

UT Southwestern & Headspace

Member Experience

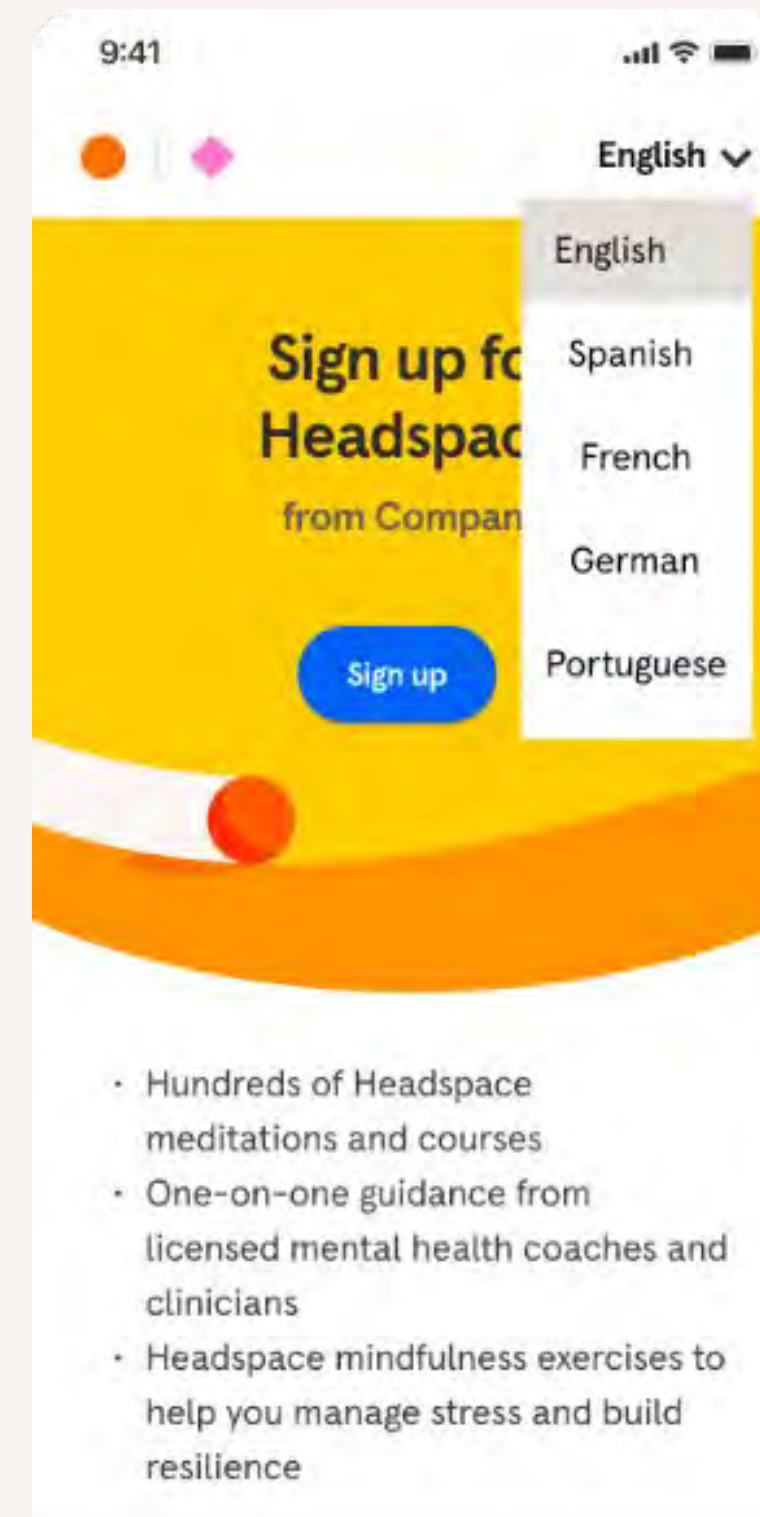
Personalized Global Enrollment Experience

Our co-branded enrollment page serves as a single entry point for members across the globe to enroll in our full suite of services or call a 24/7 phone line for immediate support.

For organizations with multinational populations, we can offer region-specific links that dynamically show members what's available to them in their location.

Enrollment is available in English, Spanish, French, German, and Portuguese

3

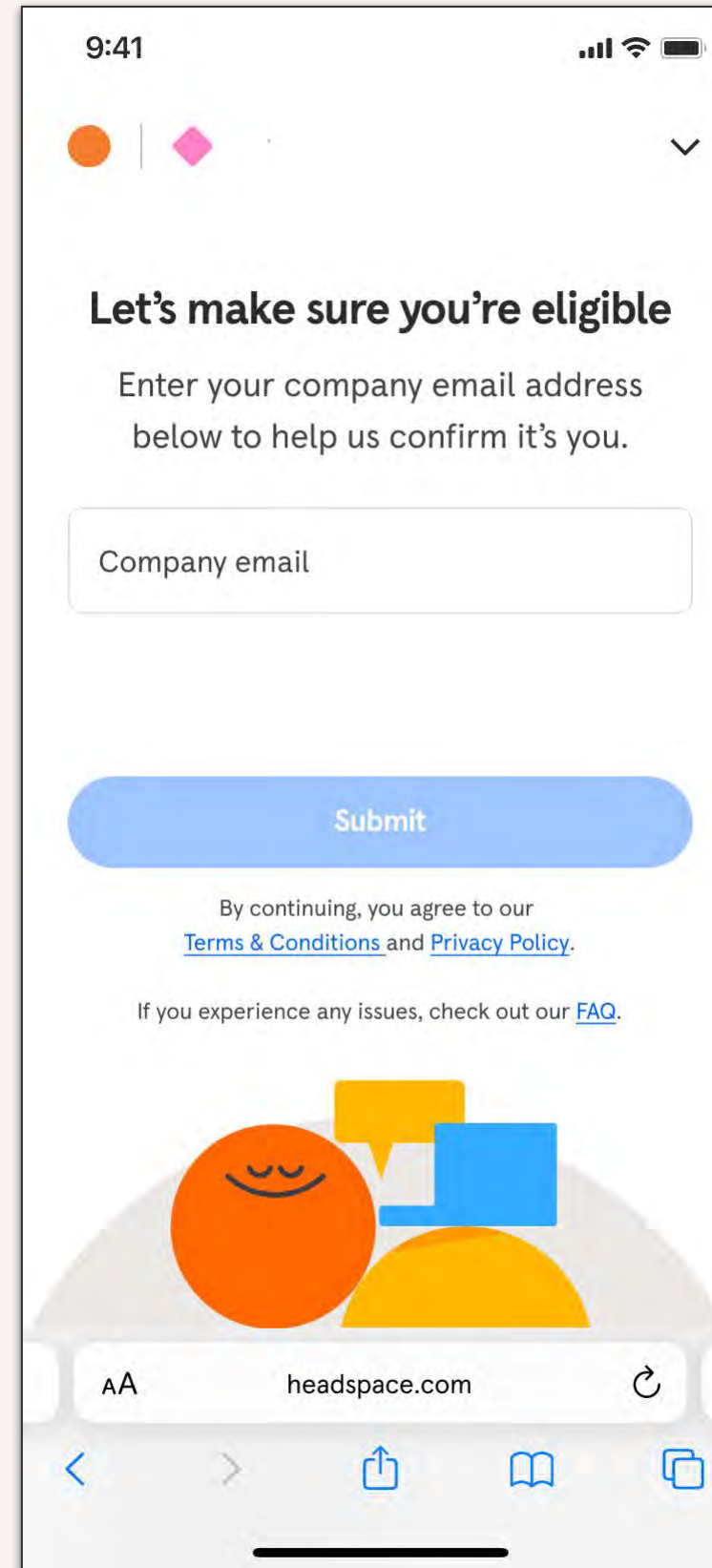


Member's eligibility is verified

If member selects 'Sign up now' they are then prompted to enter their corporate email address OR employee ID. They then will be prompted to enter their date of birth and Country

If its email, they'll receive an email to their work email address on the eligibility file to verify their account. They'll go to that email to click verify and then move to the next screen on this page

If its ID, as long as it matches what we have on that eligibility file, they'll be able to move to the next screen.



9:41

Let's make sure you're eligible

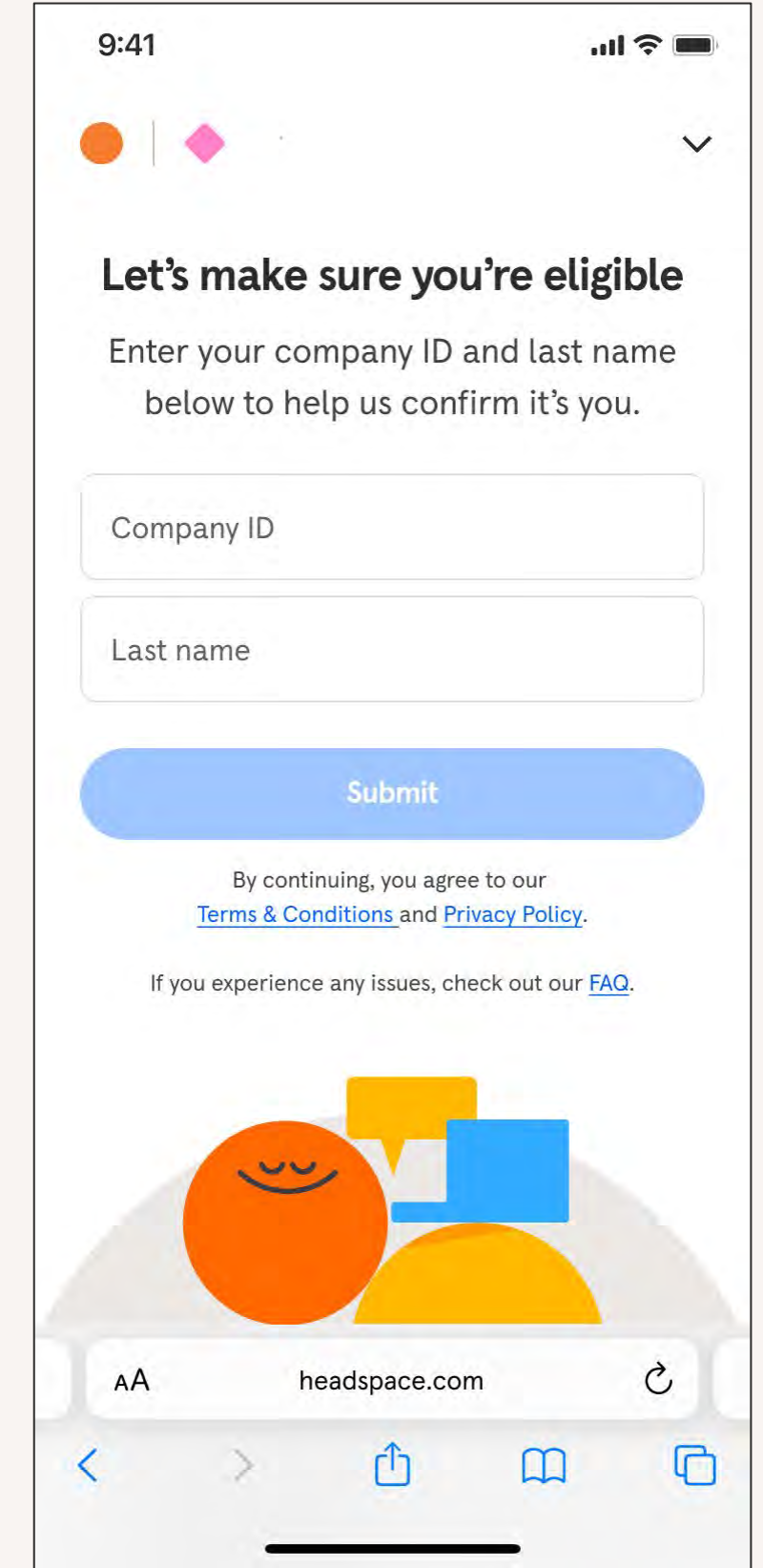
Enter your company email address below to help us confirm it's you.

Submit

By continuing, you agree to our [Terms & Conditions](#) and [Privacy Policy](#).

If you experience any issues, check out our [FAQ](#).

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9:41

Let's make sure you're eligible

Enter your company ID and last name below to help us confirm it's you.

Submit

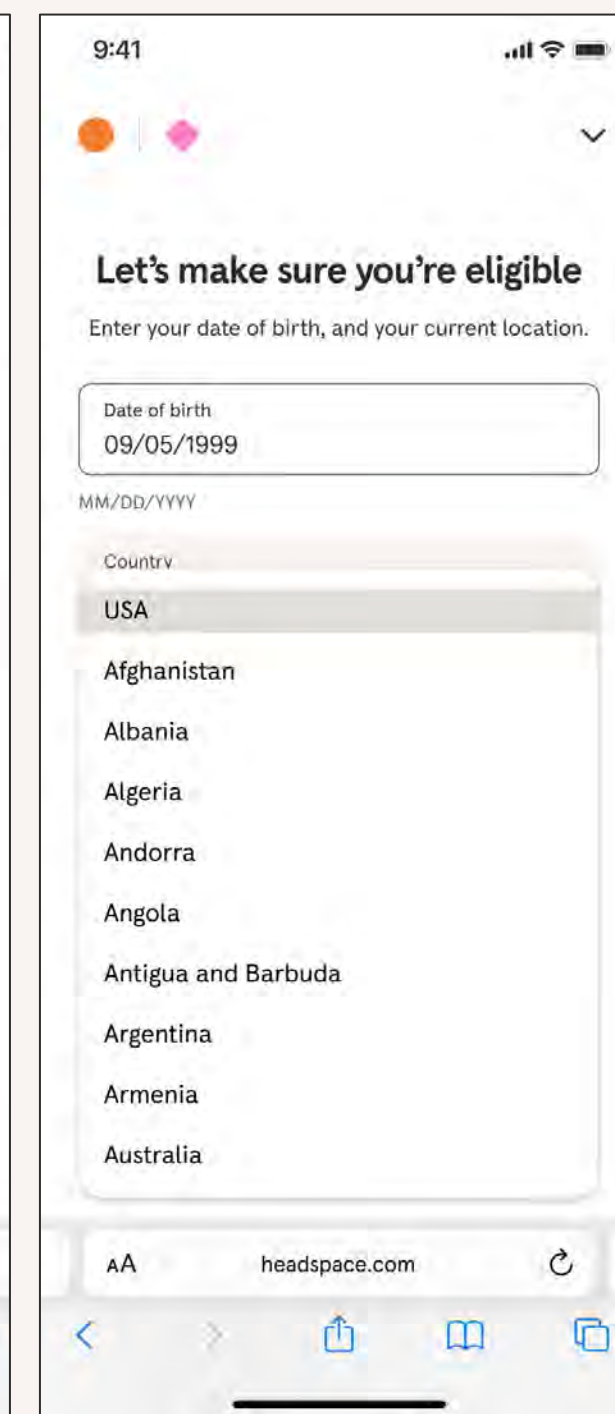
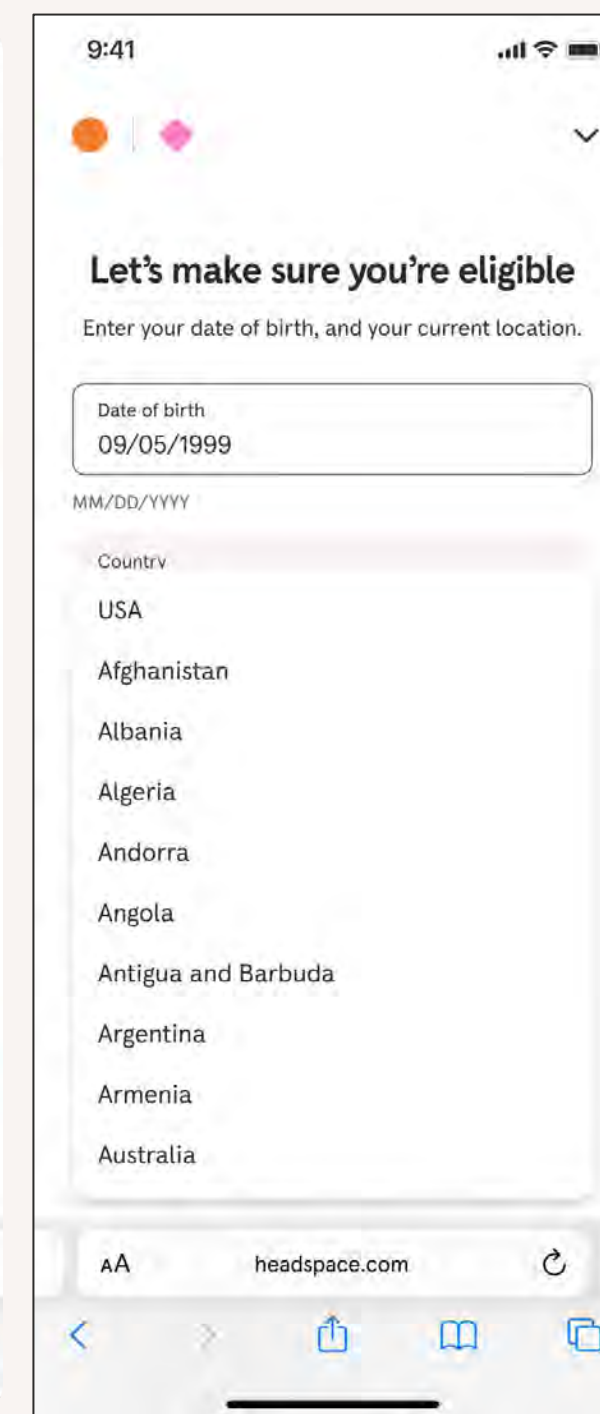
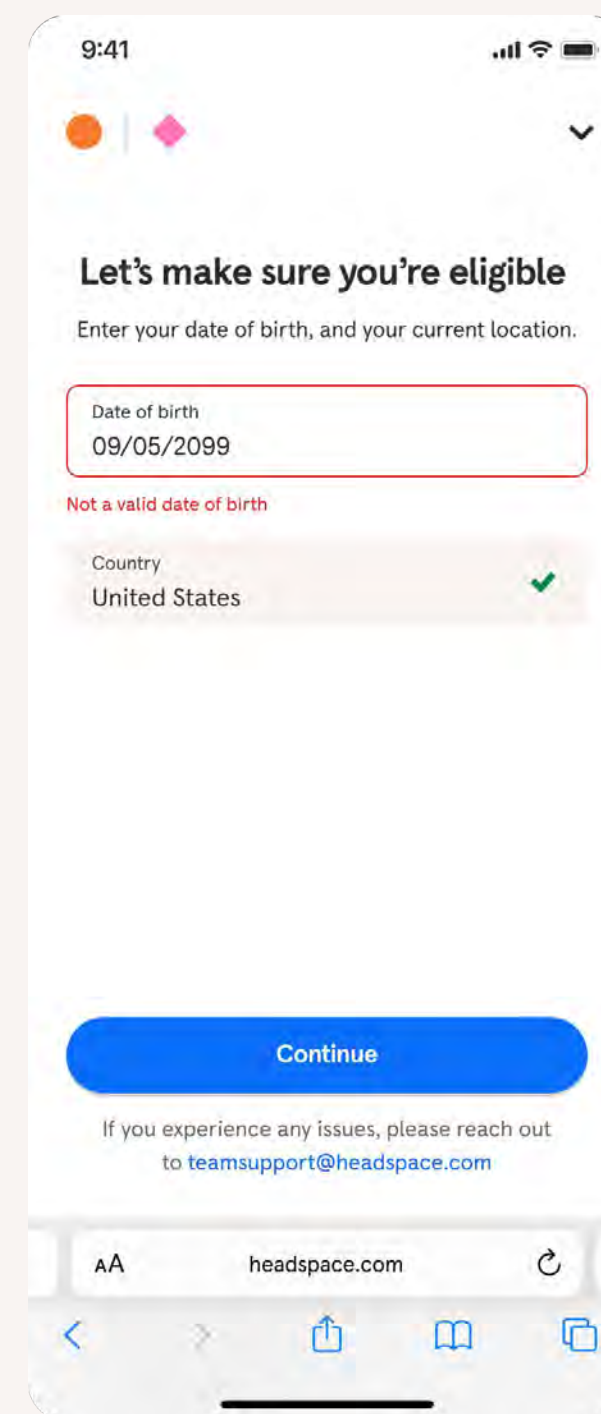
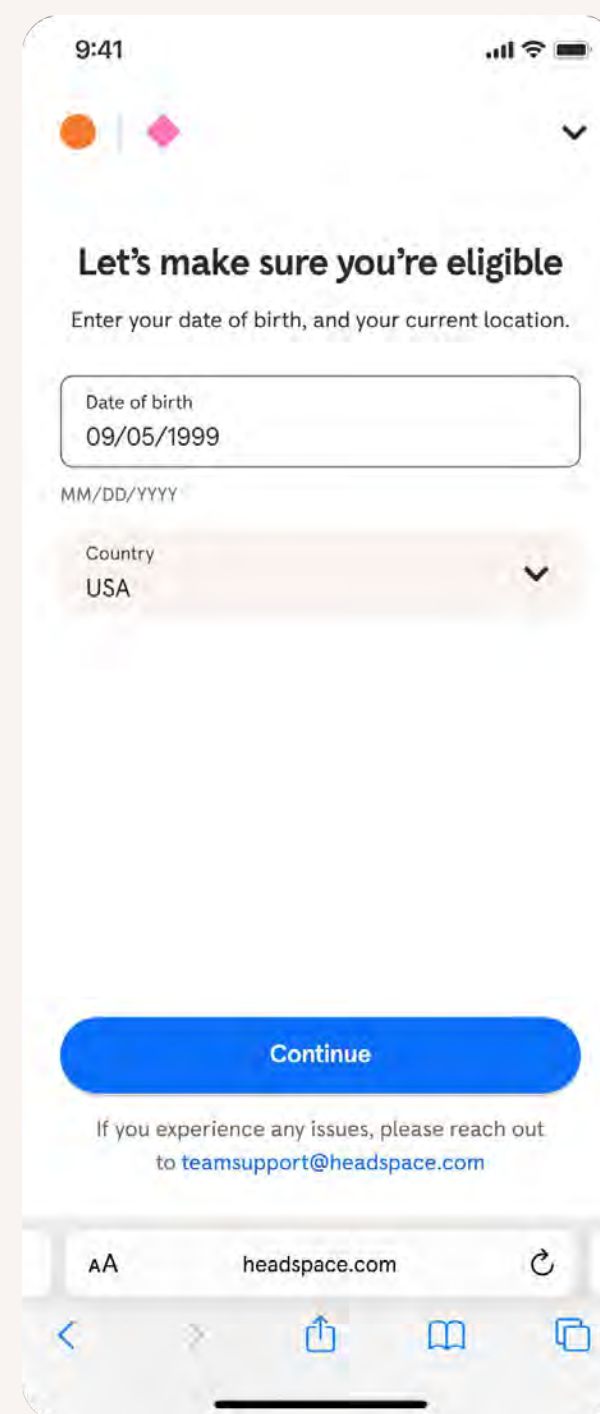
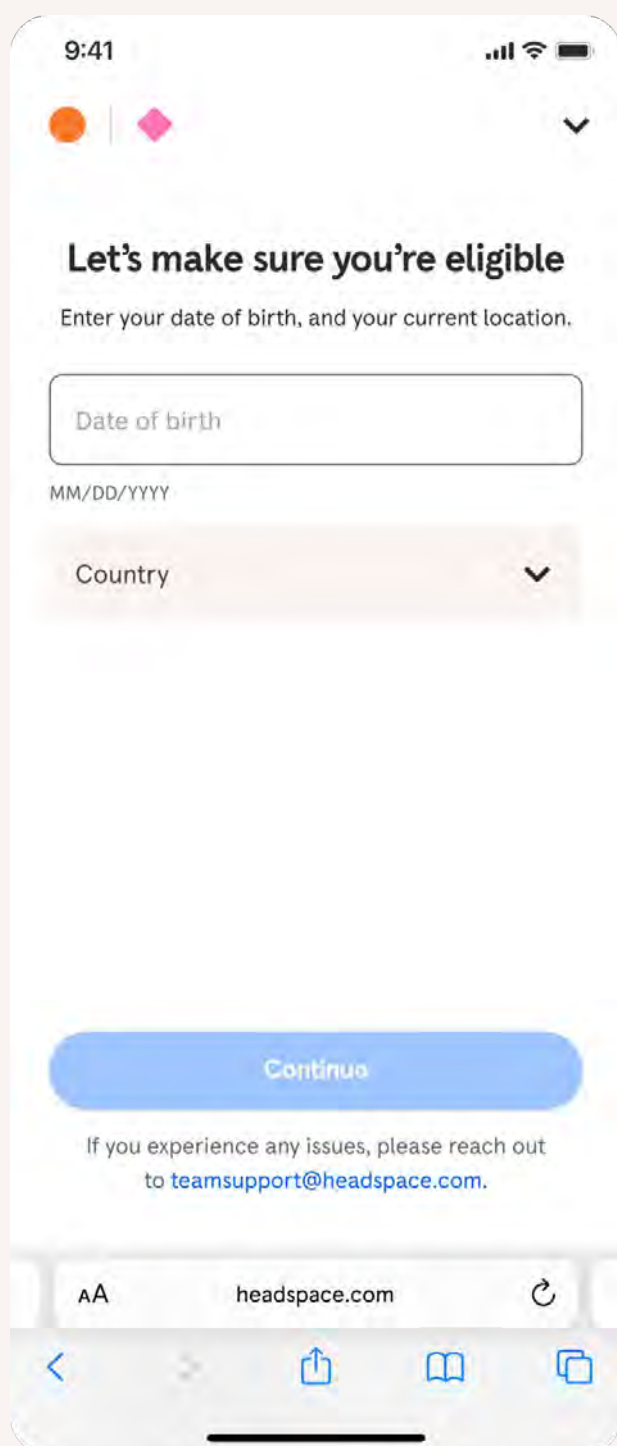
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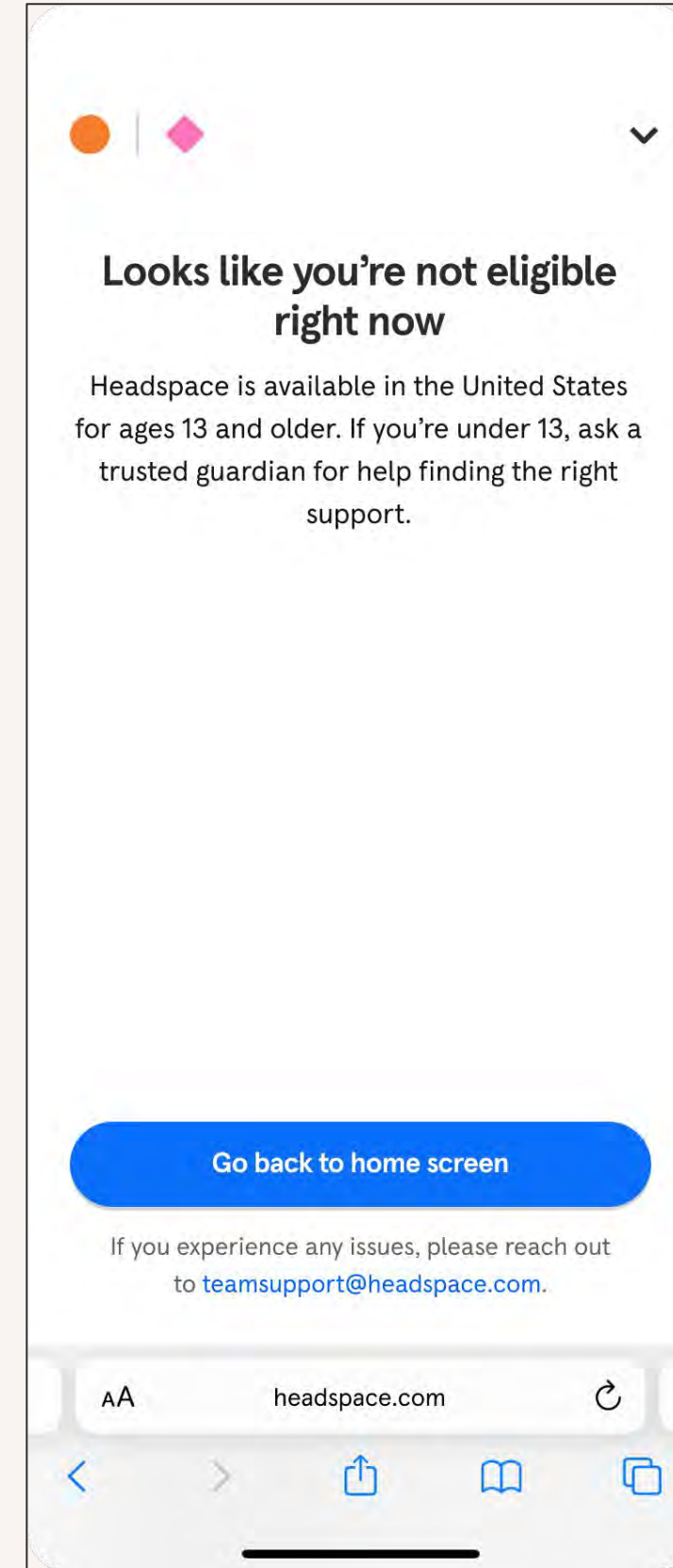
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Member confirms DOB and country

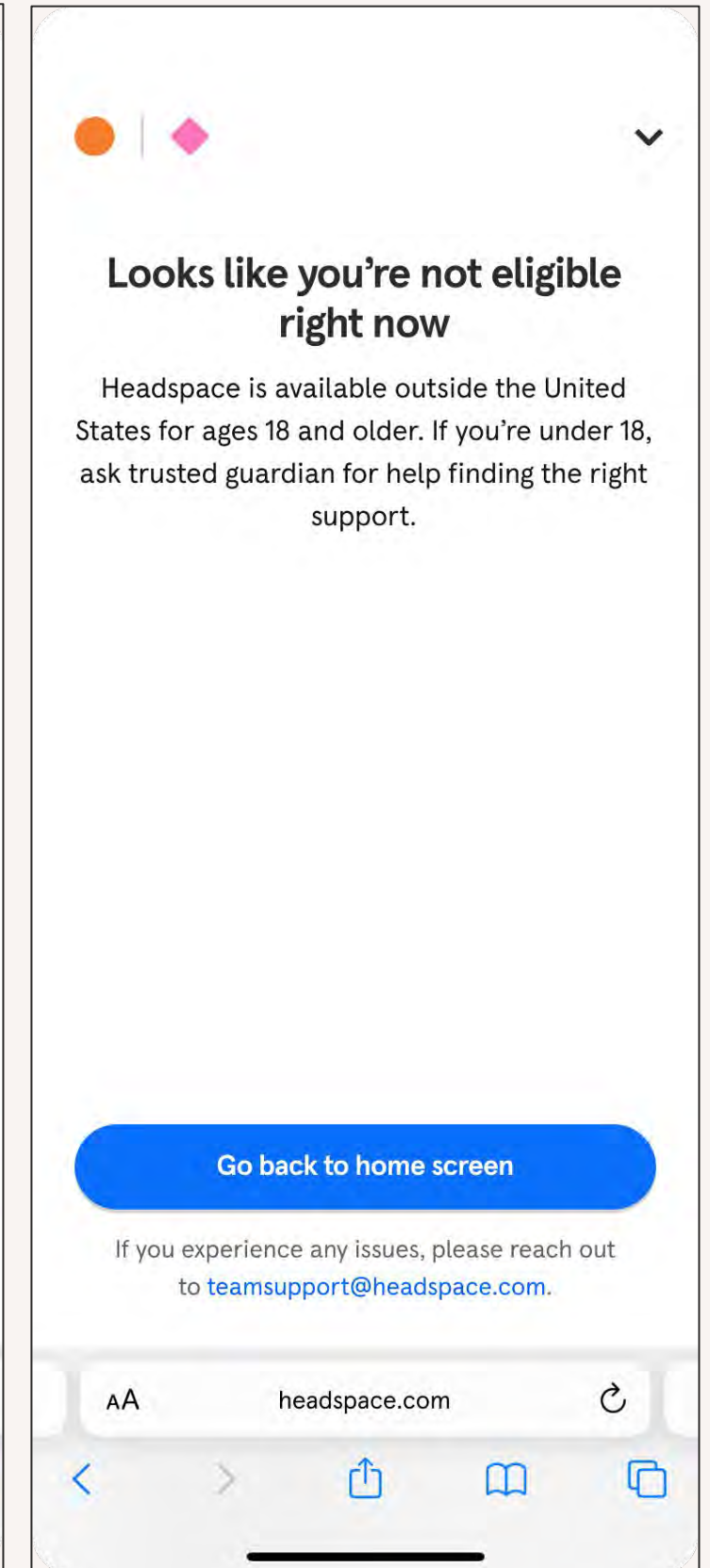
To be eligible must be: 13 or older in the US or 18 and older outside of the US



