

# Large Employers' 2013 Health Plan Design Survey – *Chart Pack*

National Business Group on Health

August 2012



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# About the Survey

*This Chart Pack is for National Business Group on Health members. It should not be reproduced or quoted without permission from the National Business Group on Health.*

The survey was fielded between June 10, 2012 and July 6, 2012 to corporate employer members of the National Business Group on Health. Employers were asked to provide information on their 2013 plan offerings, including:

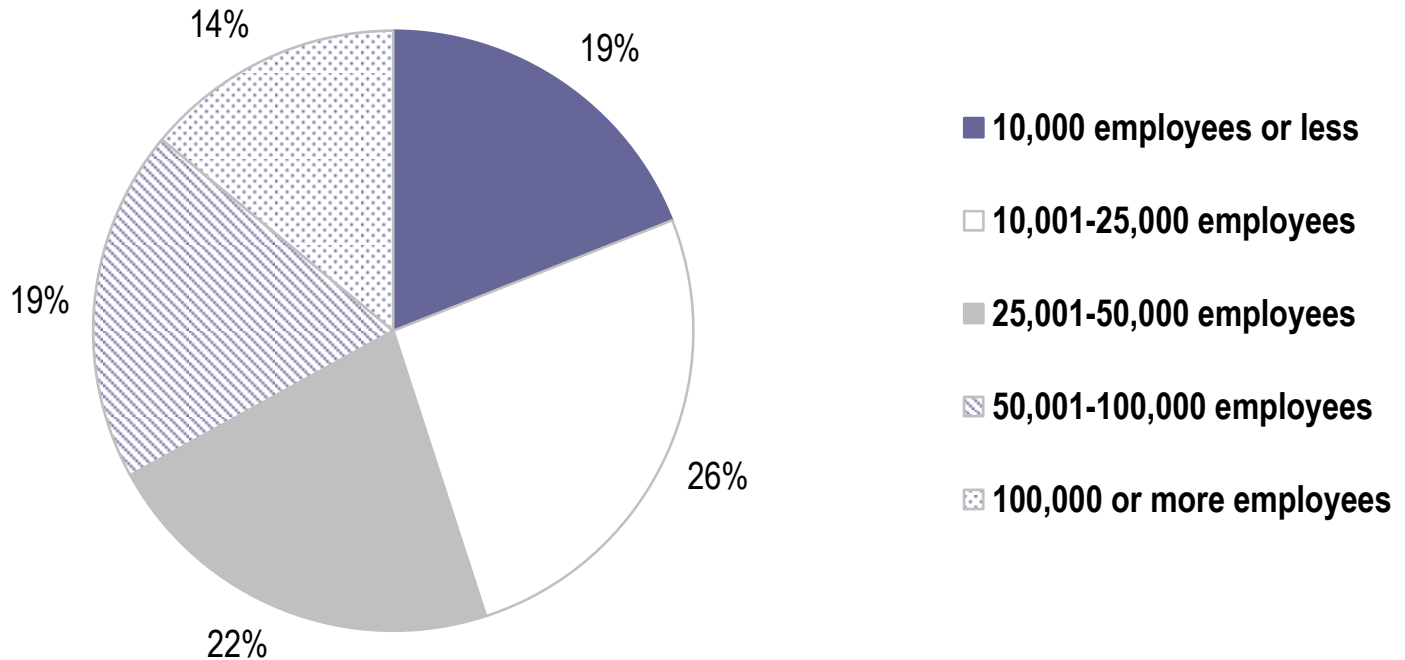
- changes due to the Affordable Care Act;
- medical plan costs;
- consumer-directed health care;
- healthy lifestyles and incentives; and
- pharmacy benefits.

**Eighty-two members of the National Business Group on Health responded to the survey.**

# Demographics: Number of U.S. Employees

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**Number of Respondents= 82**

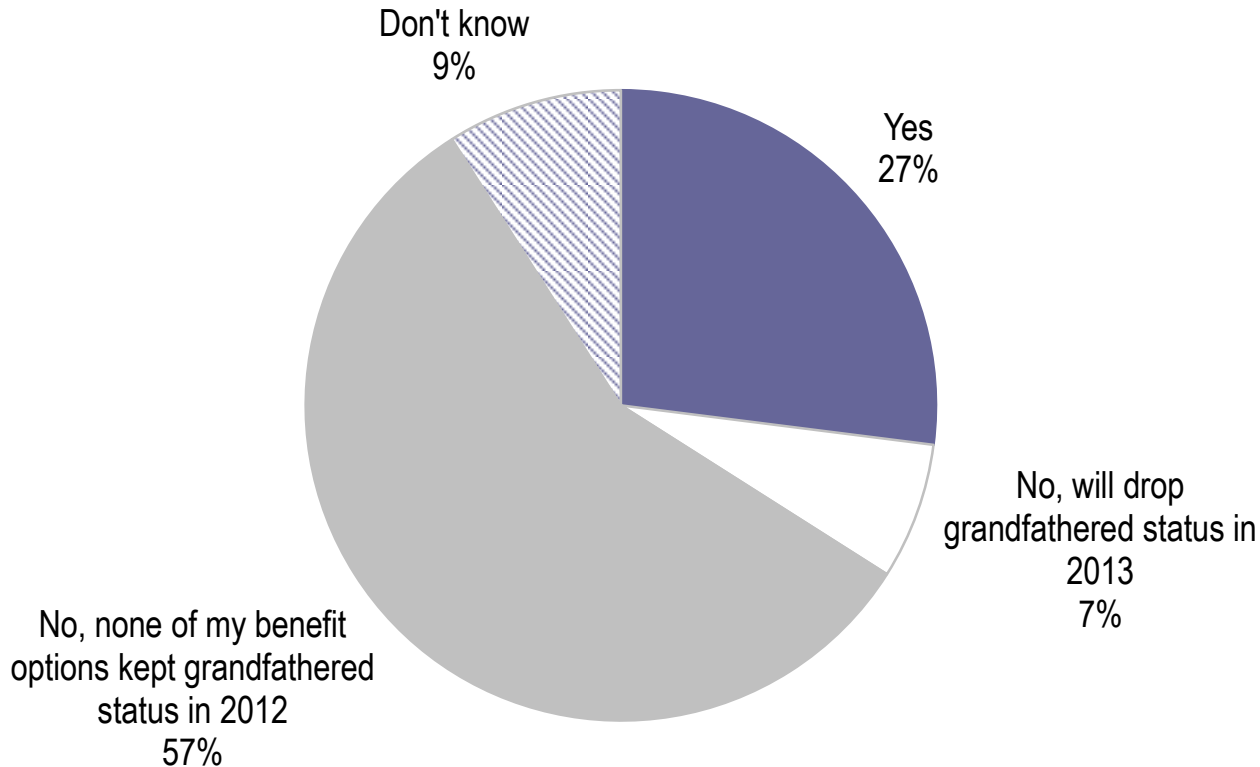


- 10,000 employees or less
- 10,001-25,000 employees
- 25,001-50,000 employees
- ▨ 50,001-100,000 employees
- ▩ 100,000 or more employees

# Employers Keeping Grandfathered Plan Status

*This Chart Pack is for National Business Group on Health members. It should not be reproduced or quoted without permission from the National Business Group on Health.*

**Q: Do you plan to keep grandfathered plan status for your existing benefit options in 2013?**  
(Number of Responses=82)

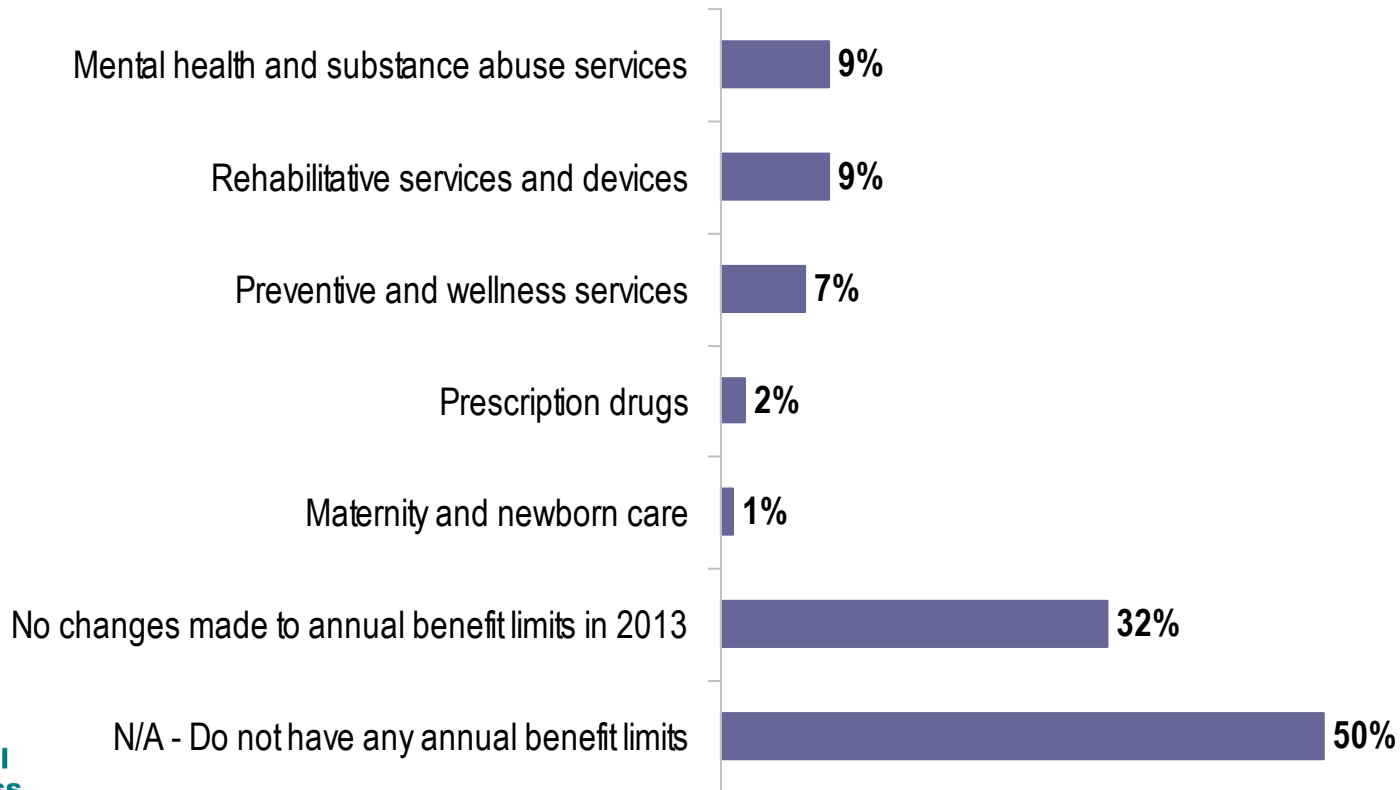


# Changes to Annual Benefit Limits in 2013

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**Q: Have you made any changes in the following benefit categories as restrictions on annual benefit limits phase-in toward a complete ban in 2014?**

(Number of Responses=82)

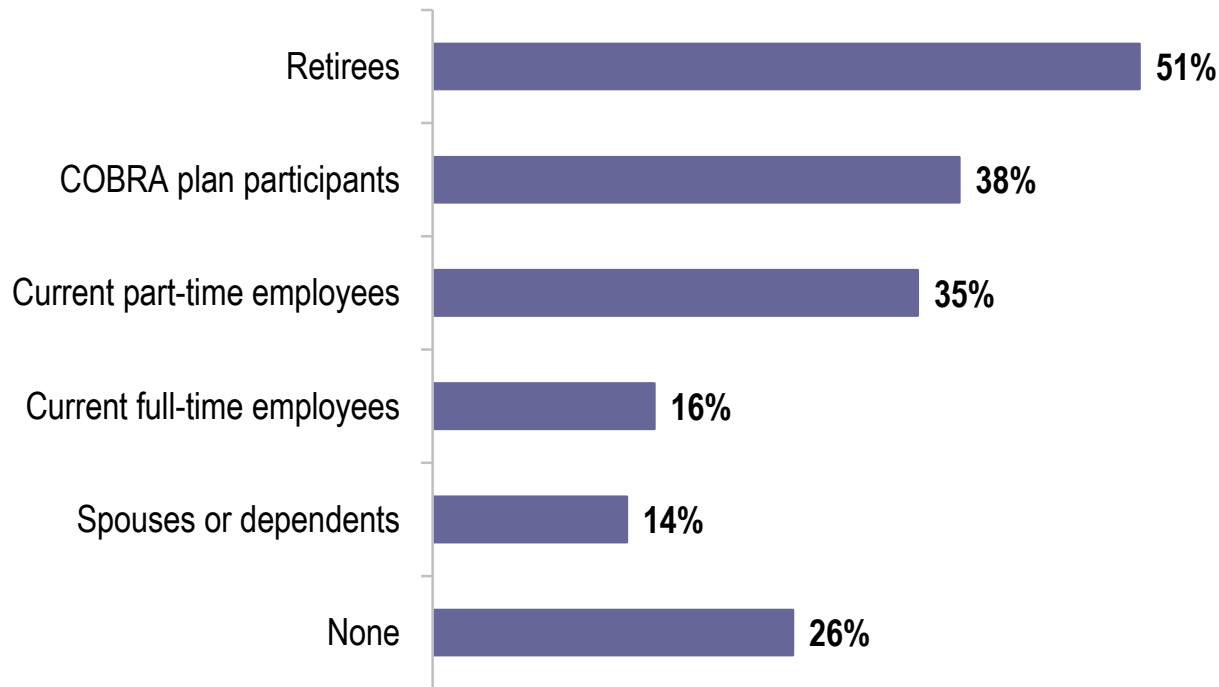


# Employee Groups Expected To Find Health Exchanges a Viable Option

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**Q: Do you anticipate that exchange coverage will be an option for any of the following who may be currently covered by your plans?**

