

# Employer Provided Coverage: A Consumer Perspective

Consumer Satisfaction Survey 2021

March 10, 2021

# Today's Panelists

- Phillip Morris, Partner, Locust Street Group
- Adam Beck, Vice President, Employer Health Policy & Initiatives, AHIP
- Monica Pappas, CEO/Owner, Fingerprinting Express

Phillip Morris, Locust Street  
Group

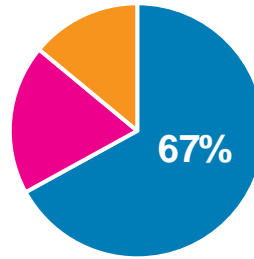
# Key Findings



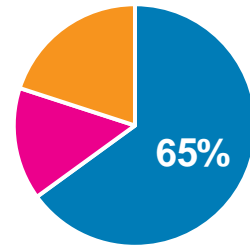
# A Reliable Source of Coverage – Even During a Global Pandemic and Economic Crisis

- Amidst a global health pandemic, **67%** of Americans with employer-provided coverage report overall **SATISFACTION** with their health coverage, with **65%** saying their plan is **HIGH** quality.
- This satisfaction is driven by the **CHOICE** of many quality doctors and providers, **COMPREHENSIVE coverage** that includes the benefits and care most important to them, and **AFFORDABLE** premiums, co-pays, and deductibles.

Satisfaction



Quality



# Plans Are Delivering on Access, Preventive Care, and Ease of Use

- The benefits that matter most: **prescription drugs (59%)**, **emergency care (58%)**, and **preventive care (53%)**.
- **76%** of those with EPC agree that their plan “*provides **access** to quality doctors, hospitals, and clinics*” as well as “*covers **preventive services** like screenings and vaccines.*”
- **71%** reported “*it is **easy to use** my insurance*” and “*I **understand the benefits and services covered** by my plan.*”





## Comprehensive Coverage Means Value Beyond the Doctor's Office

- **60%** of respondents say that comprehensive health care coverage is **MORE** important than affordable coverage.
- **85%** of respondents say it is **VALUABLE** for employers and plans to offer free, additional health-related services.
- **Wellness programs (40%)** and **health or flexible savings accounts (38%)** are the two most desired free employer health care programs.
- Working to improve **health equity** is important to the vast majority of respondents (**73%**).

# Plans Are Addressing Consumers' Top Concern: COSTS

- **COSTS** remain top of mind for consumers as the economy continues to recover from the COVID-19 pandemic.
- Even amid economic anxiety, a majority, **53%**, report that what they currently pay for coverage is **REASONABLE** – especially **prescription drug costs (62% reasonable)**.
- **76%** believe their coverage will **PROTECT** them from the majority of medical costs in an emergency, and **67%** say their coverage delivers **financial PEACE OF MIND**.



# Coverage is an Important Part of an Employer's Compact with Workers

**Contributions:** A **GROWING** number of respondents – **39%** (up from 20% in 2018) – recognized that the average employer contributes as much or more than they do for health care coverage (70%+ of the cost), but a majority are still unaware.

**Recruiting and Retention:** **75%** of respondents say employer-provided coverage plays a significant role in employee recruiting, and **78%** say it plays a significant role in employee retention.







# Employer Coverage is a Critical Resource During the Global Pandemic

**Getting Tested: 62%** of those who sought a COVID-19 test reported that their employer-provided coverage was **HELPFUL** in obtaining and covering a test.

**Virtual Care When You Need It: 56%** of consumers reported that the telehealth and mental health services covered by employer-provided plans are **MORE valuable** now than they were before the pandemic.

**COBRA Coverage: 72%** of consumers believe Congress should **SUBSIDIZE** the cost of COBRA during the pandemic so that Americans who lost their jobs can keep their coverage through their former employer at the same cost.

