129-x. PMID: 41559068; PMCID: PMC12876942.

Personalized Medication Program

Powered by MapperHealth

The **Hidden Costs** of **Trial-and-Error** Prescribing

The traditional approach to prescribing medication results in **poor health outcomes** and is **driving runaway costs** in drug spend.

48%
of Drugs Prescribed are the Wrong Drug or Dose
1

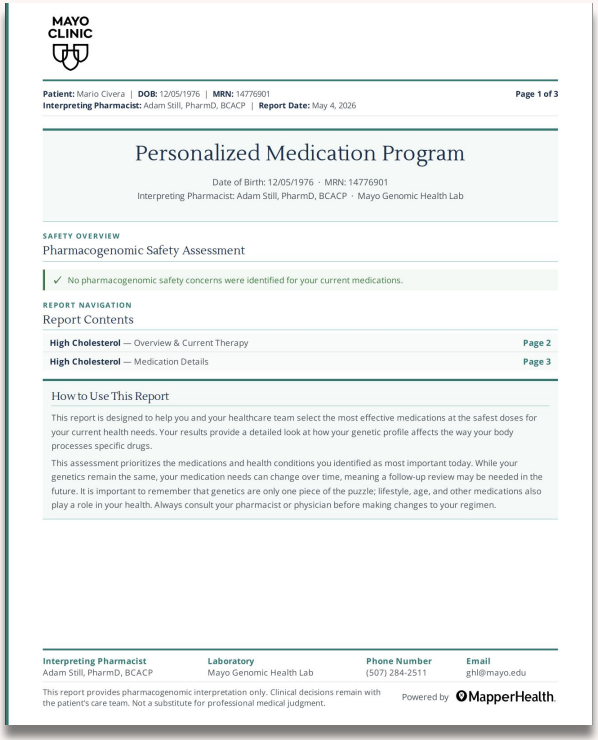
75%
of Cancer Drugs are the Wrong Drug or Dose
2

$784 Billion
in Estimated Annual Cost of Harm caused by Wrong Drug Prescriptions
3

50%
of Patients Do Not Take their Medications as Prescribed
4

1. Spear, B.B., M. Heath-Chiozzi, and J. Huff, *Clinical application of pharmacogenetics.* Trends Mol Med, 2001. **7**(5): p. 201-4.
2. Spear, B.B., M. Heath-Chiozzi, and J. Huff, *Clinical application of pharmacogenetics.* Trends Mol Med, 2001. **7**(5): p. 201-4.
3. Watanabe, J.H., T. McInnis, and J.D. Hirsch, *Cost of Prescription Drug-Related Morbidity and Mortality.* Ann Pharmacother, 2018. **52**(9): p. 829-837.
4. Ellwood, M., et al., *Enhancing Prescription Medication Adherence: A National Plan*, N.C.o.P.I.a. Education, Editor. 2007, Patient Safety Network: PSNet.

Personalized Medication Report



MAYO CLINIC

Patient: Mario Civera | **DOB:** 12/05/1976 | **MRN:** 14776901 — Page 1 of 3
Interpreting Pharmacist: Adam Still, PharmD, BCACP | **Report Date:** May 4, 2026

Personalized Medication Program

Date of Birth: 12/05/1976 · MRN: 14776901
Interpreting Pharmacist: Adam Still, PharmD, BCACP · Mayo Genomic Health Lab

SAFETY OVERVIEW

Pharmacogenomic Safety Assessment

✓ No pharmacogenomic safety concerns were identified for your current medications.

REPORT NAVIGATION

Report Contents

High Cholesterol — Overview & Current Therapy — Page 2
High Cholesterol — Medication Details — Page 3

How to Use This Report

This report is designed to help you and your healthcare team select the most effective medications at the safest doses for your current health needs. Your results provide a detailed look at how your genetic profile affects the way your body processes specific drugs.

This assessment prioritizes the medications and health conditions you identified as most important today. While your genetics remain the same, your medication needs can change over time, meaning a follow-up review may be needed in the future. It is important to remember that genetics are only one piece of the puzzle; lifestyle, age, and other medications also play a role in your health. Always consult your pharmacist or physician before making changes to your regimen.