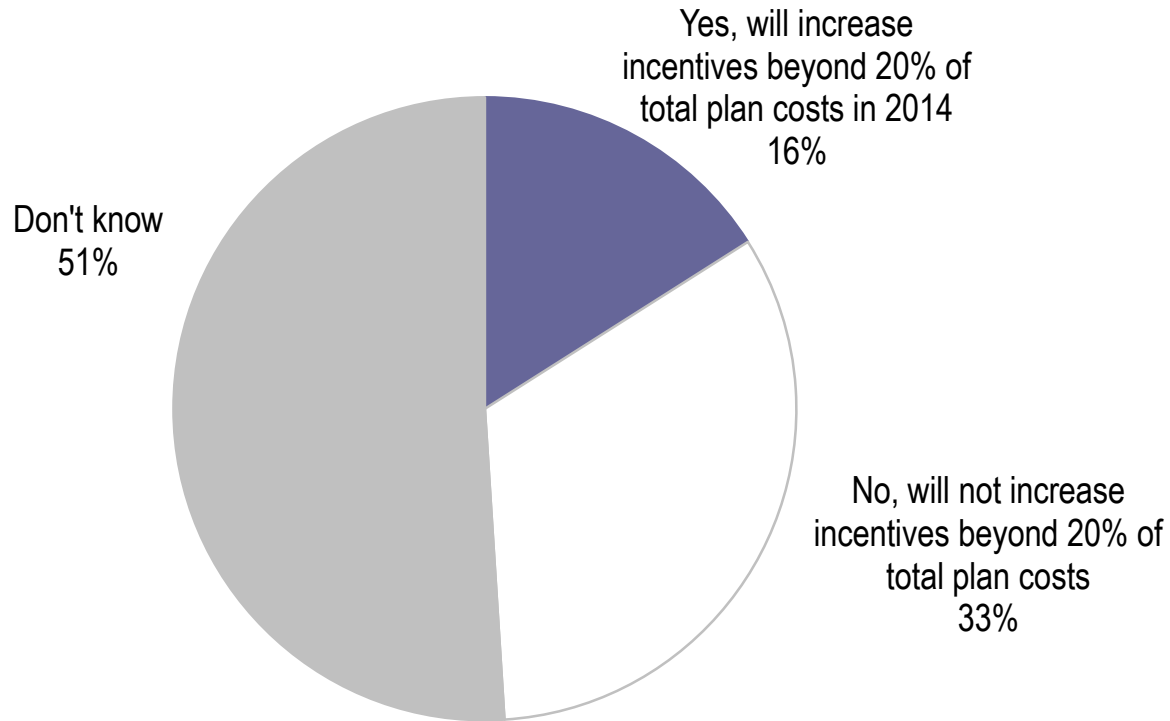
(Number of Responses=77)



# Employers Expecting to Increase Incentives in 2014

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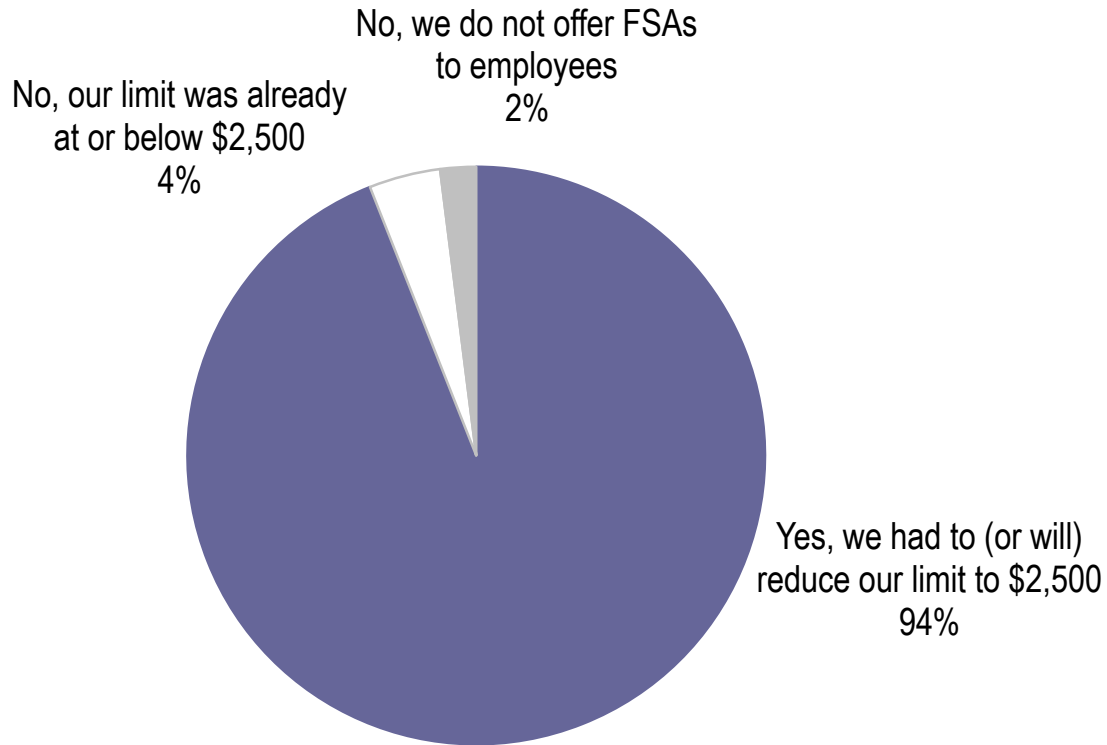
**Q: When the HIPAA-allowed wellness incentive limit increases from 20% to 30% of total plan costs for an individual in 2014, do you anticipate increasing your incentives beyond the current 20% limit?**  
(Number of Responses=81)



# Employer Actions to FSA Limit Beginning in 2013

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**Q: Did you have to reduce the amount that employees can elect for health FSAs since the ACA will set the limit at \$2,500 beginning in 2013?**  
(Number of Responses=82)

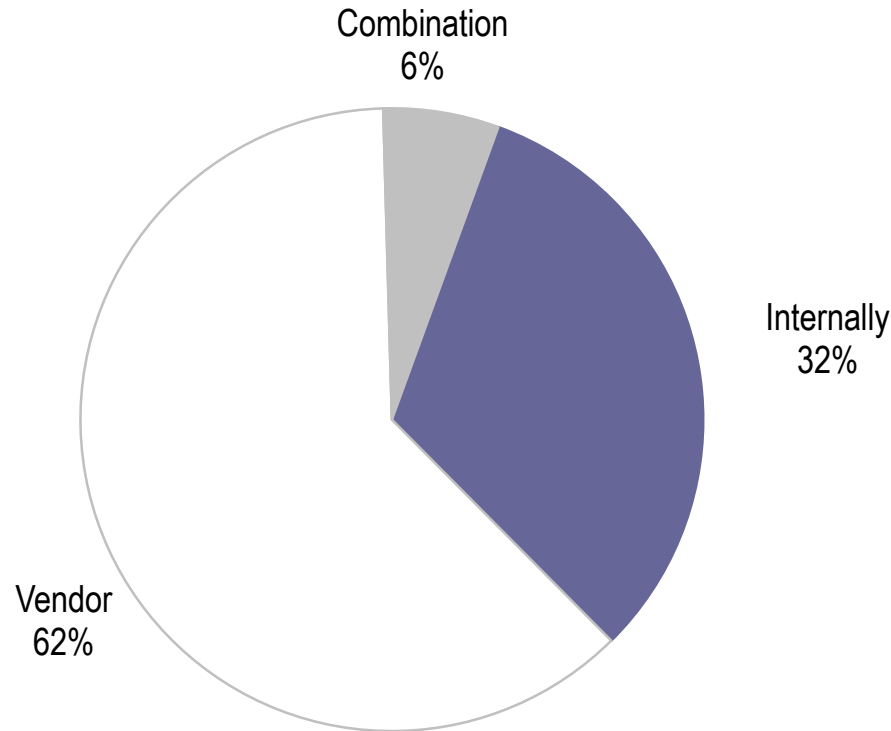




# Internal or External Production of Summary of Benefit and Coverage Documents

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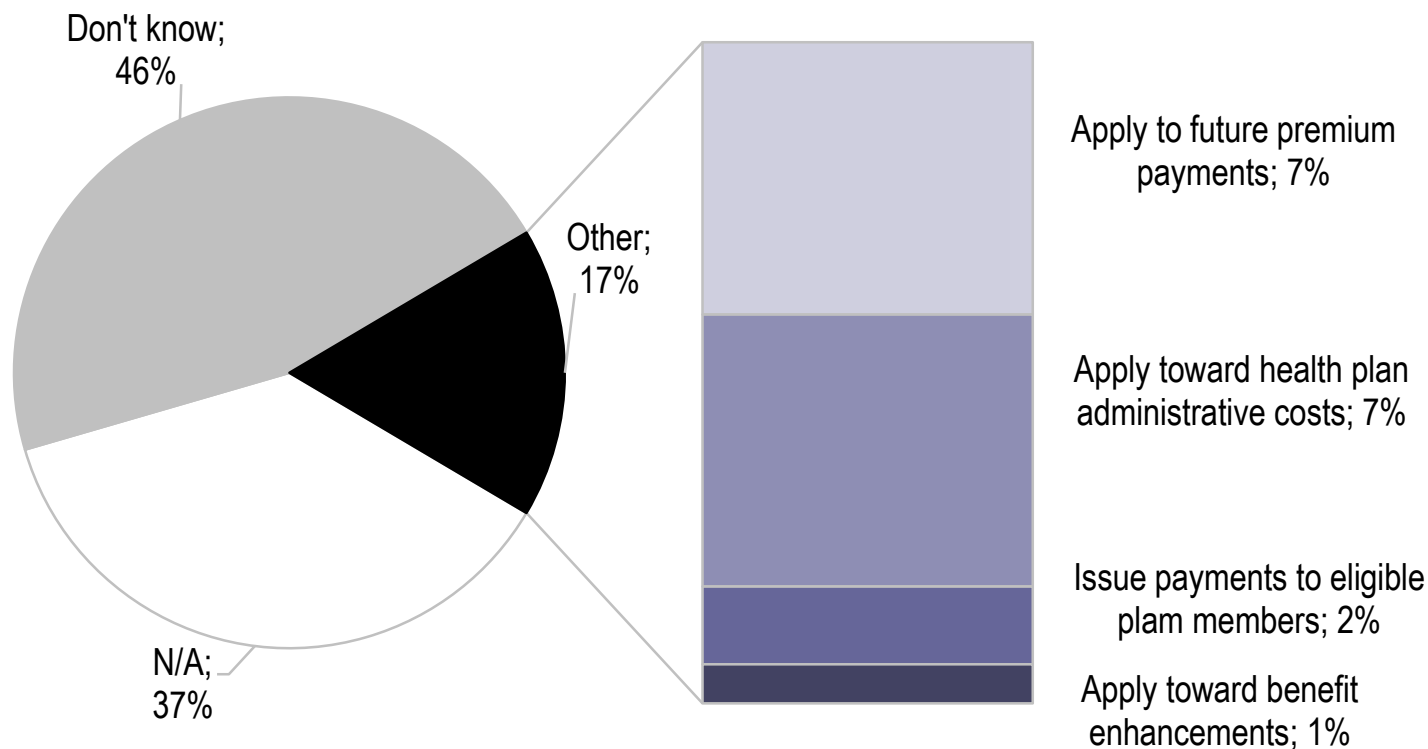
**Q: Do you plan to produce Summary of Benefit Coverage documents outlined by the ACA internally, externally or by some other method?**  
(Number of Responses=82)