If someone doesn't meet requirements an error message appears



If a person is:
Under 13

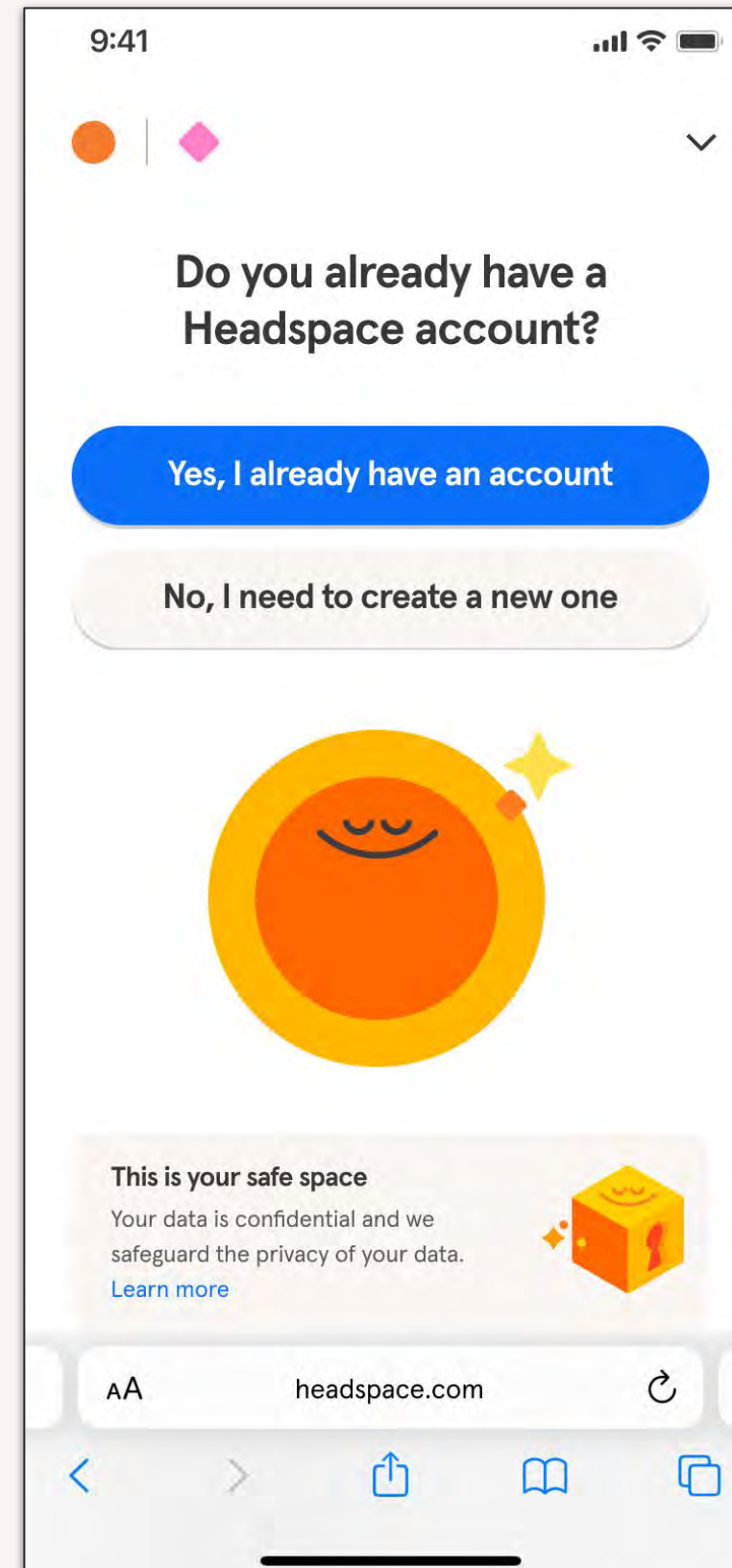


If person is:
Outside US
17 and younger

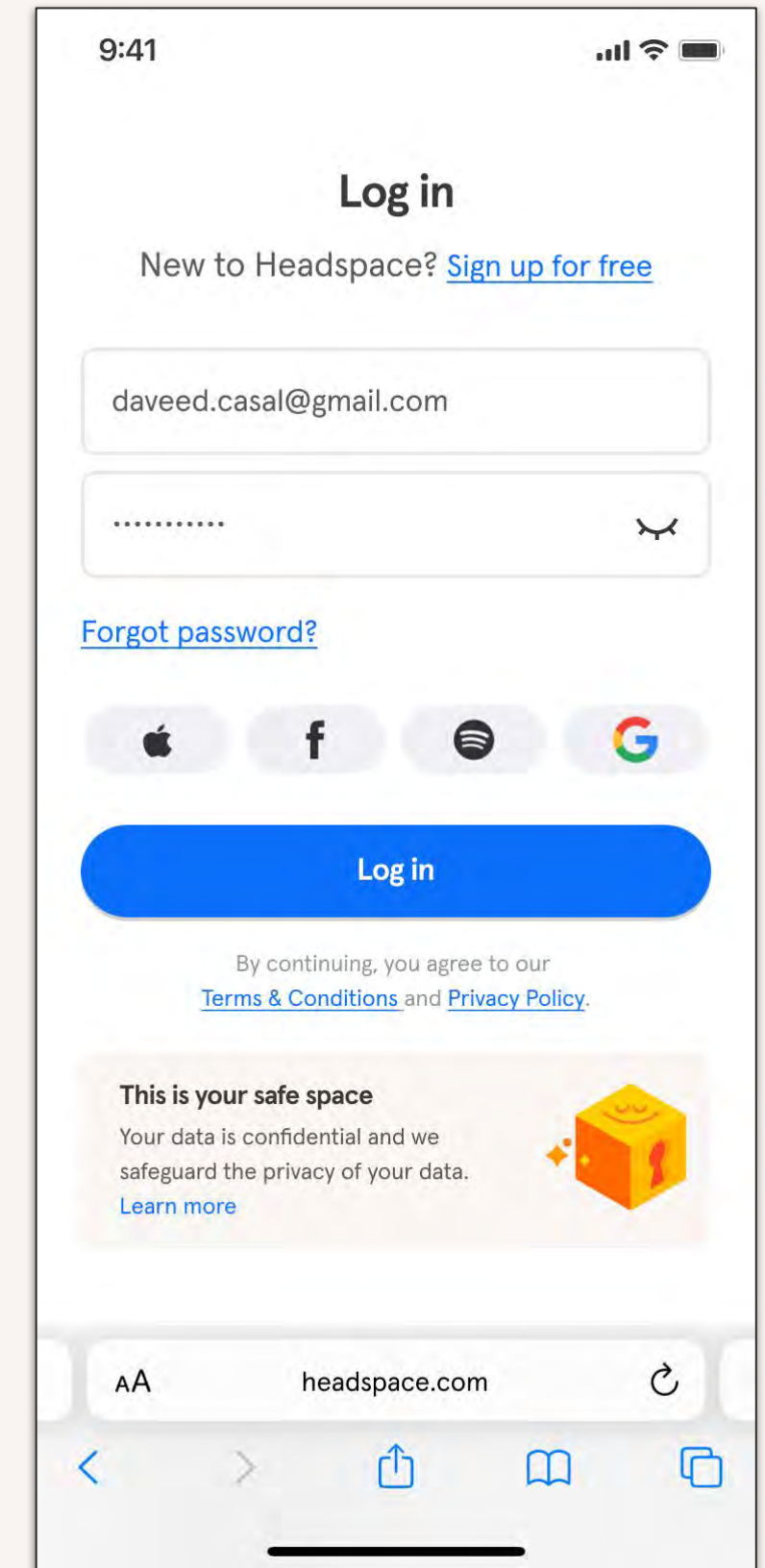
Member logs into account

Option 1

Member has existing Headspace account



Member clicks 'Yes, I already have an account'

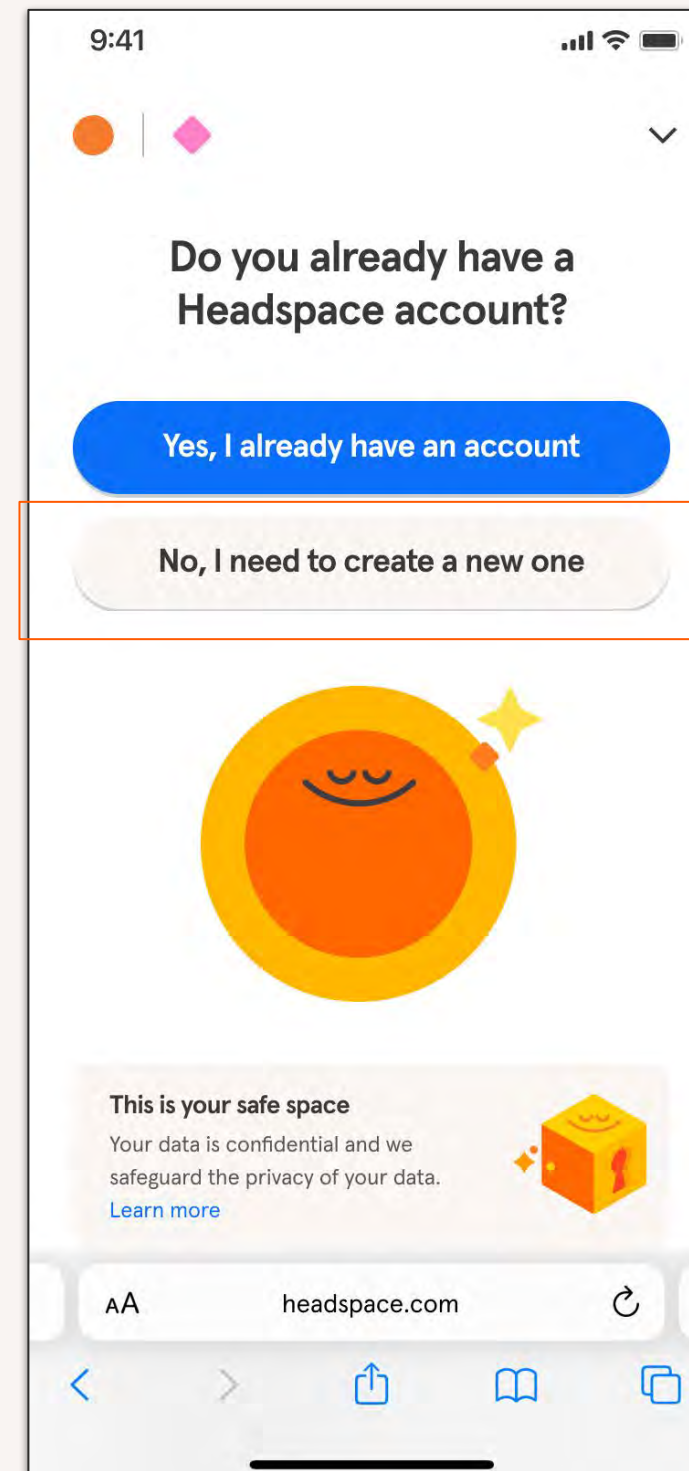


Member logs into existing account with existing credentials

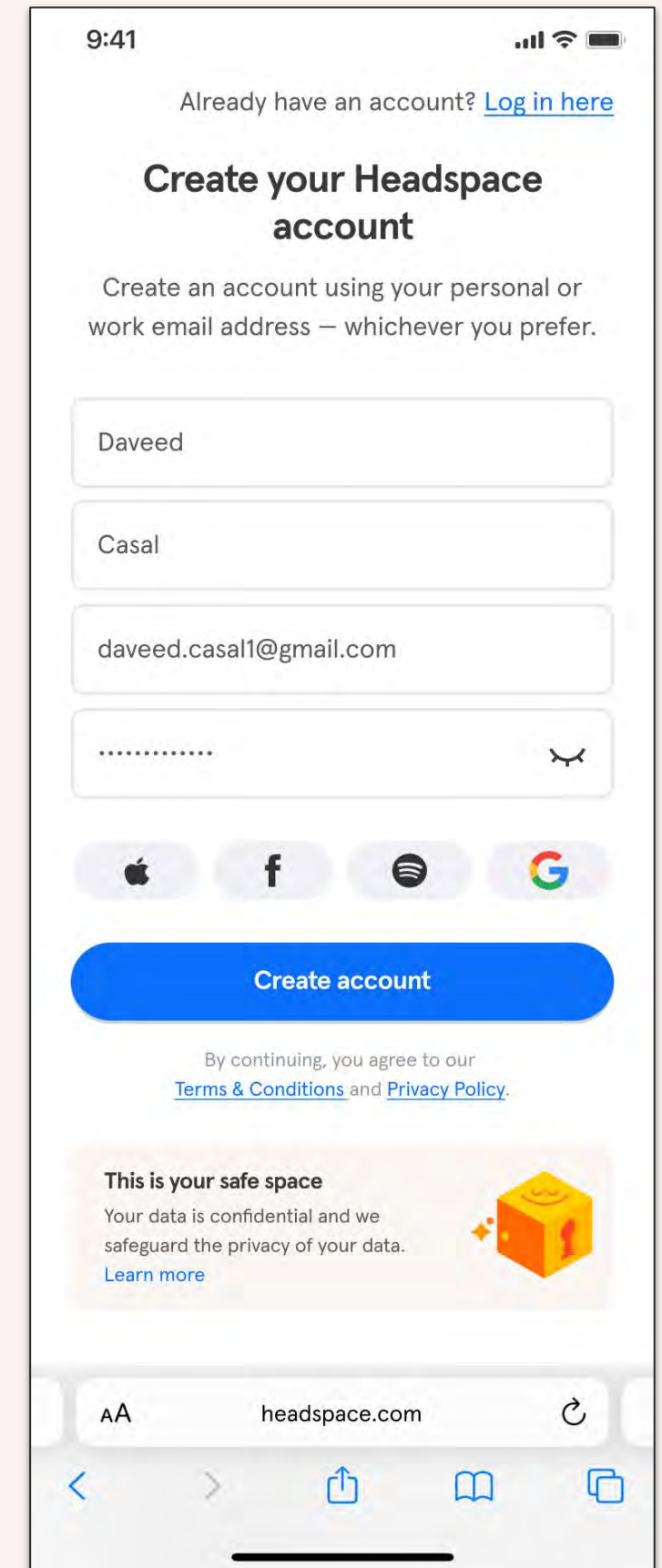
Member creates account

Option 2

Member does not have an existing Headspace account - they must create a one.

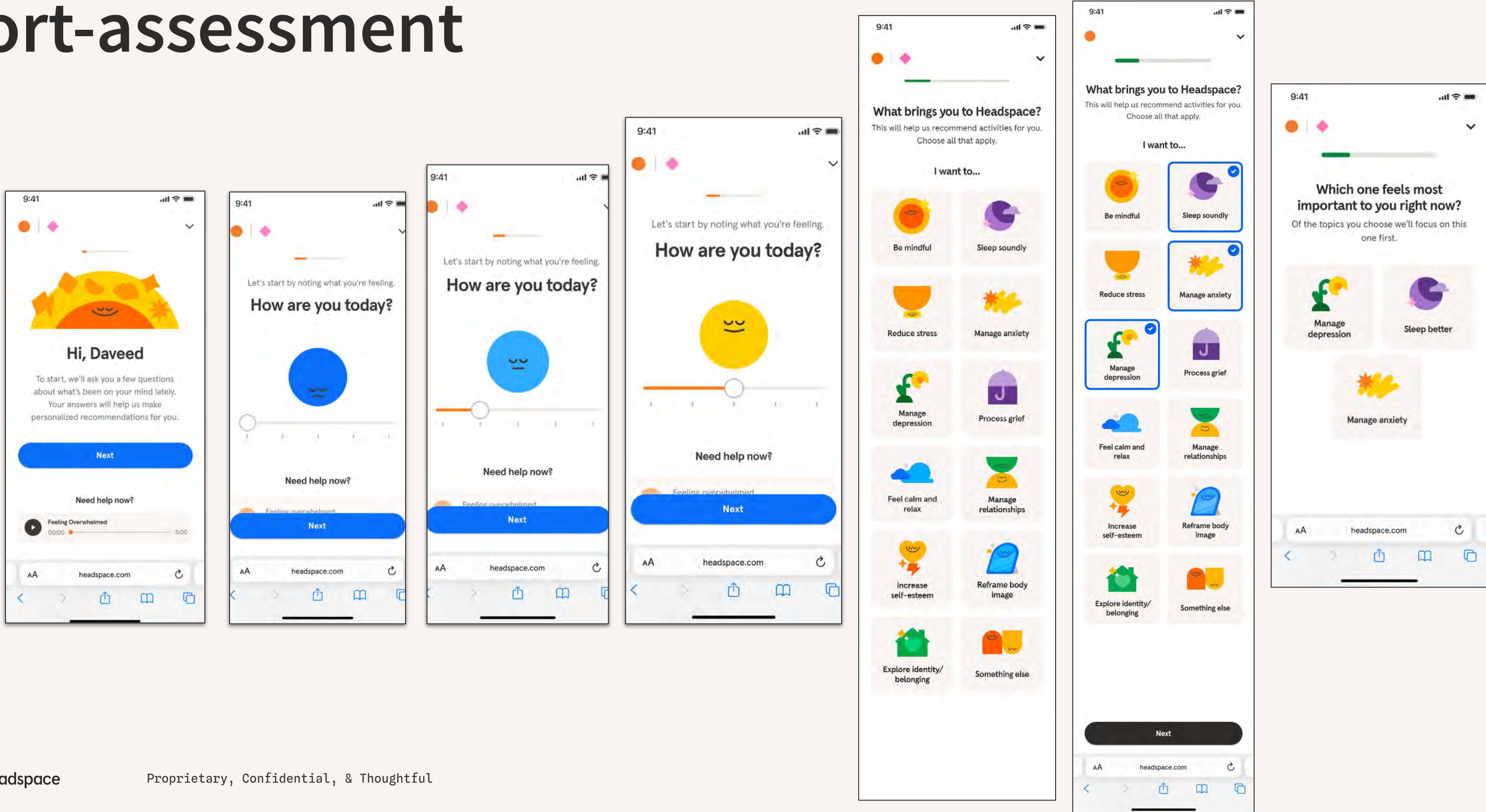


Member selects 'No, I need to create a new one'

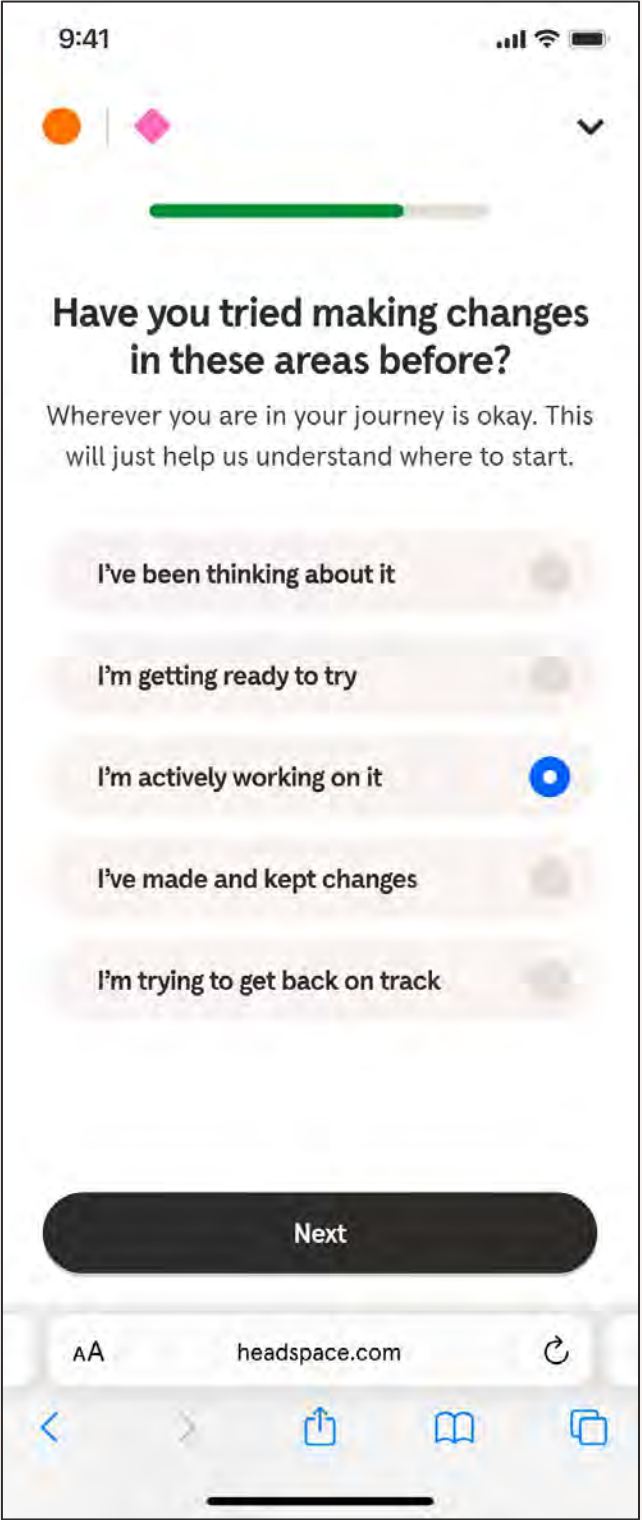
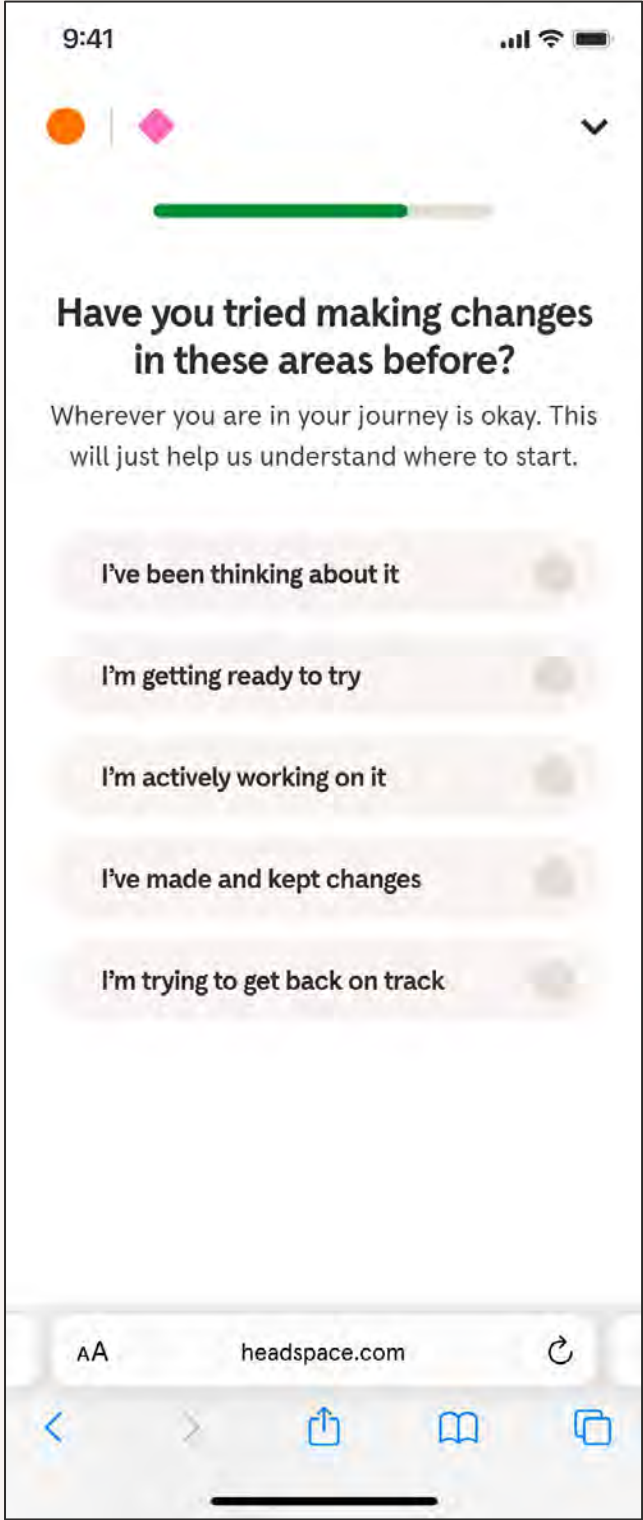
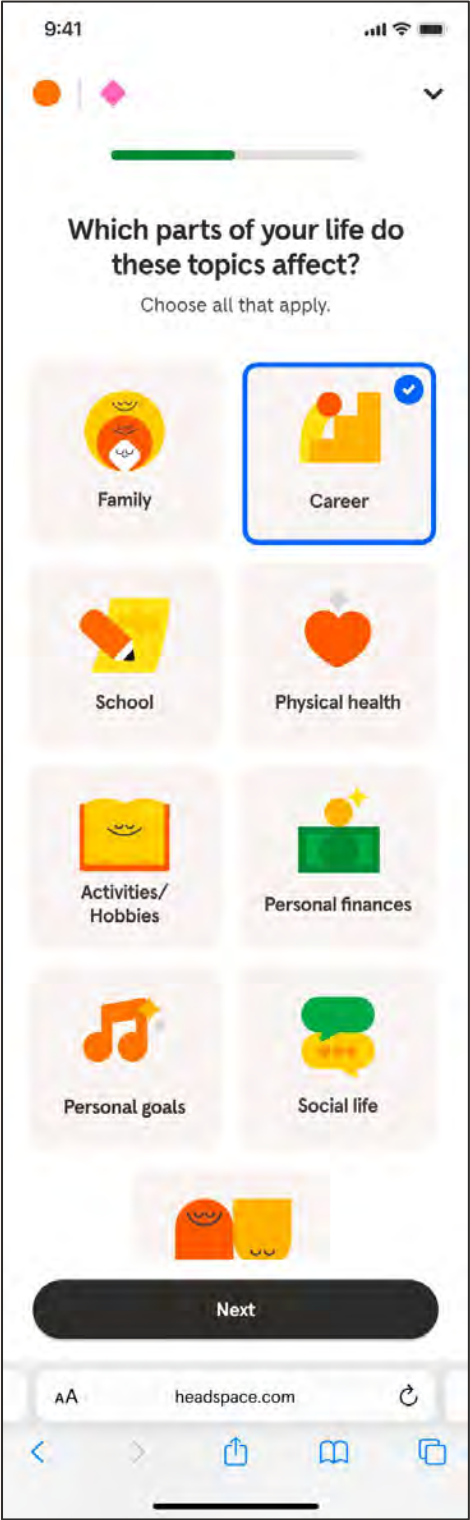
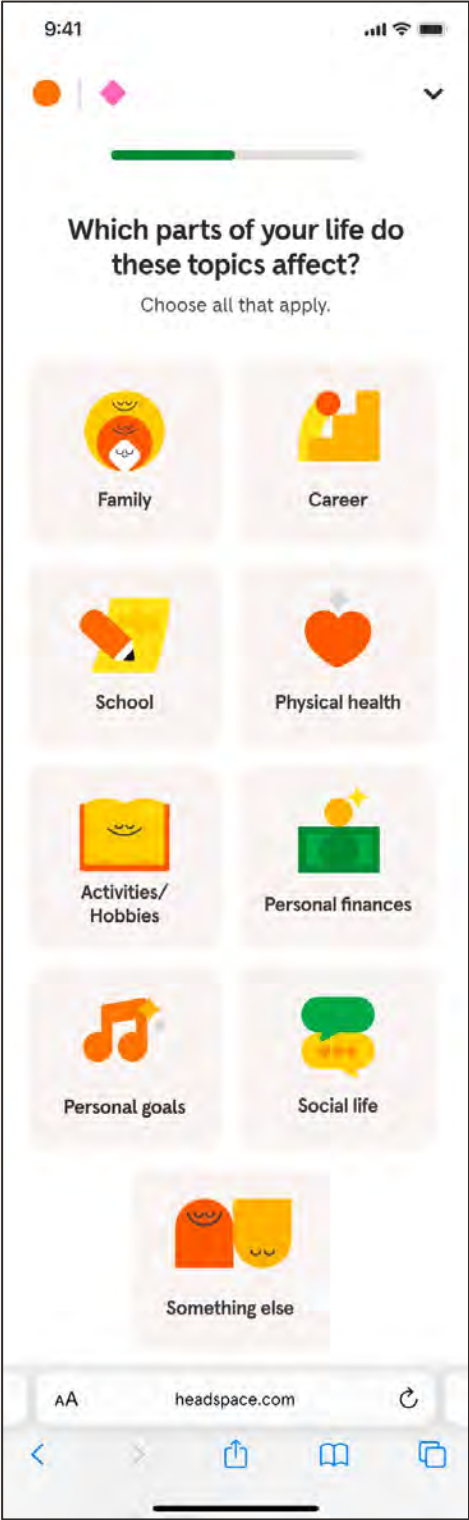
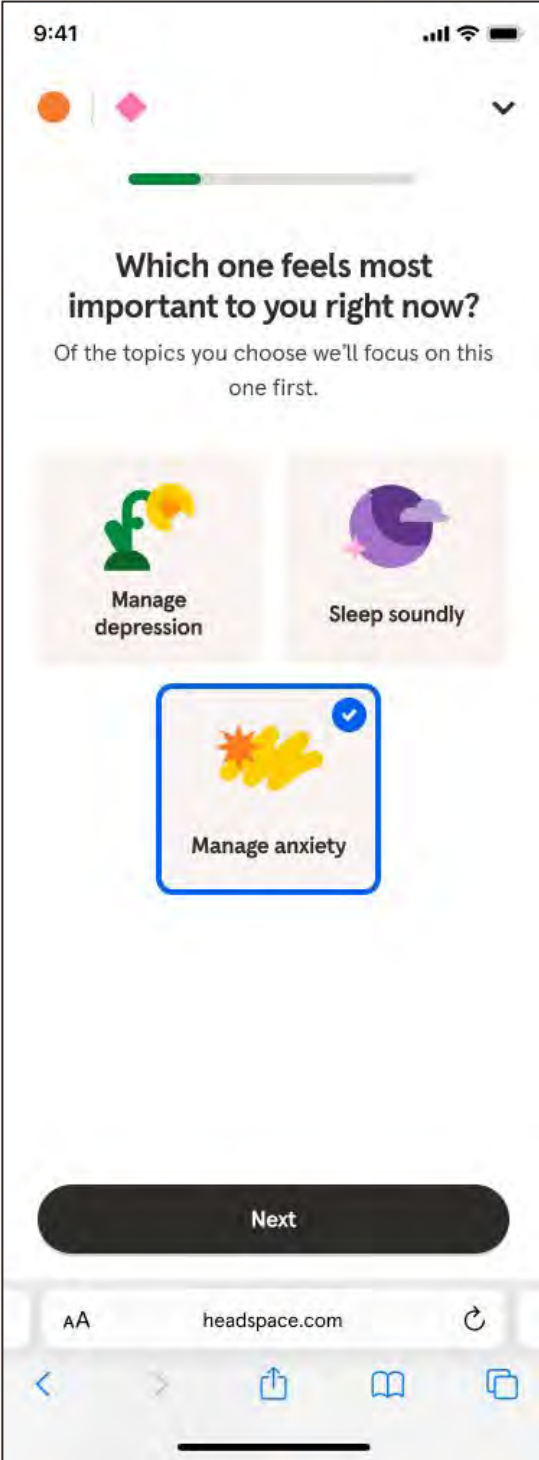


Member creates a new account

Employee is now enrolled and onboards via short-assessment



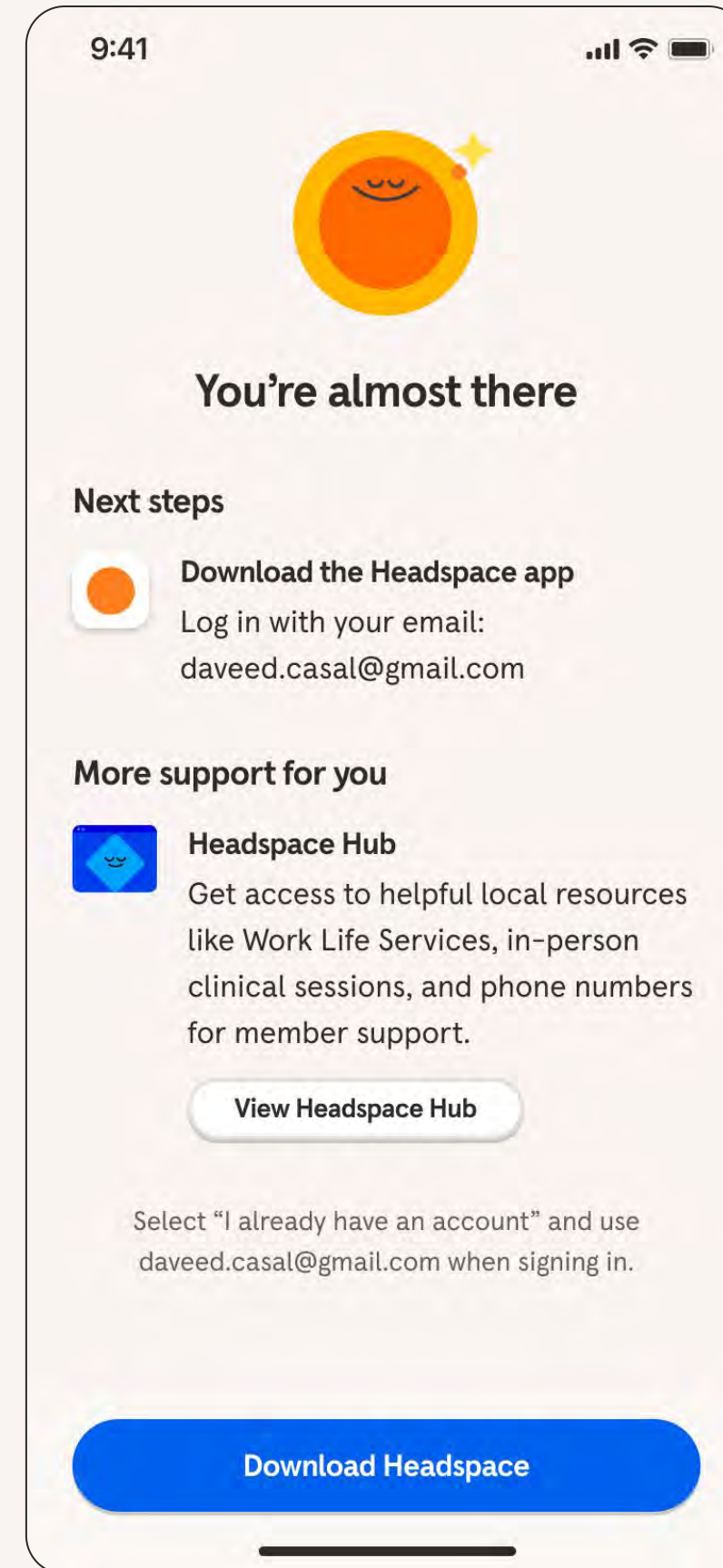
Member onboards via short-assessment



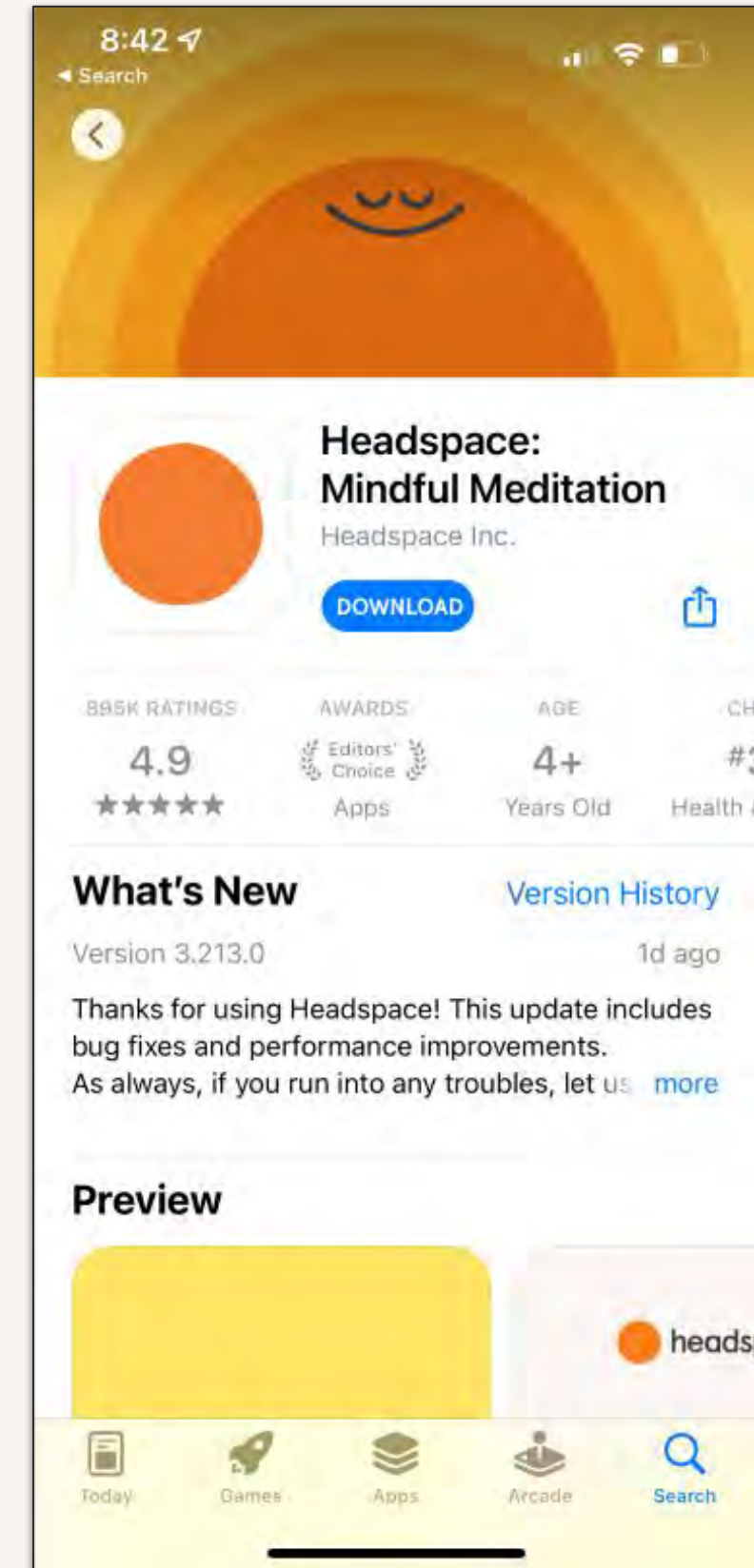
Member is provided a personalized care plan

Option 1

Based off of their onboarding assessment, the member is prompted to download Headspace.



