**Health Benefits Design Survey**

Target audience: Benefits decision-makers at large employers with more than 100 employees

Sample size: 300

LOI: 15 min [to update]

**SCREENER**

**WELCOME SCREEN**

**SHOW ALL**

Thank you very much for accessing the survey link. We greatly value your time and support. Please rest assured that all your responses will be treated in the strictest confidence and neither you nor your company will be identified as having taken part in the survey.

**PLEASE READ:**

Thank you once again for agreeing to take part in the survey. This study is sponsored by UBS and is going to be used for investment research purposes. Please rest assured that all your responses will be treated in the strictest confidence. Data only be analysed at an aggregated level for research purposes, and will not be attributed to any individual person or organization.

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Do you agree to comply with the above statement?

1. Yes
2. No [TERMINATE INMEDIATELY]

S0. Which of the following roles are you responsible for? Select all that apply [TERMINATE IF BENEFITS DESIGN IS NOT SELECTED]

[RANDOMIZE]

a. Hiring

b. Training

*c.* Benefits design

d. Retirement plan

e. Performance review

f. Payroll

g. Compensation

S1. Are you actively involved in decisions involving health benefits at your firm? [TERMINATE IF NO]

1. Yes
2. No

S2. How many US-based employees does your organization have in all locations? Select one [TERMINATE IF a IS SELECTED]

1. 100 or less
2. 101-500
3. 501-5,000
4. 5,001 or more

S3. Which of the following best matches your organization's industry classification?

1. Agriculture
2. Communications
3. Construction
4. Finance & Insurance
5. Health Care
6. Manufacturing
7. Mining
8. Real Estate
9. Retail
10. Professional and Business Services
11. Transportation
12. Utilities
13. Wholesale
14. Other - Please specify: \_\_\_\_\_\_\_\_\_\_\_

S4. Do you offer health insurance to your employees?

1. Yes
2. No

[If S4=B and then TERMINATE]

S5. Which best describes the reason for you're not offering health insurance?

1. High percentage of our employees are modest wage earners, and we don't need to provide health insurance to be competitive
2. High percentage of our employees are Part-Timers, and we don't need to provide health insurance to be competitive
3. Neither of the above two choices are applicable, but we choose not to provide health insurance for economic reasons
4. Don’t Know / Can't Answer

S6. Which type of arrangement with health plans is your organization using for 2019 to provide health insurance coverage? [TERMINATE IF D IS SELECTED]

1. Fully-insured (Risk-based)
2. Self-insured ASO (Administrative Services Only)
3. Self-insured ASO (Administrative Services Only) with stop-loss coverage
4. Don’t Know / Can't Answer

S7. Looking ahead for 2021, which type of arrangement with health plans do you plan to use to provide health insurance coverage? Select one

1. Fully-insured (Risk-based)
2. Self-insured ASO (Administrative Services Only)
3. Self-insured ASO (Administrative Services Only) with stop-loss coverage
4. Don’t Know / Can't Answer

~~S8. What region are most of your organization's US employees located?~~

1. ~~Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA)~~
2. ~~Midwest (WI, IL, MI, IN, OH, ND, SD, NE, KS, MN, IA, MO)~~
3. ~~South (KY, TN, MS, AL, FL, GA, SC, NC, VA, WV, DC, MD, DE, TX, OK, AR, LA)~~
4. ~~West (MT, ID, WY, NV, UT, CO, AZ, NM, WA, OR, CA, AK, HI)~~
5. ~~Our employees are relatively spread across multiple regions~~

~~[QUALIFY TEXT]~~

~~Congratulations, you qualify to participate in our research.~~

|  |  |
| --- | --- |
| ~~We are conducting a survey on behalf of the investment research department of UBS. UBS would like to understand from health benefits/HR executives their views on important topics affecting the healthcare benefits. Your opinions are very important to us.~~ |  |

~~Rest assured that your identity and your answers to our questions will be kept completely confidential and not shared with UBS. All findings will only be analyzed at an aggregated or sector level for research purpose, and will not be attributed to any individual person or organization. We’re not selling anything and are only after your opinion. Your responses will be treated in the strictest confidence and nothing you say here will be directly attributed back to you or to your company.~~

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~~Do you agree to comply with the above statement?~~

1. ~~Yes~~
2. ~~No [TERMINATE]~~

**QUESTIONNAIRE**

Q1. Which health plans are you currently contracted with for 2020? *Select all that apply*

1. Aetna/Coventry
2. Anthem Blue Cross Blue Shield
3. Blue Cross Blue Shield (Non-Anthem)
4. Cigna
5. Coventry
6. HCSC
7. Health Net/Centene
8. Highmark
9. Humana
10. Kaiser
11. United Healthcare/Oxford
12. Other - Please specify \_\_\_\_\_\_\_\_\_\_\_\_

Q2. Does your organization plan to re-bid (all or a significant portion of) your health benefit offering for 2021?