# Employers' Plans for Handling the Medical Loss Ratio Rebates

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**Q: How do you plan to handle medical loss ratio rebates?**  
(Number of Responses=82)



# Median Health Care Cost Increases

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**Q: It has been estimated that 2012 medical trend will be 5.9%. For budgeting purposes, what percentage increase did you plan for 2012 and 2013?**



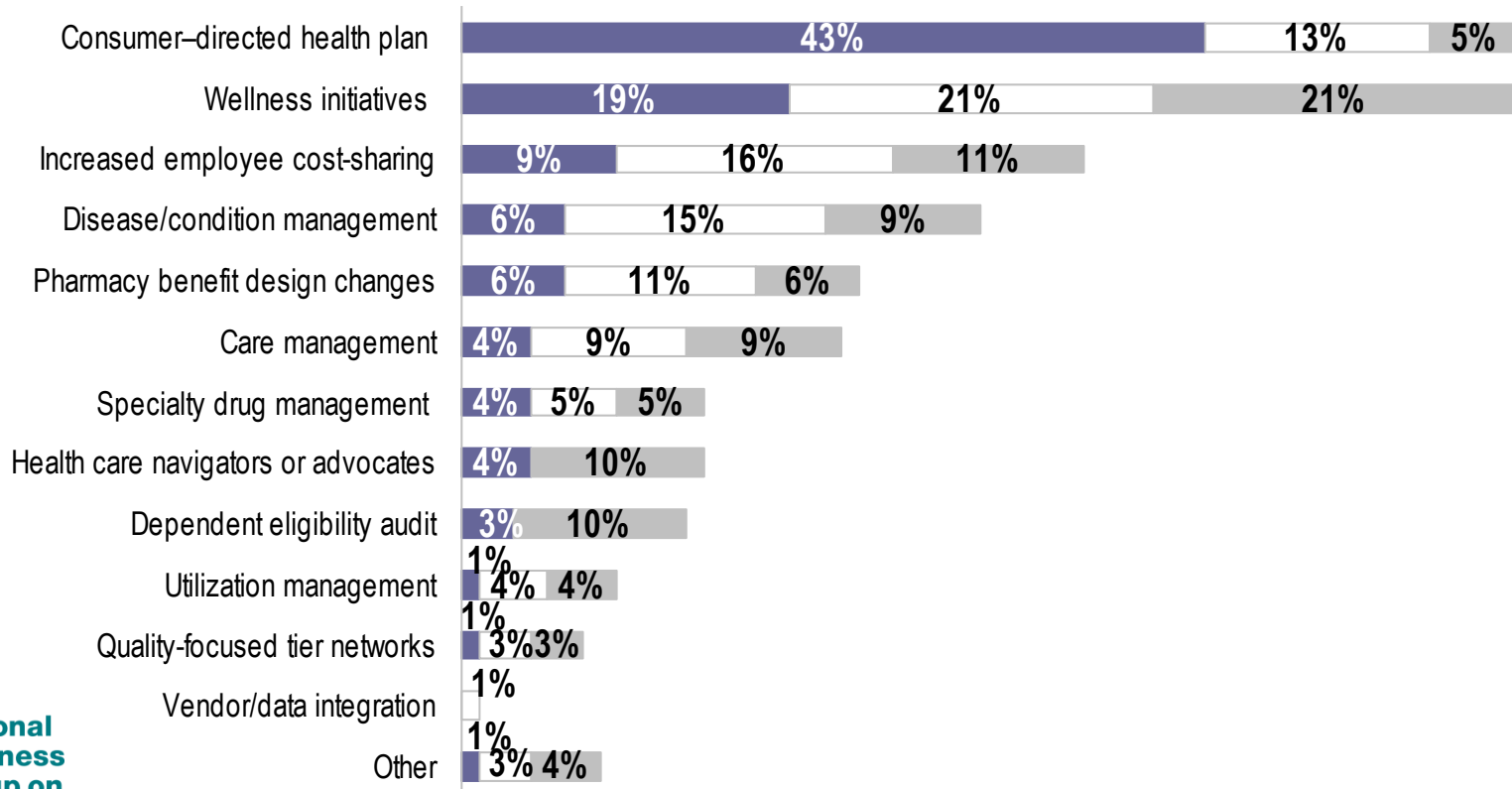
# Most Effective Steps to Control Health Care Costs

*This Chart Pack is for National Business Group on Health members. It should not be reproduced or quoted without permission from the National Business Group on Health.*

**Q: What do you consider the top 3 most effective steps you have taken or will take to control health care cost increases?**

(Number of Responses=80)

■ **Most Effective Tactic**   □ **Second Most Effective Tactic**   ▒ **Third Most Effective Tactic**

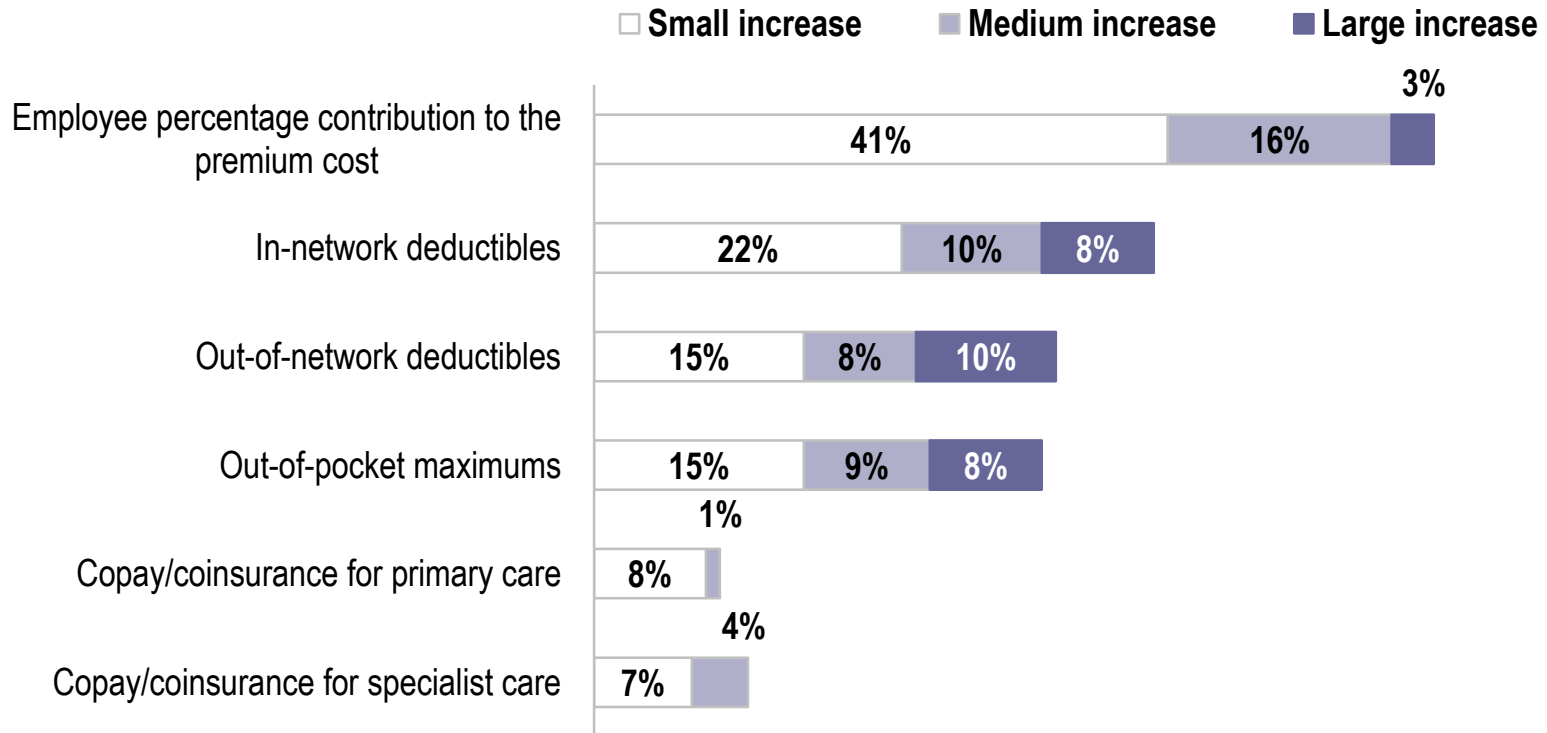


**Source:** National Business Group on Health, Large Employers' 2013 Health Plan Design Survey, August 2012.

# Employee Cost-Sharing Tactics

*This Chart Pack is for National Business Group on Health members. It should not be reproduced or quoted without permission from the National Business Group on Health.*

**Q: For 2013, my organization will increase:**  
(Number of Responses=78)



**Note:** A small increase indicates a change of less than 5%., a medium increase indicates a change of between 5% and 10% and a large increase indicates a change of more than 10%.

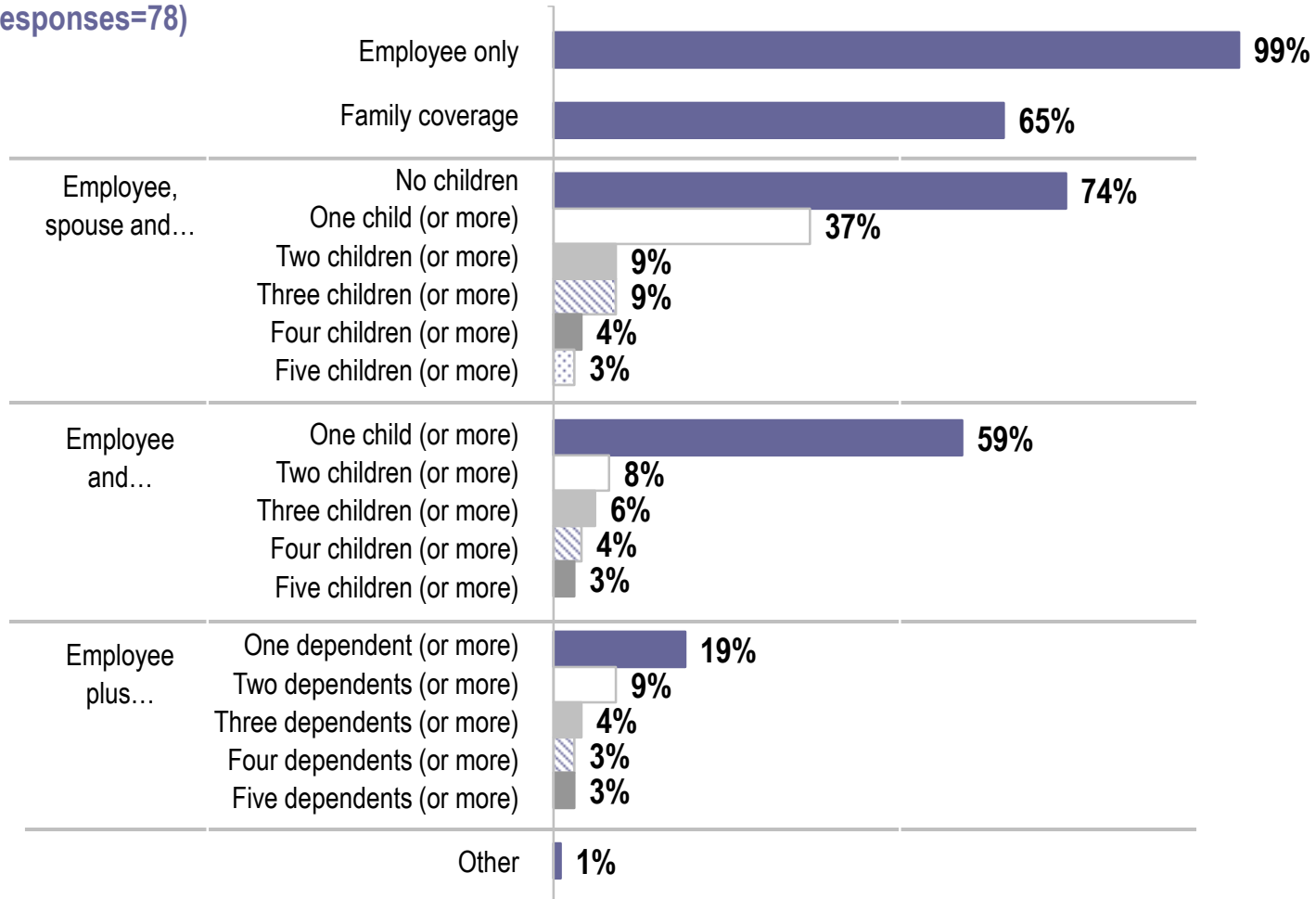
**Source:** National Business Group on Health, Large Employers' 2013 Health Plan Design Survey, August 2012.