# Americans **OPPOSE** Taxing Health Benefits

- **62%** of consumers support the current tax treatment of employer-provided plans and most do **NOT** support taxing employee health benefits (only 31% support).
- Respondents believe that affordability (**53%**) and their personal economic situation (**52%**) would **SUFFER** if employee health benefits were taxed.
- **55%** of respondents say they would be **LESS** likely to vote for a legislator who supported taxing employee health benefits.



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Adam Beck, AHIP

# Health Insurance Provider Insights



# Our Principles

We believe that all Americans deserve access to affordable, high-quality, comprehensive coverage that protects their health and financial security, helps them stay healthy, and treats them with care when they are sick. Through private sector plans and in partnership with government and other stakeholders, we will deliver:

1. **Comprehensive Coverage for All Americans:** Americans deserve a health care system that improves on what is working so that everyone has access to affordable coverage and high-quality care.
2. **Choice, Control and Competition:** Americans deserve more control over their health care choices delivered in a competitive system that leverages private sector innovation.
3. **Affordability and Quality:** Americans deserve lower health care costs and improved quality of care.
4. **Simplicity:** Americans deserve simple, straight-forward, easily accessible health care that works for them.
5. **Health Equity:** Americans deserve a fair, equitable health care system.

# COVID-19: Industry Response

## Decisive Action in Unprecedented Times

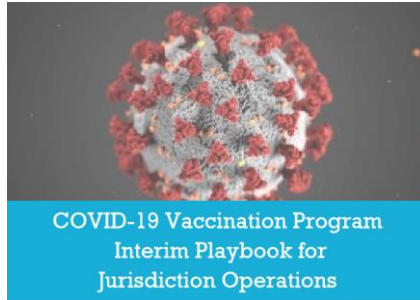


## Health Insurance Providers Respond to Coronavirus (COVID-19)



# COVID-19 Vaccines

Preparing for the Health Insurer Role



# Vaccine Community Connectors

- **Pilot initiative** launched in concert with the Biden Administration
- **Will help reduce vaccination disparities**, improve health equity, and get people back to the moments we all miss
- **First Wave:** Vaccinate 2 million seniors age 65+ in America's most at-risk, vulnerable and underserved communities – such as African American and Hispanic communities
- Will take lessons learned to **vaccinate more people in underserved communities** until we achieve community immunity
- **Leverages health insurance providers' unique capabilities:** access to enrollee data, sophisticated analytics, strong connections in our communities, experience in what works to reach people where they are and connect them to the care they need
- **More than a dozen health insurance providers committed**, over 14 states and growing
- Demonstrates the critical importance of **strong public-private partnerships**

**4,347% Growth**  
in telehealth claims to private  
insurers year-over-year.



**FAIR Health found that  
one-third (33.91%)**

of telehealth claims to private insurers  
during the COVID pandemic were for  
mental health conditions.



A new report from Frost & Sullivan projects  
**7-fold growth** of telehealth by 2025.

Deployment of more mature analytics, better  
adherence to cybersecurity and privacy  
regulations, and use of data to show  
return-on-investment will contribute to  
significant telehealth expansion.



# Telehealth: Encouraging and Expanding

By waiving cost-sharing for telehealth services and expanding telemedicine programs, health insurance providers are facilitating care for the many Americans who are at home and need care.

## **For patients:**

Greater  
convenience  
and lower risk.

## **For providers:**

Eases the burden  
and allows continued  
patient care.

## **For health care workers:**

Limits exposure  
to the virus.

Health insurance providers have expanded their telehealth offerings to cover mental and behavioral health care. They also have been offering their members access to wellness apps and tools, as well as access to a wide network of specialist they can see virtually.



