PharmaSmart®
Backed by Evidence, Trusted by Physicians. Don't Settle For Less.™

EMPLOYERS & WORKSITES

FDA-CLEARED · CLASS II
US VALIDATED DEVICE LISTING

You pay the claims. Did screening day reach your third shift?



71% of covered workers are in self-funded plans, where the employer pays the claims.[1] High blood pressure rarely has symptoms, and a once-a-year biometric event only reaches whoever is on site that week.

The **PharmaSmart PS-2000D Health Station** gives every shift a validated reading. Workforce Pulse shows you the trends, never an individual result.

8.2%
projected 2027 cost rise per employee, after cuts[2]

73%
of hypertensive adults 18–39 unaware; 43% at 40–59[3]

34%
higher odds of hypertension with rotating shifts[4]

88%
more absence hours, uncontrolled vs controlled BP[5]

Where it fits your sites and shifts

Break rooms. Available on every shift, with no staff or vendor on site.

Plants and warehouses. Second and third shift get the same access as days.

Year-round. Walk up any time between biometric events, no appointment.

Follow-up. Referral prompts into your plan, on-site clinic or telehealth.

What it moves for your benefits plan

Data capture. 60–80% of adults surveyed held back from a clinician.[6] Private questions, with trends by site and shift for renewal.

Experience. Private and self-service. No individual result reaches you.

Accuracy. Validated. The only kiosks on the US Validated Device Listing.

Productivity. 3–5 minutes of on-site clinic staff time saved per reading.

The math

Per **1,000 workers aged 40–59**, national rates suggest 525 have hypertension and 227 don't know it.[3] Adults with it average **$1,920** more a year in medical costs.[7]

Recommended setup

Ask about availability

PS-2000D	Break rooms, lobbies and gyms: BP, pulse, weight and BMI
PS-2000CX	Tight spaces: BP and pulse, smaller footprint

In the field: over 7,000 units are installed, many in employer settings. In BP-CHECK, a PCORI-funded randomized study at Kaiser Permanente Washington, PharmaSmart kiosk readings were compared with 24-hour ambulatory monitoring.[8]

1. KFF Employer Health Benefits Survey, 2026. 2. Mercer preliminary survey, 1,800+ employers, Aug 2026. 3. NCHS Data Brief 511; NHANES 2021–23; BP 130/80+ or on medication. 4. Manohar S, J Hypertens 2017; cohort studies. 5. Unmuessig V, J Clin Hypertens 2016; one employer. 6. Levy AG et al., JAMA Netw Open 2018;1(7):e185293. 7. Kirkland EB, JAHA 2018; US adults, 2003–14. 8. Green BB, J Gen Intern Med 2022.

Let's talk about a pilot at a multi-shift site.

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