# Tier Design in Employer Health Plans

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## Q: In your plan with the most participation, which tiers do you have in place?

(Number of Responses=78)



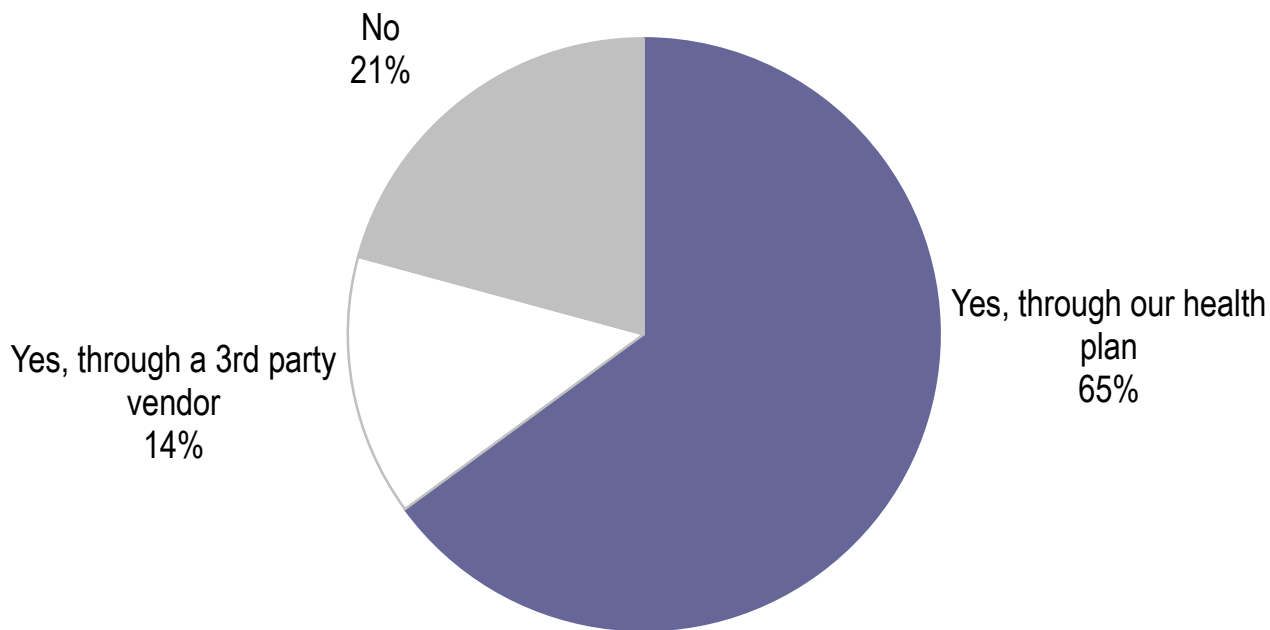
Source: National Business Group on Health, Large Employers' 2013 Health Plan Design Survey, August 2012.

# Offering Price Transparency Tools to Employees

*This Chart Pack is for National Business Group on Health members. It should not be reproduced or quoted without permission from the National Business Group on Health.*

**Q: Do you offer any online price transparency tools that provide employees with health care service unit price information?**

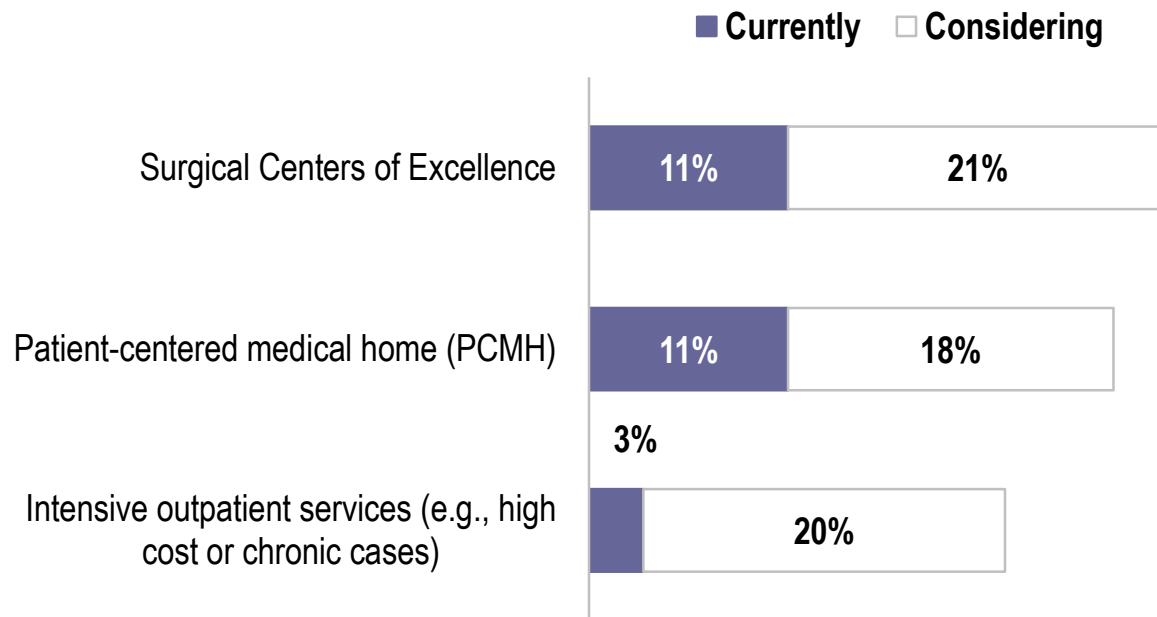
**(Number of Responses=77)**



# Direct Contracting with Providers

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**Q: Are you currently or planning to use direct contracting with providers to control costs, improve quality/safety and ensure the most appropriate care for any of the following services?  
(Number of Responses=76)**





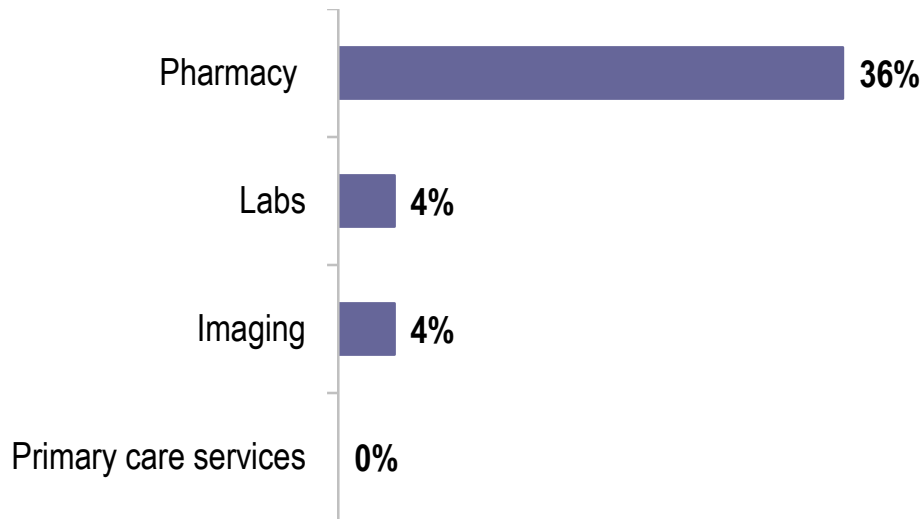


# Reference Pricing for Selected Medical Services

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**Q: Do you set a reference price for any of the below services, where if an employee wants a more expensive service the employee will pay the difference?**

**(Number of Responses=75)**

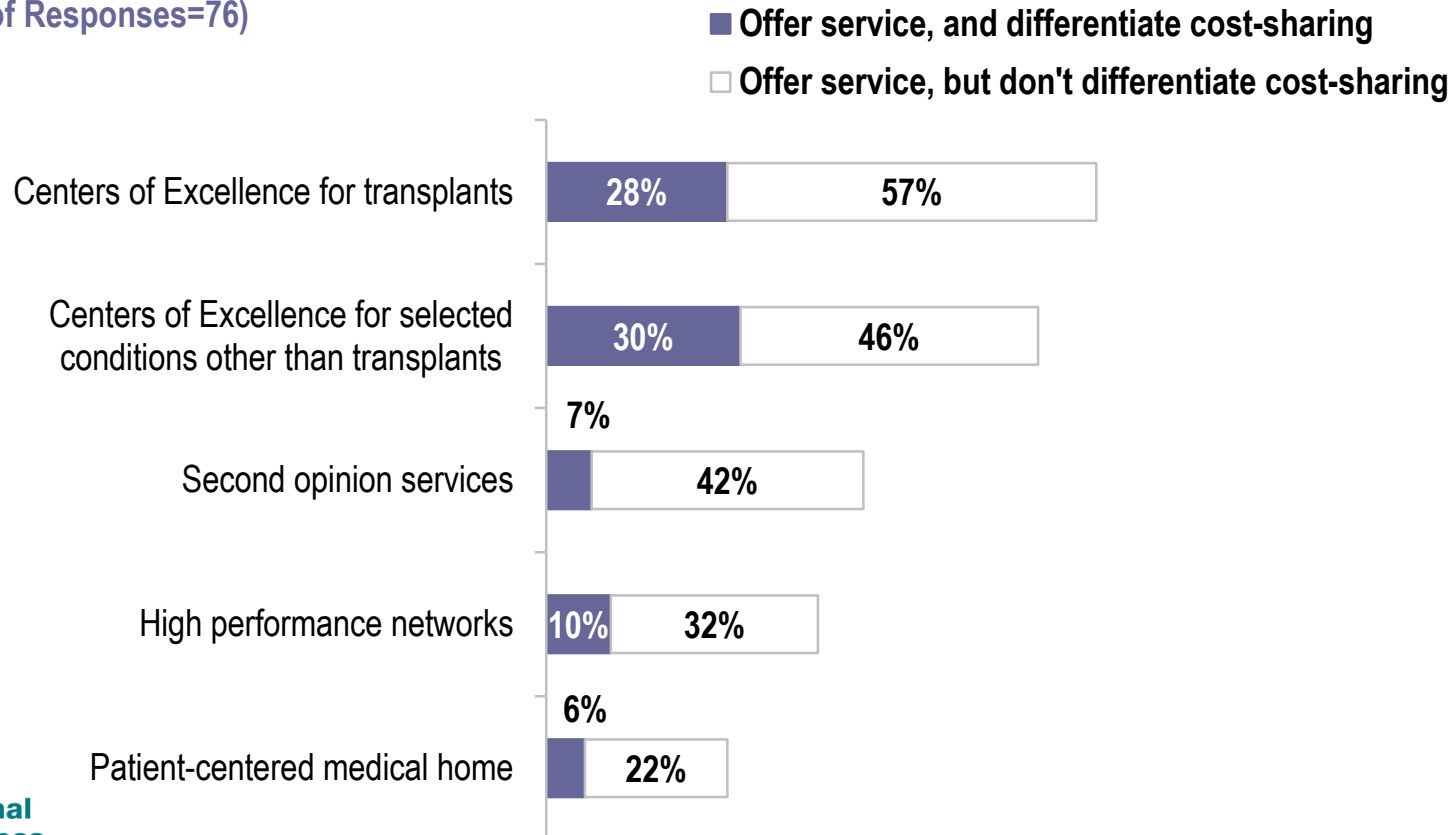


# Use of COEs and Second Opinion Services

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**Q: Do you differentiate cost sharing (e.g., reduce copays or coinsurance) for any of the following services?**