Member selects 'Download Headspace'

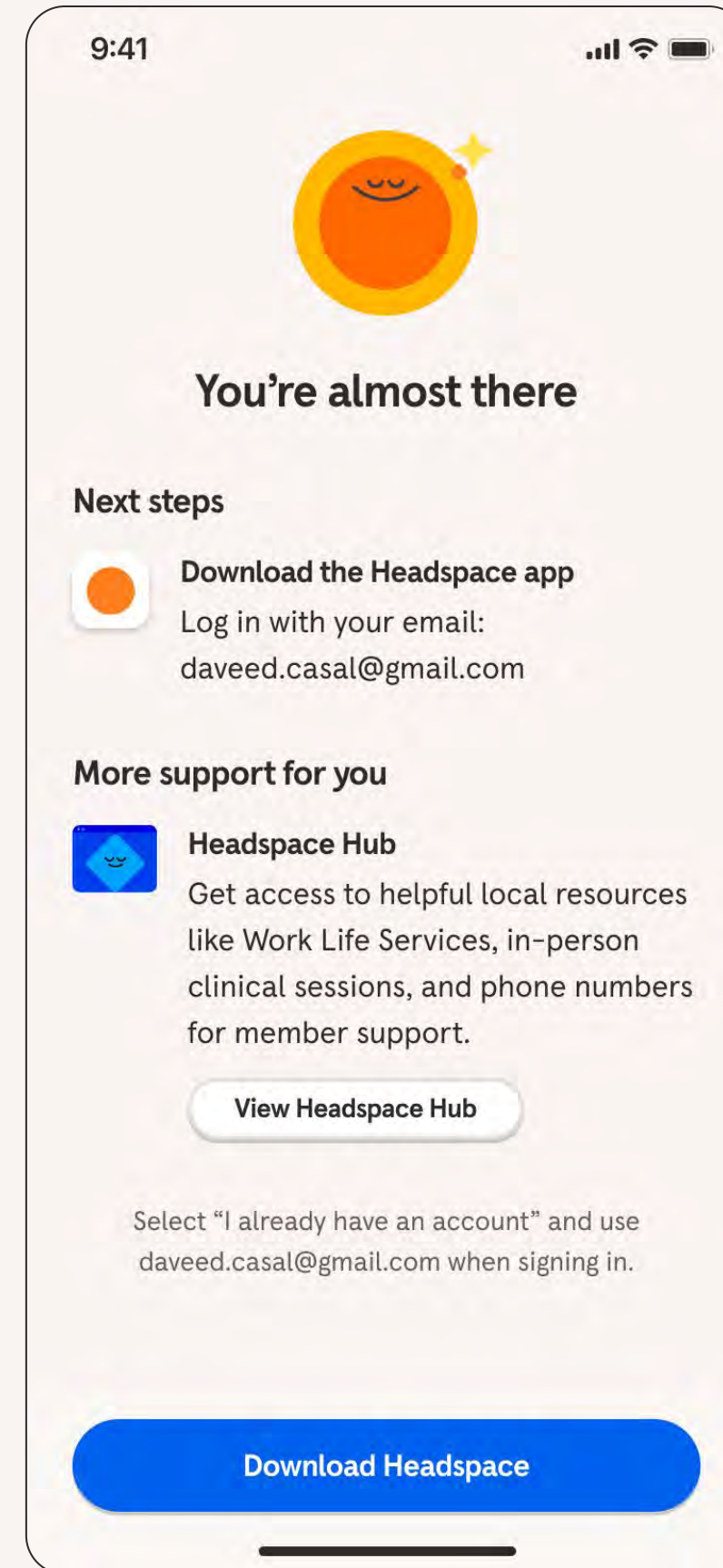


Member downloads Headspace

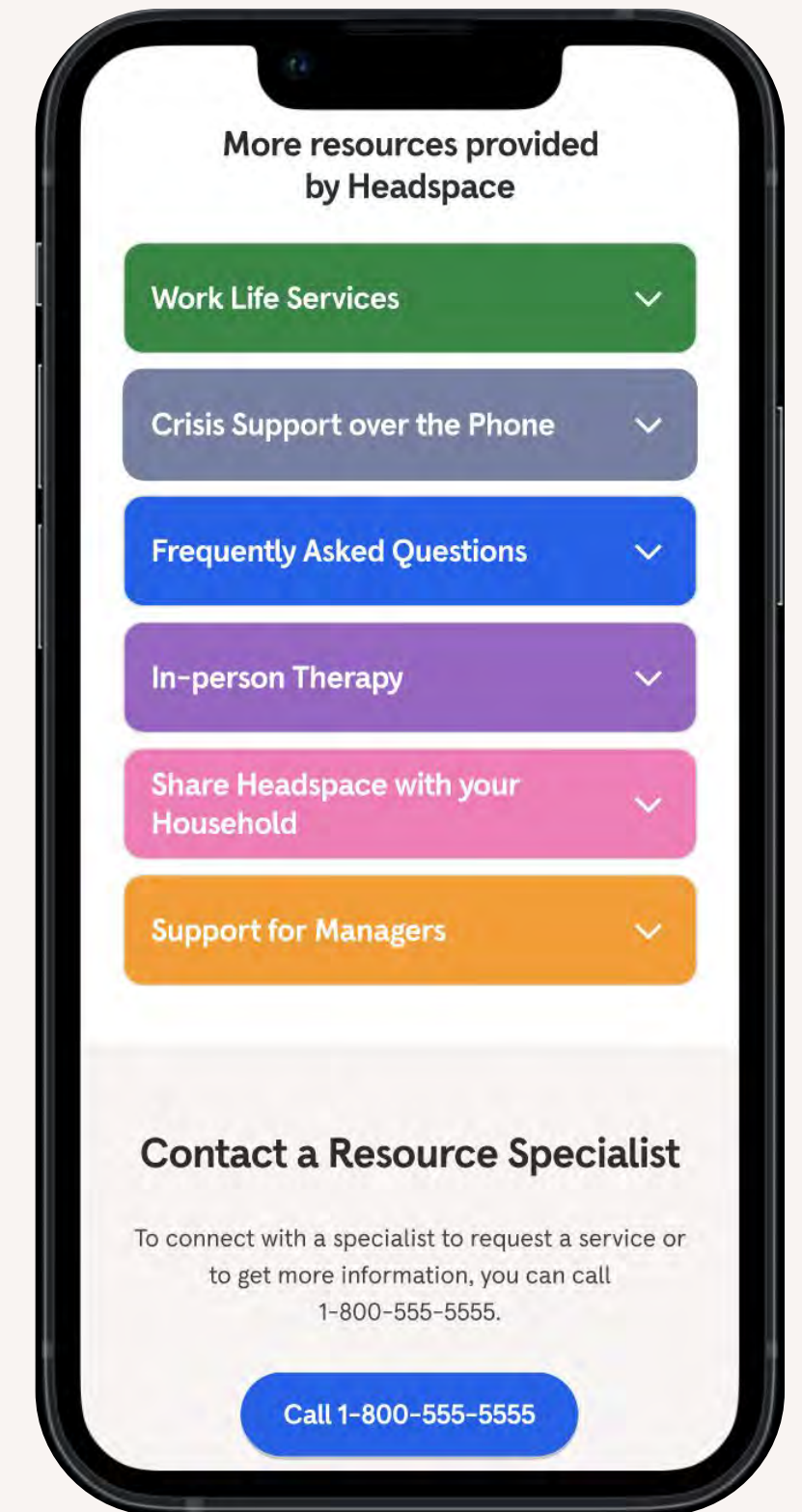
Member is provided a personalized care plan

Option 2

Based off of their onboarding assessment, the member can choose to go directly to the Headspace Hub to request support.



Member selects 'View Headspace Hub'

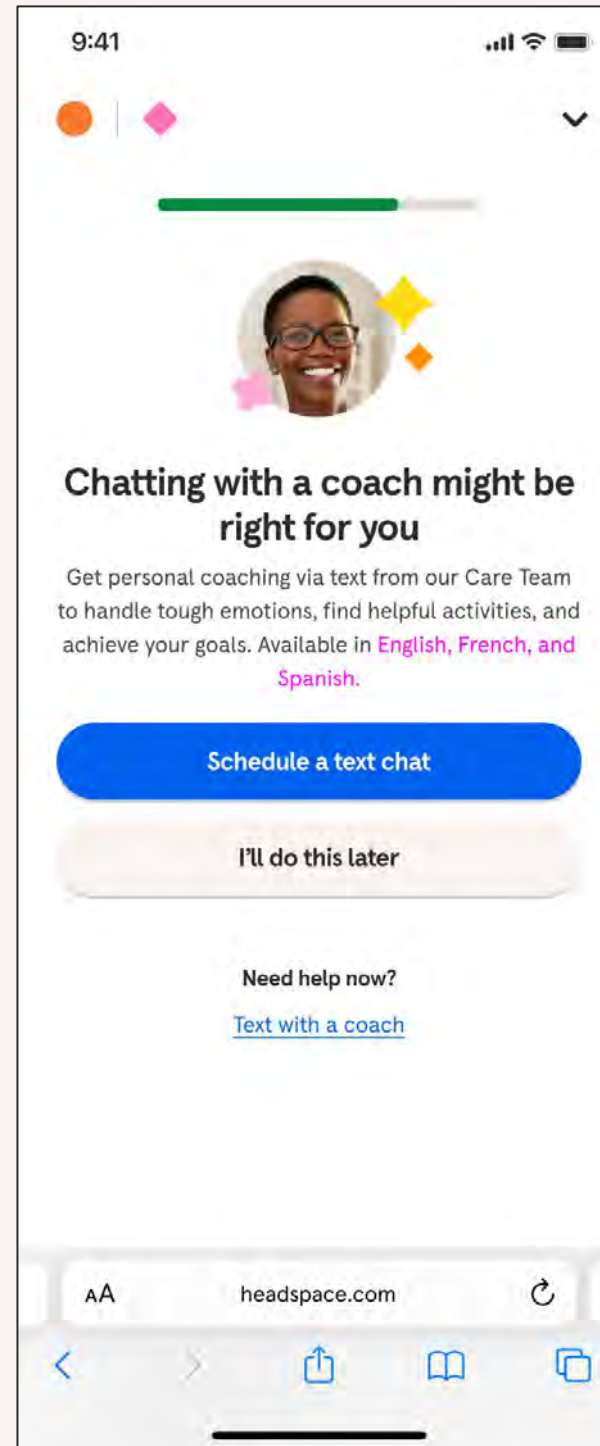


Member views Headspace Hub in web browser prior to downloading the Headspace app

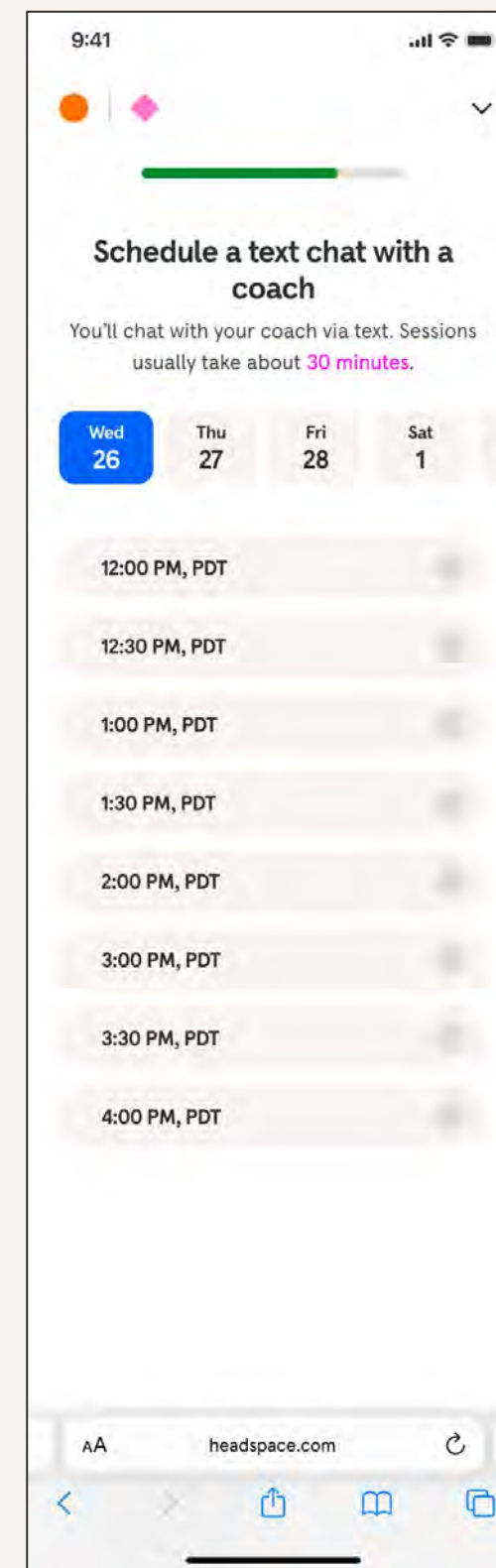
Member is provided a personalized care plan

Option 3

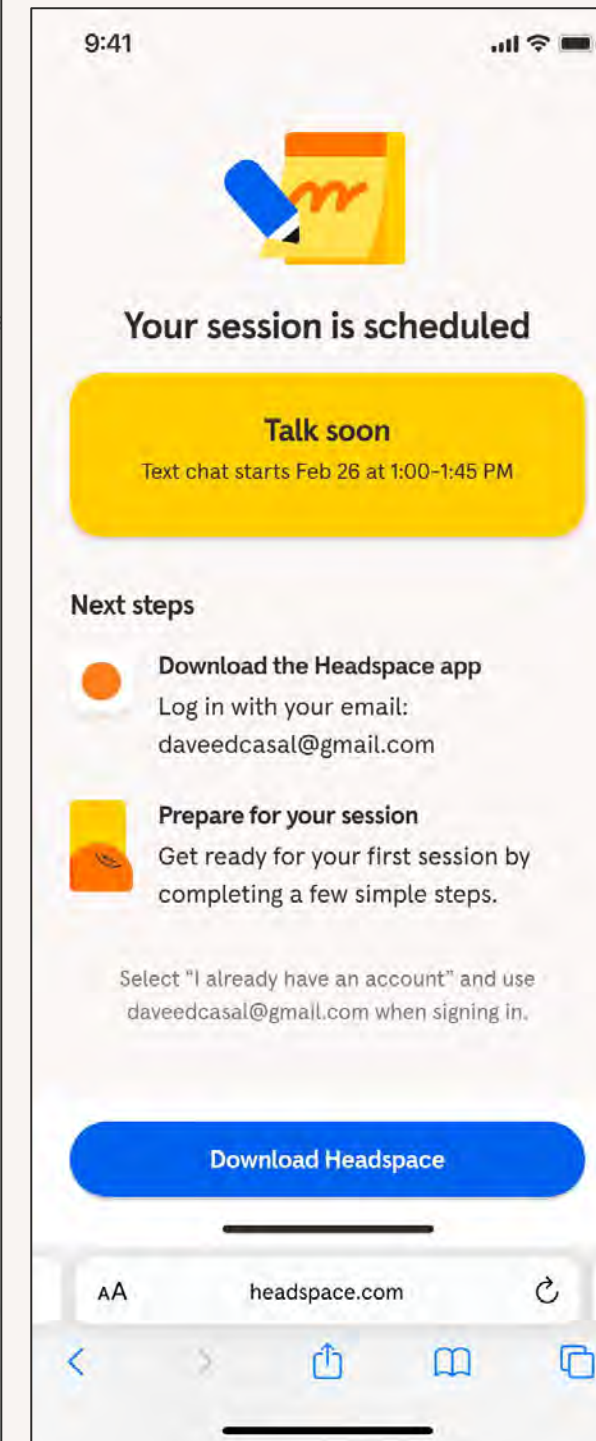
Based off of their onboarding assessment, the member is prompted to schedule a coaching session.



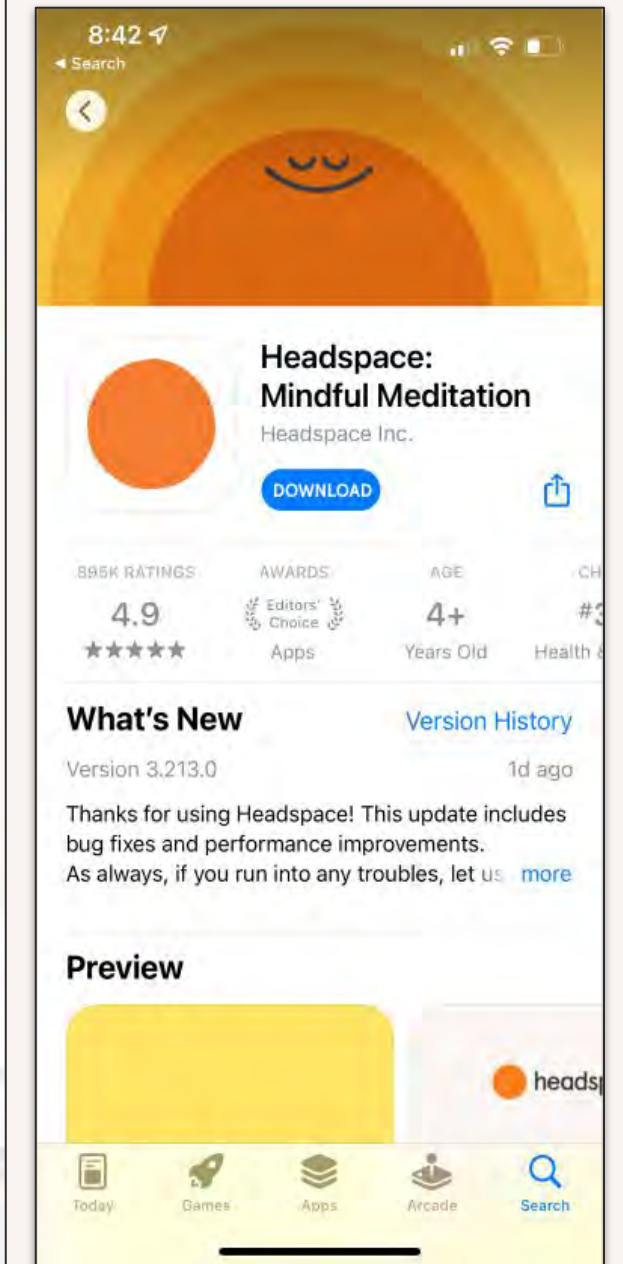
Member clicks 'Schedule a text chat'



Member selects a day and time, and clicks 'Book [Day, Time]'



Member is prompted to Download Headspace

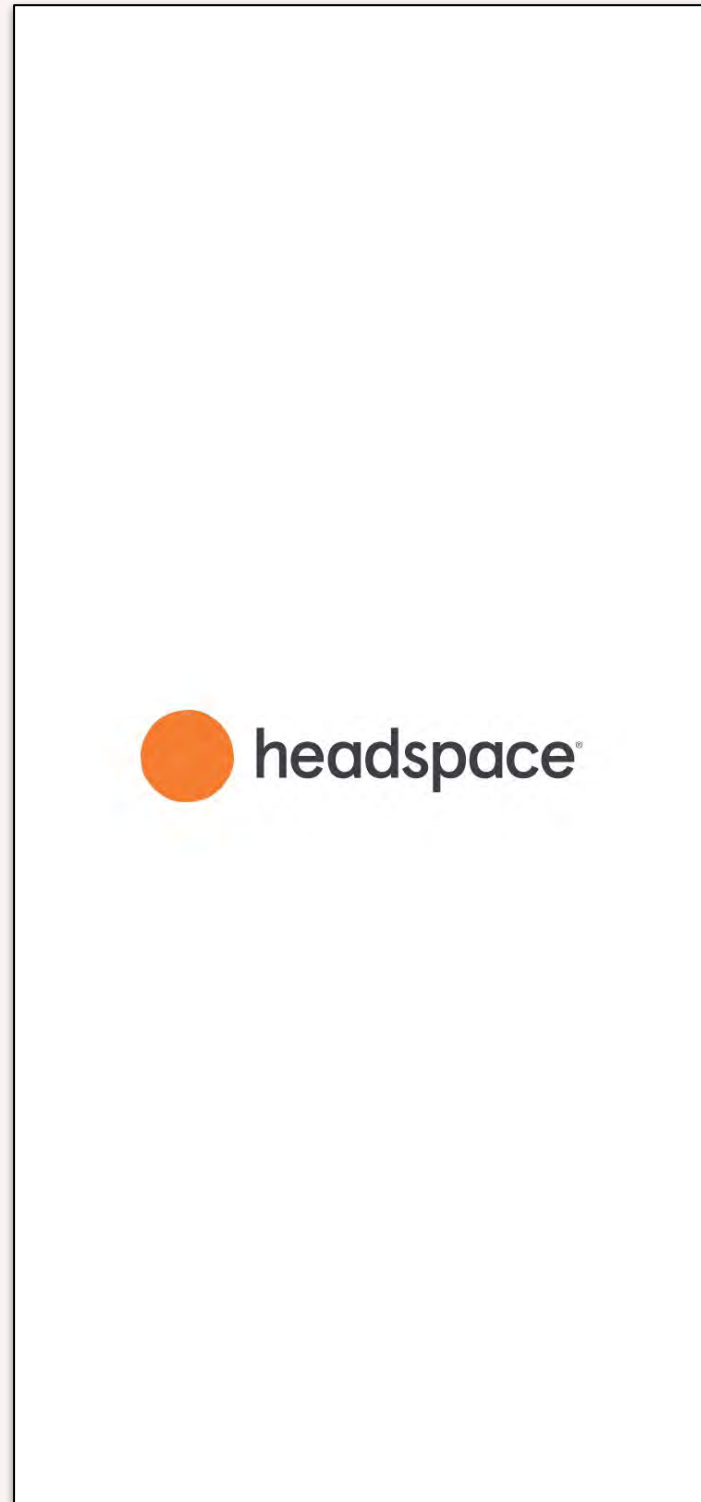


Member downloads Headspace

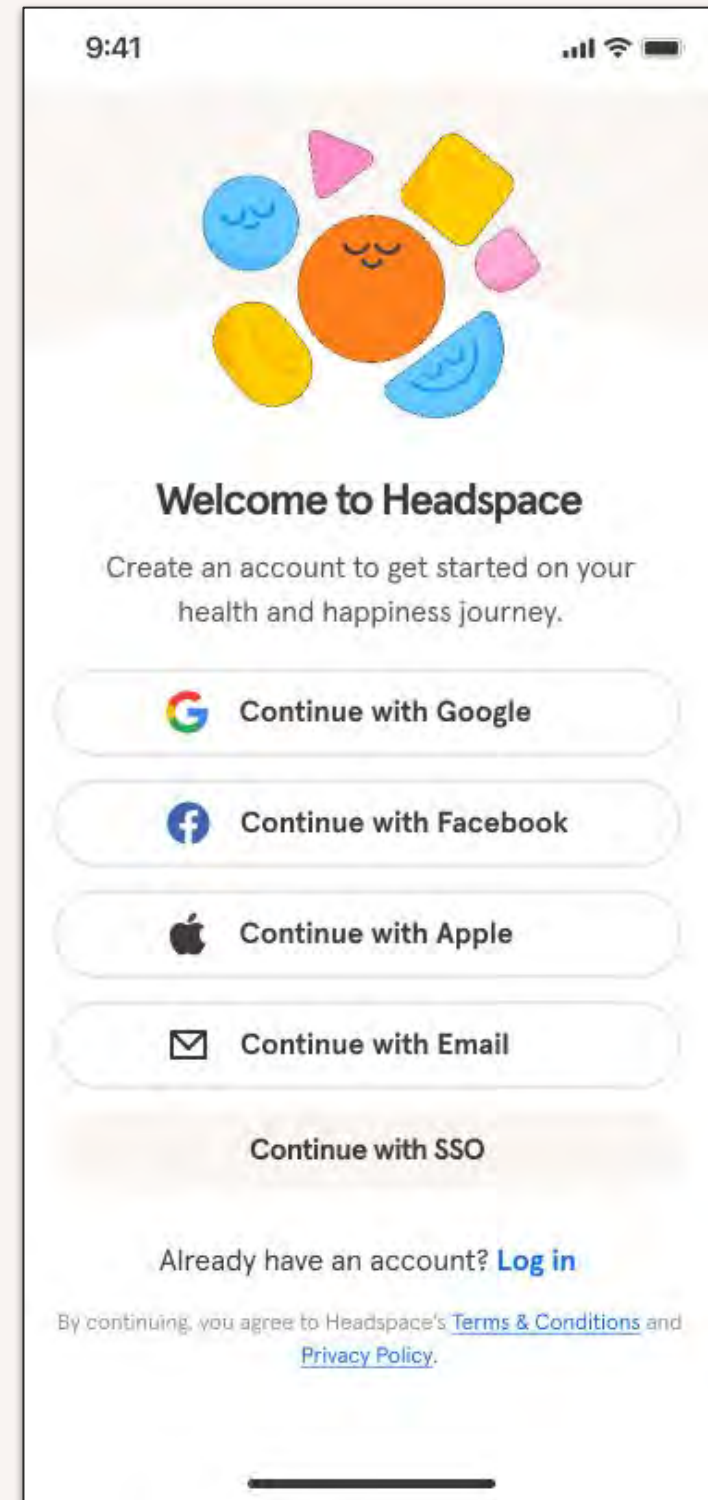
Logging into Headspace

Experience is from the Headspace app

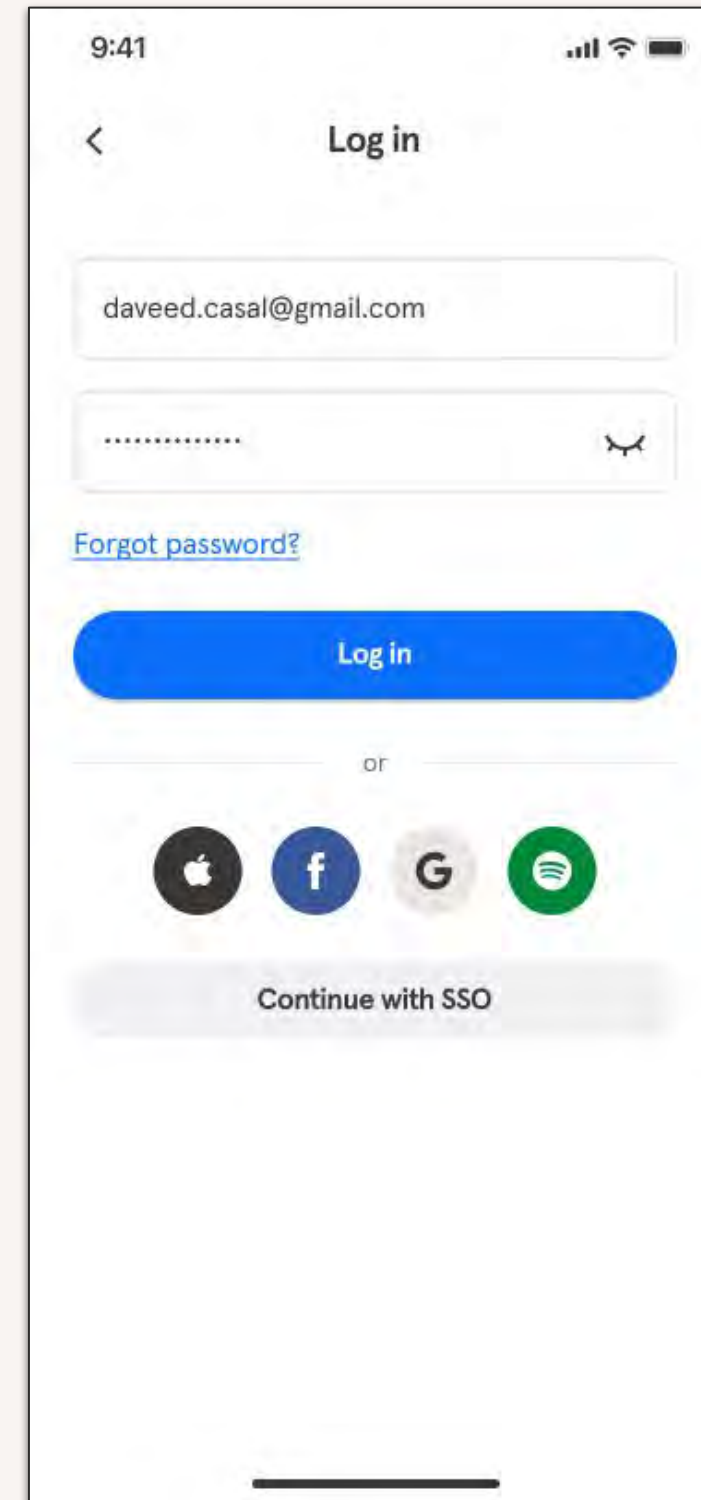
Member opens Headspace app and logs in



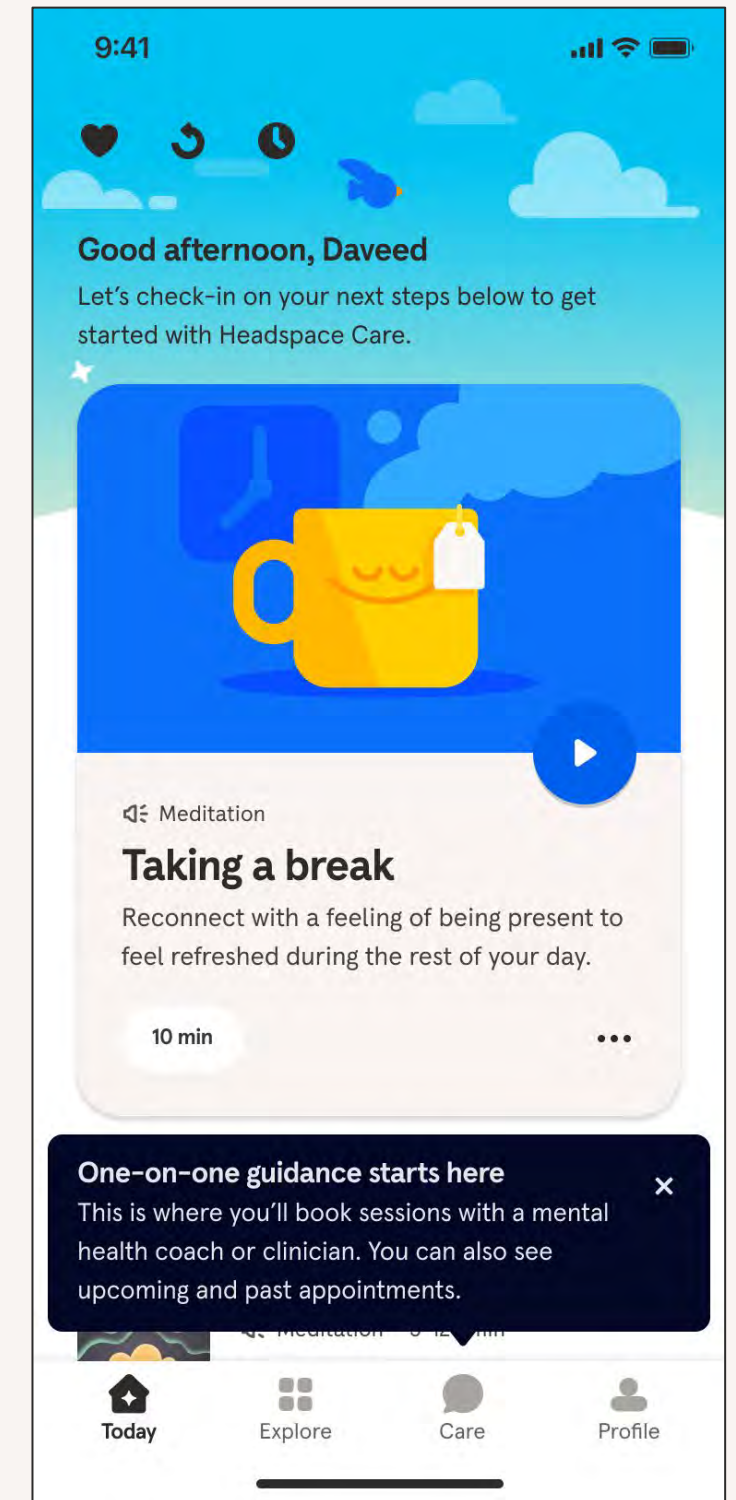
Member sees load page



Member clicks 'Log in'



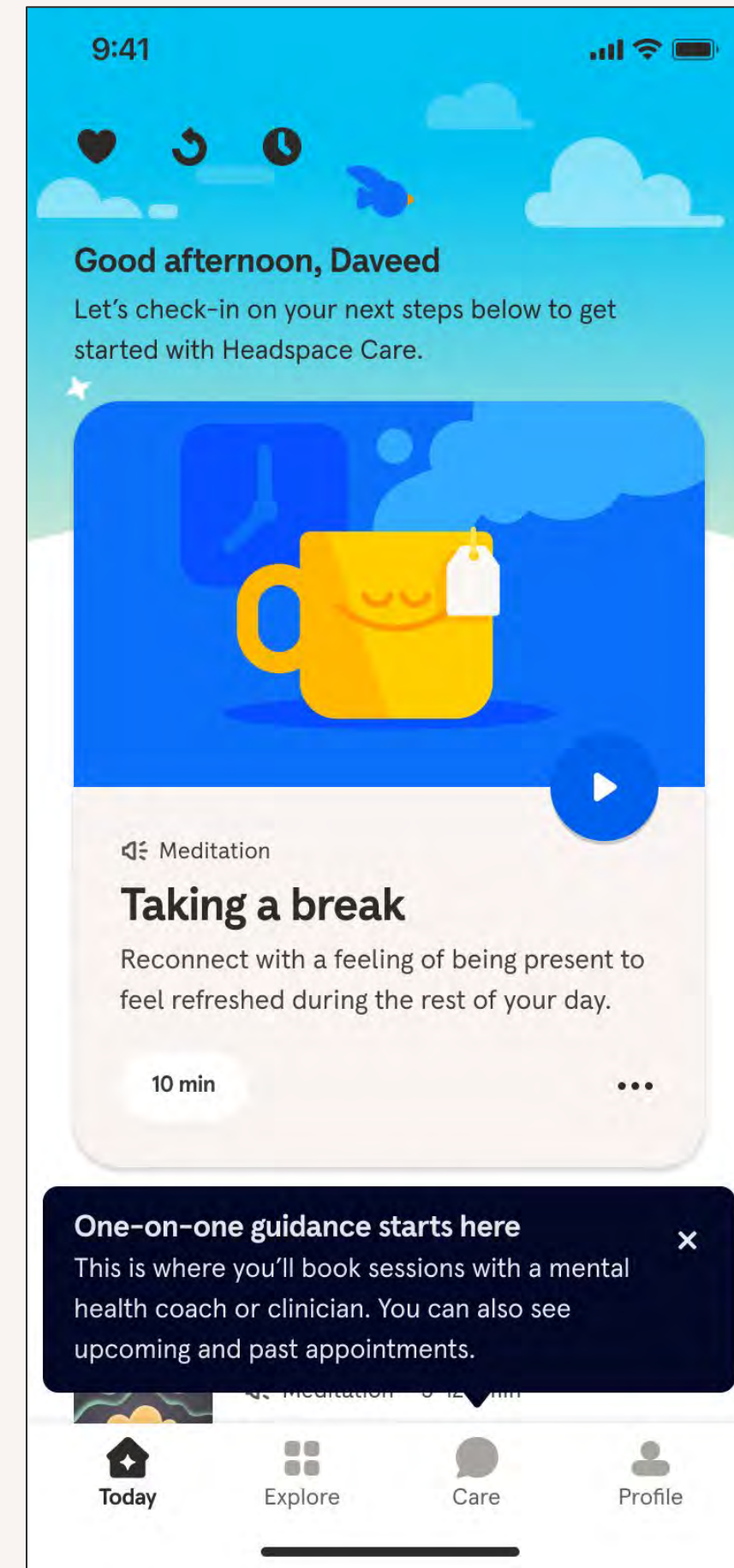
Member inputs credentials



Member is logged in

Guided tooltip to direct them to Care tab

Member is then guided on how to use Headspace and navigate the app.