Interpreting Pharmacist	Laboratory	Phone Number	Email
Adam Still, PharmD, BCACP	Mayo Genomic Health Lab	(507) 284-2511	ghl@mayo.edu

MAYO CLINIC

Patient: Mario Civera | **DOB:** 12/05/1976 | **MRN:** 14776901 — Page 2 of 3
Interpreting Pharmacist: Adam Still, PharmD, BCACP | **Report Date:** May 4, 2026

CONDITION

High Cholesterol

Drugs Used to Treat High Cholesterol

CURRENT THERAPY

MEDICATION	DRUG CLASS	EFFICACY	TOLERABILITY	METABOLISM
Rosuvastatin	Statin	• SUBOPTIMAL	• NEUTRAL	• MIXED
Ezetimibe	Cholesterol Absorption Inhibitor	• NEUTRAL	• NEUTRAL	• N/A
Aspirin 81 mg	Antiplatelet	• FAVORABLE	• NEUTRAL	• N/A

PHARMACOGENOMIC SUMMARY

Your LDL cholesterol has not reached the desired goal on your current regimen. This evaluation was conducted to identify options that may better align with your genetic profile and help optimize your lipid-lowering therapy.

Your genetic profile shows mixed signals for how your body processes **rosuvastatin**. Combined with your reported experience of limited effectiveness, the overall picture suggests your body may not be absorbing the full therapeutic benefit. For **ezetimibe**, no specific genetic signals were identified — your reported experience of reduced effectiveness remains the primary consideration. Your profile indicates a favorable response to **aspirin**, specifically a lower likelihood of aspirin resistance.

Among alternatives reviewed, most statins show reduced absorption based on your genetics, limiting their effectiveness. PCSK9 inhibitors — including Repatha (evolocumab), Praluent (alirocumab), and Leqvio (inclisiran) — and bempedoic acid show no genetic concerns and are clinically viable. If triglycerides are elevated, fenofibrate may be a strong option based on your genomic profile.

A note on Repatha (evolocumab): Your genomic profile shows no contraindications to this medication. Your father's positive experience with Repatha is also a relevant clinical consideration. Although insurance authorization was recently denied, your care team may be able to explore manufacturer assistance programs or submit an updated prior authorization request.

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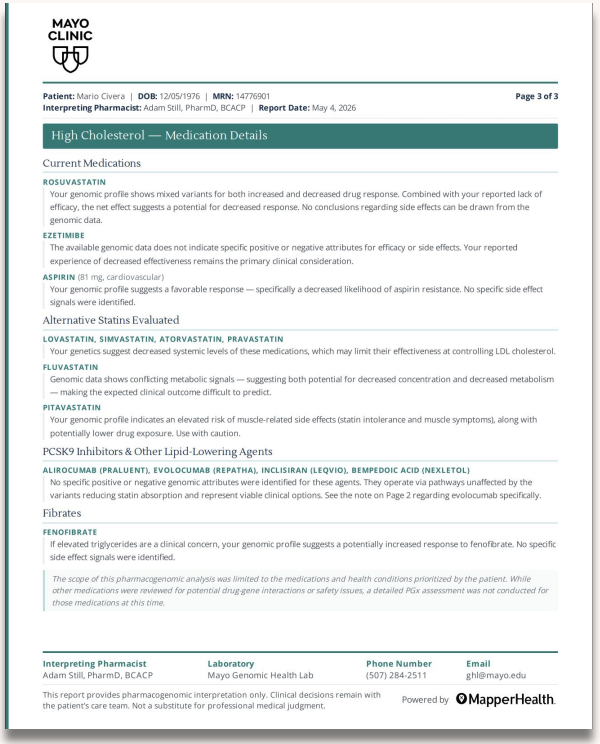


MAYO CLINIC

Patient: Mario Civera | **DOB:** 12/05/1976 | **MRN:** 14776901 — Page 3 of 3
Interpreting Pharmacist: Adam Still, PharmD, BCACP | **Report Date:** May 4, 2026

High Cholesterol — Medication Details

Current Medications

ROSUVASTATIN
Your genomic profile shows mixed variants for both increased and decreased drug response. Combined with your reported lack of efficacy, the net effect suggests a potential for decreased response. No conclusions regarding side effects can be drawn from the genomic data.