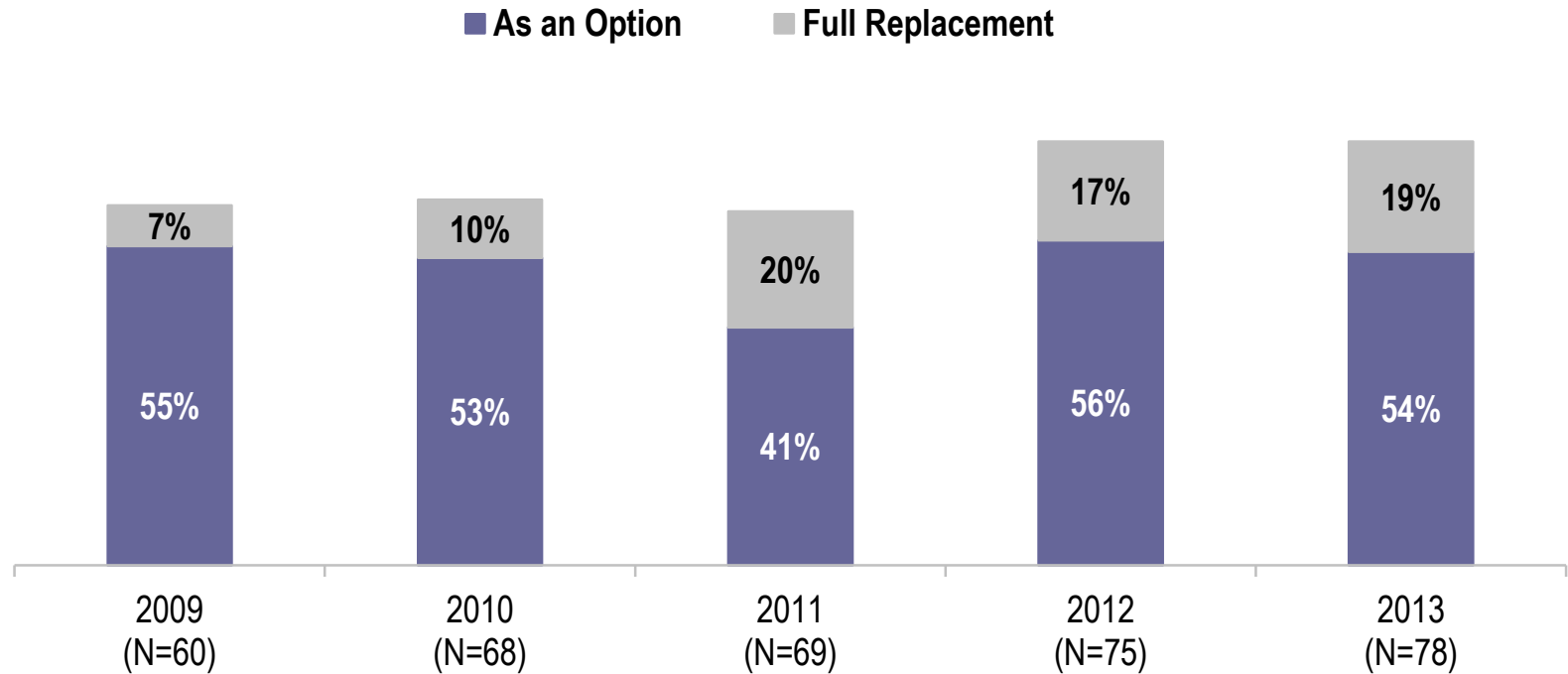
(Number of Responses=76)



# Availability of CDHPs among Employers

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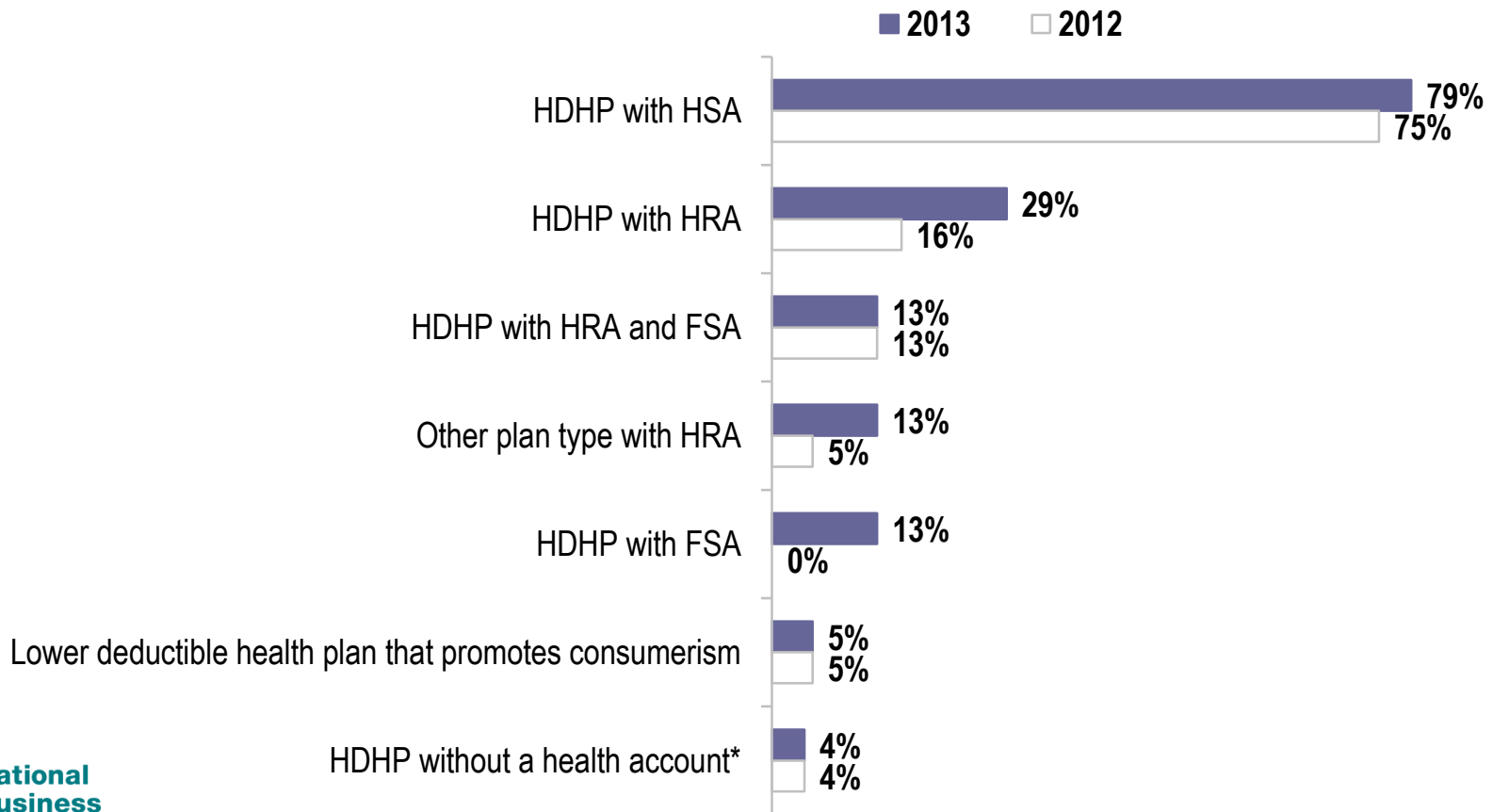
**Q: Will you offer a consumer-directed health plan in 2013?**



# Prevalence of Consumer-Directed Health Plan Types in 2013

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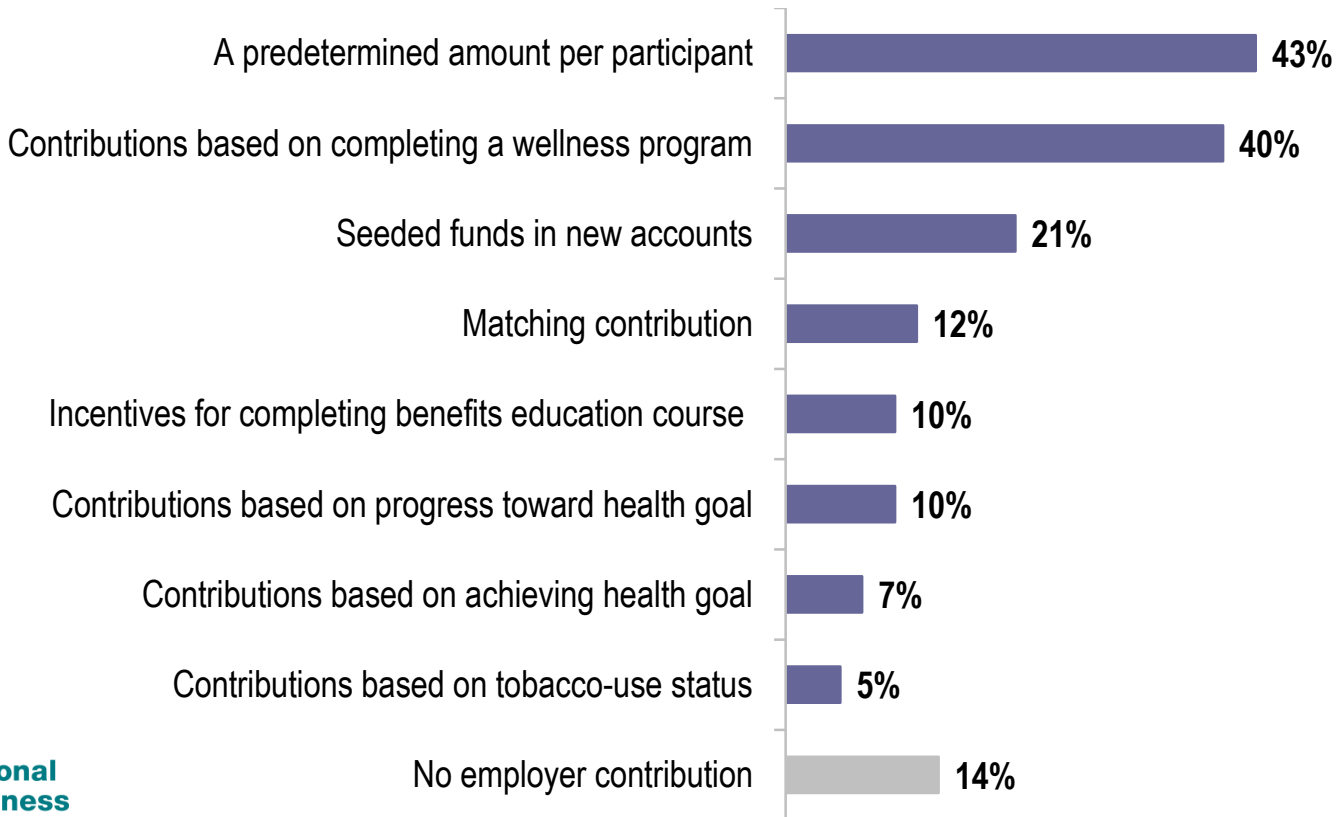
**Q: What types of consumer-directed health plans will you offer in 2013?**  
(Number of Responses=56)



# Employer Contribution to Health Savings Accounts

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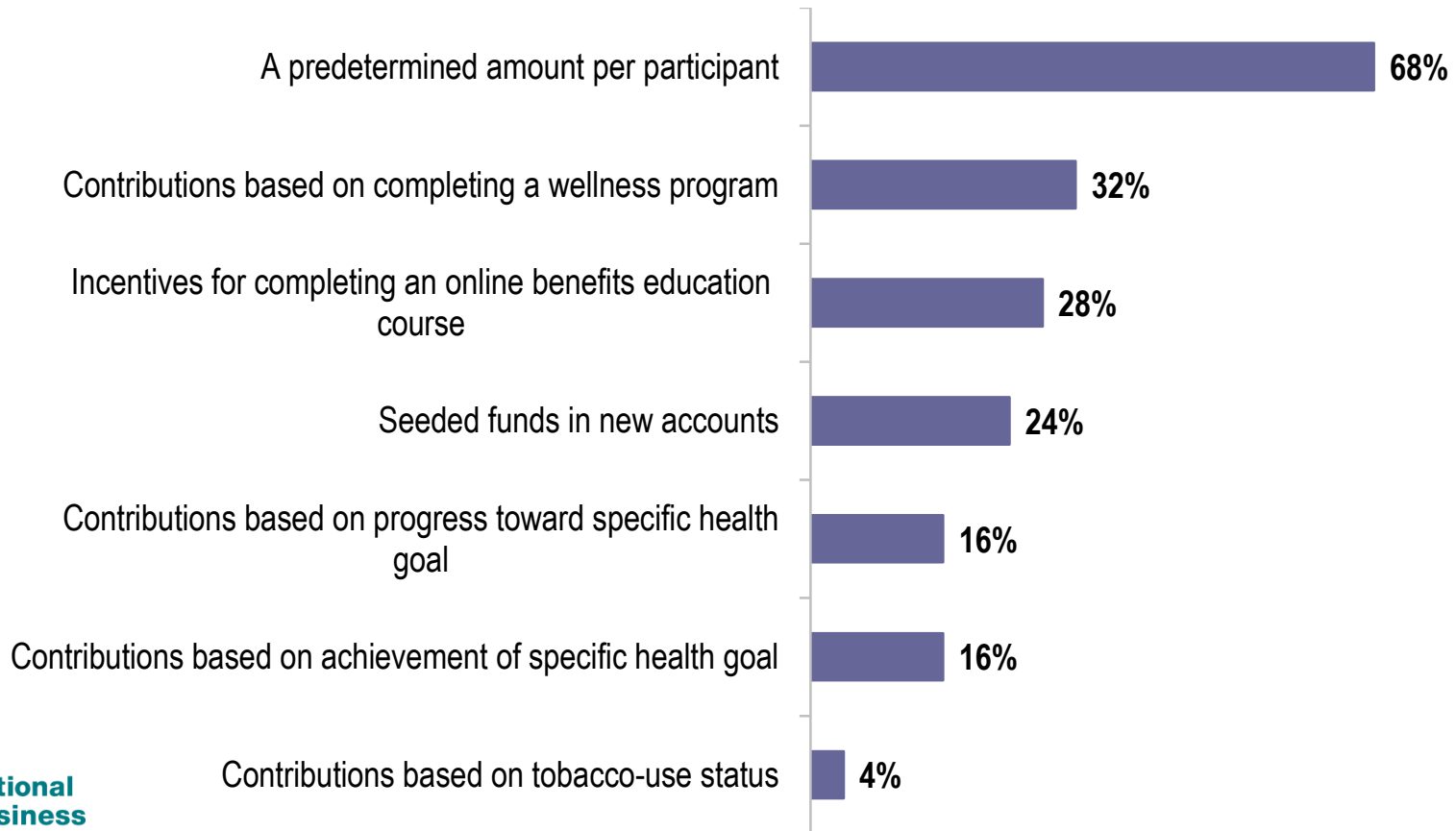
**Q: If you offer a health savings account, how will you contribute to the account?**  
(Number of Responses=42)