1. Yes
2. No
3. Not Sure/Undecided
4. Don’t Know / Can't Answer

Q3. What are the most important criteria in selecting a health insurance provider for 2021? S*elect up to 3 answers.*

[RANDOMIZE]

1. Cost/discounts
2. Health improvement
3. Networks, including alternative networks
4. Website and consumer tools/information
5. Flexibility
6. Customer service
7. Account management
8. Compliance
9. Reporting
10. Claim management
11. Consumer Driven Health Plans (CDHP) offerings
12. Data security
13. COVID waivers, premium holiday, and/or other COVID related policies
14. Telehealth capabilities
15. Continuity of business relationship
16. Other (please Specify) (ANCHOR TO BOTTOM)
17. Don’t Know / Can't Answer (ANCHOR TO BOTTOM)

[IF Answers to S6 and S7 are same]

Q4. How much of a year over year change in **premium**, on average, do you expect your employees to see in 2021 versus 2020?

[Show drop down menu with options Down (201-213) and Up (401-413)]

**200. Down**

**201. Down more than 20% [Anchor]**

202. Down 15.1-20%

1. Down 10.1-15%
2. Down 9.1-10.0%
3. Down 8.1-9.0%
4. Down 7.1-8.0%
5. Down 6.1-7.0%
6. Down 5.1-6.0%
7. Down 4.1-5.0%
8. Down 3.1-4.0%
9. Down 2.1-3.0%
10. Down 1.1-2.0%
11. Down 0.1-1.0%

**300. Flat/No change**

**400. Up**

1. Up 0.1-1.0%
2. Up 1.1-2.0%
3. Up 2.1-3.0%
4. Up 3.1-4.0%
5. Up 4.1-5.0%
6. Up 5.1-6.0%
7. Up 6.1-7.0%
8. Up 7.1-8.0%
9. Up 8.1-9.0%
10. Up 9.1-10.0%
11. Up 10.1-15%
12. Up 15.1-20%
13. **Up more than 20%**

Q4A. How do you expect COVID-19 will impact your anticipated premium growth in 2021 relative to the normal (i.e. pre-COVID-19) year to year change?

Up 1% would imply a premium growth of 1% higher than normal y/y growth.

[Show drop down menu with options by %]

**200. Down**

**201. Down more than 20% [Anchor]**

202. Down 15.1-20%

1. Down 10.1-15%
2. Down 9.1-10.0%
3. Down 8.1-9.0%
4. Down 7.1-8.0%
5. Down 6.1-7.0%
6. Down 5.1-6.0%
7. Down 4.1-5.0%
8. Down 3.1-4.0%
9. Down 2.1-3.0%
10. Down 1.1-2.0%
11. Down 0.1-1.0%

**300. Flat/No change**

**400. Up**

1. Up 0.1-1.0%
2. Up 1.1-2.0%
3. Up 2.1-3.0%
4. Up 3.1-4.0%
5. Up 4.1-5.0%
6. Up 5.1-6.0%
7. Up 6.1-7.0%
8. Up 7.1-8.0%
9. Up 8.1-9.0%
10. Up 9.1-10.0%
11. Up 10.1-15%
12. Up 15.1-20%
13. **Up more than 20%**

Q4B. What is your current expectation on premium growth from 2021 to 2022 relative to the normal (i.e. pre-COVID-19) year’s premium growth?

1. Significantly higher
2. Moderately higher
3. Slightly higher
4. About the same
5. Slightly lower
6. Moderately lower
7. Significantly lower
8. Don’t Know / Can't Answer

99. Don’t Know / Can't Answer [Exclusive answer]

[ASK IF Answers to S6 and S7 are same]

Q5/ Q5A. How much of a year over year change in **deductible** and **total out of pocket costs (including premiums)**, on average, do you expect for your employees in 2021?