EZETIMIBE
The available genomic data does not indicate specific positive or negative attributes for efficacy or side effects. Your reported experience of decreased effectiveness remains the primary clinical consideration.

ASPIRIN (81 mg, cardiovascular)
Your genomic profile suggests a favorable response — specifically a decreased likelihood of aspirin resistance. No specific side effect signals were identified.

Alternative Statins Evaluated

LOVASTATIN, SIMVASTATIN, ATORVASTATIN, PRAVASTATIN
Your genetics suggest decreased systemic levels of these medications, which may limit their effectiveness at controlling LDL cholesterol.

FLUVASTATIN
Genomic data shows conflicting metabolic signals — suggesting both potential for decreased concentration and decreased metabolism — making the expected clinical outcome difficult to predict.

PITAVASTATIN
Your genomic profile indicates an elevated risk of muscle-related side effects (statin intolerance and muscle symptoms), along with potentially lower drug exposure. Use with caution.

PCSK9 Inhibitors & Other Lipid-Lowering Agents

ALIROCUMAB (PRALUENT), EVOLOCUMAB (REPATHA), INCLISIRAN (LEQVIO), BEMPEDOIC ACID (NEXLETOL)
No specific positive or negative genomic attributes were identified for these agents. They operate via pathways unaffected by the variants reducing statin absorption and represent viable clinical options. See the note on Page 2 regarding evolocumab specifically.

Fibrates

FENOFIBRATE
If elevated triglycerides are a clinical concern, your genomic profile suggests a potentially increased response to fenofibrate. No specific side effect signals were identified.

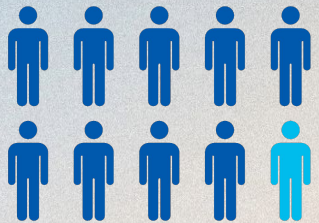
The scope of this pharmacogenomic analysis was limited to the medications and health conditions prioritized by the patient. While other medications were reviewed for potential drug-gene interactions or safety issues, a detailed PGx assessment was not conducted for those medications at this time.

Interpreting Pharmacist	Laboratory	Phone Number	Email
Adam Still, PharmD, BCACP	Mayo Genomic Health Lab	(507) 284-2511	ghl@mayo.edu

The Impact

91%

of sequenced patients receive personalized medication recommendations, giving them the chance to live healthier, happier lives.



Unmatched Scope

328 conditions and **6,500+ medications covered** making it the most comprehensive solution in the market.

On Call Support

Assisting the **~70%** of members currently on prescriptions providing **expert guidance** to anyone struggling with their unwanted side effects or medication efficacy.

High-Cost Risk Containment

Prioritizing the 3-5% of high-acuity members who drive **65-80%** of your total drug spend. We identify the **1.5-2.5%** of members most likely to benefit from genomic insights.

Proven Financial Impact

Optimizing member health to deliver significant plan savings, **generating on average 8.5-13x ROI.**

Mayo Clinic's Personalized Medication Report, powered by MapperHealth, sequences your DNA to identify the **safest, most effective medications** —while automatically flagging those that are ineffective or dangerous.

Lower Cost, Better Care

Every recommendation we have made has been **cost-neutral** or **cost-saving**—shifting spend from expensive specialty drugs to **safe, effective, and more affordable** alternatives.