# Health Insurance Providers' Commitment to Diversity and Health Equity

Standing strong against discrimination and inequality in all forms – in our offices, our communities, and our work

Governance  
Councils

Cultural  
Competency  
Education

Implicit Bias  
Training

Data Analytics  
to Identify  
Disparities

Incentive  
Payments to  
Reduce  
Disparities

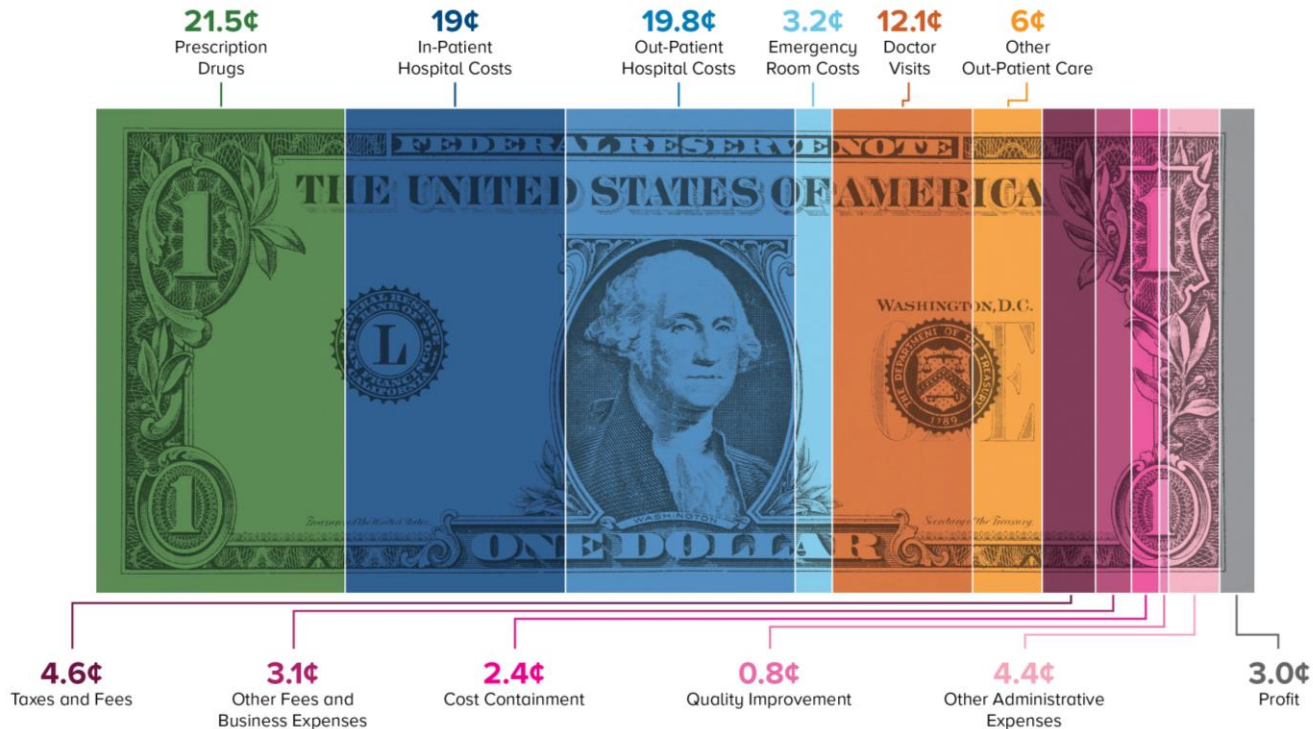
Provider  
Diversity  
Programs

Supplier  
Diversity  
Programs

Internal  
Diversity  
Initiatives

# Where Does Your Health Care Dollar Go?

Your premium—how much you pay for your health insurance coverage each month—helps cover the costs of the medications and care you receive and improves health care affordability, access and quality for everyone. [Here is where your health care dollar really goes.](#)



This data represents how commercial health plans spend your premiums. This data includes employer-provided coverage as well as coverage you purchase on your own. Data reflects averages for the 2016-18 benefit years. Percentages do not add up to 100% due to rounding.

Monica Pappas,  
Fingerprinting Express

# Employer Insights



# Thank You