# Employer Contribution to Health Reimbursement Arrangements

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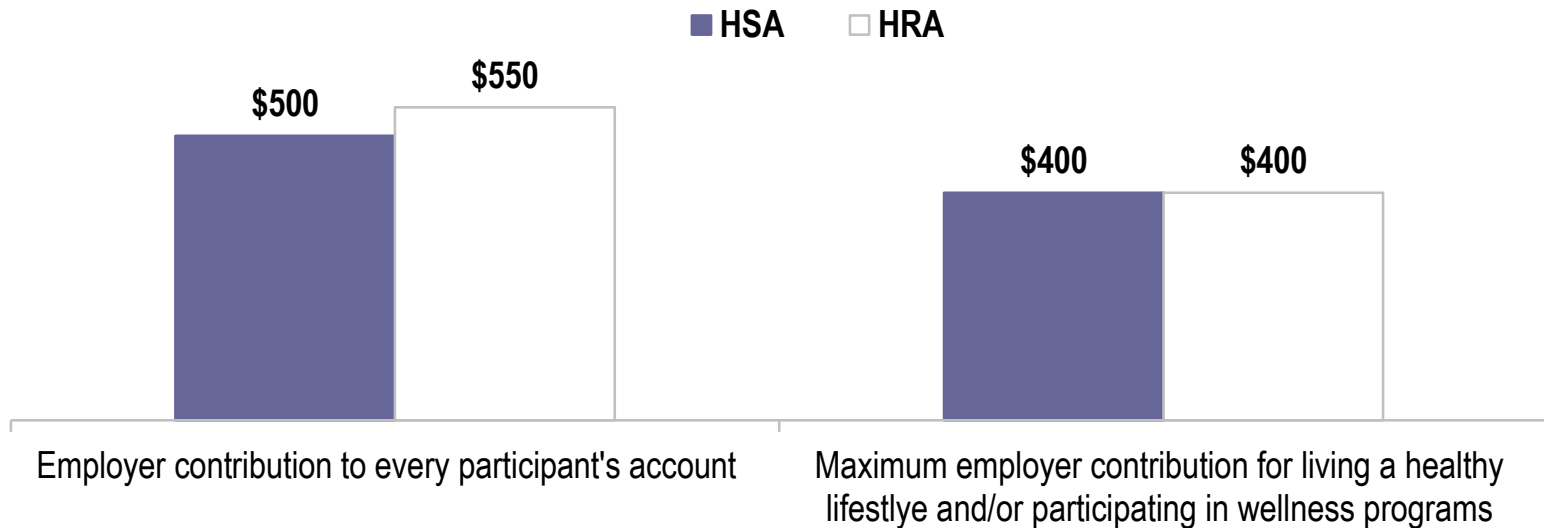
**Q: If you offer a health reimbursement arrangement, how will you contribute to the account?**  
(Number of Responses=25)



# Median Employer Contributions, by Method and Account Type

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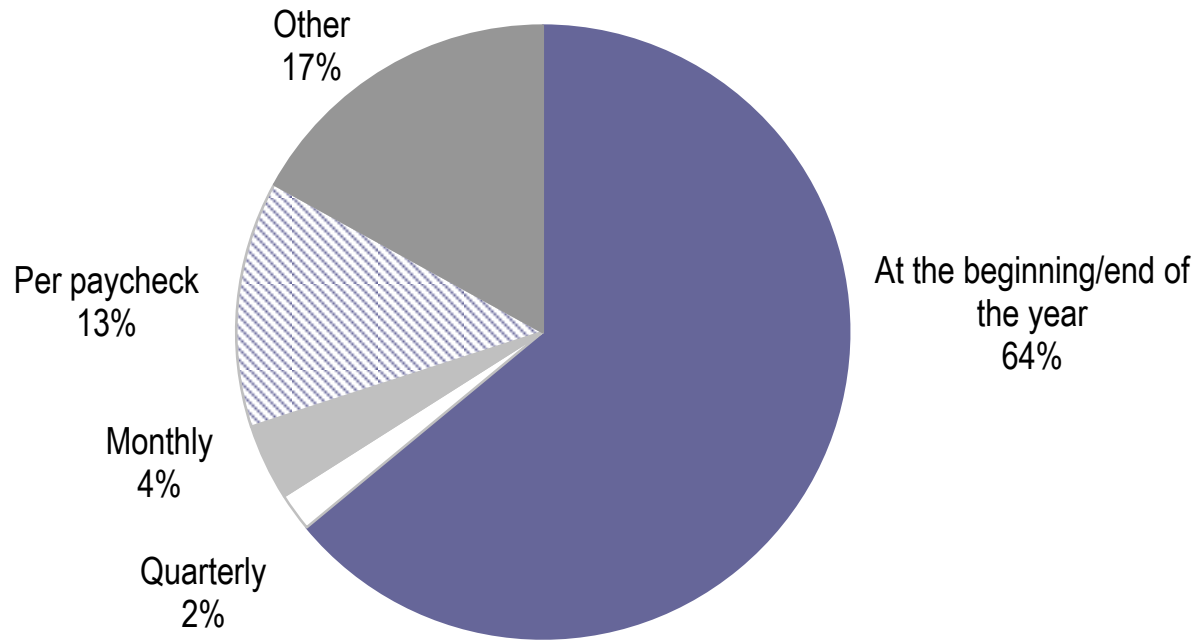
**Q: If you will contribute to a health reimbursement account and/or a health savings account, what is the base amount you contribute (employee only) for each participant and the maximum amount that an employee can earn through completing wellness programs and/or living a healthy lifestyle?**  
(Number of Responses=82)



# Loading of Funded Medical Accounts

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**Q: At what point in 2013 will your funded accounts be loaded?**  
(Number of Responses=47)



**Note:** Other responses included: half in the beginning of the year and half distributed per paycheck; and as earned for wellness participation contributions.

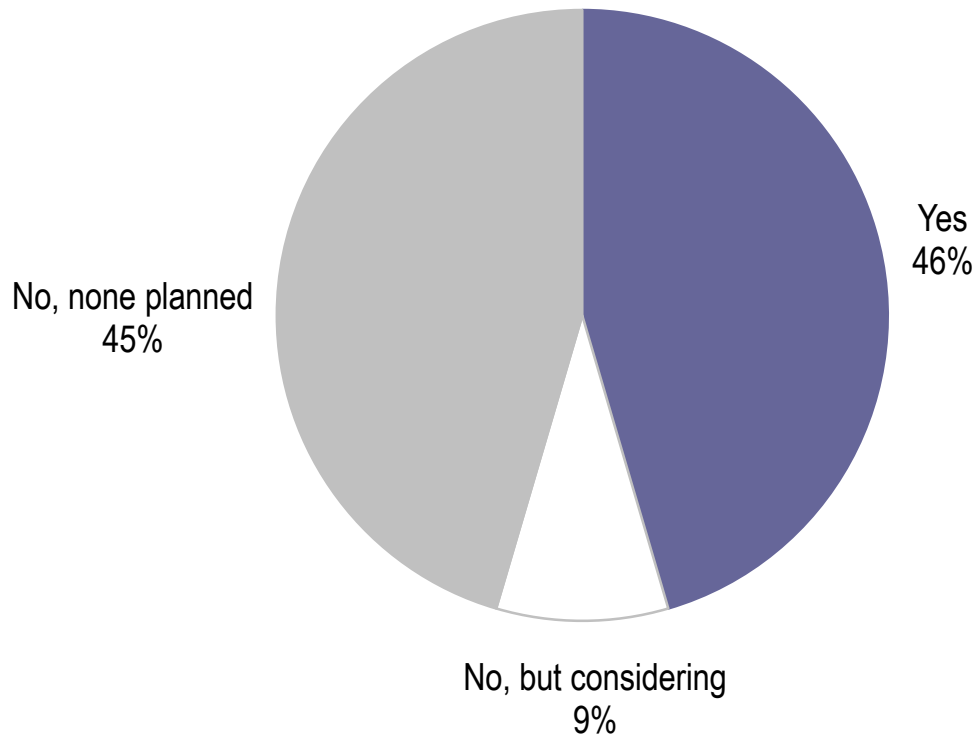
**Source:** National Business Group on Health, Large Employers' 2013 Health Plan Design Survey, August 2012.



# Prevalence of On-Site Health Clinics in at Least One Business Site

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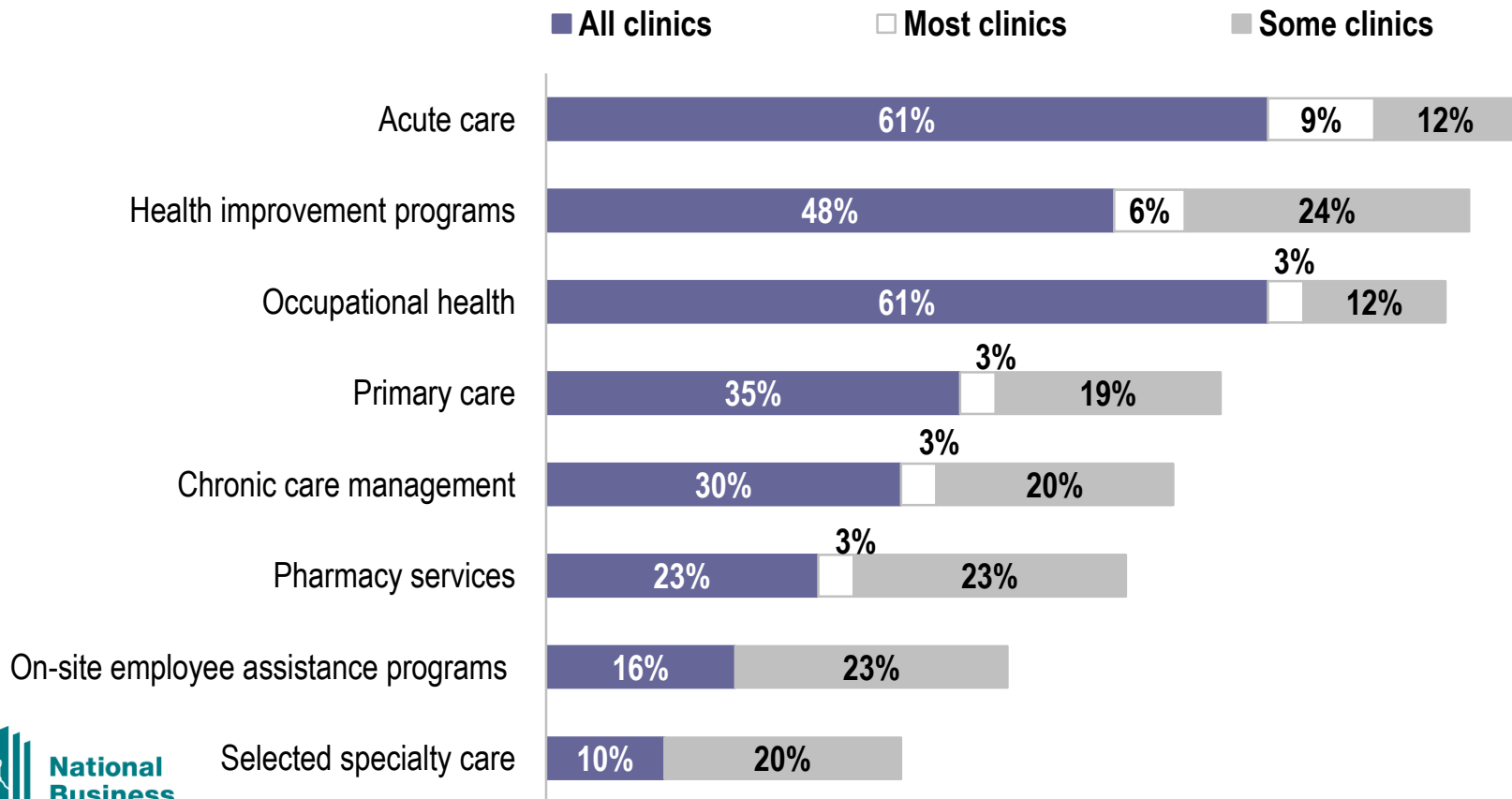
**Q: Do you have one or more on-site medical clinic(s)?**  
(Number of Responses=77)