[Show drop down menu with options by %]~~[Show drop down menu with options Down (201-213) and Up (401-413)]~~

**200. Down**

**201. Down more than 20% [Anchor]**

202. Down 15.1-20%

1. Down 10.1-15%
2. Down 9.1-10.0%
3. Down 8.1-9.0%
4. Down 7.1-8.0%
5. Down 6.1-7.0%
6. Down 5.1-6.0%
7. Down 4.1-5.0%
8. Down 3.1-4.0%
9. Down 2.1-3.0%
10. Down 1.1-2.0%
11. Down 0.1-1.0%

**300. Flat/No change**

**400. Up**

1. Up 0.1-1.0%
2. Up 1.1-2.0%
3. Up 2.1-3.0%
4. Up 3.1-4.0%
5. Up 4.1-5.0%
6. Up 5.1-6.0%
7. Up 6.1-7.0%
8. Up 7.1-8.0%
9. Up 8.1-9.0%
10. Up 9.1-10.0%
11. Up 10.1-15%
12. Up 15.1-20%
13. **Up more than 20%**

99. Don’t Know / Can't Answer [Exclusive answer]

|  |  |
| --- | --- |
| Q5. Change in deductible from 2020 to 2021 | [SHOW SLIDING SCALE AS EXPLAINED ABOVE] |
| Q5A. Change in total out of pocket expenses from 2020 to 2021 | [SHOW SLIDING SCALE AS EXPLAINED ABOVE] |

ASK IF S7=A

Q5B. Did your insurer waive copay / deductible responsibilities for employees for COVID testing in 2020?

1. Yes
2. No
3. I don’t know/ can’t answer

ASK IF S7=A

Q5C. Is your insurer waiving copay / deductible responsibilities for employees for COVID testing in 2021?

1. Yes
2. No
3. I don’t know/ can’t answer

ASK IF S7=A

Q5D In which of the following cases will your ~~the~~ insurer cover the tests in 2021? (Select all that apply)

1. For anyone who wants a test
2. For frequent (e.g. weekly) testing
3. Symptomatic patients
4. Patients suspected of being exposed
5. Covered family members of patients suspected of being exposed
6. Asymptomatic patients
7. Post vaccine (for immunity confirmation) tests
8. Tests for those residing or working in a COVID hotspot
9. None of the above

ASK IF S7=B or C

Q5E. Did you waive COVID coinsurance responsibilities for COVID testing in 2020?

1. Yes
2. No
3. I don’t know/ can’t answer

ASK IF S7=B or C

Q5F. Are you waiving COVID coinsurance responsibilities for COVID testing in 2021?

1. Yes
2. No
3. I don’t know/ can’t answer

Q5G. In what cases would you cover COVID tests for employees in 2021 (select all that apply)

1. For anyone who wants a test
2. For frequent (e.g. weekly) testing
3. Symptomatic patients
4. Patients suspected of being exposed
5. Covered family members of patients suspected of being exposed
6. Asymptomatic patients
7. Post vaccine (for immunity confirmation) tests
8. Tests for those residing or working in a COVID hotspot
9. None of the above

[~~no screens for below question~~ ASK ALL]

Q5H. What is the frequency of testing mandated for employees as they return to work?

1. We do not require any testing
2. Only if symptomatic or exposed to positive individual
3. 1x upon return to work
4. Upon return and then daily
5. Upon return and then weekly
6. Upon return and then monthly
7. Other \_\_\_\_(write in response)
8. I don’t know/ can’t answer

[IF Q5H (above) is “b-g”]

Q5I. What is the testing type/protocol mandated for employees should they require testing in 2021?

1. Get tested on site at employer using PCR
2. Get tested on site at employer using rapid antigen test
3. Get tested at nearby location (lab, office) using PCR
4. Get tested at nearby location (lab, office) using rapid antigen test
5. Self-draw sample at home using kit and mail in
6. We do not have protocol around testing in 2021, but will require employees to be tested
7. Other (open ended question)
8. I don’t know/ can’t answer

[IF Q5I (above) is “b-g”]

Q5J. How much of the COVID related testing costs are employees responsible for on a per test basis

1. Free
2. Co-pay/test <$25
3. Co-pay/test $25-50
4. Co-pay/test $75-100
5. Co-pay/test >$100
6. I don’t know

[Show only If S6 and S7 are same]

Q5K. Does COVID change how you or your carrier sets coinsurance for non-COVID physician visits in 2021?

1. Yes, we have significantly raised our coinsurance amounts
2. Yes, we have moderately raised our coinsurance amounts
3. Yes, we have modestly raised our coinsurance amounts
4. No, our coinsurance amounts remains unchanged as a result of COVID
5. Yes, we have modestly lowered our coinsurance amounts
6. Yes, we have moderately lowered our coinsurance amounts
7. Yes, we have significantly lowered our coinsurance amounts
8. I don’t know/ can’t answer

[If S6 and S7 are same]

Q6. As an employer, how much of a year over year change did you see in your **healthcare benefit contribution** in 2020 versus compared to 2019?