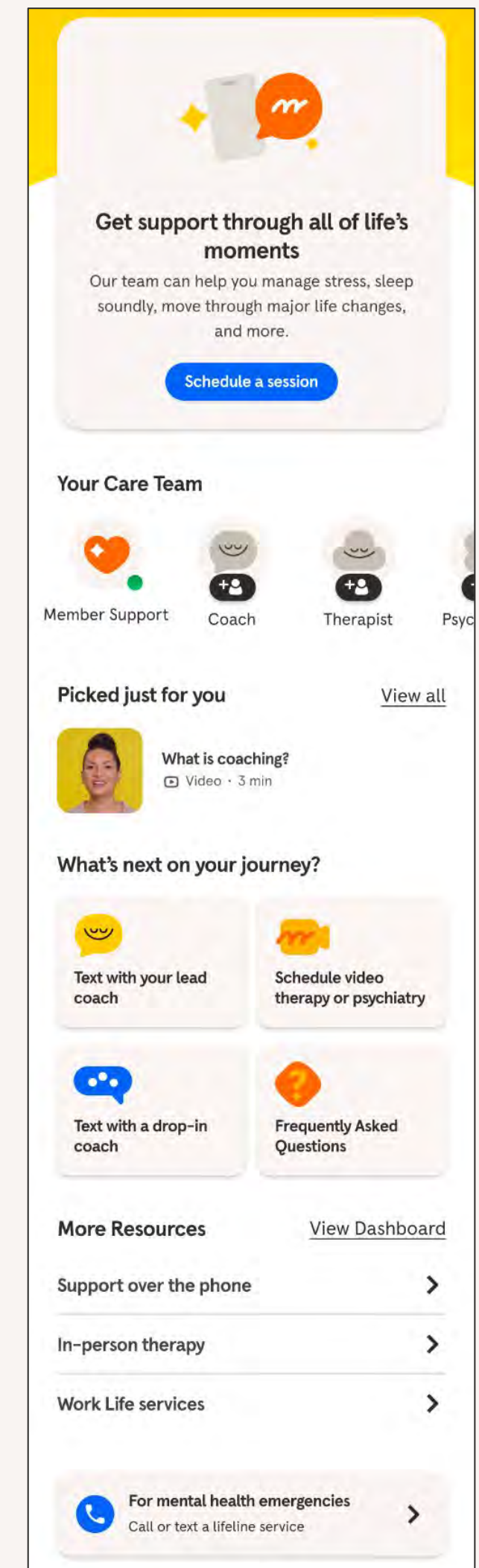
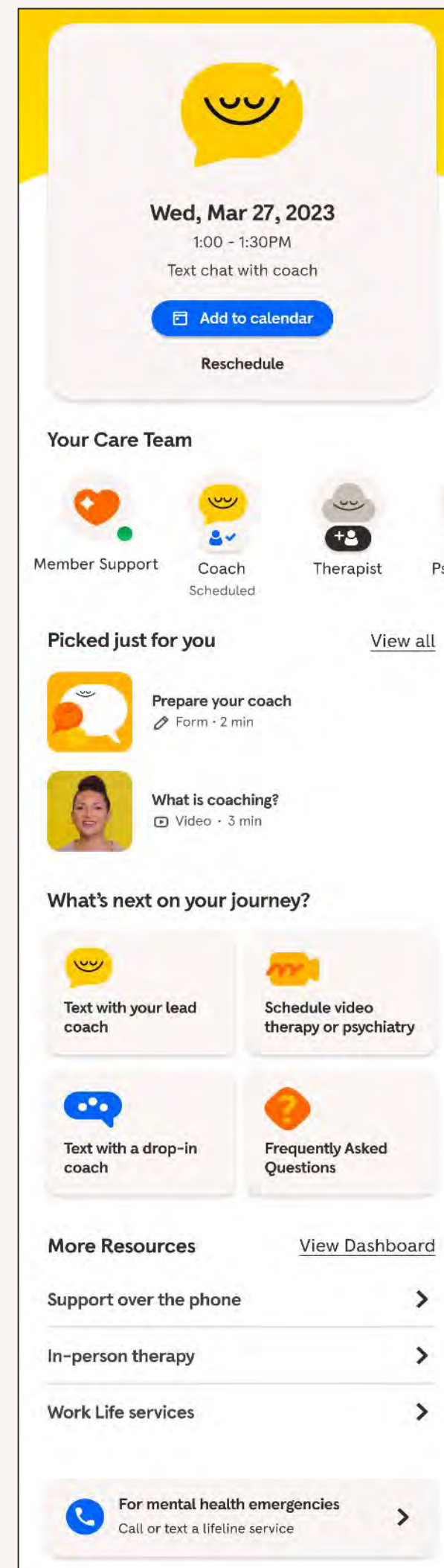


Navigate to Care tab

Member has completed onboarding and is brought to the Care Tab.

If a member has already scheduled a coaching session, they will be notified it on the Care tab.

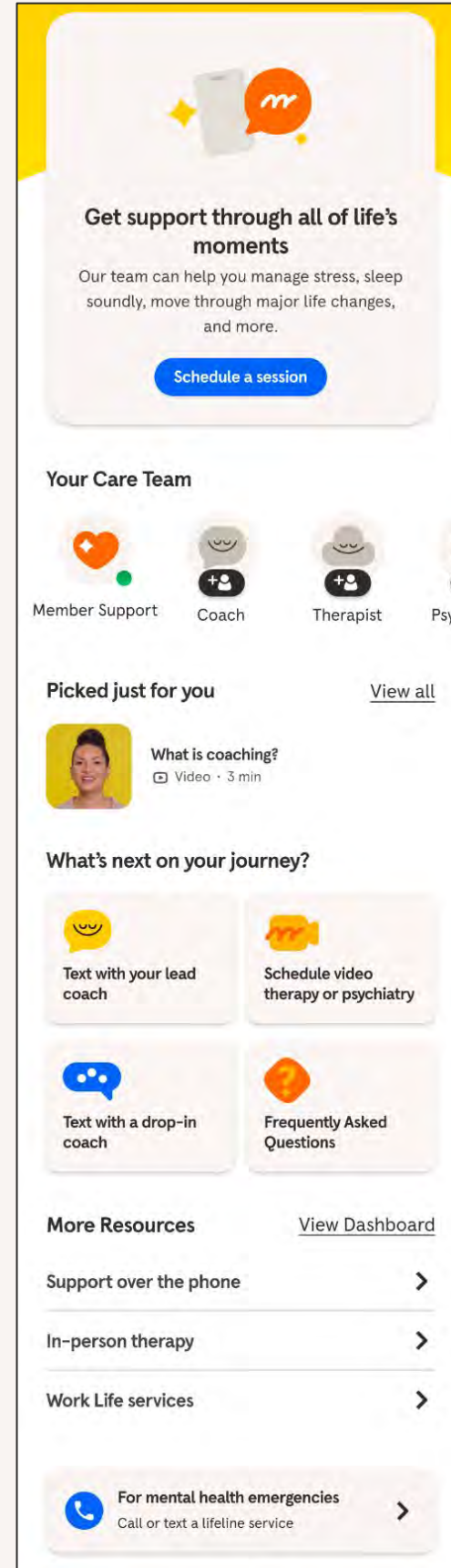
If a member has not scheduled a coaching session, they will have options to schedule a coaching session.



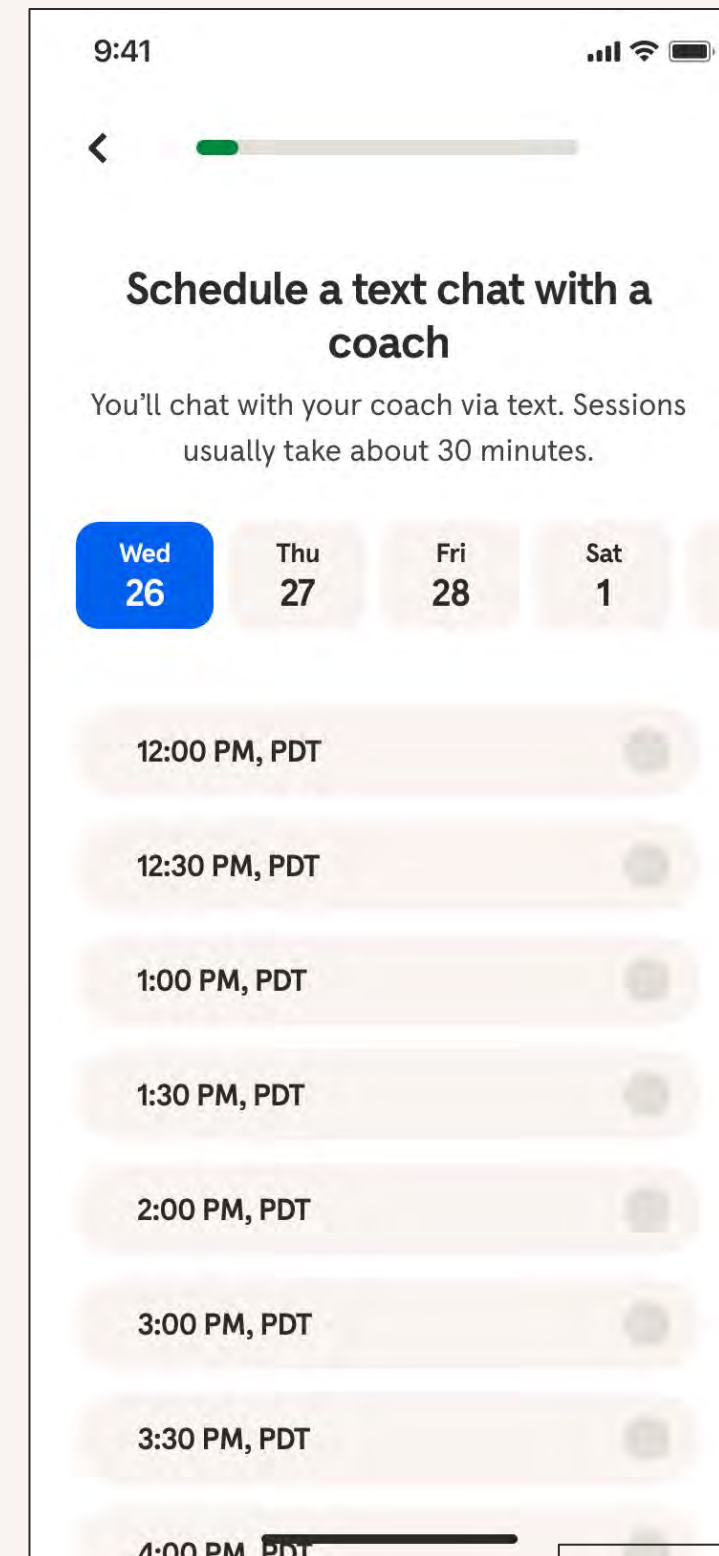
Schedule a coaching session

If a member has already scheduled coaching, they will be notified of it on the Care tab

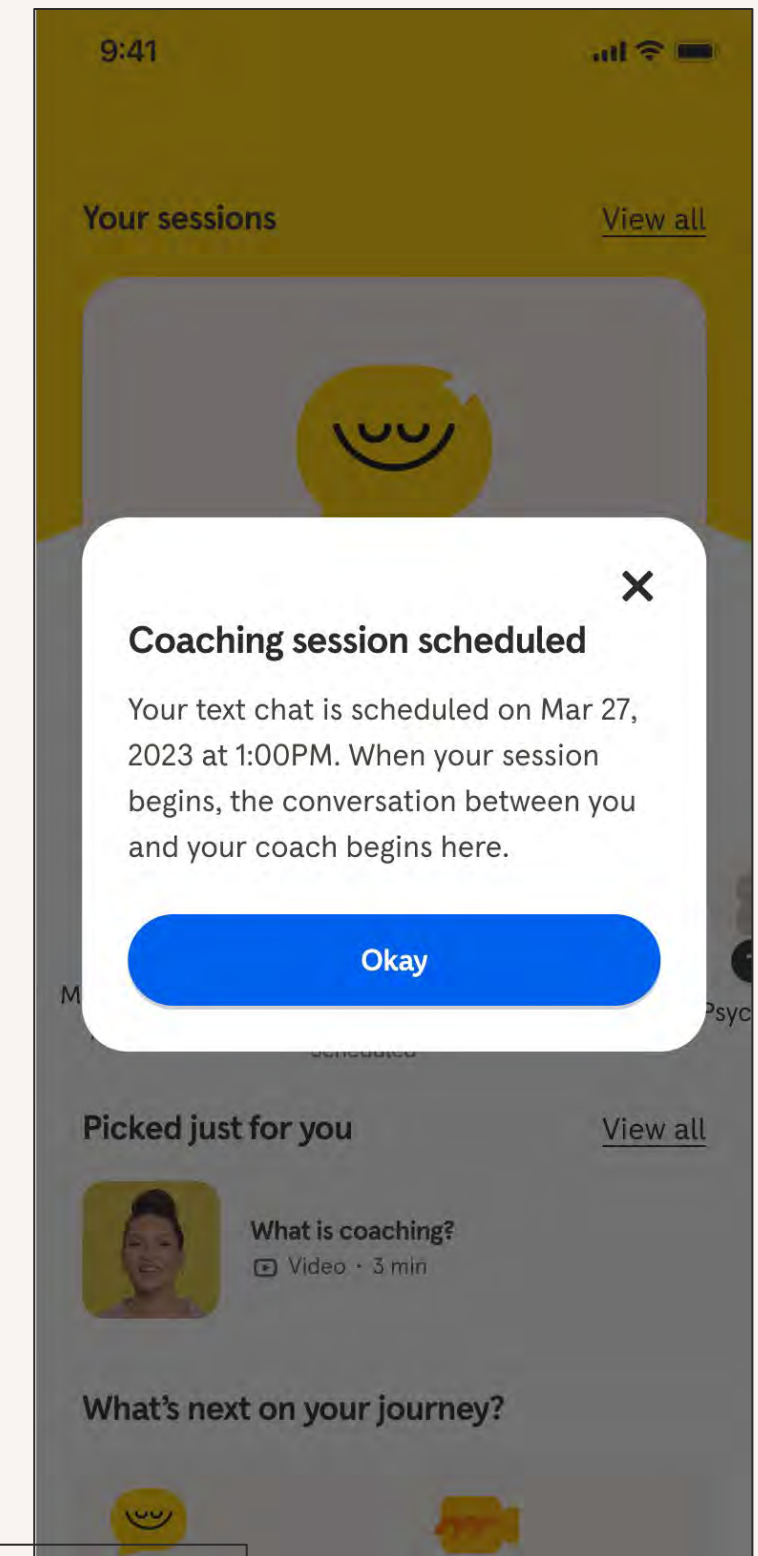
If a member has not yet scheduled a coaching session, the member can schedule through the Care tab at any time



If a member has not scheduled a coaching session, they can do so by selecting 'Schedule a session'



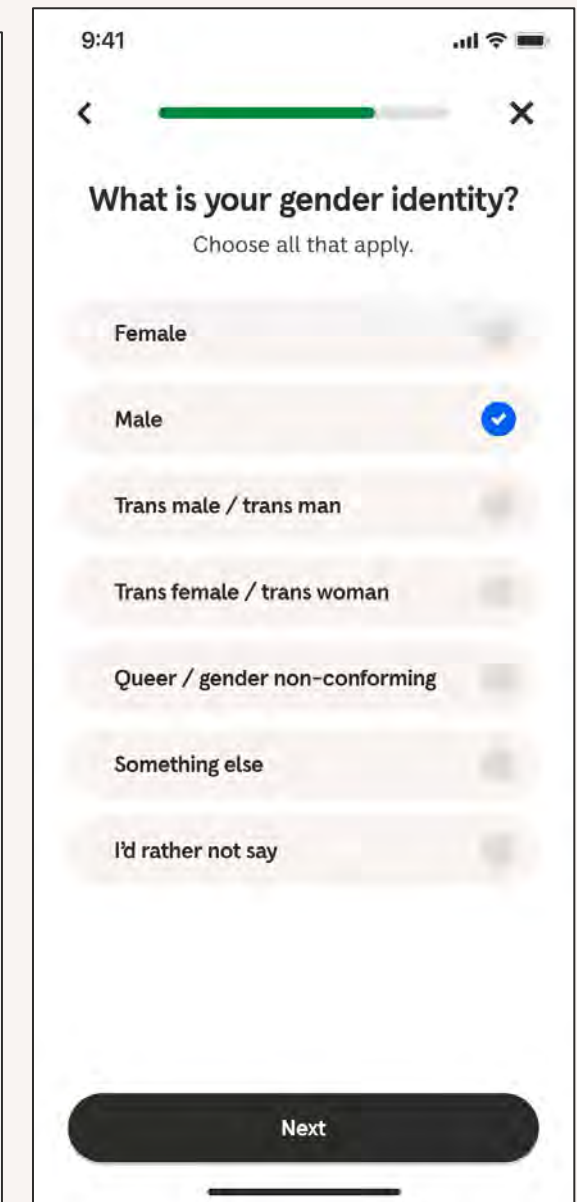
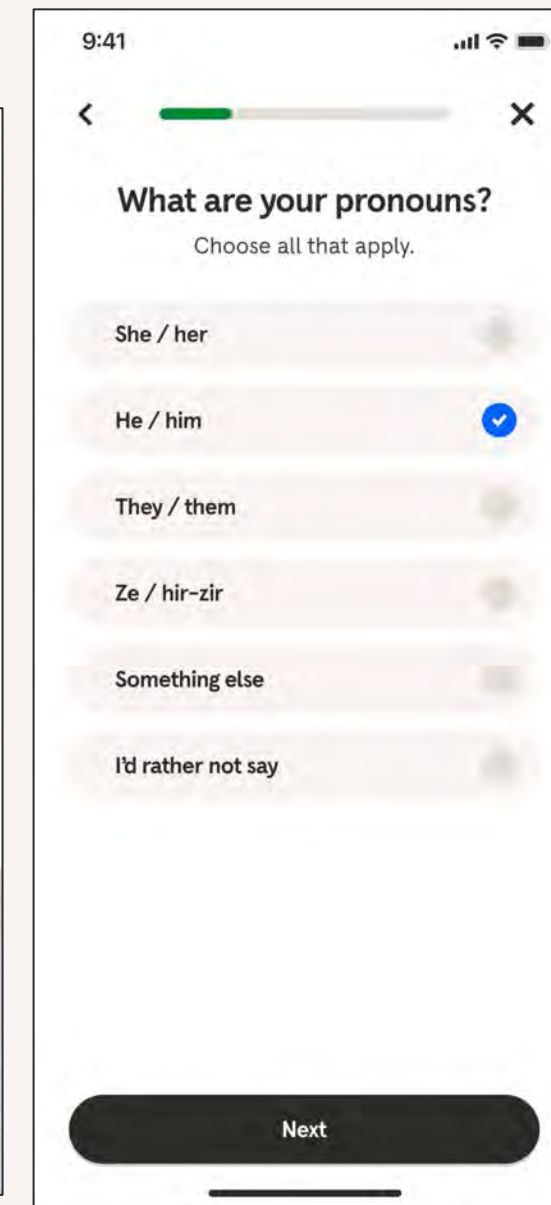
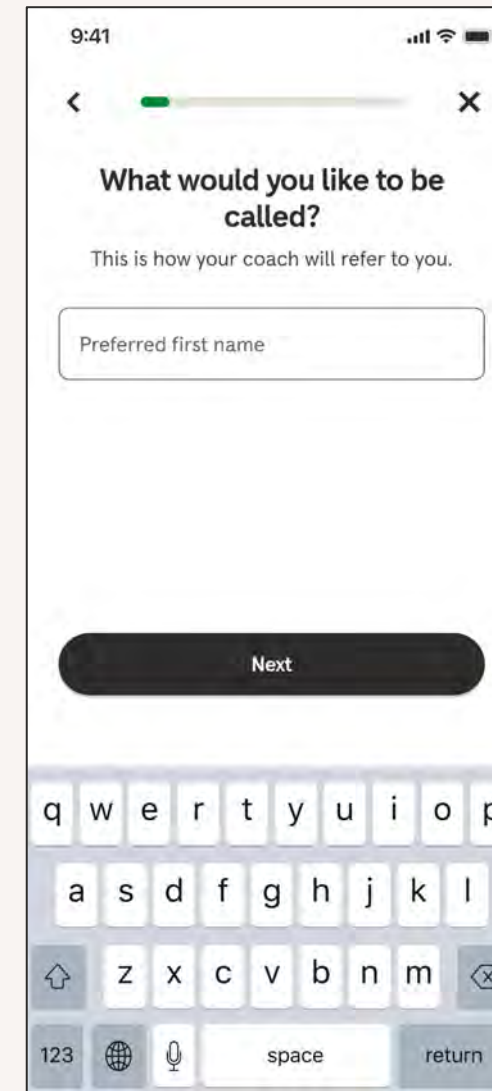
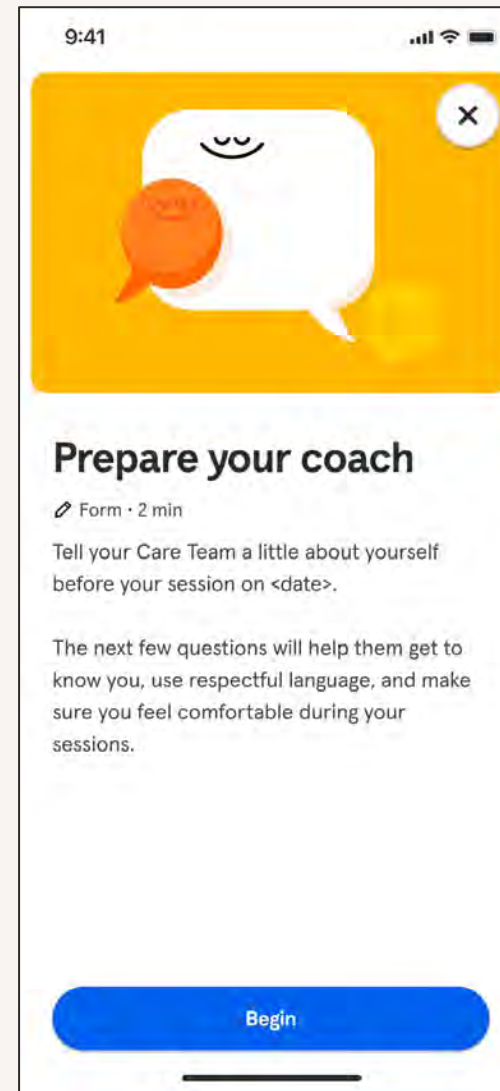
Member selects day and time to schedule their session



Session is confirmed

Complete Coaching Intake Questionnaire


Member completes a Coaching Intake Questionnaire



Coaching Intake Questionnaire (Cont.)

Member completes a Coaching Intake Questionnaire

9:41

<  X

Which of these best describes your race or ethnicity?
Choose all that apply.

Asian / Pacific Islander

Black / African American

Hispanic / Latina/o / Latinx

Native American / Alaskan Native

Middle Eastern / North African


White / Caucasian

Something else

I prefer not to say

Next

9:41

<  X

Where can we reach you in case of an emergency?
Please enter the location where you'll be when you use Headspace Care. We may use this information if your Care Team believes you are in immediate danger.

Address Line 1
123 Main Street ⓘ

Address Line 2

City
Canton

State
OH ▾


Zip code
44701

Country
USA ▾

+1 (909) 555 - 3221

Next

9:41

<  X

One last thing
To use Headspace Care, you'll need to read and agree to the policies below.

Privacy Statement
Describes the personal information we collect and how it is used and protected. >

Notice of Privacy Practices
How your health information may be used and shared, and your privacy rights. >

Telehealth Consent
Understanding and consent to the benefits and risks associated with telehealth services. >

Electronic Communication
Understanding and consent to the use and risks of email and text messaging. >

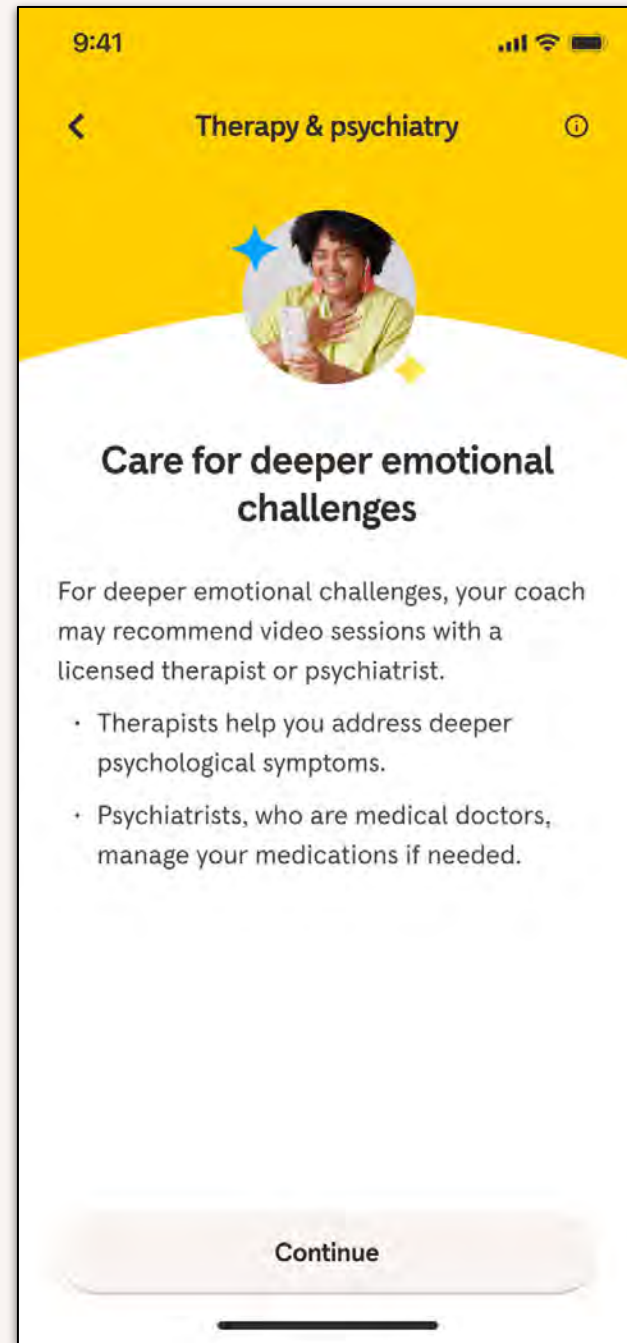
Terms of Service
The rules that govern your use of the Headspace Care service and mobile app. >

I accept and agree to the policy and terms

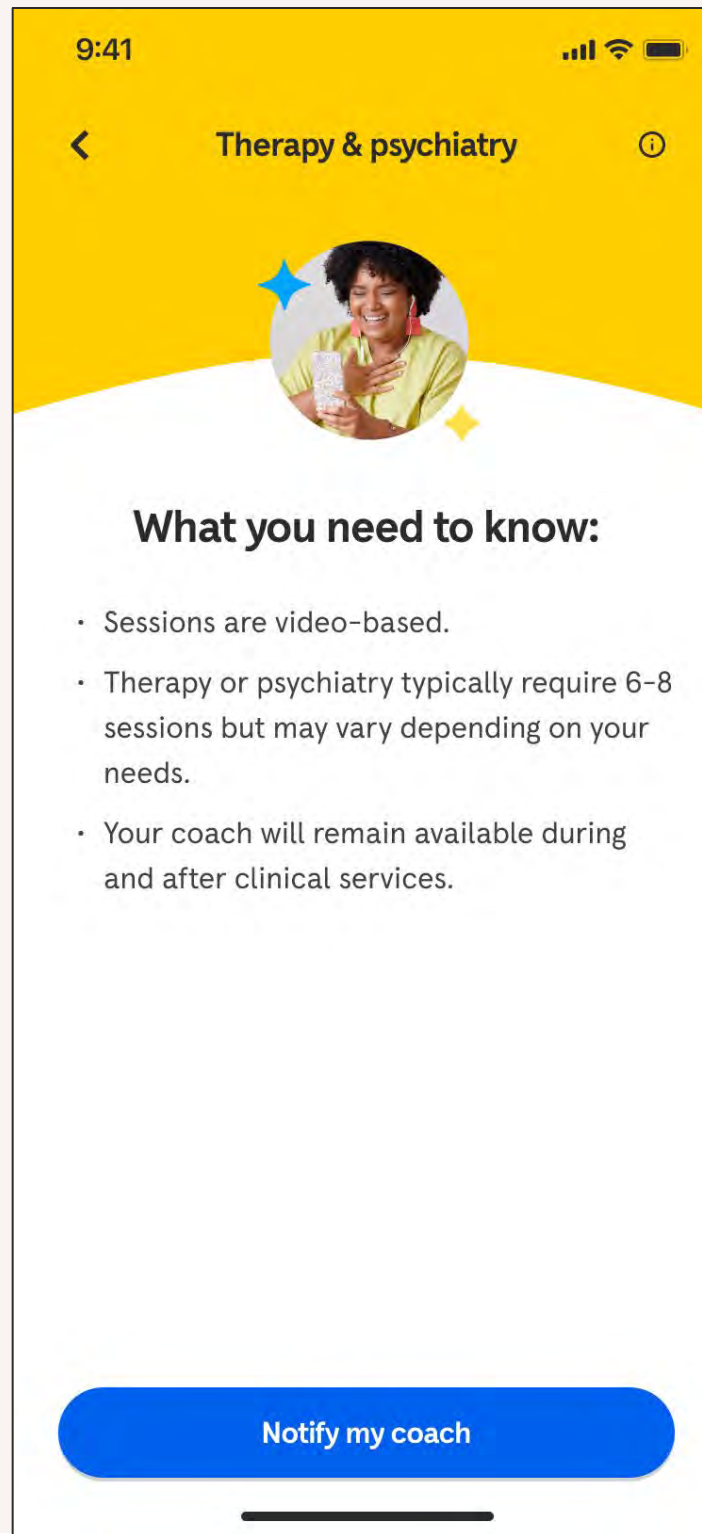
Finish

Request in-app clinical services

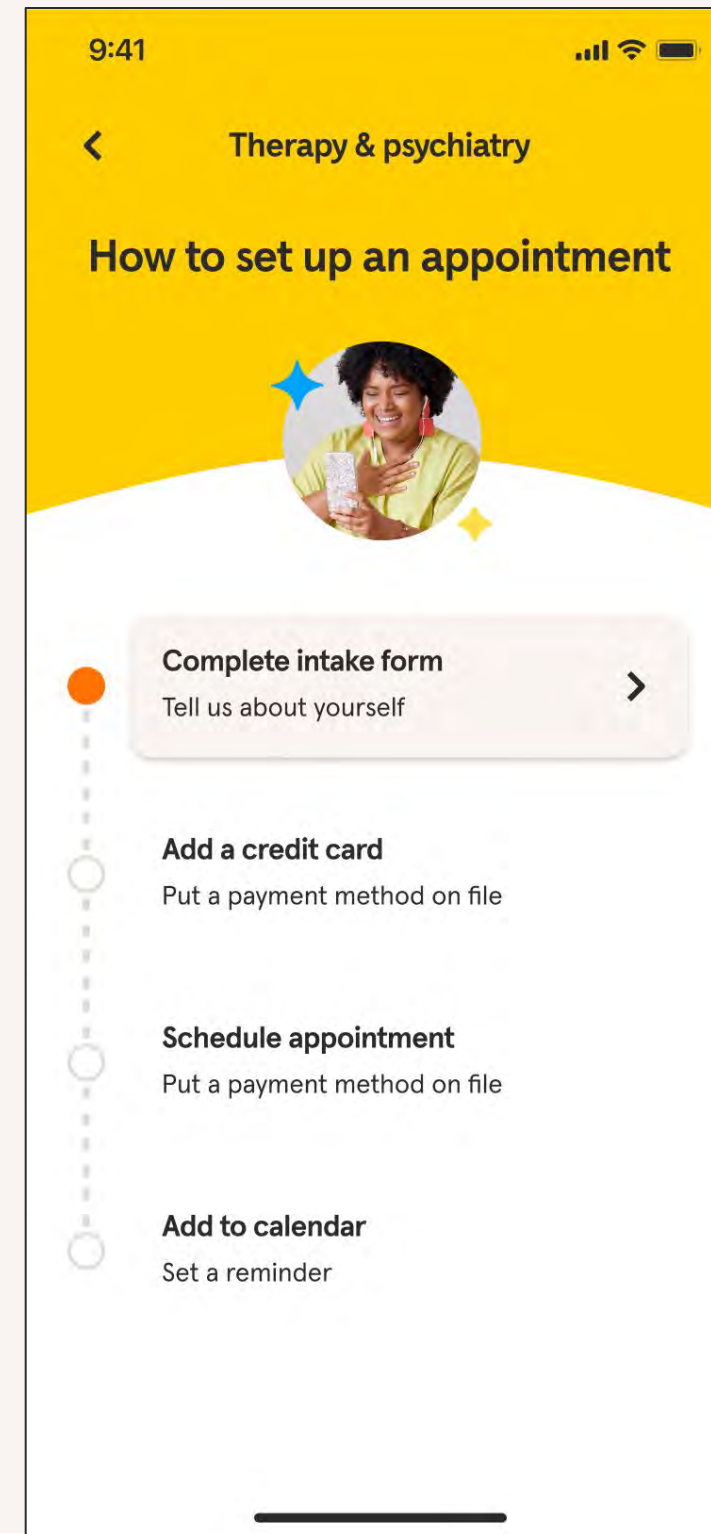
If a member expresses interest in clinical care, they can complete the intake form to get started.