# Services Provided at On-Site Health Clinics

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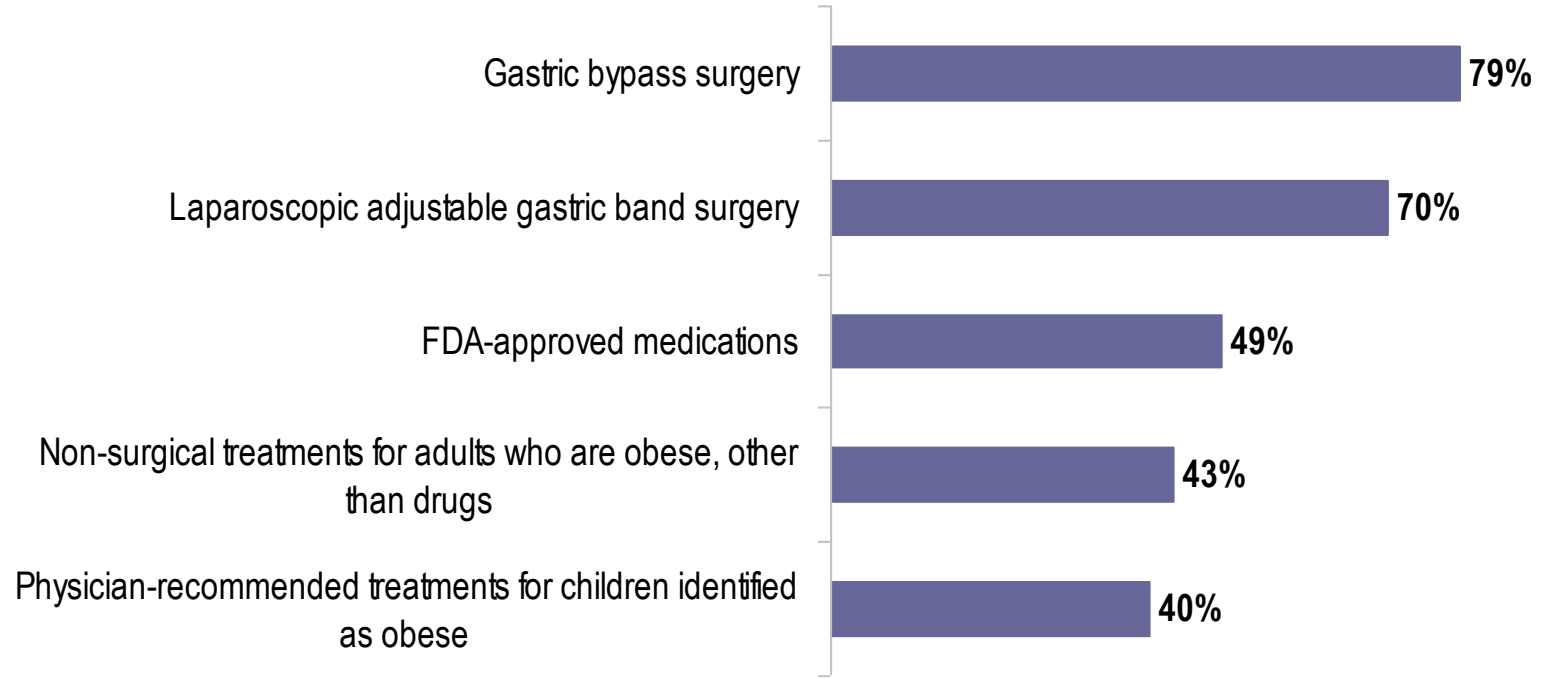
**Q: If you currently have one or more on-site medical clinic(s), what services are offered at your clinics?**  
(Number of Responses=33)



# Coverage of Treatments for Obesity and Severe Obesity

*This Chart Pack is for National Business Group on Health members. It should not be reproduced or quoted without permission from the National Business Group on Health.*

**Q: Do you currently or will you provide medical claims coverage for any of the following treatments for obesity or severe obesity?**  
(Number of Responses=77)

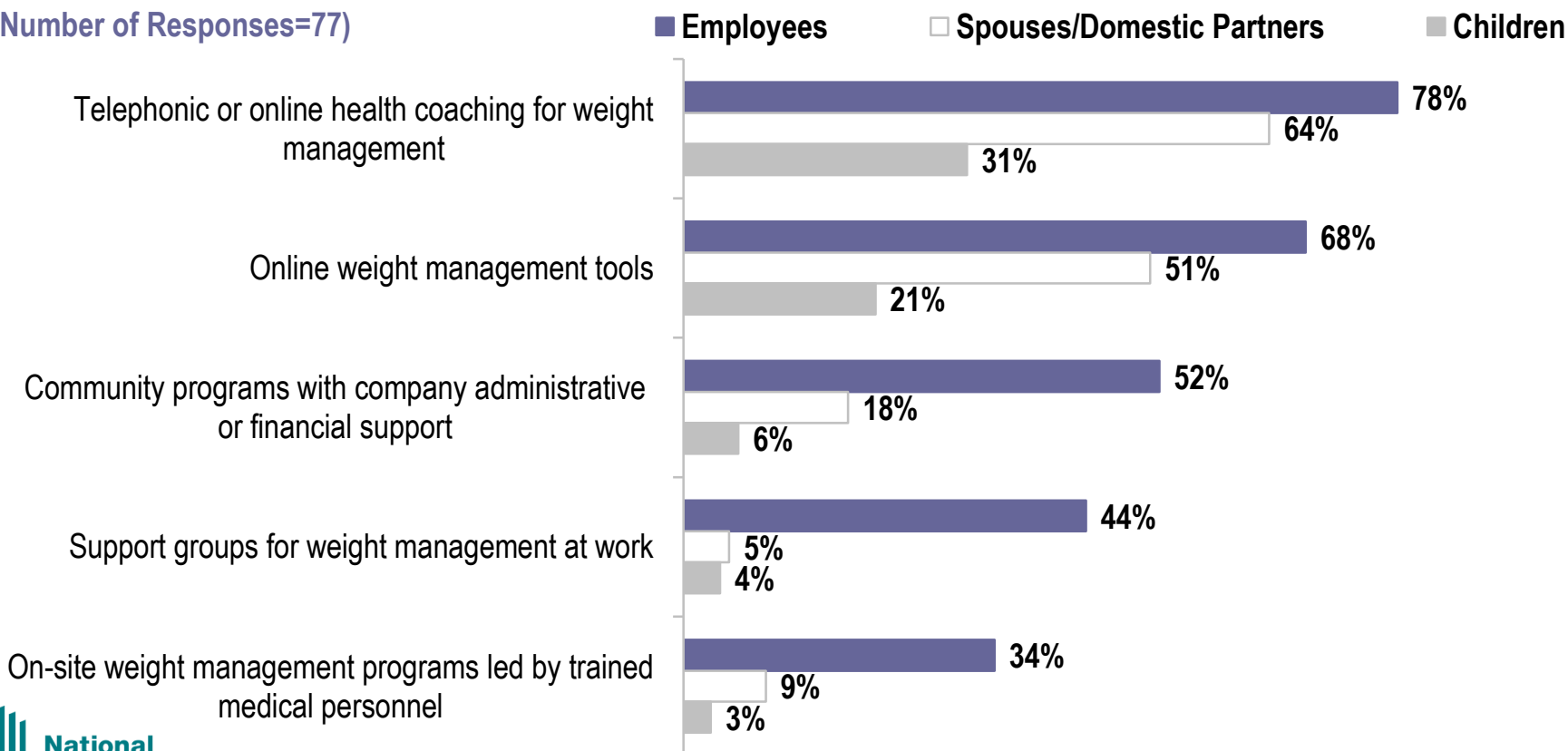


# Programs for Overweight and Obese Employees, Spouses/Domestic Partners and Children

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**Q: Do you offer any of the following programs to obese and overweight employees, spouses and children?**

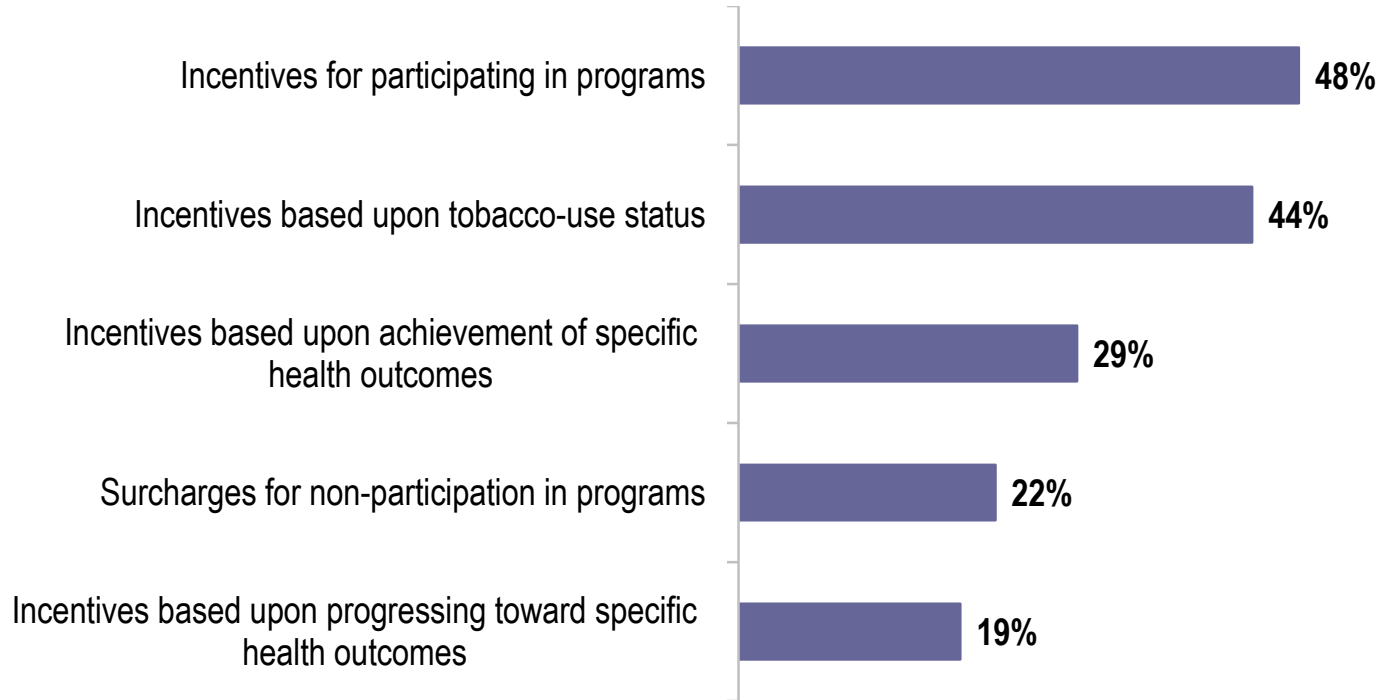
(Number of Responses=77)



