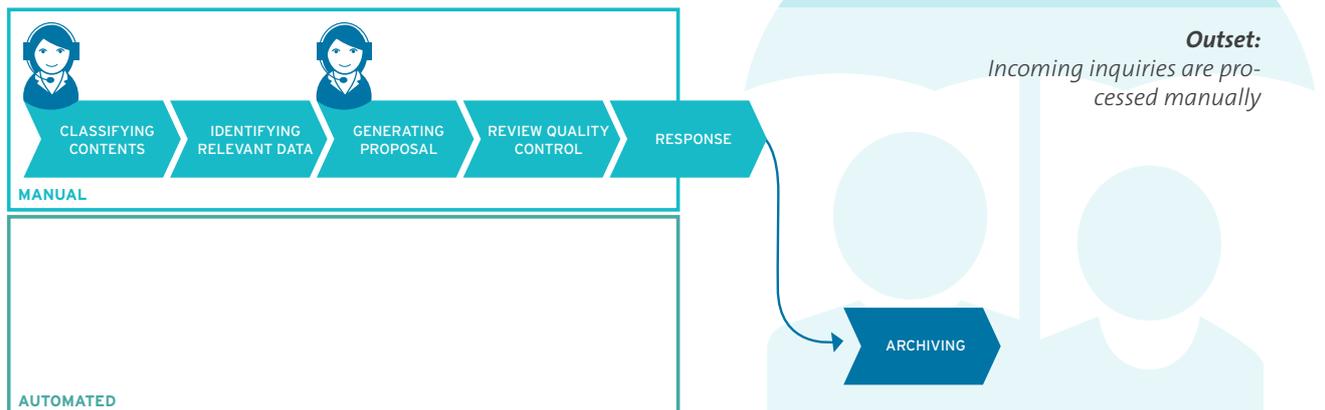


Productivity Increases by 90% on Average

In the insurance industry, calculating rates and adjusting benefits is largely characterized by manual processing. Incoming email inquiries are captured and routed manually. Agents use third-party systems to find the right plan, which they then send out, once again, by email. For a composite insurer with approximately 2 million members, the average processing time per request can be reduced by up to 90%. If the email dialog is largely automated, agents can focus on quality control.

OUTSET.

The insurer's sales department captures incoming emails, determines premiums and adjusts benefits before distributing the inquiries for further processing. The inquiries are then reviewed and a proposal is created in a third-party system based on the applicant's personal variables and plan selections. The calculated values are transferred into the proposal system, converted to PDF and stored locally on an employee's computer. During the final step, a response is sent to the agent or directly to the customer via email, PDF attached. Sorting inquiries, routing them to available staff members, switching to another application for data entry and verification – processing inquiries is highly complex.



THE REQUIREMENTS.

- Classifying incoming emails based on content through keywords and intelligent analysis
- Automated identification and extraction of relevant data from email messages
- Automated validation and transfer of data to third-party software via Web services
- Response template is automatically populated with output (PDF); archiving
- Manual processing is limited to reviewing and sending

THE CUSTOMER.

- Leading German insurance company company in Europe
- Approx. 2.000 employees
- Approx. 2 million clients
- Approx. 2 billion EUR in premiums

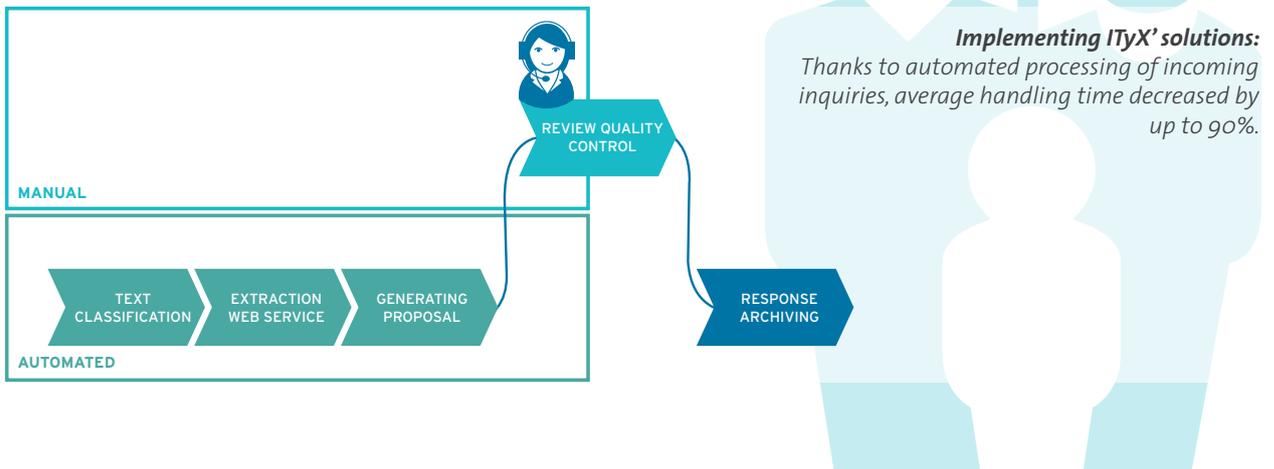
APPLIED ITYX SOLUTIONS.

- AI PLATFORM – workflow and integration platform
- RESPONSE
- VIRTUAL AGENT

ITYX'S SOLUTION.

Health insurance companies go through critical periods, such as the end of the year or open enrollment periods, when business can change dramatically (e.g. new rates or benefits, switching supplemental insurances). This insurance company typically met large volumes during these periods with cost- and time-intensive personnel increases. And yet, long processing times occurred that had a negative impact on the insurer's business development. After researching market-relevant providers, this insurance company decided to employ ITyX' system, particularly to manage the year-end business. Within two months, ITyX realized the project and built the system for the largest document volumes in each area of business. ITyX RESPONSE proofed its strong performance during the peak phase of the year-end business. After using the system for only a short period of time, management decided to expand the implementation of ITyX solutions to other areas. Additional organizations within the insurance group soon decided to implement RESPONSE as well.

ITyX solutions automate essential steps in the processing of the insurance company's incoming inquiries so that they can be assigned to the correct process and team, more than 95% of the time. Business and personal data is automatically extracted and transmitted to a third party that creates a proposal. The proposal is automatically assigned to the case.



THE RESULTS.

- Average processing time per inquiry decreased by 90%
- No more switching between media; no more accessing third-party systems
- Improved quality through test routines and service level reporting
- Expedited capturing, routing and processing of customer inquiries

Find out more:

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