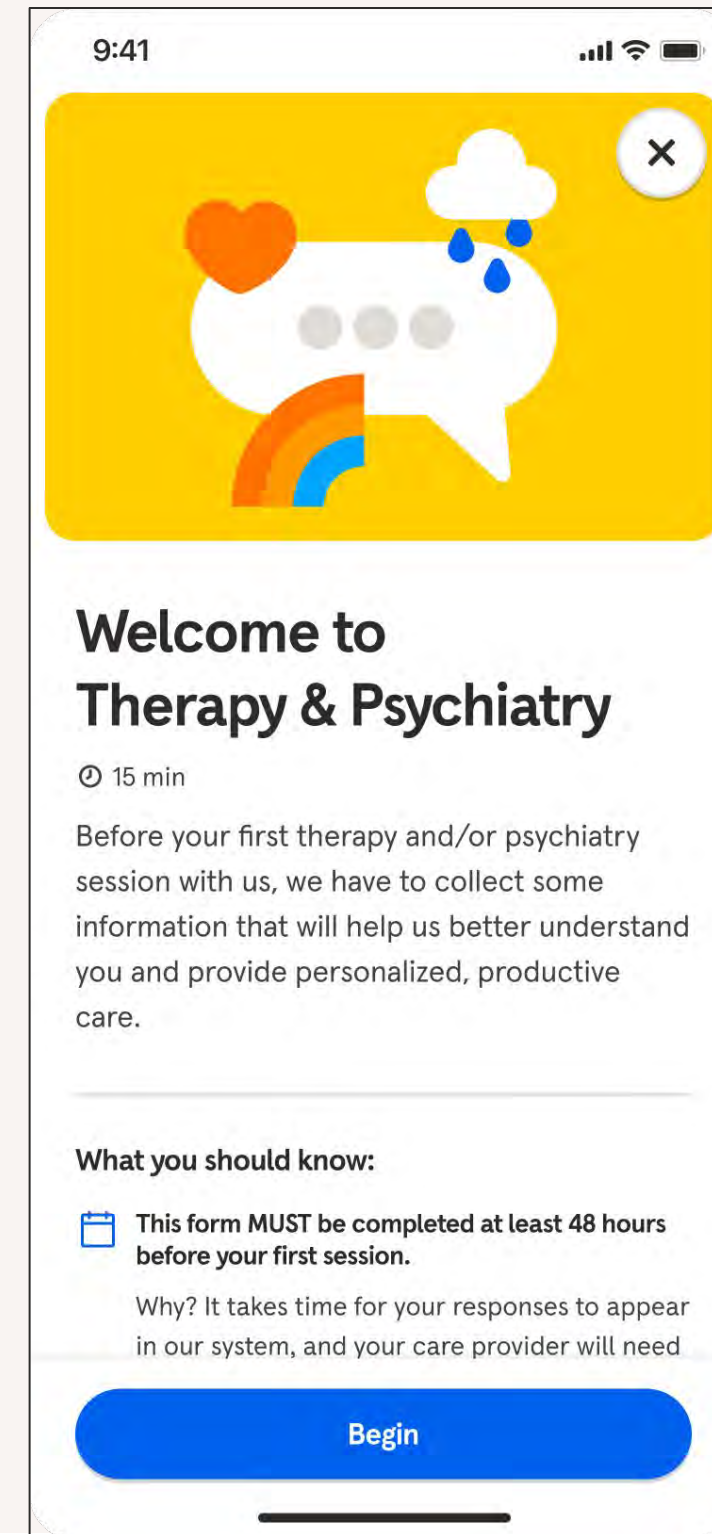
Member selects 'Continue'



Member selects 'Notify my coach'



The member's coach escalates the member to clinical services



The member completes their Clinical Intake Form

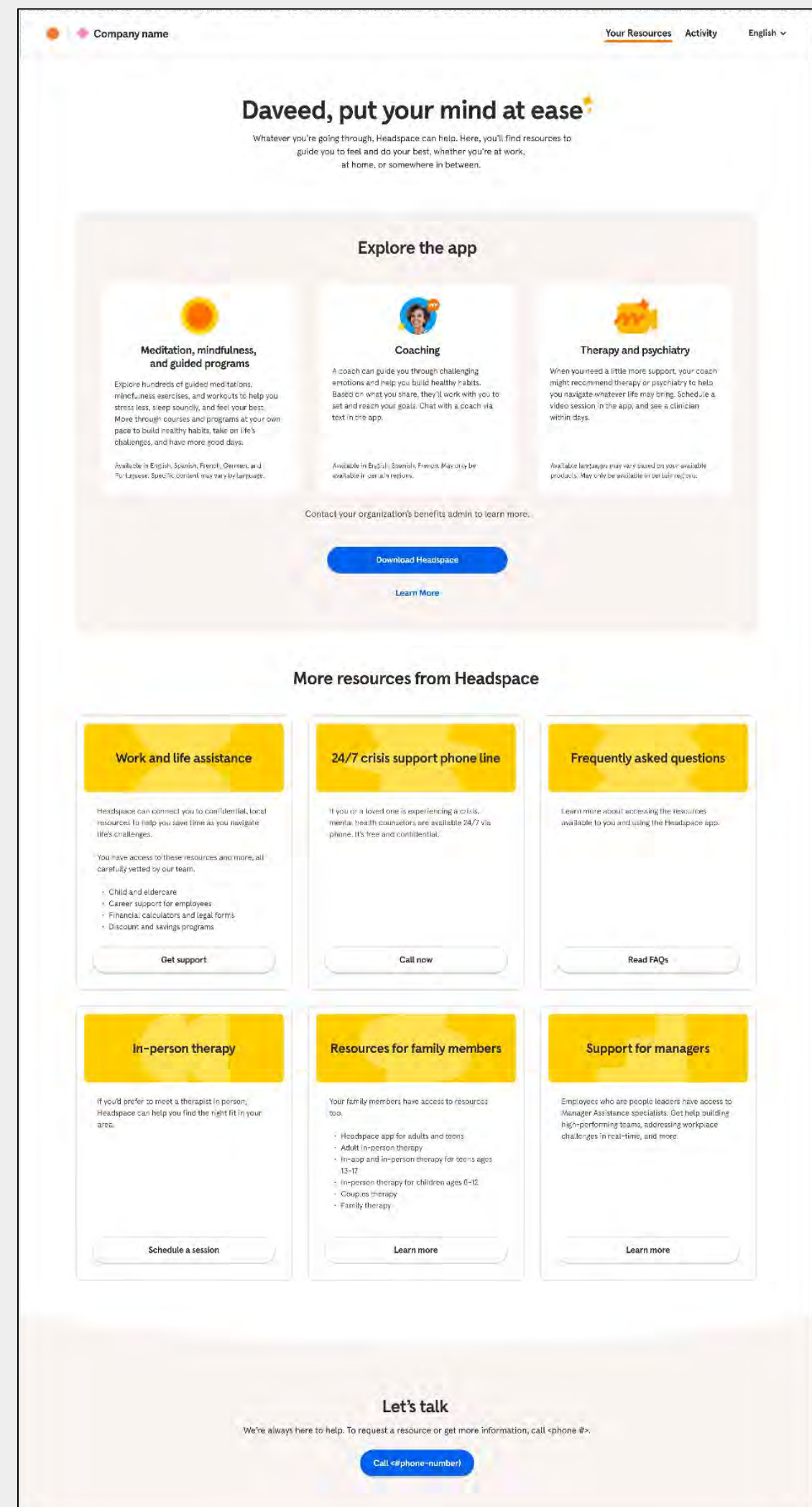
Members can self-serve via the Headspace Hub

Our user-friendly Headspace Hub and concierge approach to care helps members discover all available Headspace services to find the right support – on their own or with assistance from a member of our team.

Members can:

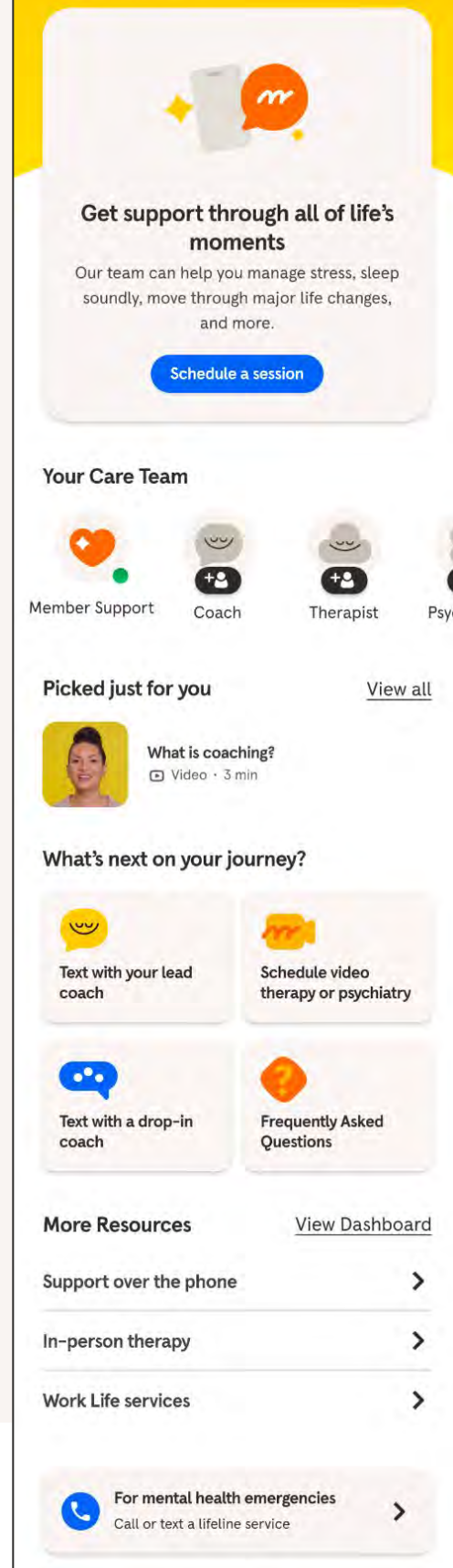
- Request an in-person provider
- Get connected to local work-life services
- Request care for children age 6+
- Request manager trainings

Images are illustrative

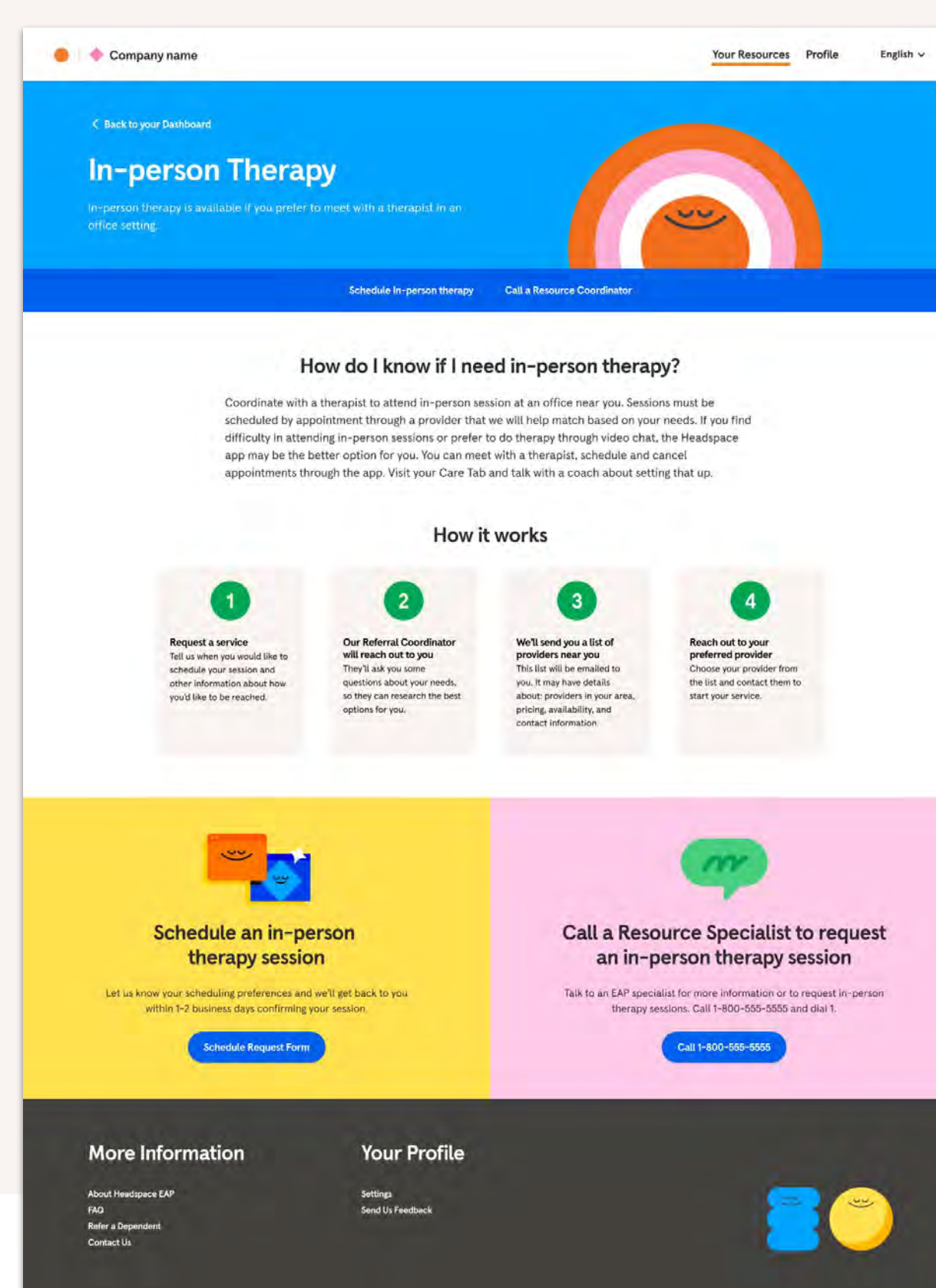


Request in-person therapy

If a member would like to access in-person therapy, they can notify member support or their coach in the app, call our 1800 number or submit a form via the Headspace Hub



Member visits the Care tab and taps In-person therapy



Member is brought to an In-person therapy page in the Headspace Hub where they can complete a form or call a resource specialist to schedule an in-person therapy appt.

Request in-person therapy

If they choose to submit a form, they can add their preferences including availability. Once submitted a resource specialist will reach out via email with available therapists in the member's area that meet their needs.

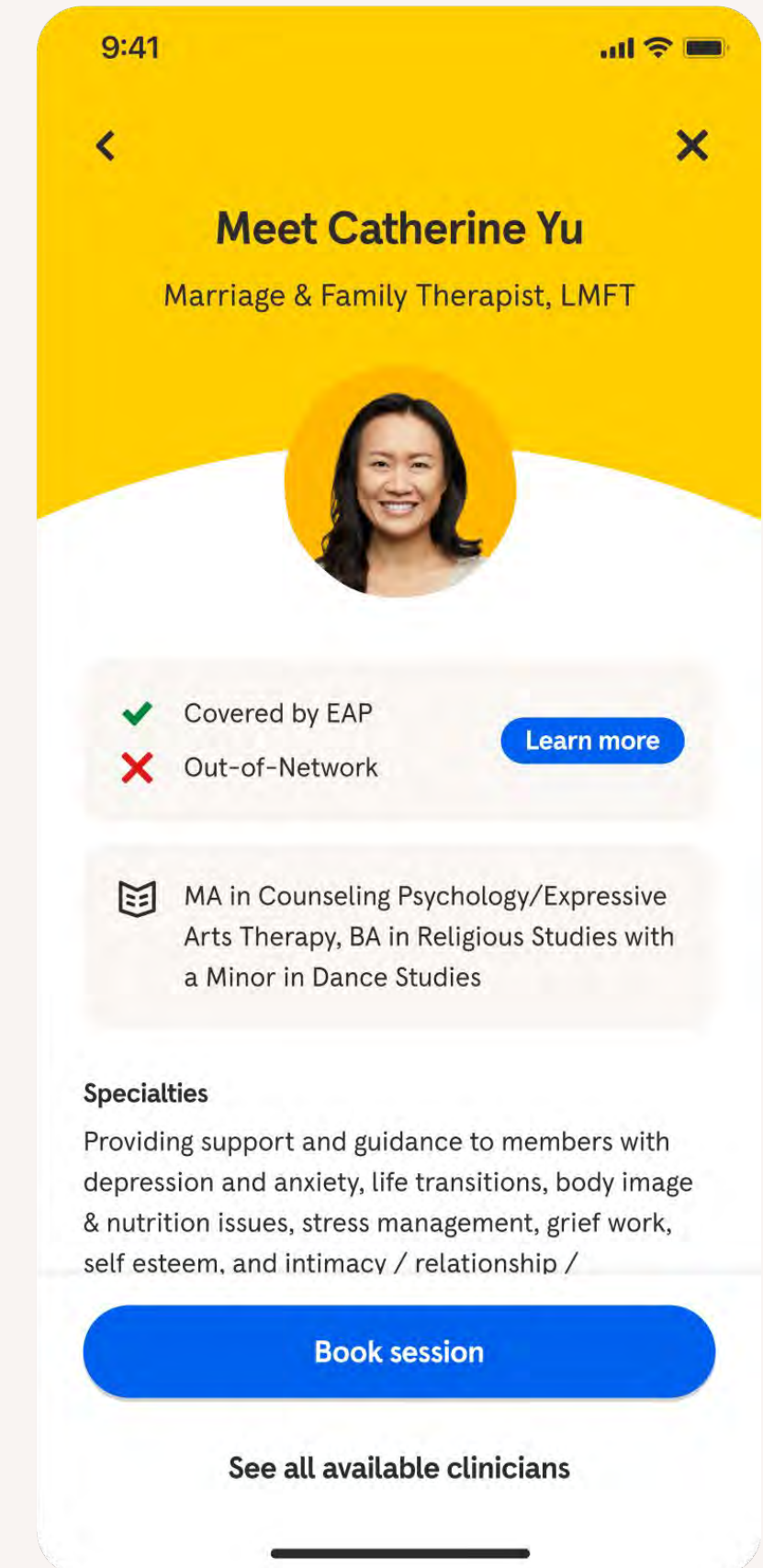
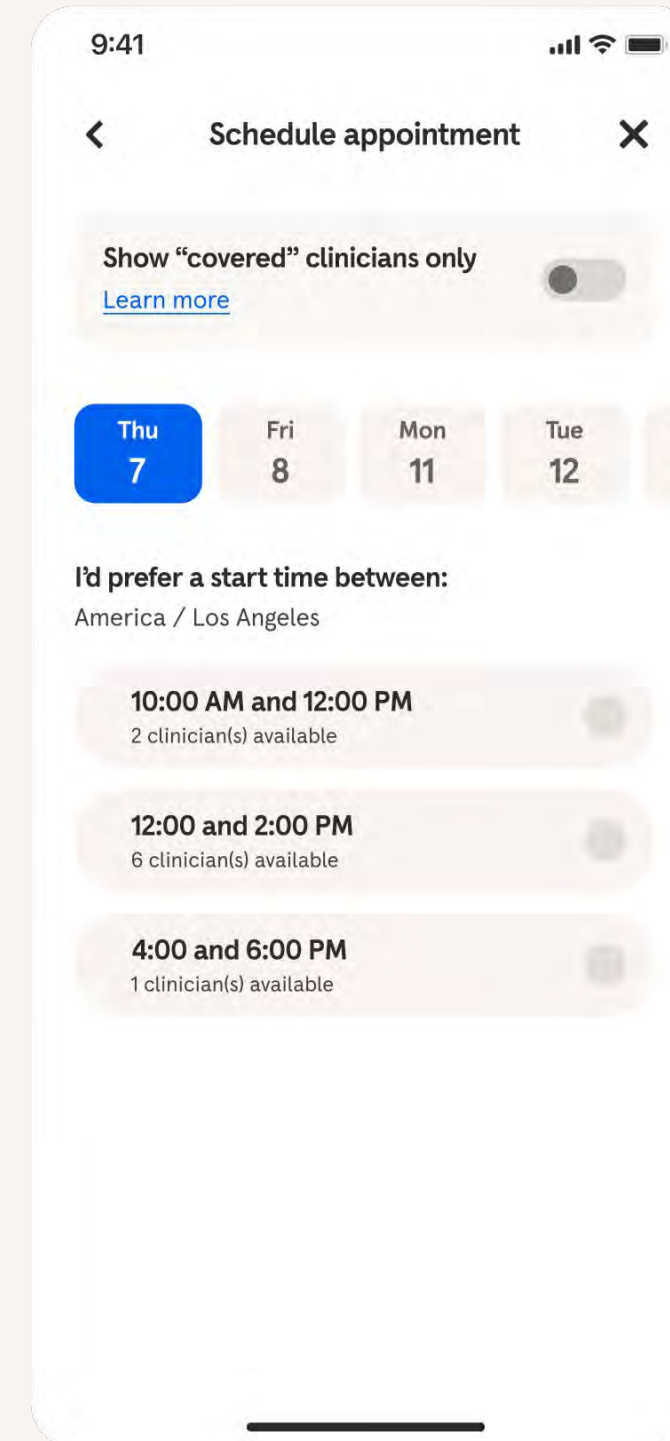
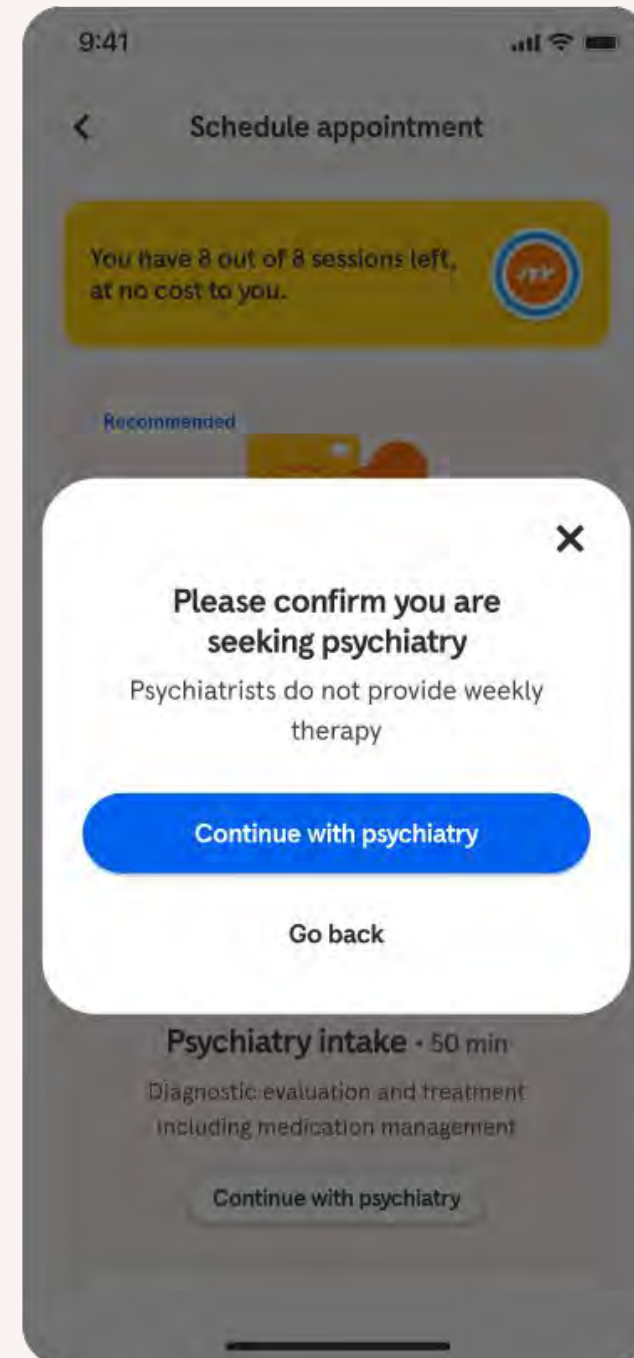
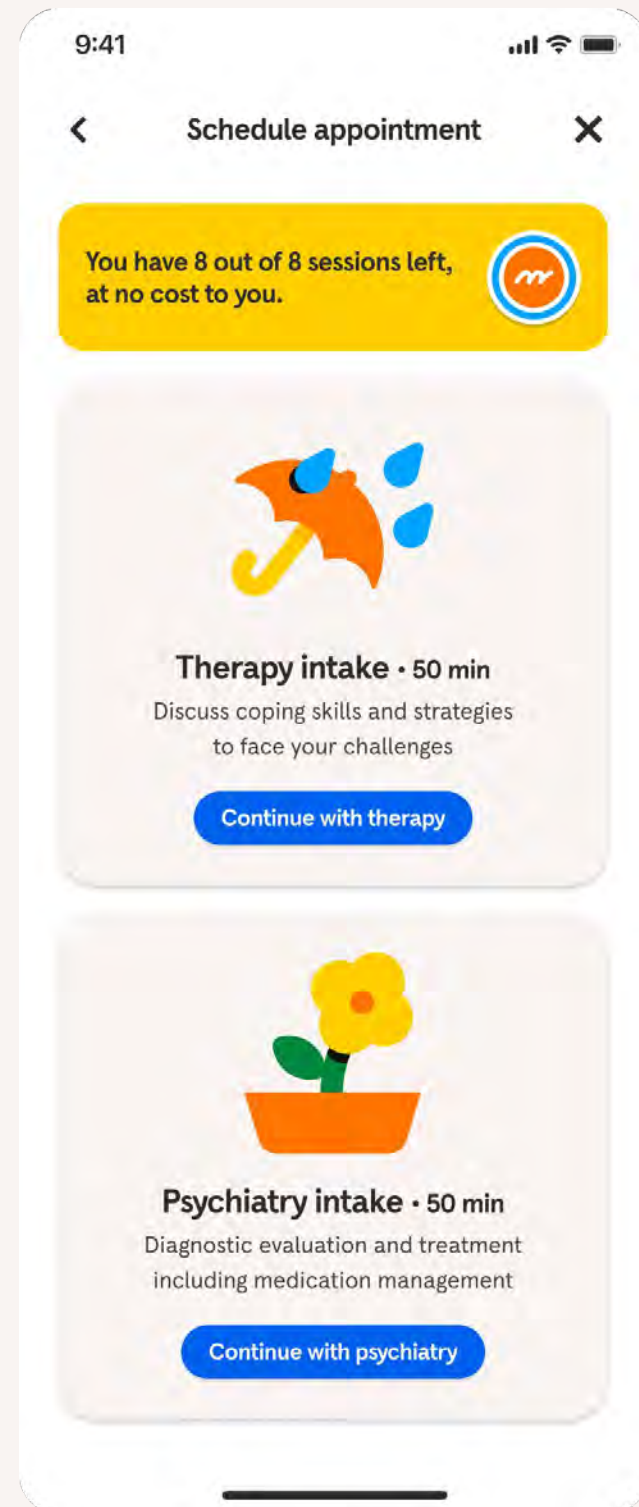
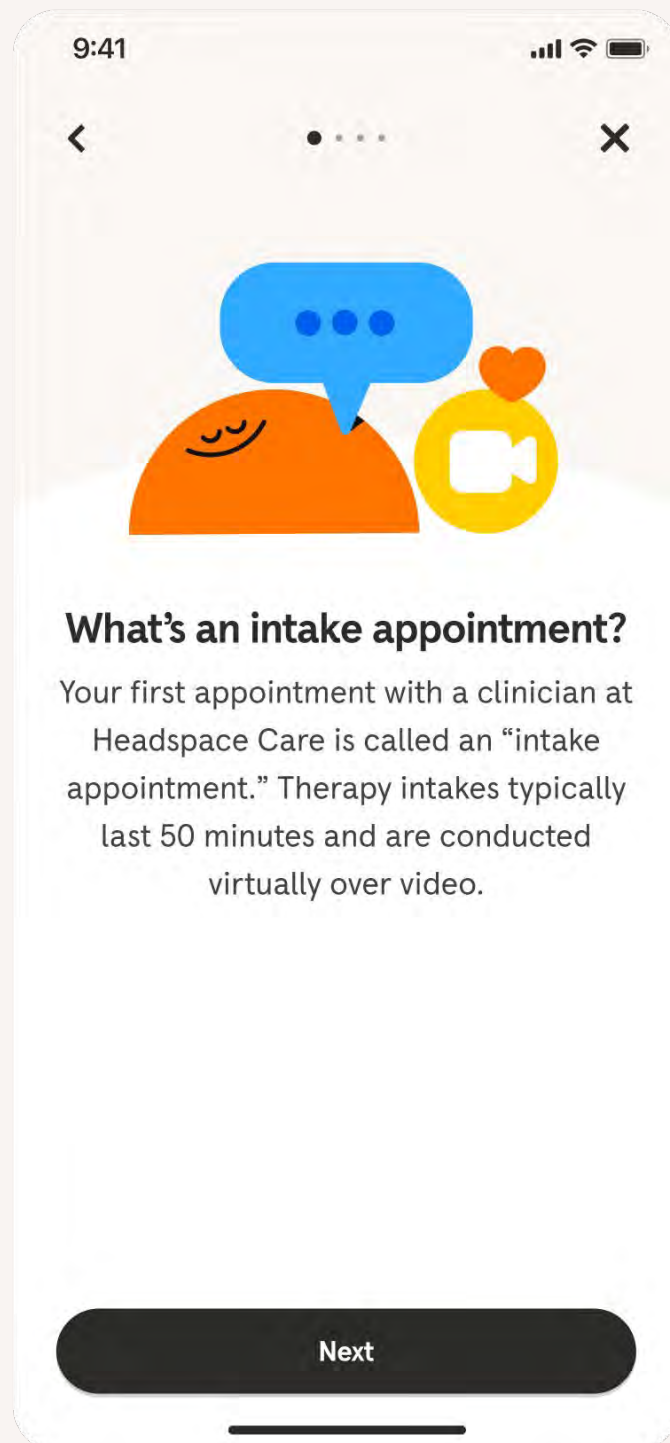
The screenshot shows a web interface for requesting in-person therapy. At the top, there is a navigation bar with 'Company name', 'Your Benefits', 'Profile', and 'English'. Below this is a blue header with a 'Back to In-person therapy' link. The main content area is titled 'Request Form' and 'In-person therapy'. The current step is 'What is your address?' with the instruction 'We need this information to find a resources in your area.' The form contains five input fields: 'Street 1', 'Street 2', 'City', 'State', and 'Zip Code'. Below these is a 'Country' dropdown menu. At the bottom, there are 'Previous' and 'Next' buttons, and a progress indicator showing the current step is completed.

Member completes location information

The screenshot shows the next step in the 'Request Form' for 'In-person therapy'. The title is 'Request Form' and 'In-person therapy'. The current step is 'When is your preferred time to have your in-person session?' with the instruction 'Select the day that you would like to have your first session. You may select up to 3 days.' Below this is a calendar grid for the month of August. The date 'Jul 30' is selected. Below the calendar is another question: 'What time of day do you prefer to have your in-person session? You may select up to 3 times.' There are three radio button options: 'Morning 8:00am - 11:59am EST', 'Afternoon 12:00pm - 4:59pm EST', and 'Evening 5:00 - 8:00 pm EST'. At the bottom, there are 'Previous' and 'Next' buttons, and a progress indicator showing the current step is completed.