Personalized Medication Program

Clinical Examples

Powered by MapperHealth

Meet Matthew

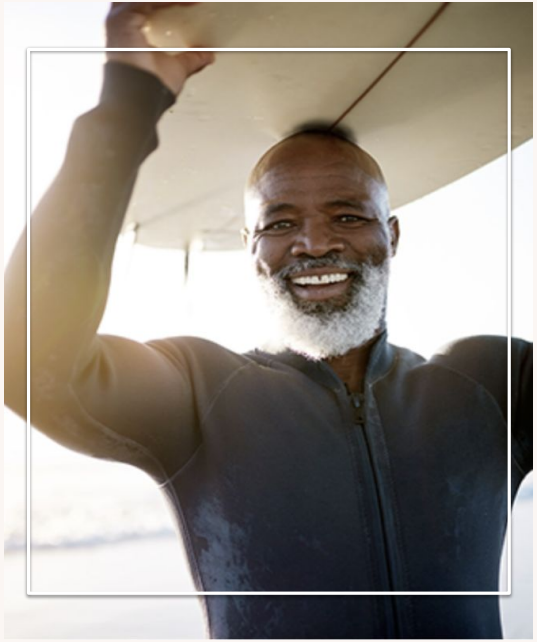
Patient: 52 year-old male

Rheumatoid Arthritis

Without Personalized Medication Report: Treatment failure with methotrexate, prescribed HUMIRA for **$75,600 per year,** enduring **painful injections** into his stomach twice a month.

With Personalized Medication Report: Matthew gets a one-on-one consult. Based on his DNA, a Pharmacist certified through Mayo Clinic's PGx-Certification Program **recommends leflunomide,** an oral medication that is easy to take and much more effective; costing just **$22 a month / $264 a year.**

Improved Outcomes: With the **Personalized Medication Report**, Matthew feels better because he is able to effectively treat his arthritis and **saves $75,300** each year.



Meet Katie

Patient: 43 year-old female

Breast Cancer

Without Personalized Medication Report:: Katie is a 43-year-old mother of three young children and a breast cancer patient who was preparing to begin a **5-year Tamoxifen** regimen.

With Personalized Medication Report: Katie's DNA showed three genes linked to **poor long-term Tamoxifen response.** A Mayo Clinic-certified Pharmacist informed her oncologist and **recommended an alternative treatment** of Anastrozole in combination with Lupron.

Improved Outcomes: This switch, based on her DNA, greatly improved the **likelihood of a successful** outcome in which her cancer remains in full remission.

Meet Tommy

Patient: 23 year-old male

Obsessive compulsive disorder/generalized anxiety disorder

Without Personalized Medication Report: Tommy stopped taking his previously prescribed medications for OCD and GAD because they were not working for him.

With Personalized Medication Report: Recommended initiation of fluoxetine at an optimized dose based on the **favorable side effect profile** showed in his DNA report. Additionally, having a longer half-life, fluoxetine allows for longer activity in the body between doses, **alleviating missed dosing concerns.**

Improved Outcomes: Tommy experienced significant symptom improvement and **$6,405** annual medical cost savings. The true impact was evident in the heartfelt message from Tommy's family: **“You gave our son back to us!”**

MapperHealth™

Economic Impact

Preferred Pricing

$2.75 PMPM

MAYO CLINIC Genomic Health Program	MAYO CLINIC Personalized Medication Program
$250 per sequenced member	**$250** per sequenced member

80% Off Retail Cost: By combining a low $2.75 PMPM with an 80% discount, we bring the retail cost of $1,250 down to just $250 per sequenced member ensuring cost is never a barrier to care.

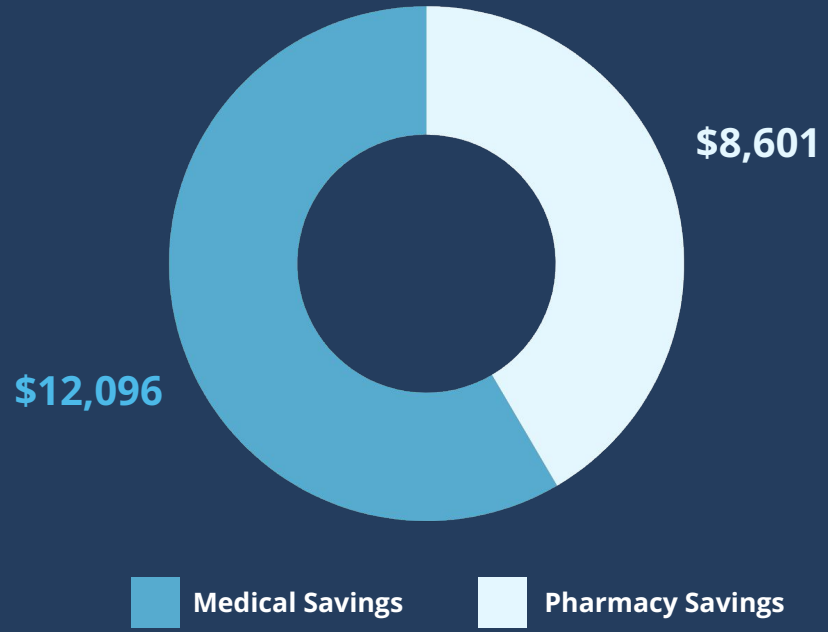
Money-Back Guarantee: Our money-back guarantee is available to all employers, regardless of group size or funding type (fully-insured, self-insured, consortium, or captive).