# Financial Incentives Encouraging Healthy Lifestyles

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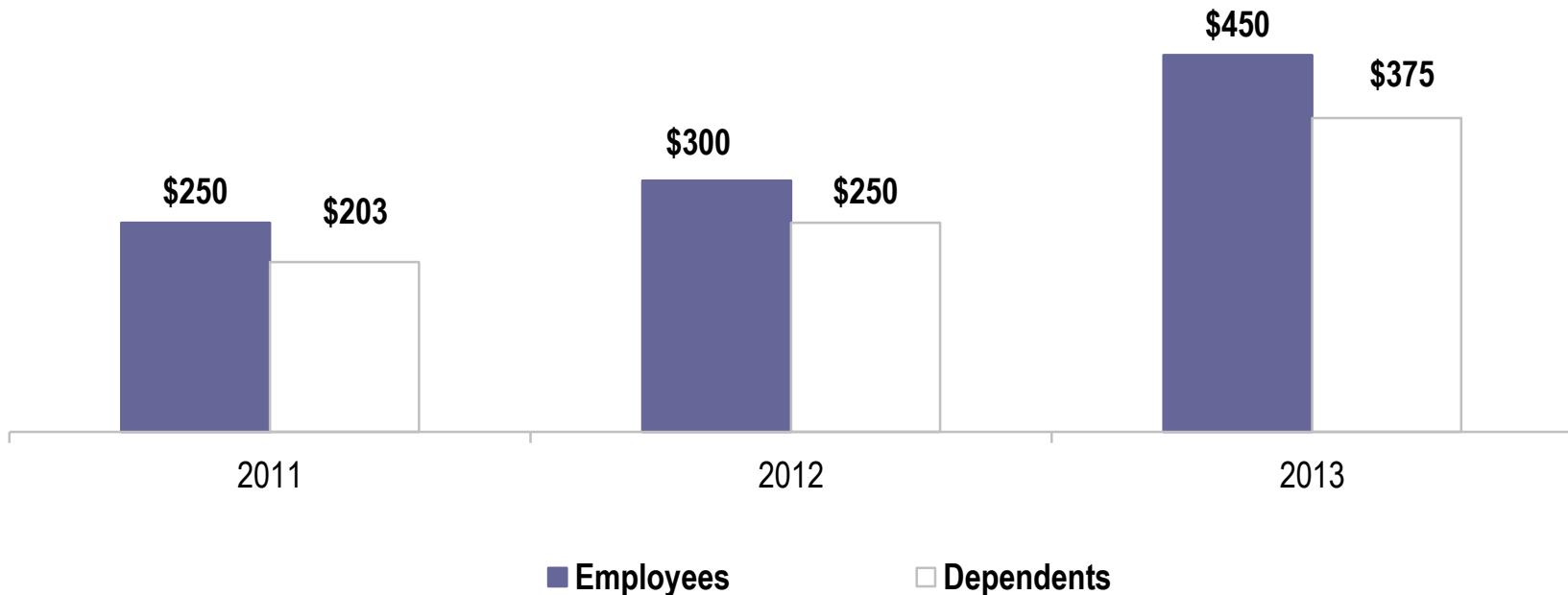
**Q: In 2013, will you use healthy lifestyles financial incentives/disincentives in any of the following ways?**  
(Number of Responses=77)



# Median Incentive Amounts for Healthy Lifestyles, 2011-2013

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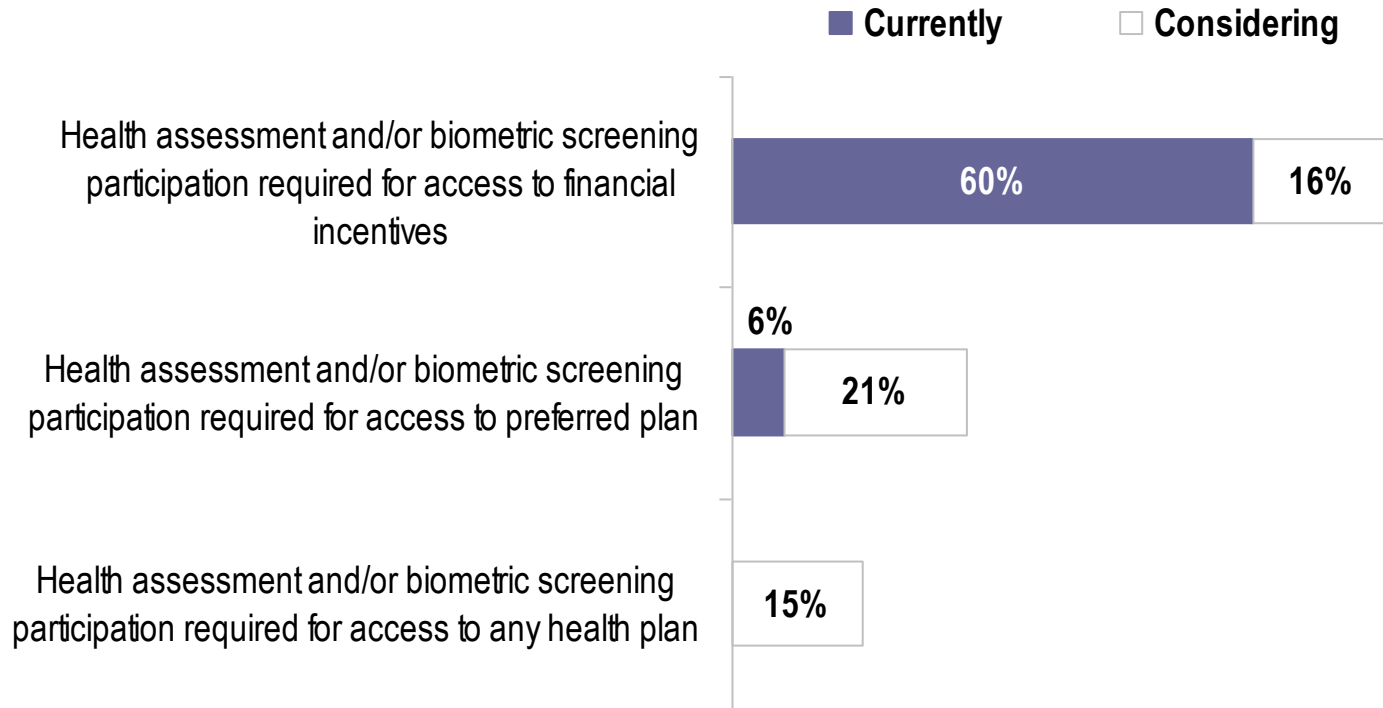
**Q: If you provide financial incentives for healthy lifestyles and/or participating in wellness programs, what is the total amount an EMPLOYEE and DEPENDENT could possibly earn in 2012?**



# Condition-Based Requirements

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**Q: In 2013, will you have in place any of the following condition-based requirements?**  
(Number of Responses=73)

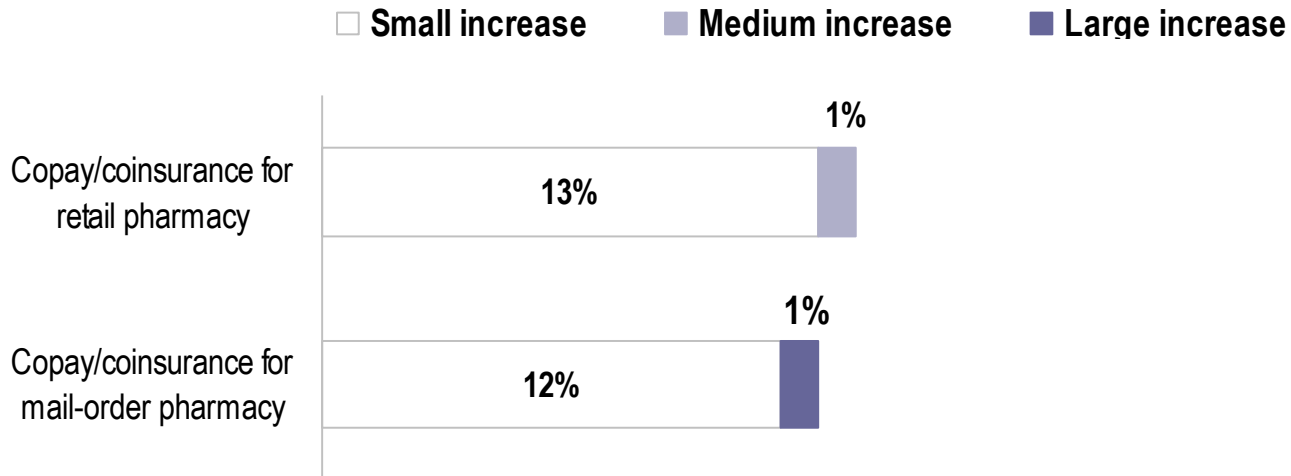




# Employee Cost-Sharing Strategies for Pharmacy

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**Q: For 2013, my organization will increase:**  
(Number of Responses=78)



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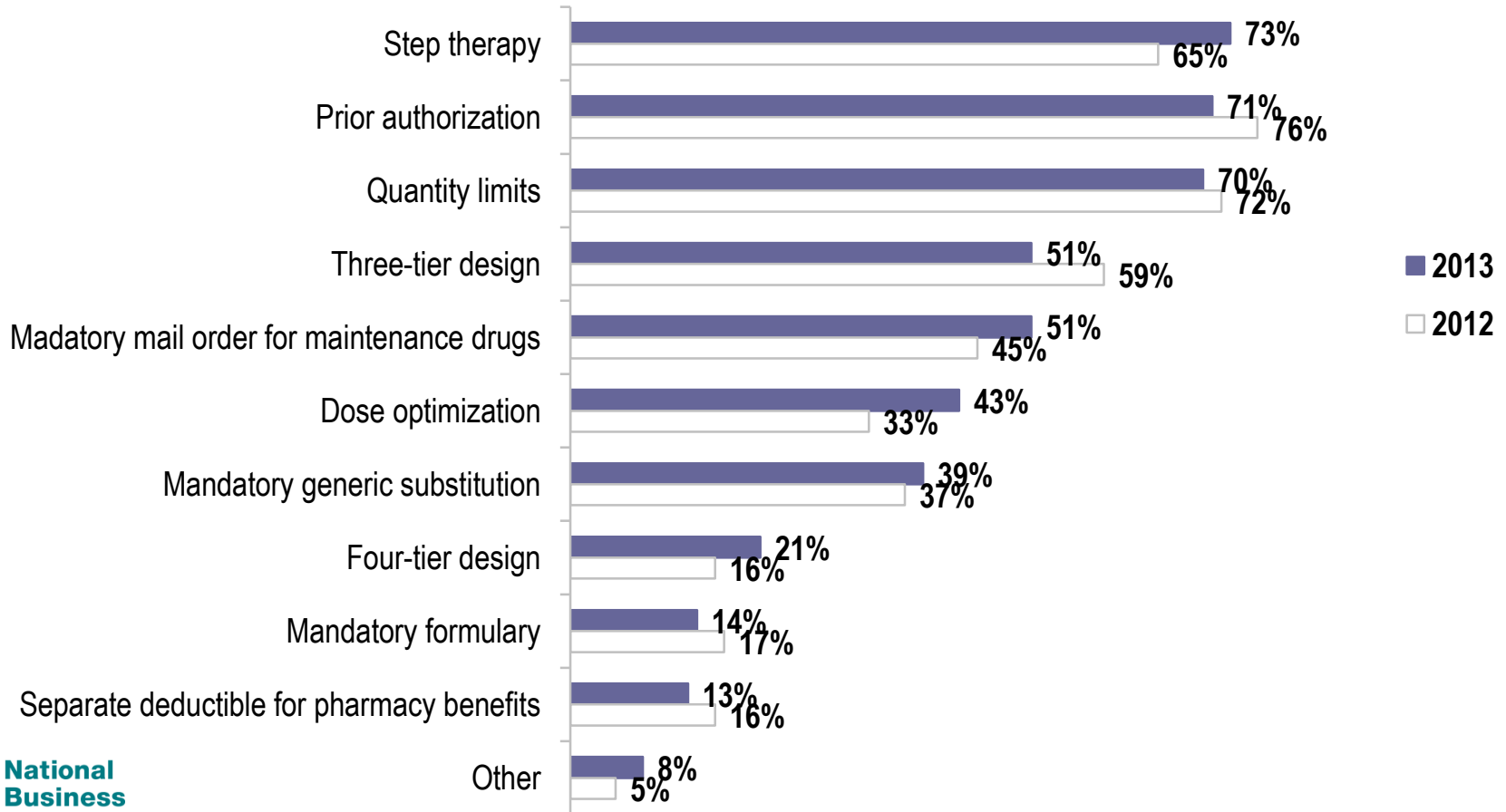
**Source:** National Business Group on Health, Large Employers' 2013 Health Plan Design Survey, August 2012.



# Pharmacy Benefit Management Techniques in 2012 and 2013

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**Q: Which of the following plan techniques will you use in 2013 to manage your pharmacy benefit?**  
(Number of Responses=77)



# Specialty Pharmacy Benefit Management Techniques in 2012 and 2013

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**Q: For 2013, which methods will you use to manage specialty pharmaceuticals?**  
(Number of Responses=77)