Member records availability preferences

Schedule a clinical appointment



Members will be Supported with work-life services

Members will be pointed to work-life services via email, the app, the Headspace Hub, and by live conversations with our team.

headspace

CO BRANDING

Work-life assistance around-the-clock

Get connected to local resources for everything from financial or legal advice to improving time management skills

Get started

[Organization Name] provides confidential mental healthcare and work-life resources to you and your dependents ages 13 and older. Headspace offers access to one-on-one coaching support and hundreds of mindfulness exercises at no cost. Therapy services are covered up to [EAPnumber] [[EAP#]] sessions per person, per issue, per year.

Your work-life assistance benefit offers:

- Immediate support 24/7 via phone
- Local resources for elder and childcare
- Connections to legal and financial advisors

More resources provided by Headspace

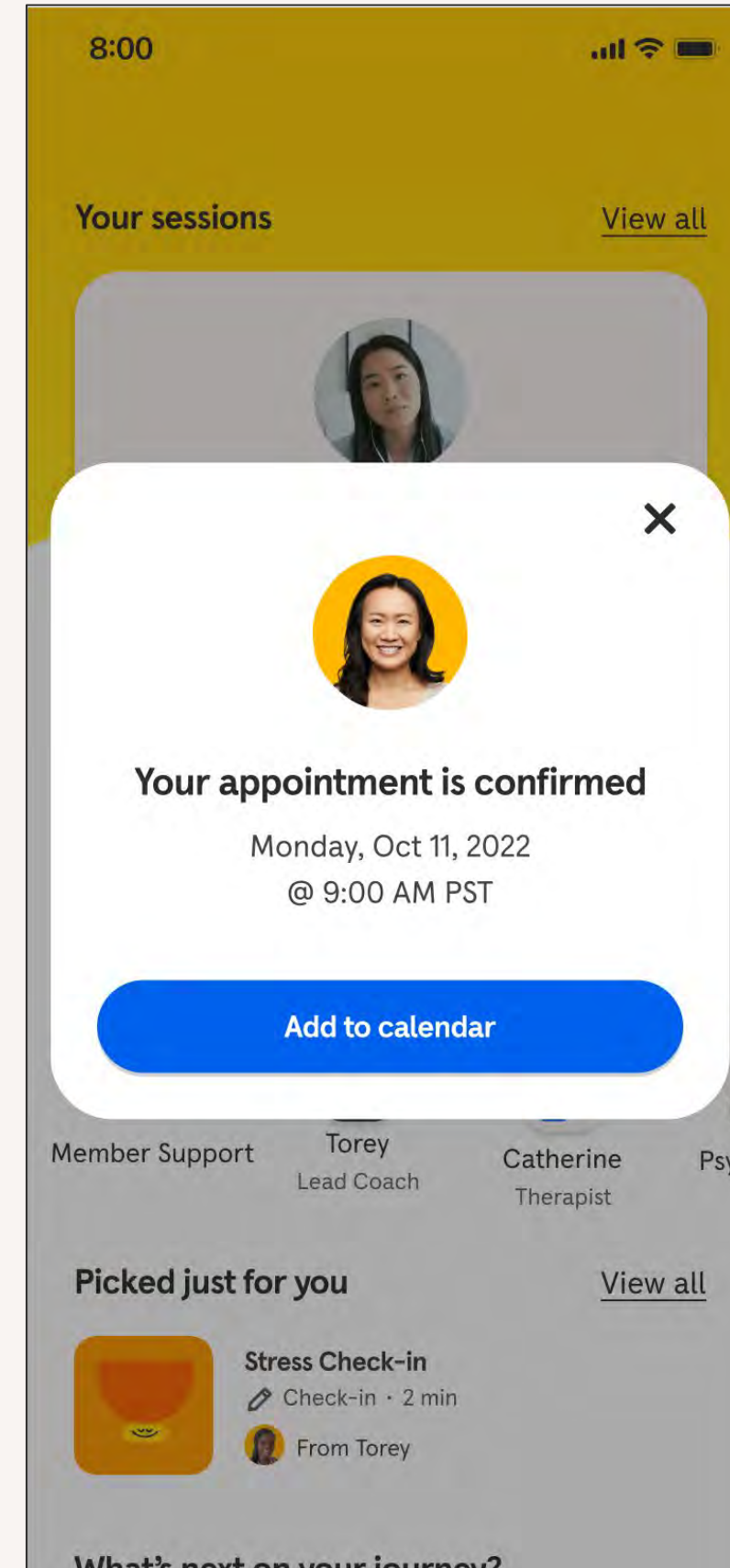
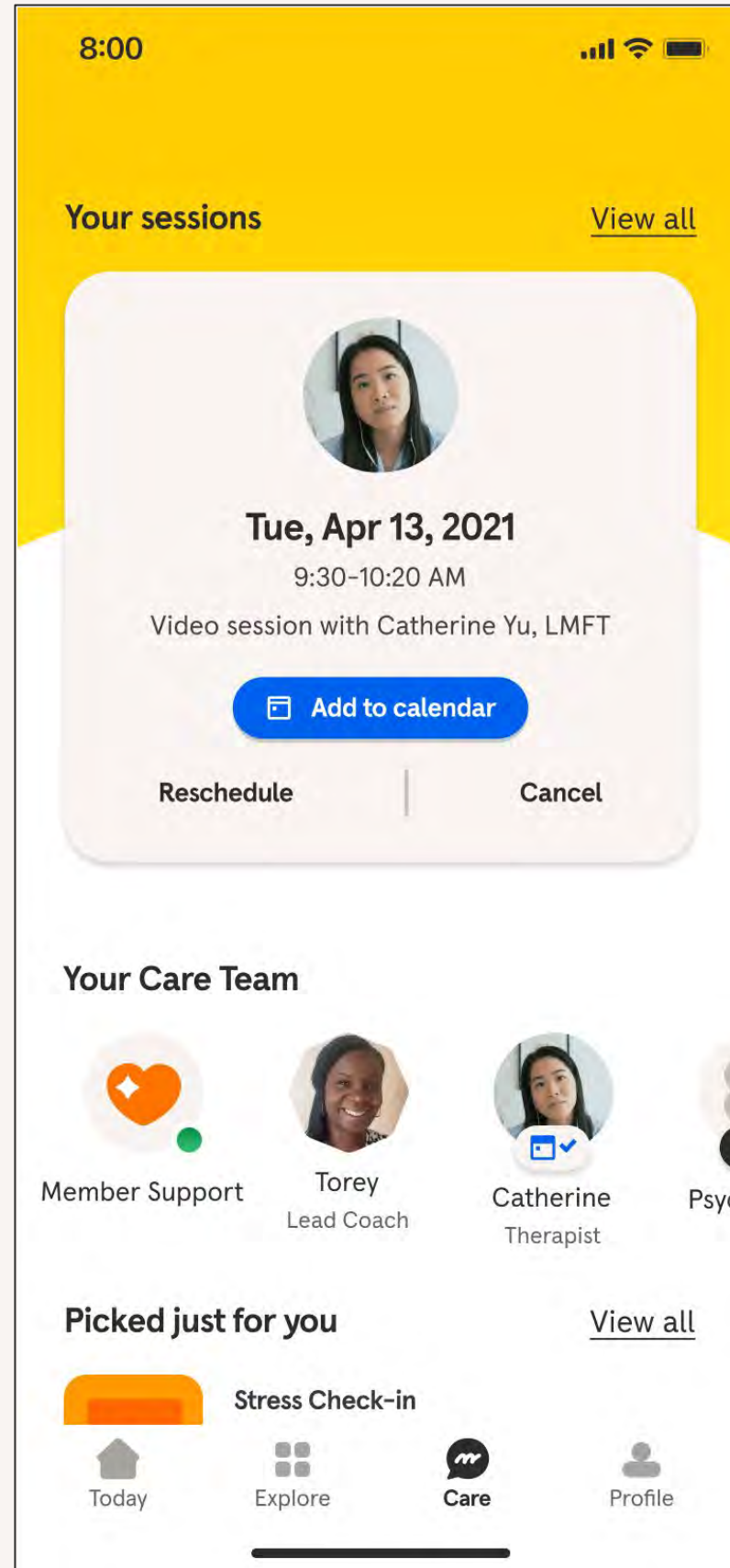
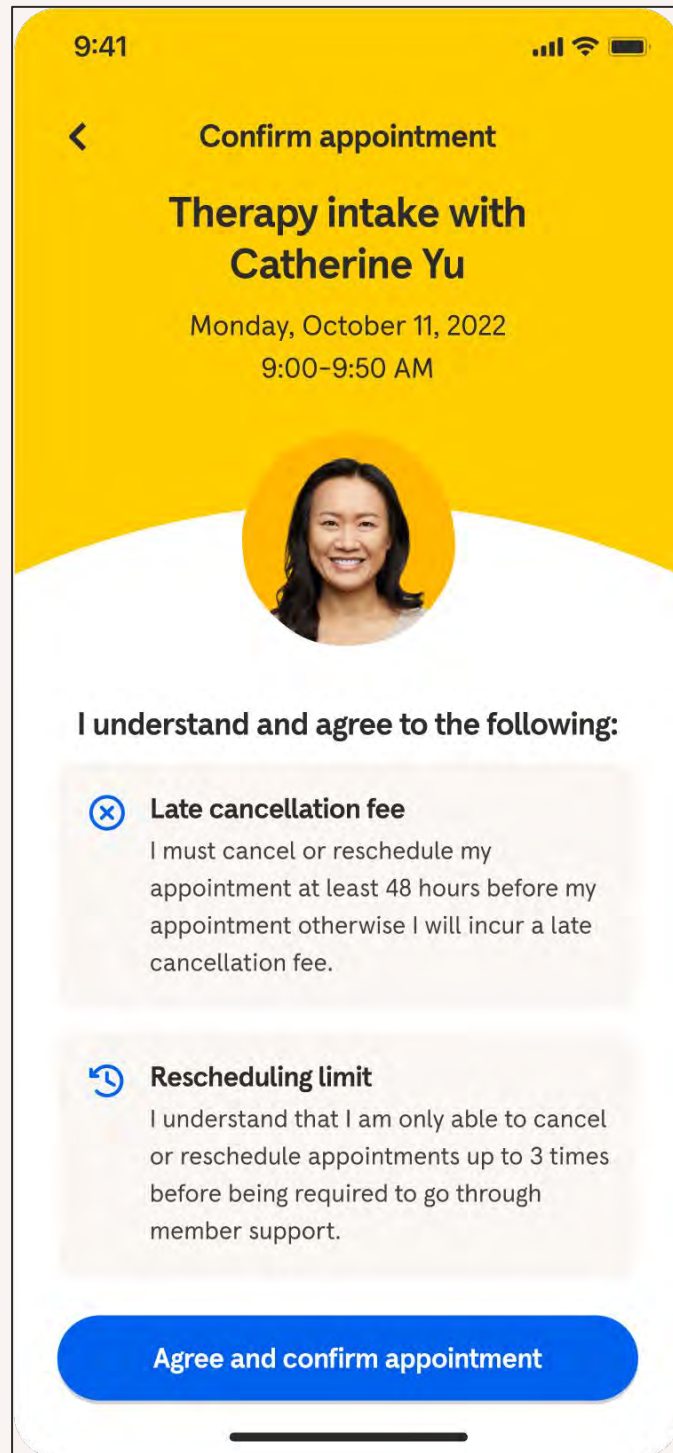
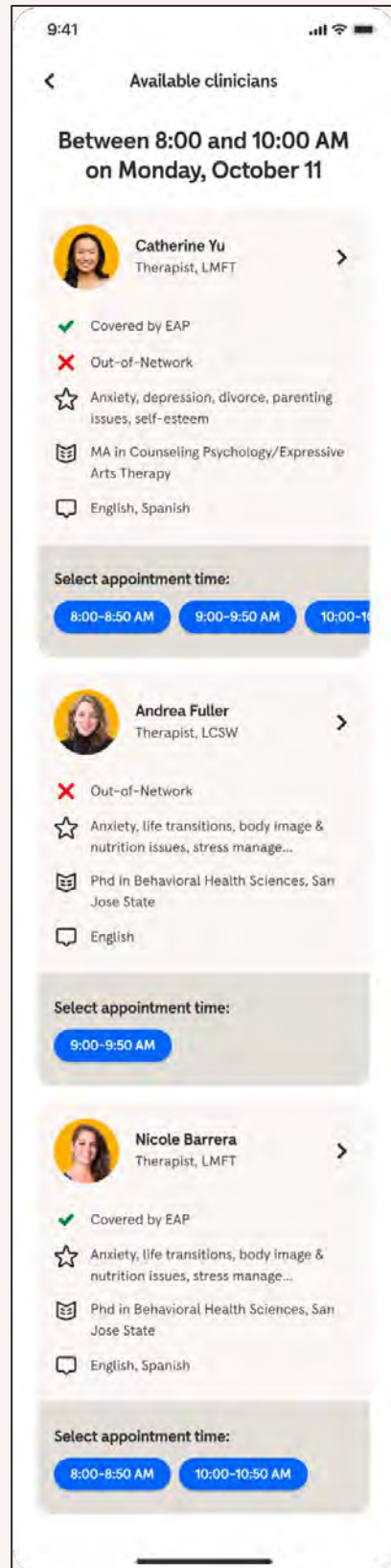
- Work Life Services
- Crisis Support over the Phone
- Frequently Asked Questions
- In-person Therapy
- Share Headspace with your Household
- Support for Managers

Contact a Resource Specialist

To connect with a specialist to request a service or to get more information, you can call 1-800-555-5555.

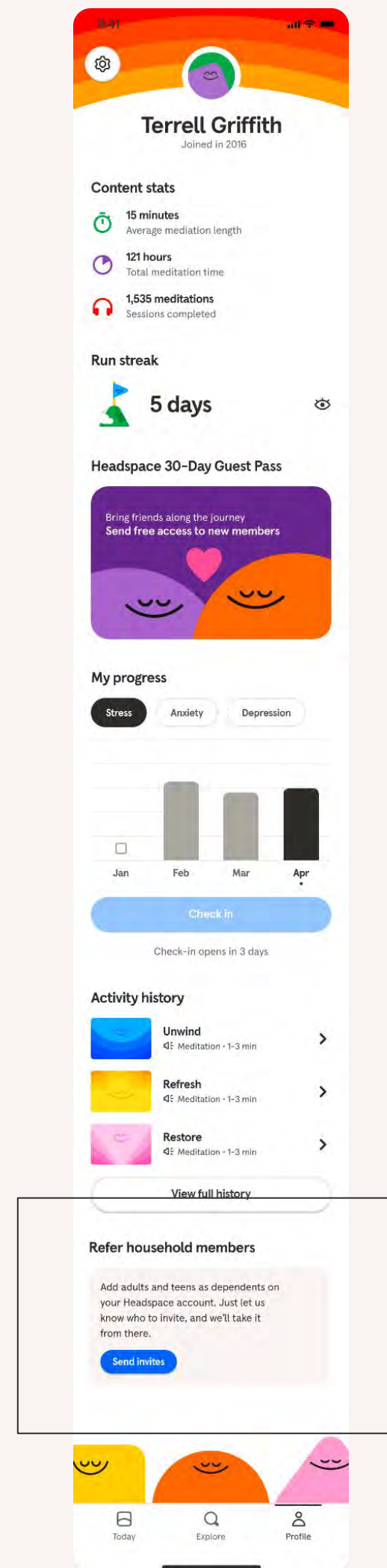
Call 1-800-555-5555

Schedule a clinical appointment (Cont.)

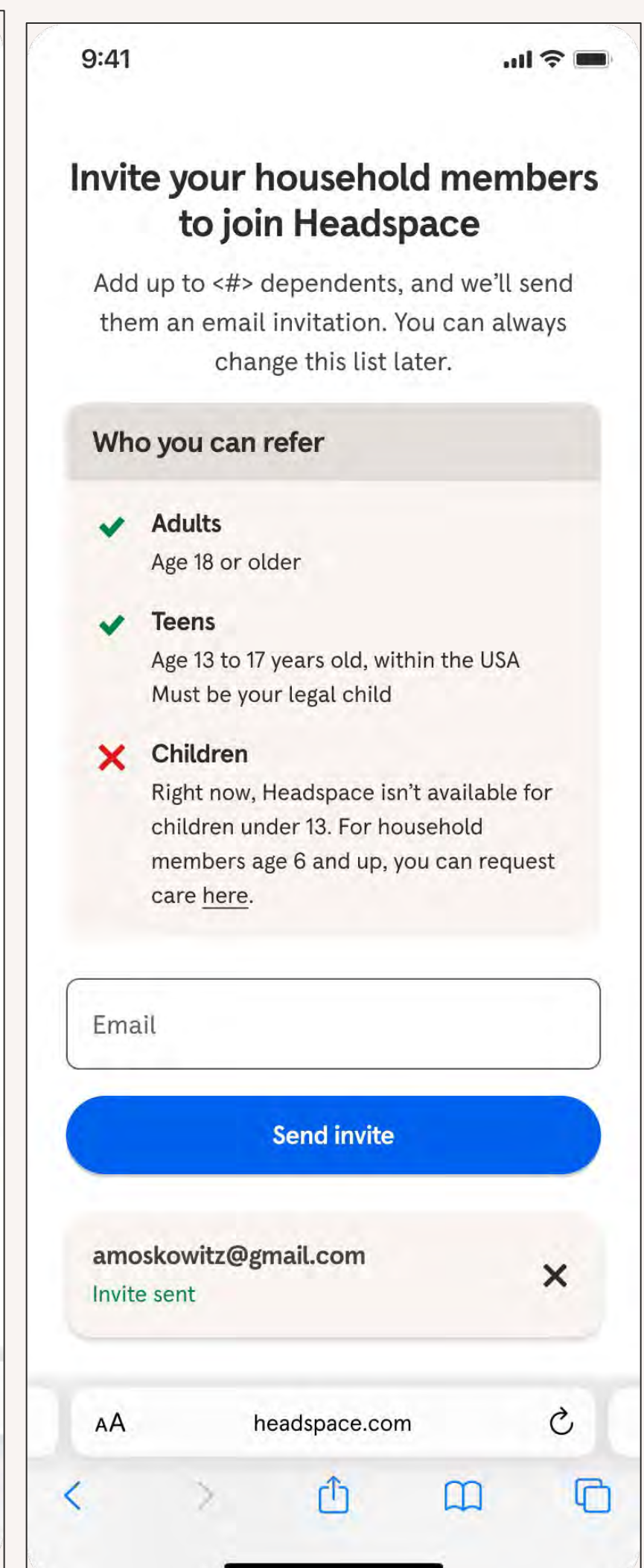
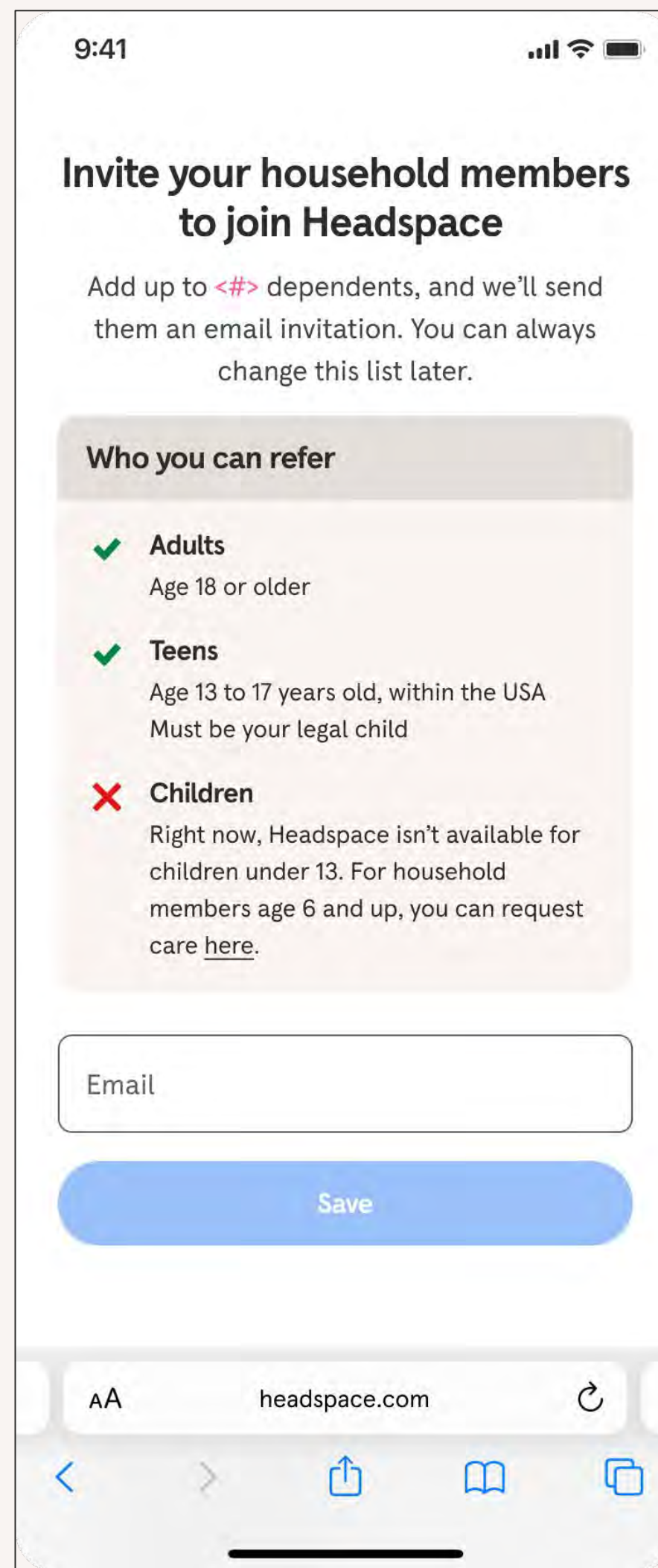


Adding Dependents

Member will be prompted to add a dependent via email and in their profile tab



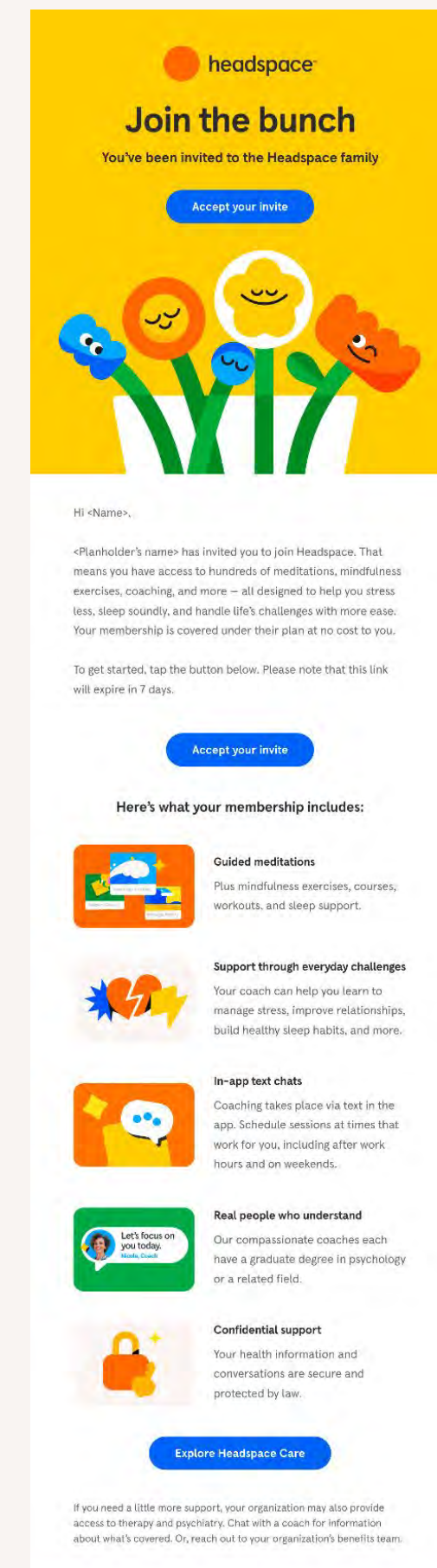
Member invites dependents by inputting email



Dependent receives email invite to join



Proprietary, Confidential, & Thoughtful



headspace

Join the bunch

You've been invited to the Headspace family

Accept your invite



Hi <Name>,

<Planholder's name> has invited you to join Headspace. That means you have access to hundreds of meditations, mindfulness exercises, coaching, and more – all designed to help you stress less, sleep soundly, and handle life's challenges with more ease. Your membership is covered under their plan at no cost to you.

To get started, tap the button below. Please note that this link will expire in 7 days.

Accept your invite

Here's what your membership includes:



Guided meditations

Plus mindfulness exercises, courses, workouts, and sleep support.



Support through everyday challenges

Your coach can help you learn to manage stress, improve relationships, build healthy sleep habits, and more.



In-app text chats

Coaching takes place via text in the app. Schedule sessions at times that work for you, including after work hours and on weekends.



Real people who understand

Our compassionate coaches each have a graduate degree in psychology or a related field.



Confidential support

Your health information and conversations are secure and protected by law.

Explore Headspace Care

If you need a little more support, your organization may also provide access to therapy and psychiatry. Chat with a coach for information about what's covered. Or, reach out to your organization's benefits team.

Have a question? Visit our [FAQ page](#).

Headspace protects and processes your personal information in accordance with applicable law, as described in our [Privacy Policy](#) and [Terms and Conditions](#).

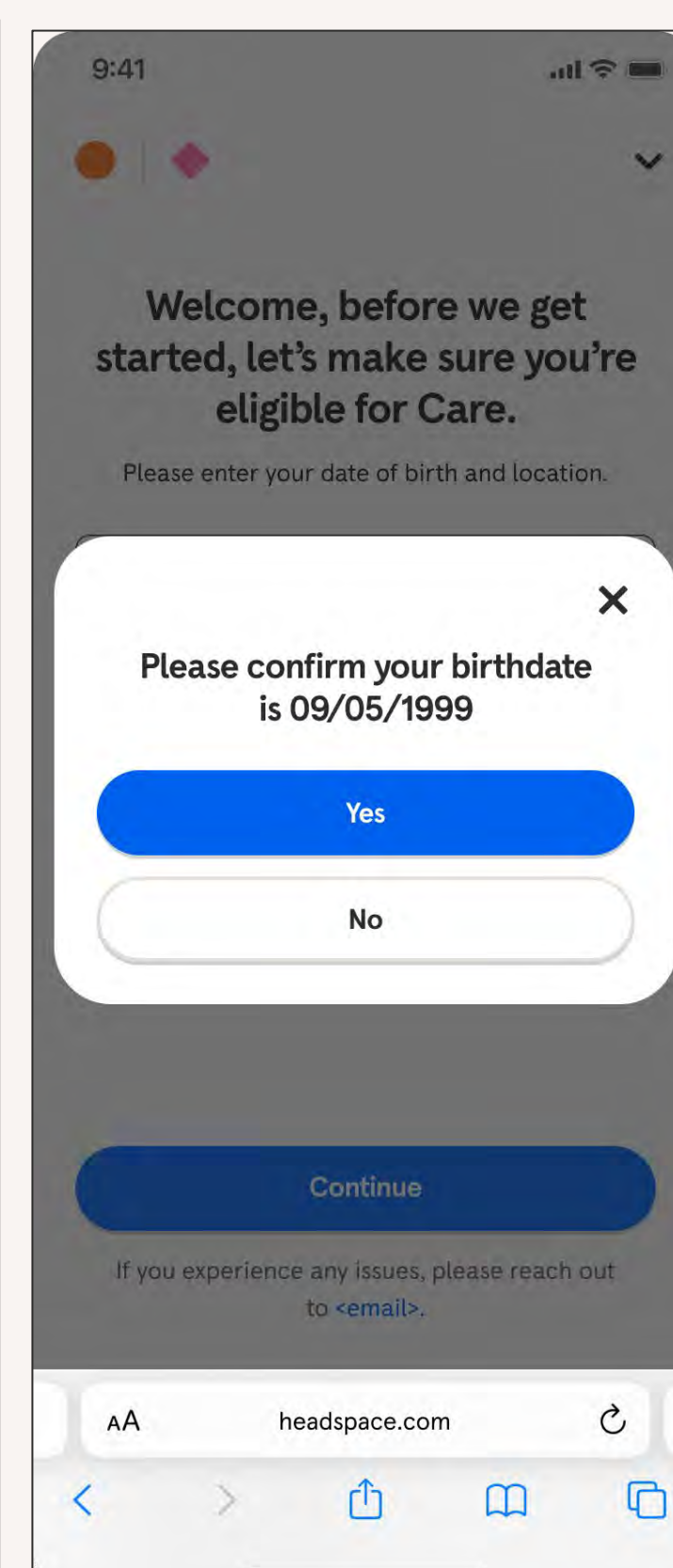
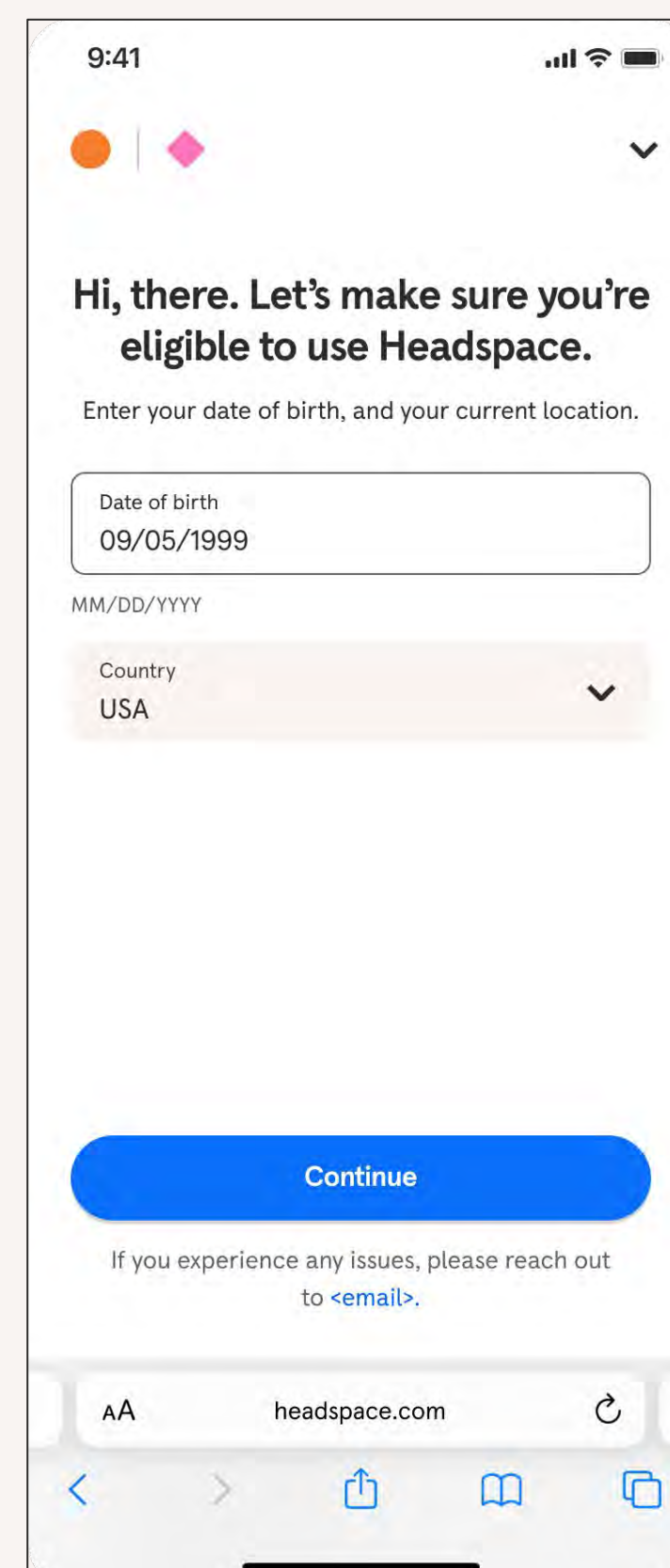
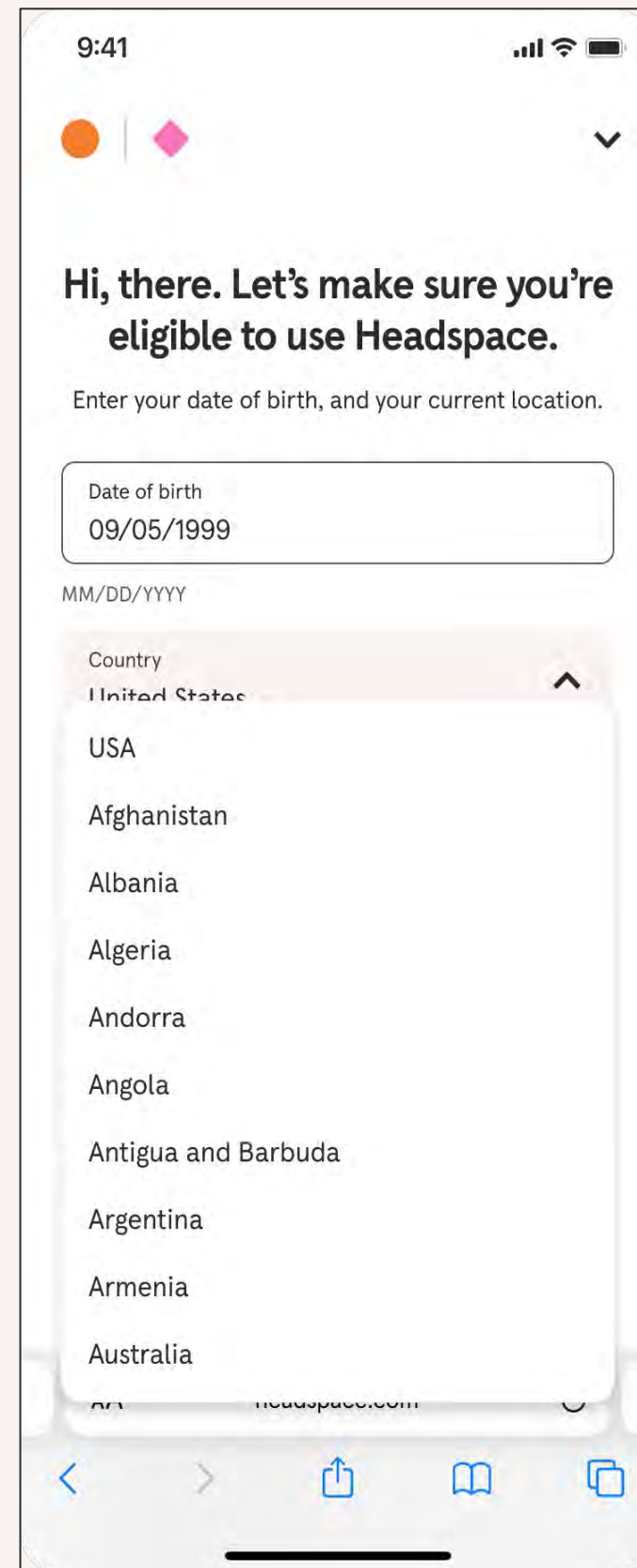
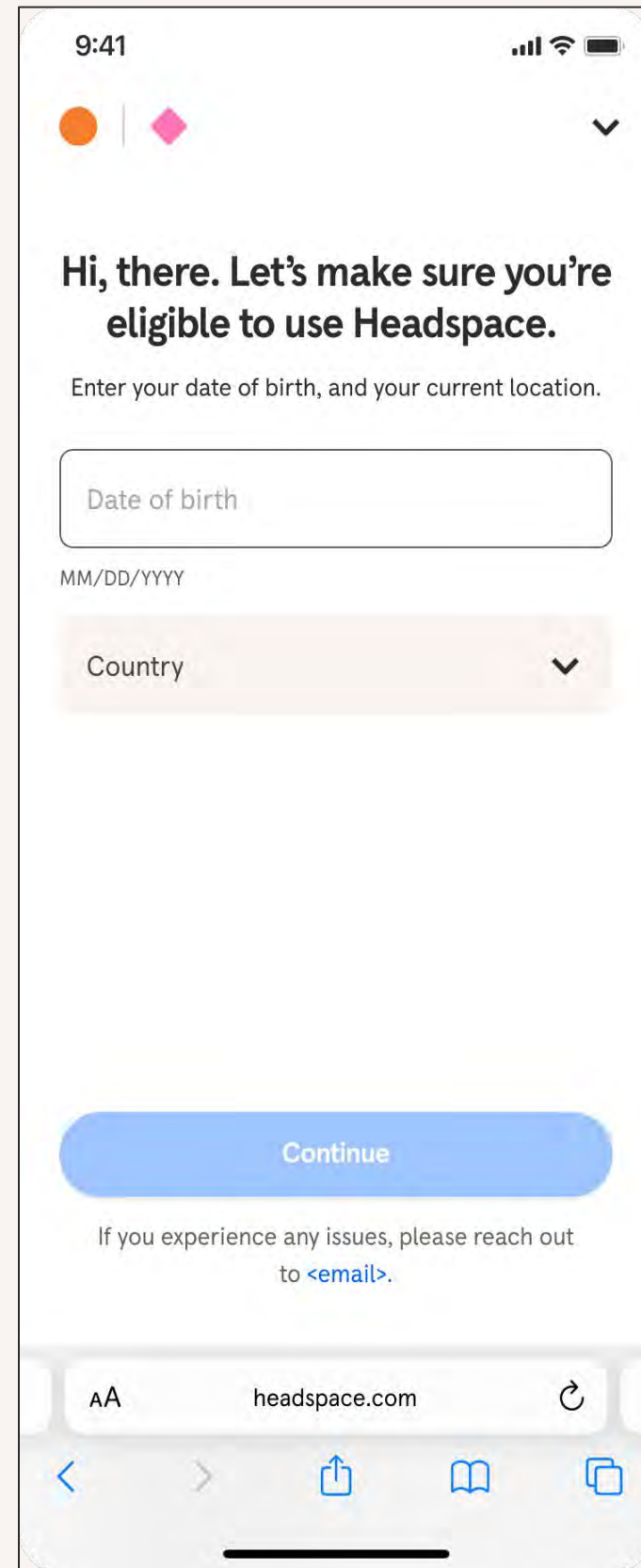
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2417 Alcatraz Ave., Santa Monica, CA 90404
Delaware Corporation State File #0527131
Not a [Tentative Offer](#).