Flexible Payment Options: Our services can be built into the health plan, paid for by the employer or broker, or offered as a voluntary benefit paid for by the employee.

1. MapperHealth guarantees that employer's medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.

$20,697

Average annual savings per patient sequenced with RxMapper



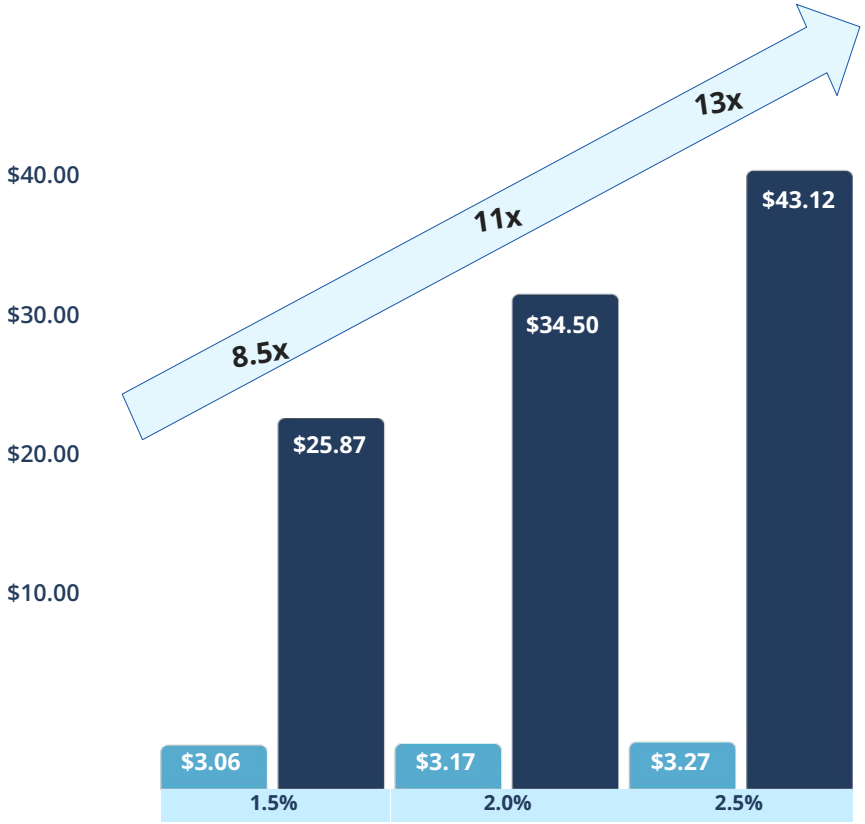
Redefining the Cost of Care

$20,697 Per-Patient Annual Savings

8.5x to 13x ROI

ROI increases as more members, who are struggling with their medications, have their DNA sequences.

MapperHealth



% of Members Sequenced

The Personalized Medication Report pays for itself many times over with estimated annual savings of **$25.87 - $43.12** PMPM, which equates to a **8.5x to 13x ROI**.

Money-Back Guarantee

OUR COMMITMENT

MapperHealth guarantees that your medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.

FINANCIAL RISK MITIGATION

We remove the financial uncertainty, allowing you to focus on the health and wellbeing of your people.

LET'S GET STARTED

Book a call with one of our account managers for a one-on-one discussion covering client implementation, next steps and to answer any questions you may have.

Scan to schedule

- Client Implementation
- Next Steps & Timelines
- Patient Journeys & Your Questions

Contact Us

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