Q6A. Looking to next year, how do you expect your healthcarebenefit contribution to change in 2021?

[Show drop down menu with options Down (201-213) and Up (401-413)]

**200. Down**

**201. Down more than 20% [Anchor]**

202. Down 15.1-20%

1. Down 10.1-15%
2. Down 9.1-10.0%
3. Down 8.1-9.0%
4. Down 7.1-8.0%
5. Down 6.1-7.0%
6. Down 5.1-6.0%
7. Down 4.1-5.0%
8. Down 3.1-4.0%
9. Down 2.1-3.0%
10. Down 1.1-2.0%
11. Down 0.1-1.0%

**300. Flat/No change**

**400. Up**

1. Up 0.1-1.0%
2. Up 1.1-2.0%
3. Up 2.1-3.0%
4. Up 3.1-4.0%
5. Up 4.1-5.0%
6. Up 5.1-6.0%
7. Up 6.1-7.0%
8. Up 7.1-8.0%
9. Up 8.1-9.0%
10. Up 9.1-10.0%
11. Up 10.1-15%
12. Up 15.1-20%
13. **Up more than 20%**

99. Don’t Know / Can't Answer [Exclusive answer]

|  |  |
| --- | --- |
| Q6. Change in benefit contribution from 2019 to 2020 | [SHOW SLIDING SCALE AS EXPLAINED ABOVE] |
| Q6A. Anticipated change in benefit contribution from 2020 to 2021 | [SHOW SLIDING SCALE AS EXPLAINED ABOVE] |

[If both S6 and S7 are "a"Fully-insured (Risk-based)"]

Q7. For the health plans you contracted with for 2020, what is your expected year over year change in the **total health insurance cost (employee and employer portion combined)** for 2021?

ROWS

Show companies selected in Q1

COLUMNS

1. Significantly Above our projected healthcare cost average
2. Modestly Above our projected healthcare cost average
3. Similar to our projected healthcare cost average
4. Modestly Below our projected healthcare cost average
5. Significantly Below our projected healthcare cost average
6. Not considering this health plan for 2021
7. Don’t Know / Can't Answer

Q7a. In general how do you expect the **total health insurance cost (employee and employer portion combined)** will change in 2022 versus 2021?

ROWS

Show companies selected in Q1

COLUMNS

1. Significantly above 2021’s healthcare cost average
2. Moderately above 2021’s healthcare cost average
3. Slightly above 2021’s healthcare cost average
4. Similar to the 2021’s healthcare cost average
5. Slightly below 2021’s healthcare cost average
6. Moderately below 2021’s healthcare cost average
7. Significantly below 2021’s healthcare cost average
8. Don’t Know / Can't Answer

[If S7 is “a”]

Q7b. Do you anticipate receiving premium holidays if medical cost trend comes in lower than what your insurer priced for?

1. Yes, we would anticipate receiving premium holidays
2. No, we would not anticipate receiving premium holidays
3. No, but we would anticipate receiving a return of excess premiums via another method ( if so please specify)
4. I don’t know/ can’t answer

[If S7 is "b" or "c"]

Q8. How does your expectation for a 2021 gross medical cost increase (before any design changes or employee buy-downs) compare with the current 2020 experience?

1. Significantly higher
2. Modestly higher
3. About the same
4. Modestly lower
5. Significantly lower
6. Don’t Know / Can't Answer

[If S7 is "b" or "c"]

Q8A. How does your expectation for a 2022 gross medical cost increase (before any design changes or employee buy-downs) compare with your projections for 2021?

1. Significantly higher
2. Moderately higher
3. Slightly higher
4. About the same
5. Slightly lower
6. Moderately lower
7. Significantly lower
8. Don’t Know / Can't Answer

[If S7 is "b" or "c"]

Q9. What's your expectation for medical cost increase on a gross basis (before any benefit design changes or employee buy-downs) for 2021?