Dependent confirms eligibility

Dependent inputs DOB and Country information to confirm eligibility

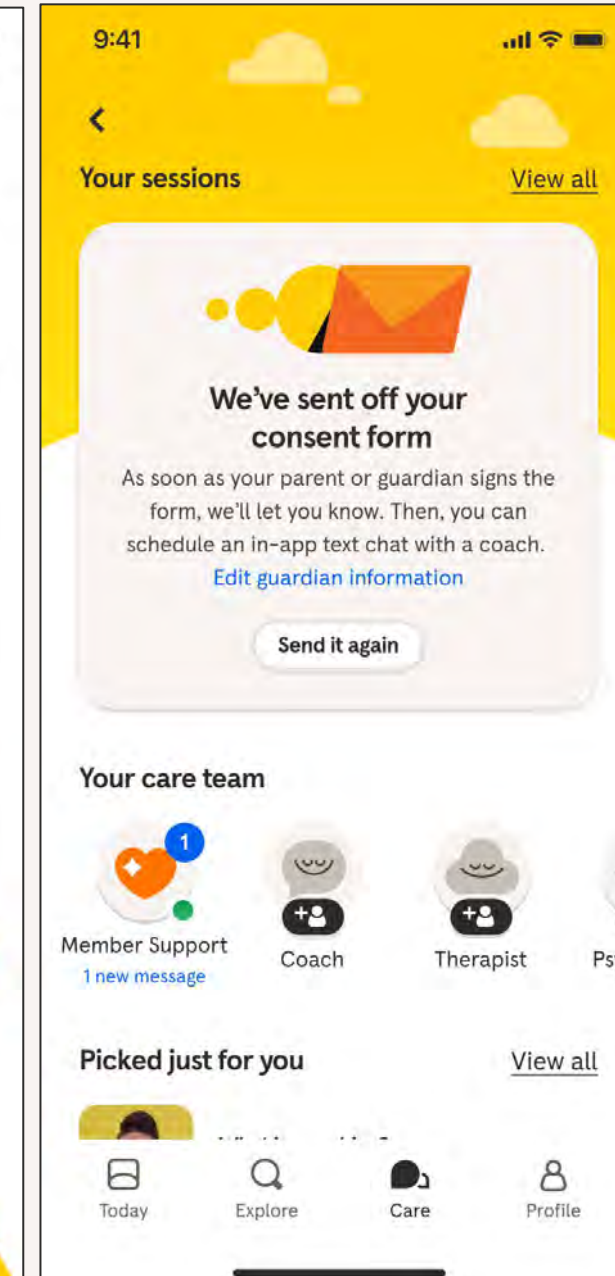
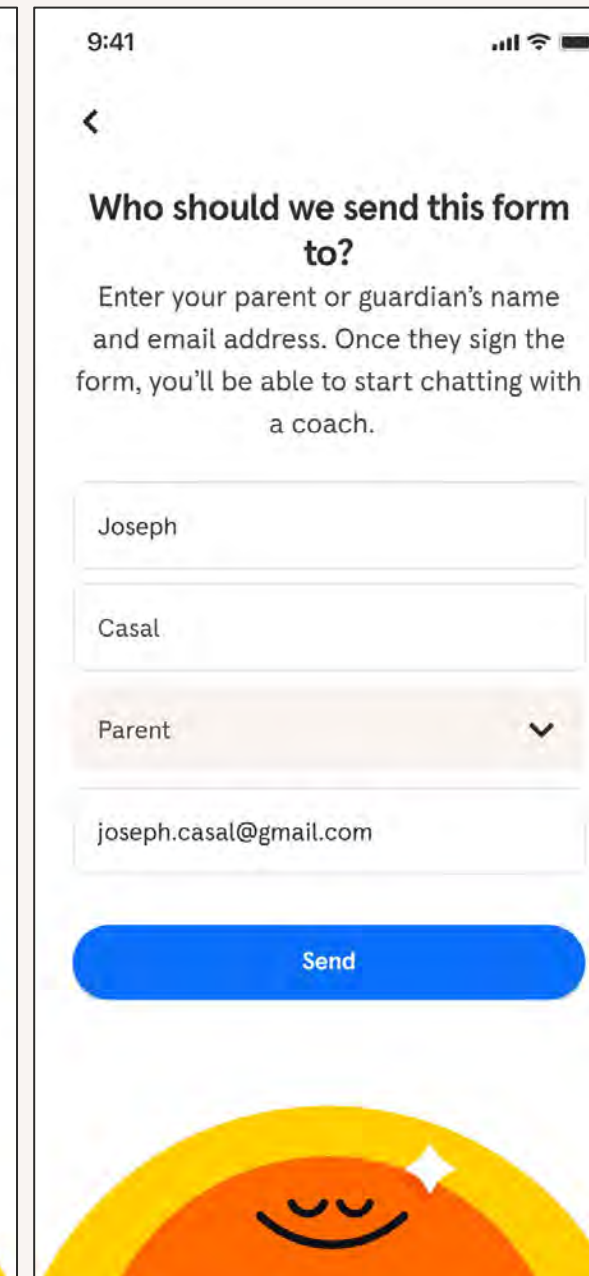
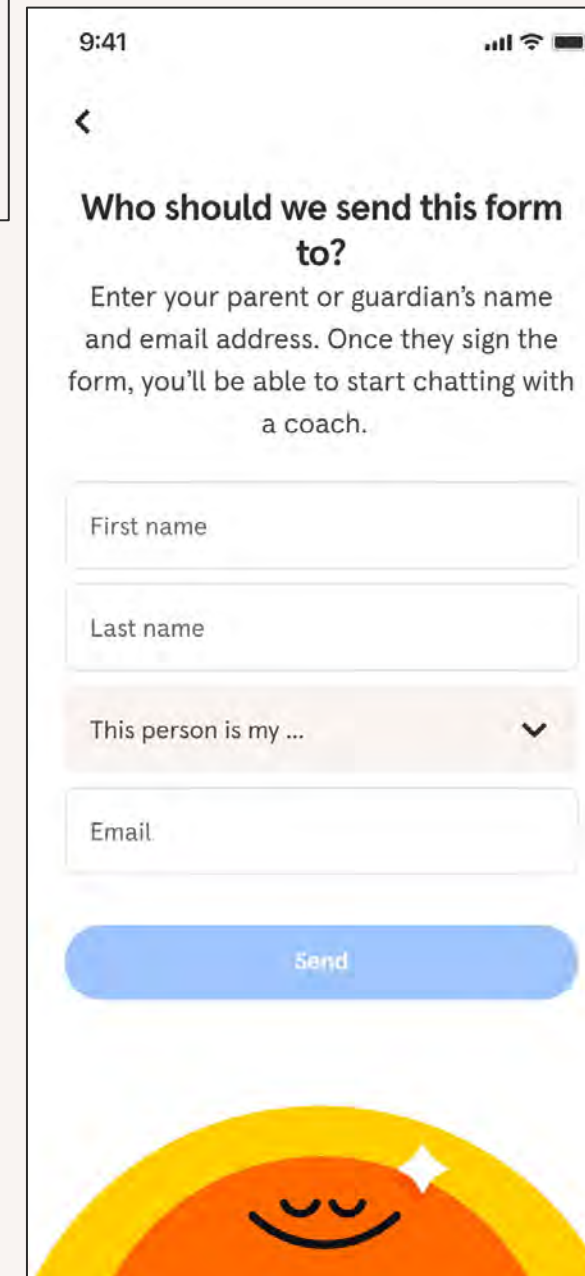
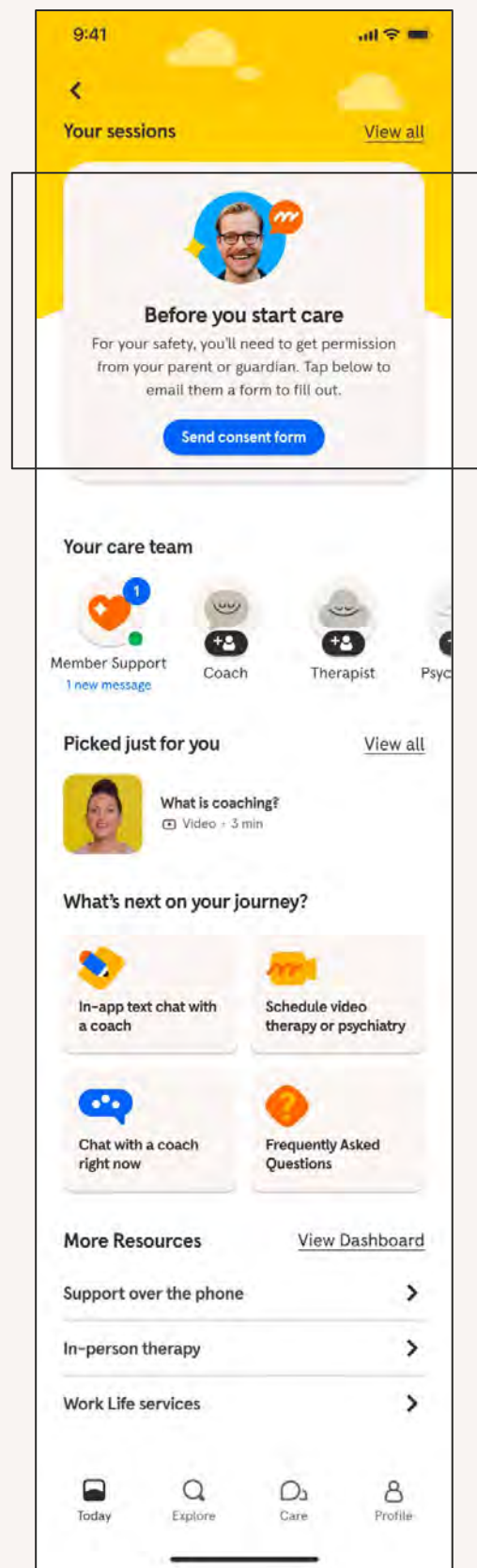
After confirming eligibility, if a member already has a Headspace account they login or if not, they create an account.

(See Onboarding and Enrolling for next steps)



Teen submits consent form to engage in Care

Once a teen downloads and enters the Headspace app, they will be prompted to submit a consent form so their parent and/or guardian can consent to them receiving care.



Teen is prompted to submit consent form'

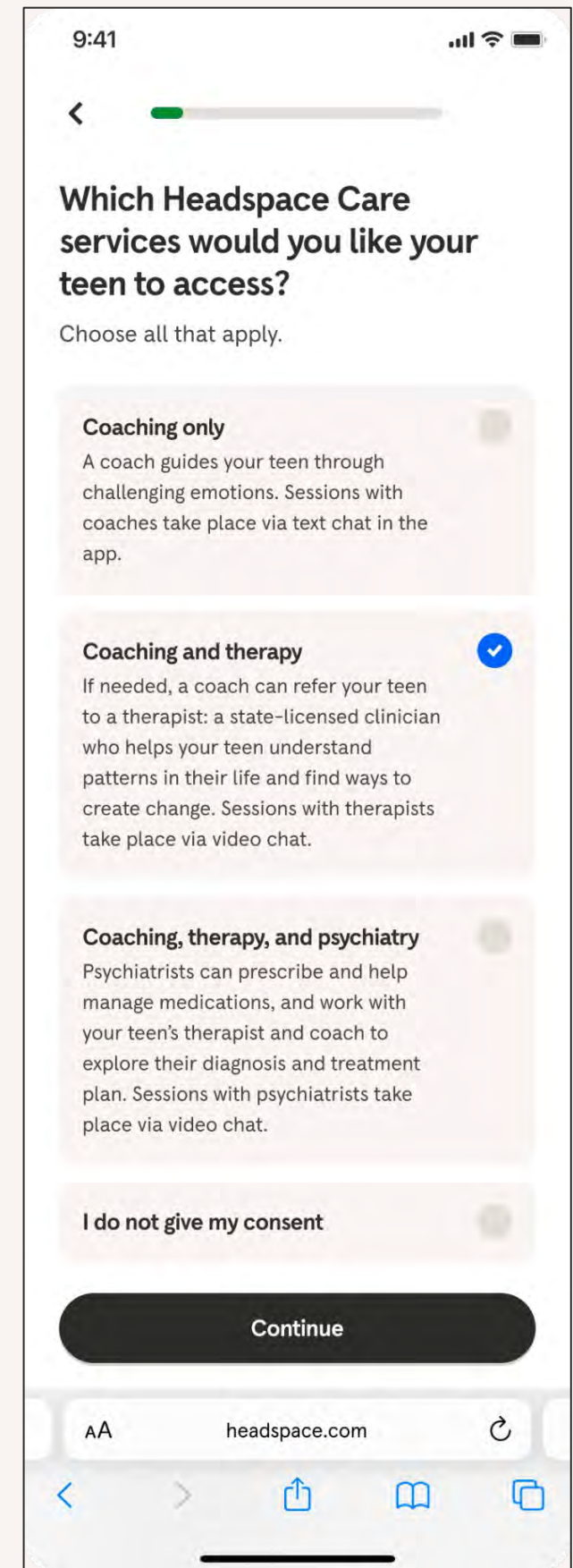
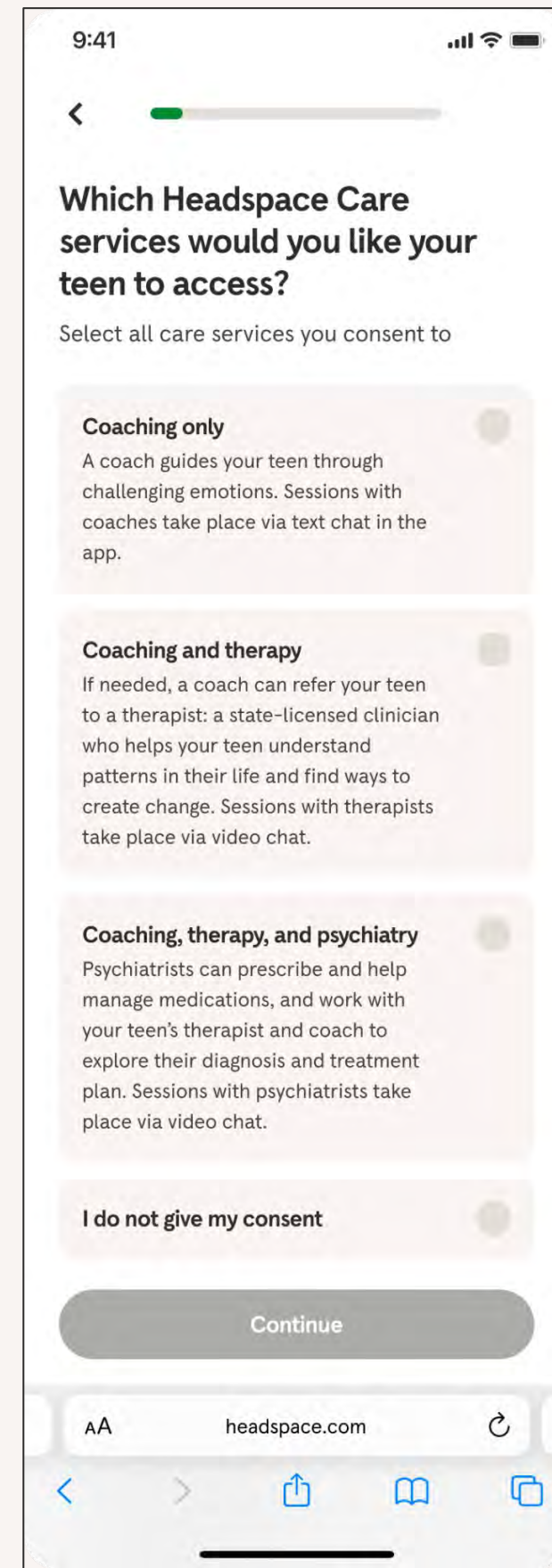
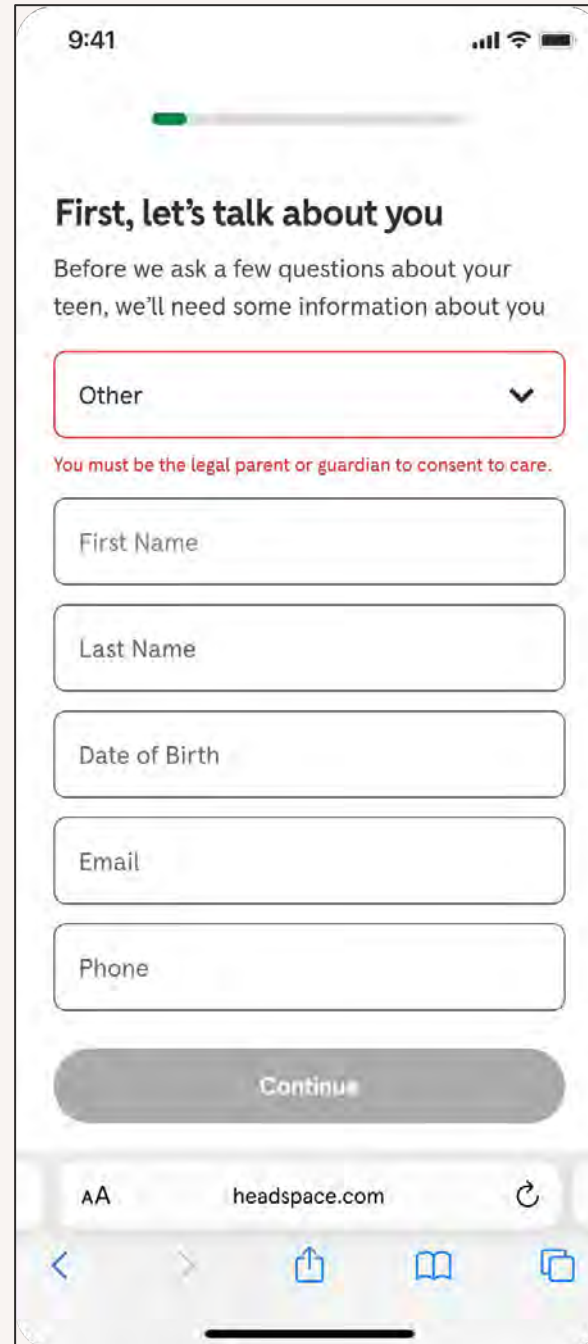
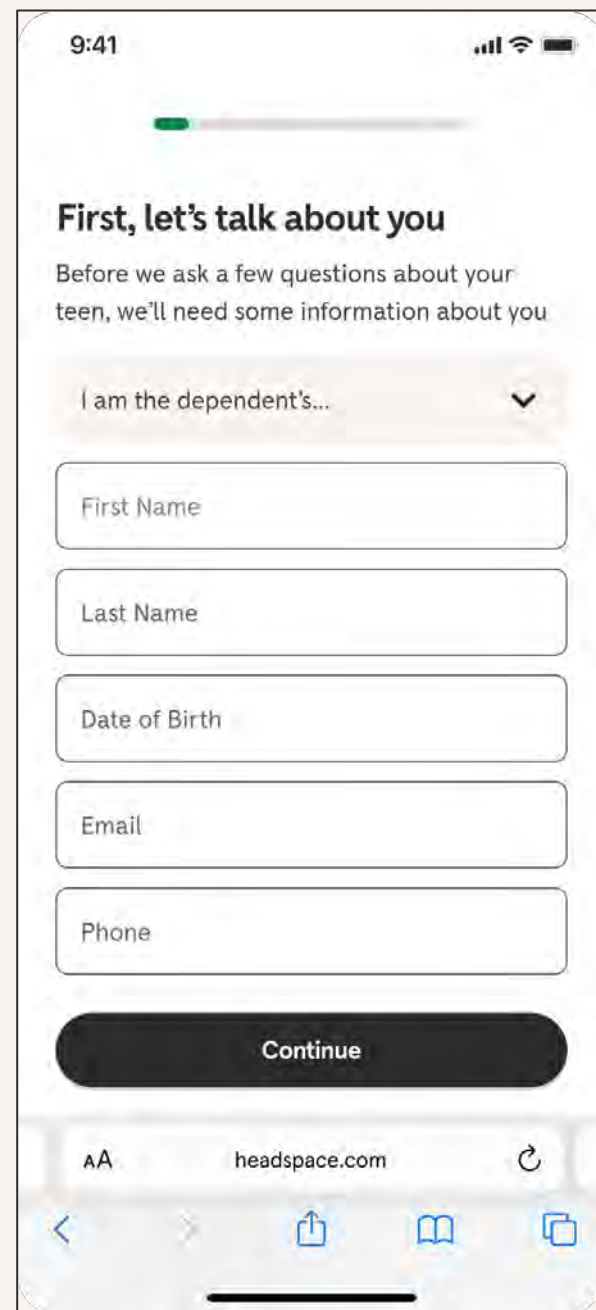
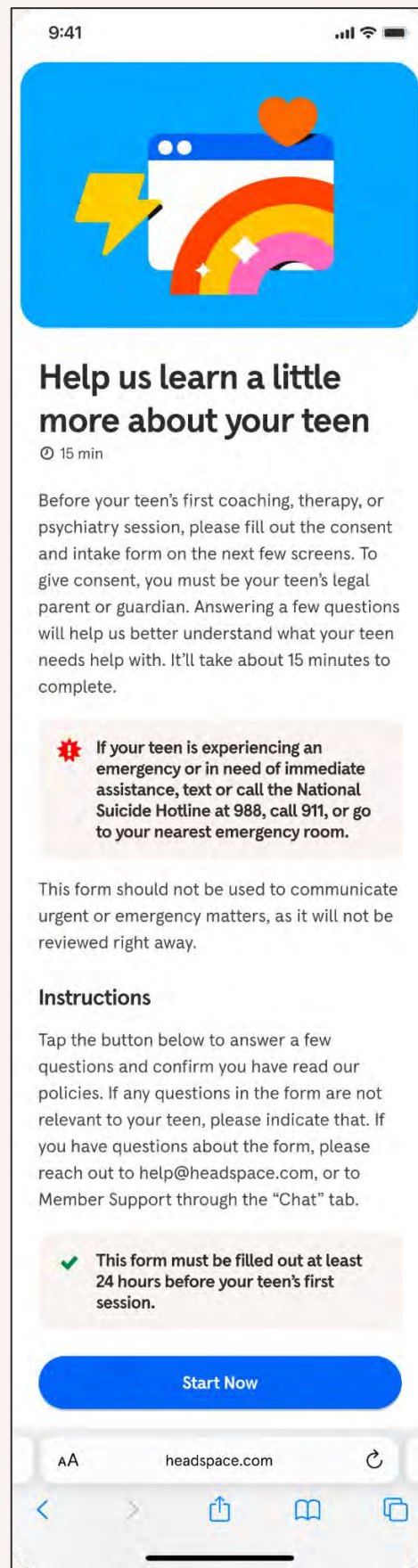
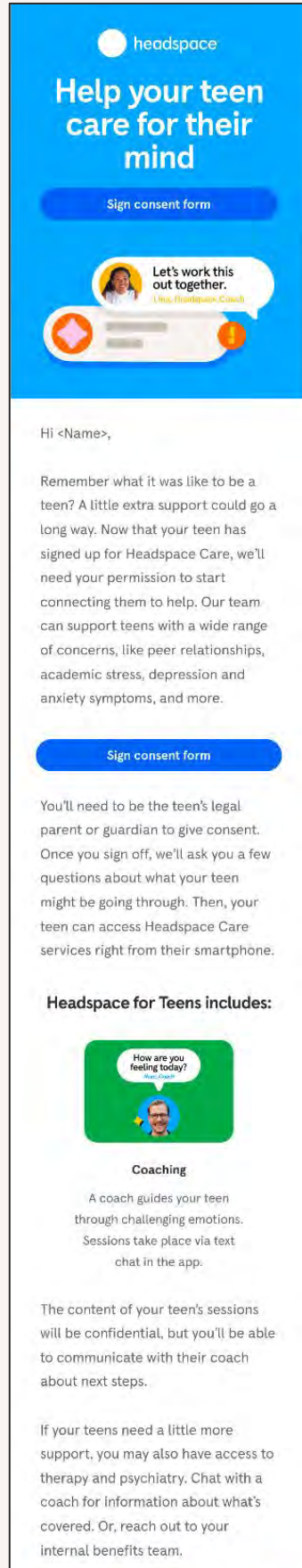


Member completes consent form

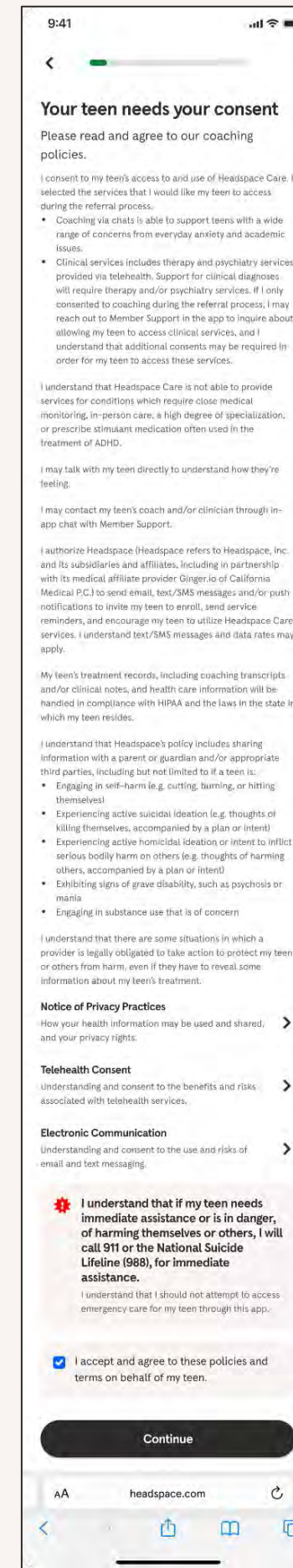


Consent form is sent to parent/guardian

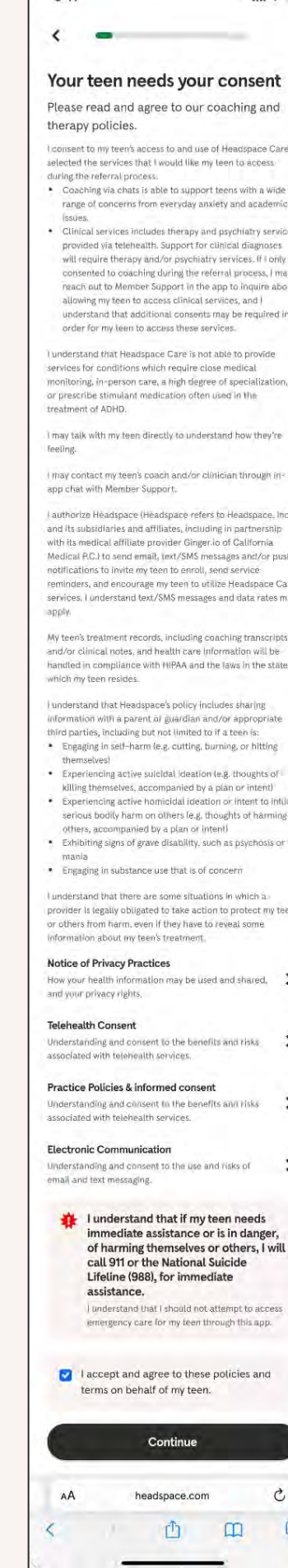
Parent/Guardian is sent consent form to complete



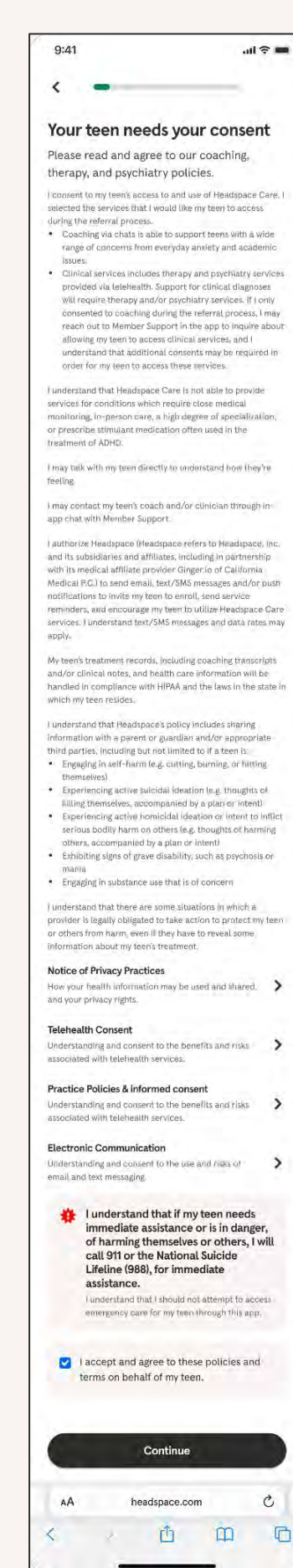
Parent/Guardian complete consent form (cont.)



Consent to coaching



Consent to coaching and therapy



Consent to all

Parent/Guardian complete consent form (cont.)

9:41

<

Please confirm that your teen will be in their state of residence during therapy and/or psychiatry appointments

In order for us to provide teletherapy services, your teen will need to be located in their state of residence for their appointments.

I attest my teen will be in their state of residence for each video session with their therapist and/or psychiatrist.

Continue

AA headspace.com

< >

9:41

<

Is your teen currently in psychotherapy with a therapist or psychiatrist?

Yes

No

Continue

AA headspace.com

< >

These forms will only appear if the parent/guardian selects therapy and/or psychiatry

Parent/Guardian completes consent form (cont.)

9:41

Please provide an emergency contact

We will contact this person in case of an emergency. If you would like to be the emergency contact please list yourself below.

Emergency Contact Name

Emergency Contact Phone Number

Email

Emergency Contact Relationship to Teen

Continue

AA headspace.com

9:41

Please provide an emergency contact

We will contact this person in case of an emergency. If you would like to be the emergency contact please list yourself below.

Martha Moskowitz

503-123-2394

mmoskowitz@gmail.com

Mother

Continue

AA headspace.com

9:41

Enter your teen's insurance information.

If we are in network with your insurance payer, you will be charged your regular co-pays for visits.

If we are not in network with your insurance payer, you will be charged in full for services rendered. If we become in-network with your insurance company, we will contact you.

Insurance Company

Insurance ID Number

Insurance Group Number

Continue

AA headspace.com

9:41

Enter your teen's insurance information.

If we are in network with your insurance payer, you will be charged your regular co-pays for visits.

If we are not in network with your insurance payer, you will be charged in full for services rendered. If we become in-network with your insurance company, we will contact you.

Aetna

789654321

234567

Continue

AA headspace.com

9:41

Please make sure all the information is accurate.

Incorrect information will cause delays in setting up your teen's appointment.

Therapy status

Not in therapy

Emergency Contact

Martha Moskowitz

503-123-2394

mmoskowitz@gmail.com

Mother

Insurance

Aetna

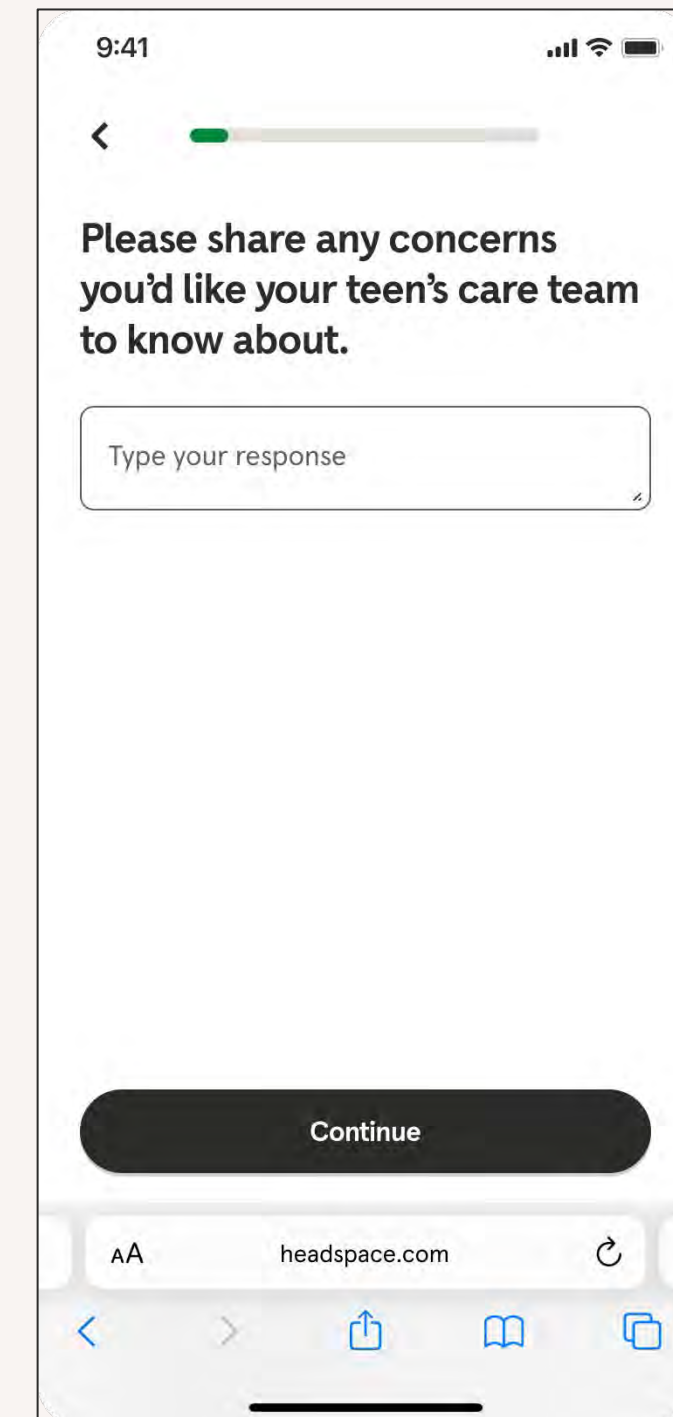
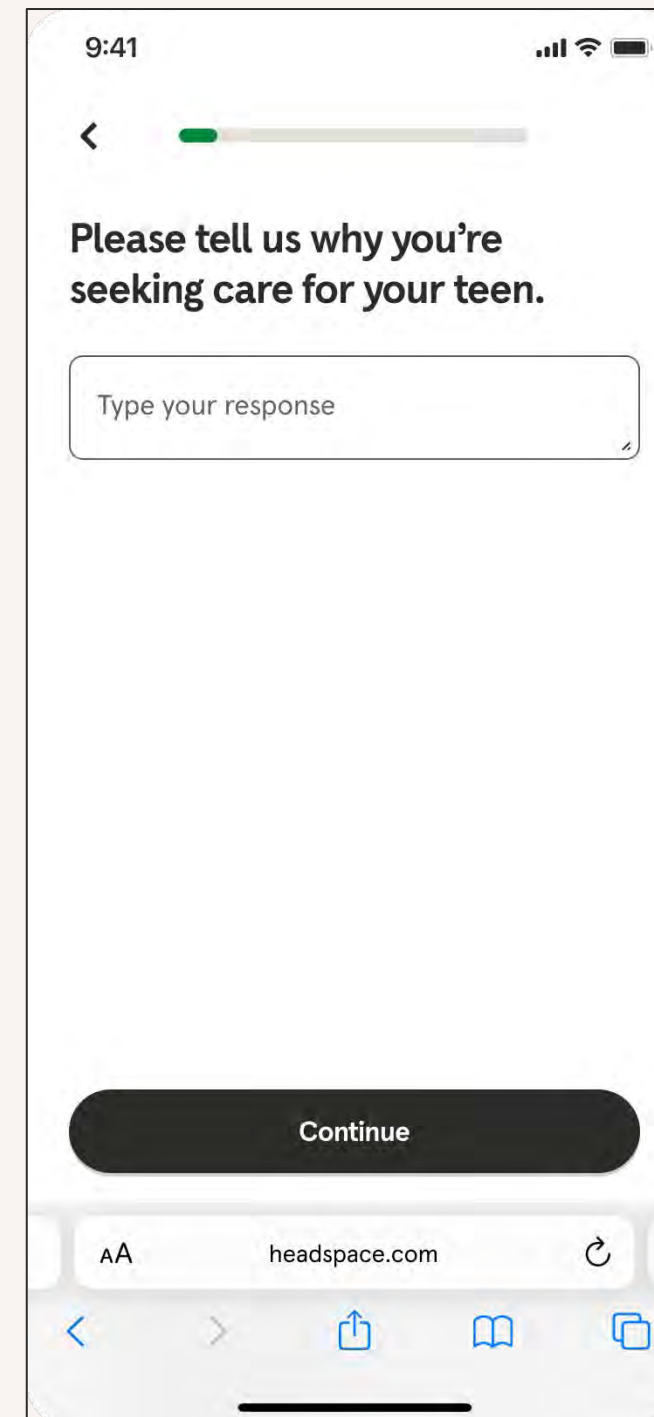
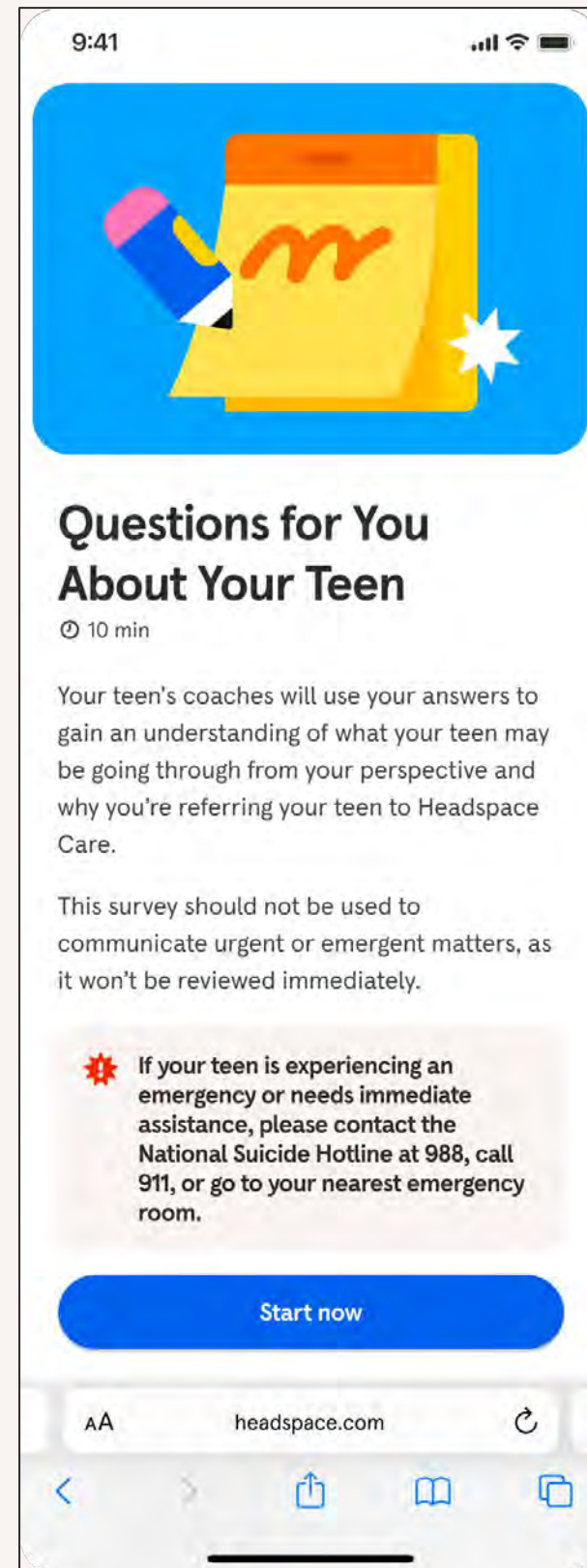
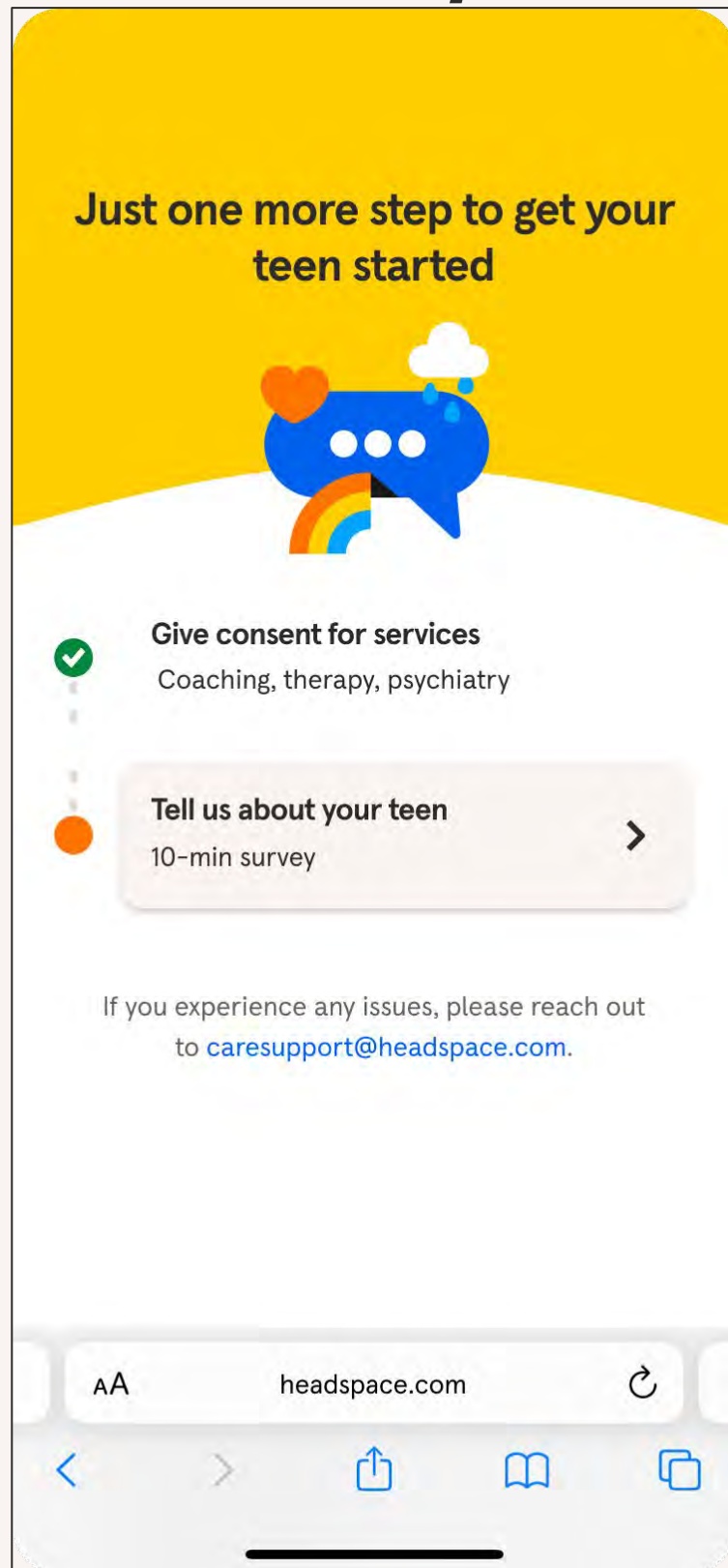
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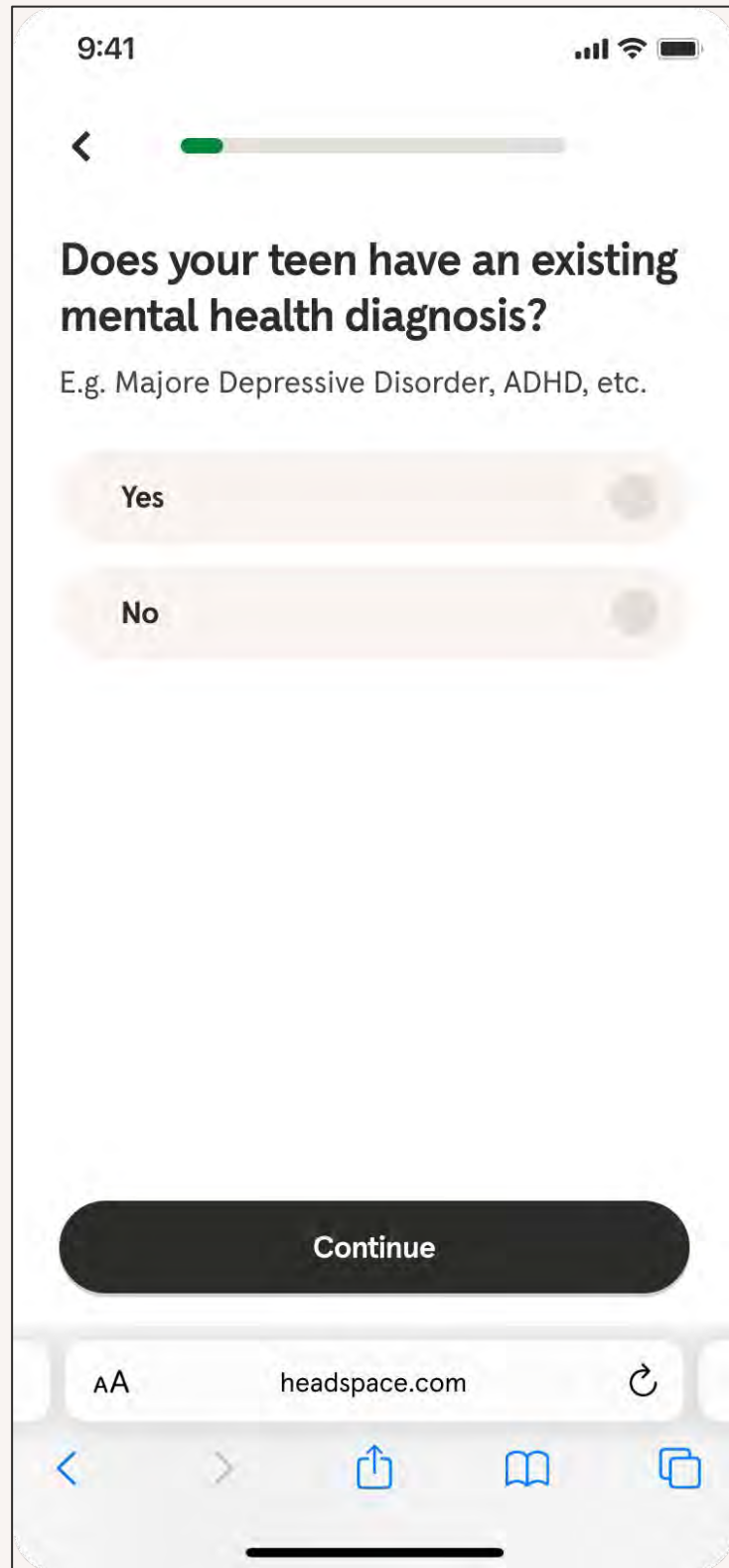
Continue

AA headspace.com

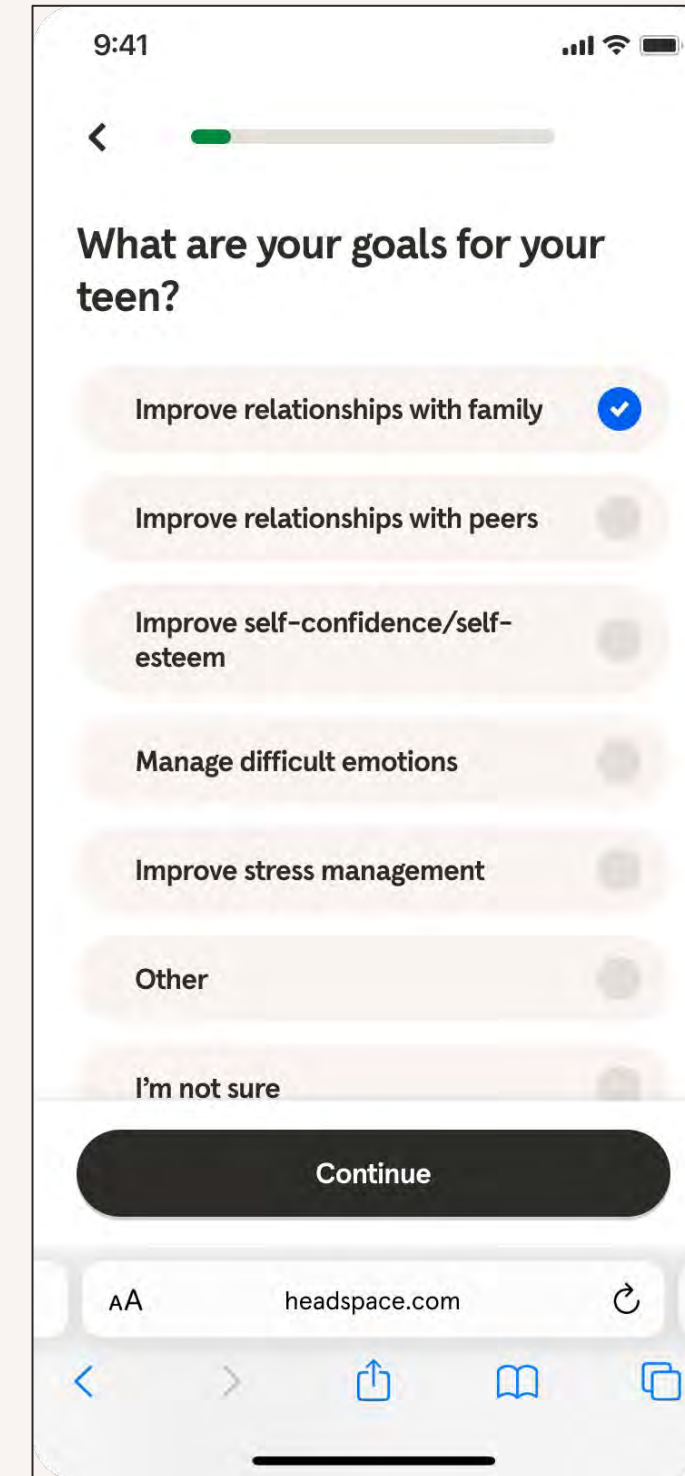
Parent/Guardian fills out questionnaire about teen



Parent/Guardian fills out questionnaire about teen




If they answer yes, they go to this screen



If they answer no, they bypass the follow up question and go to this screen

Parent/Guardian fills out questionnaire about teen

9:41

< 

Please clarify what the other goals are for your teen.


Type your response

Continue

AA headspace.com




9:41

< 

How would you rate the relationship with your teen and their family (including siblings, etc)?


On a scale of 0 to 10, with 10 being the most positive and 0 being the least.

5




Continue

AA headspace.com



9:41


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What are your teen's strengths or talents?

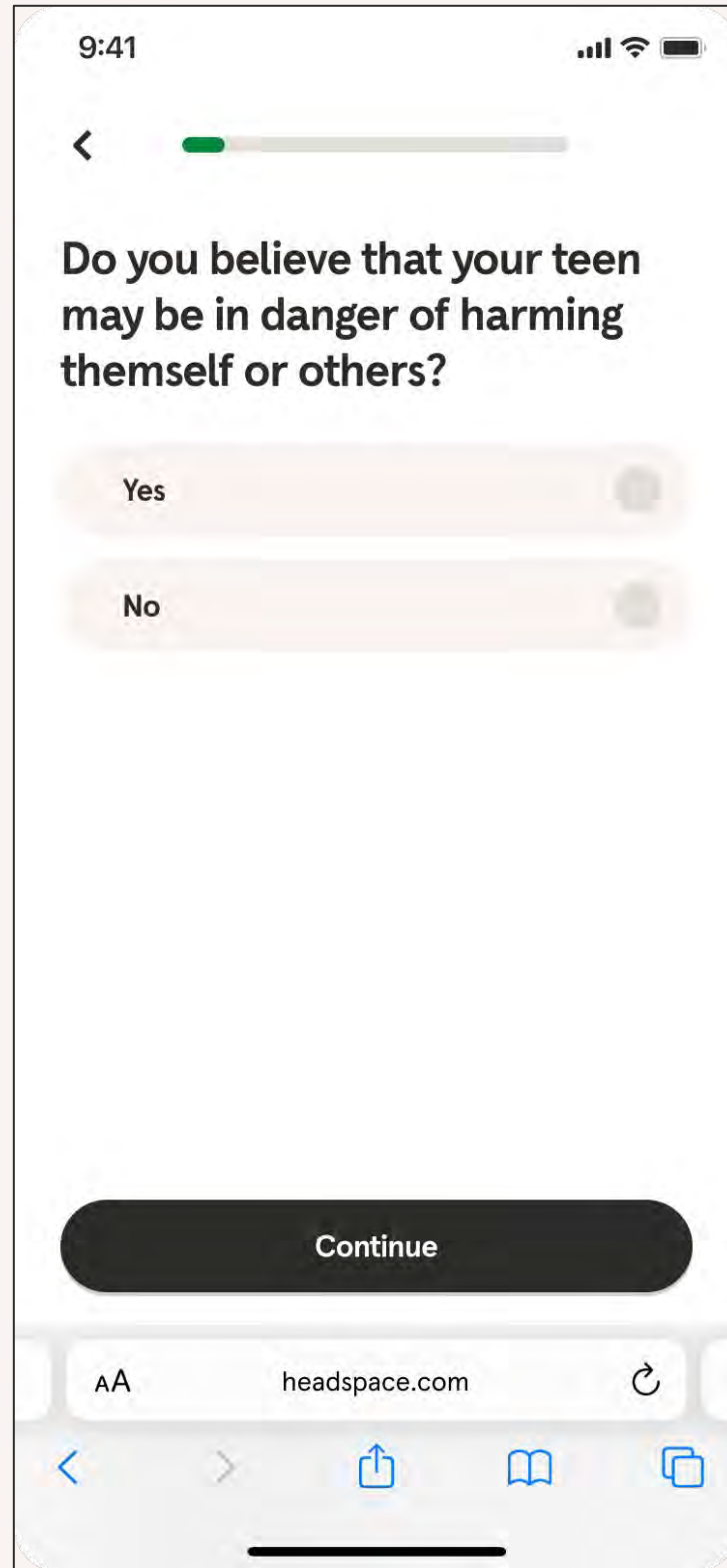
Type your response

Continue

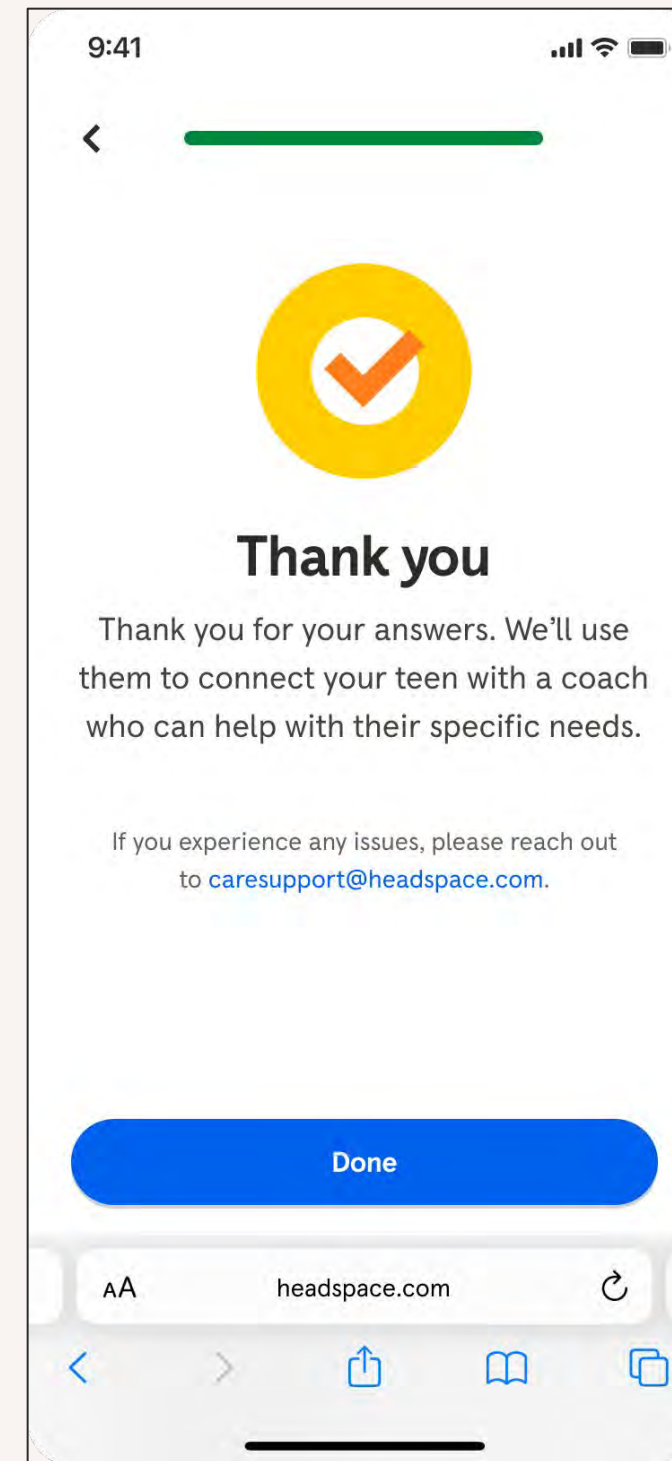
AA headspace.com



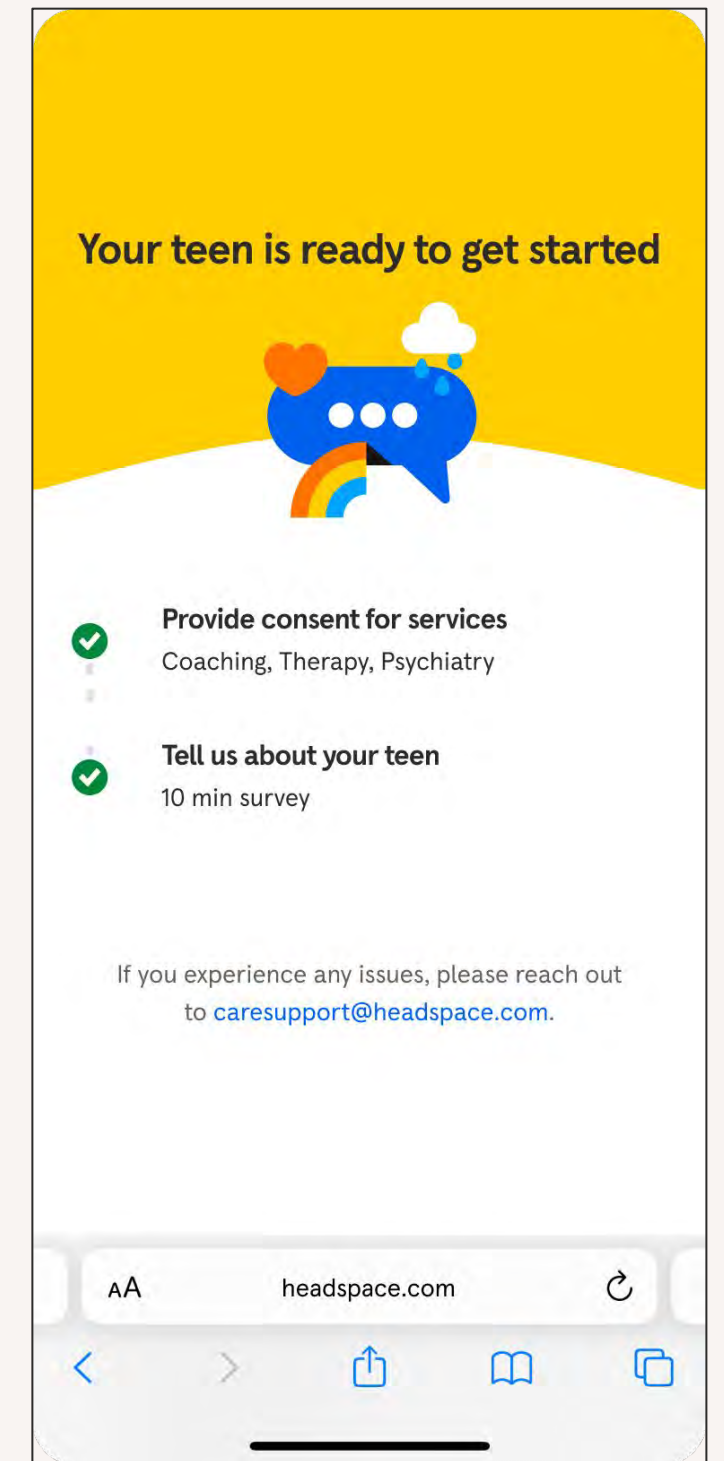
Parent/Guardian fills out questionnaire about teen



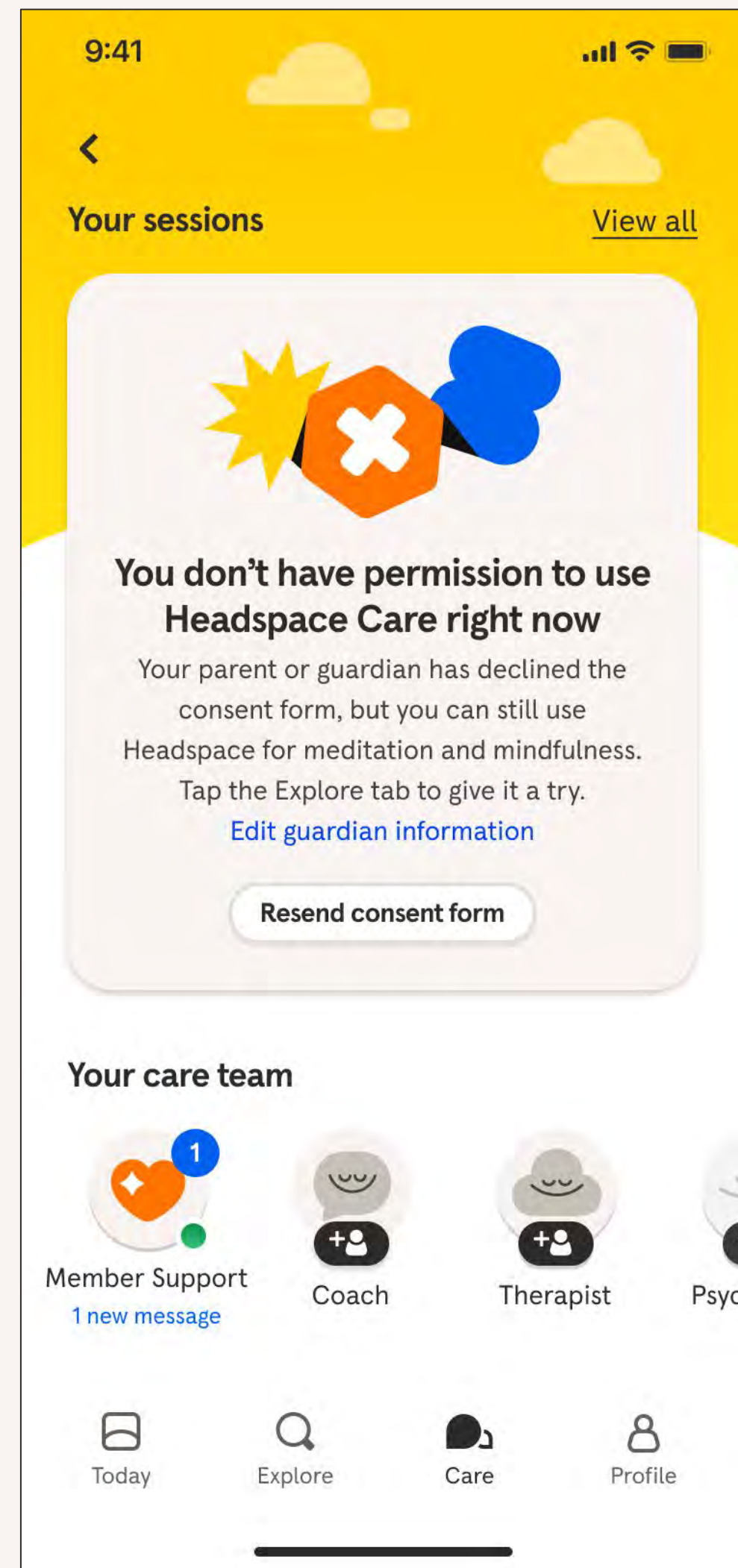
If they answer yes, they go to this screen



If they answer no, they bypass the follow up question and go to this screen



If a parent declines to consent, the teen will receive this message



If a parent gives consent, the teen will be prompted to schedule a chat with a coach