[Single code] [Show "Flat" in between "Up" and "Down" options]

* 1. Flat
  2. Up 0.1-4.0%
  3. Up 4.1-6.0%
  4. Up 6.1-8.0%
  5. Up 8.1-10.0%
  6. Up 10.1-12.0%
  7. Up 12.1-16.0%
  8. Up More than 16%
  9. Down more than 16%
  10. Down 12.1-16.0%
  11. Down 10.1-12.0%
  12. Down 8.1-10.0%
  13. Down 6.1-8.0%
  14. Down 4.1-6.0%
  15. Down 0.1-4.0%
  16. ~~Don't know Can't Answer~~

yy. Don’t Know / Can't Answer [single punch]

~~zz. Our medical costs have actually decreased [single punch]~~

[If S7 is "b" or "c"]

Q9b. Did your pricing of 2021 premiums include assumptions of deferred care from 2020?

1. Yes, it assumed there would be a significant amount of deferred care from 2020 occurring in 2021
2. Yes, it assumed there would be a moderate amount of deferred care from 2020 occurring in 2021
3. Yes, it assumed there would be a modest amount of deferred care from 2020 occurring in 2021
4. No, it assumed there would be no deferred care from 2020 occurring in 2021
5. I don’t know/ can’t answer

[If S7 is "b" or "c"]

Q9c. Did you contemplate the cost of a vaccine in your 2021 premiums?

1. Yes
2. No
3. I don’t know/ can’t answer

[If S7 is "b" or "c"]

Q9a. Will you provide premium holidays in 2021 for employees if trend remains below levels you priced for?

1. Yes, we will be providing premium holidays to employees
2. No, we will not be providing premium holidays to employees and are unlikely to return excess premiums directly to them
3. No, but will return excess premiums via another method (if so please specify)
   1. If selected provide open-ended answer
4. I don’t know/can’t answer

[If S7 is "b" or "c" AND Q9 is b-g (medical cost increase)]

Q10. Roughly how much of the expected 2021 gross medical cost trend increase do you think can be mitigated through benefit design changes /buy-downs?

1. None
2. 1-20%
3. 21-40%
4. 41-60%
5. 61-80%
6. 81-100%
7. More than 100% (Resulting in a decline in a Net Negative Medical Cost Trend)
8. Don’t Know / Can't Answer

~~[If Q10 b-g, increase in medical cost trend]~~ [If Q9 b-h, increase in medical cost trend].

Q11. What are the top three drivers behind the increase in medical cost? Please select up to 3 choices.

[RANDOMIZE]

1. Health reform mandates
2. Drug costs generally
3. Increase in unit costs of medical services
4. Inpatient hospital costs
5. Proliferation of high cost claimants
6. Specialty drug costs
7. Physician fees
8. Outpatient costs
9. COVID related expenditures
10. Other (please Specify) (ANCHOR TO BOTTOM)
11. Don’t Know / Can't Answer (ANCHOR TO BOTTOM)

Q12. Are you looking to change your benefit plan structure in 2021 to offset medical cost increases? If so, what changes do you plan to make? Select all that apply.

1. No, we don't plan on making changes to offset medical cost increases [single punch]
2. Yes: Benefit buy-downs
3. Yes: Spousal penalties
4. Yes: Add a high deductible health plan
5. Yes: Employer cost shifts to employees
6. Yes, other (please specify): \_\_\_\_\_\_\_\_\_\_
7. I don't know [single punch]

~~Q13. What is your organization's position on Consumer Driven Health Plans (CDHPs), for example offering a high-deductible health plan paired with a spending account for out-of-pocket costs such as a Health Savings Account (HSA) or Integrated Health Reimbursement Arrangement (HRA)?~~

1. ~~We offered CDHPs for 2020, and we plan to continue to do so for 2021~~
2. ~~We offered CDHPs for 2020, but we do not plan to continue to do so for 2021~~
3. ~~We did not offer CDHPs for 2020, but we plan to do so for 2021~~
4. ~~We did not offer CDHPs for 2020, and we do not have plans to do so for 2021~~
5. ~~Don’t Know / Can't Answer~~

~~[If Q13 is "a" or "b" (offered CDHPs in 2020)]~~

~~Q14. What percent of your employees are currently enrolled in Consumer Directed Health Plans (CDHPs)?~~

~~[Single code]~~

1. ~~0%~~
2. ~~1-10%~~
3. ~~11-20%~~
4. ~~21-30%~~
5. ~~31-40%~~
6. ~~41-50%~~
7. ~~51-60%~~
8. ~~61-70%~~
9. ~~71-80%~~
10. ~~81-90%~~
11. ~~91-100%~~

1. ~~Don’t Know / Can't Answer [this should be a single punch option below the scale]~~

~~[If Q13 is "a" or "b" (offered CDHPs in 2019)]~~

~~Q15. Which health plan do you believe has the best CDHP products?~~

~~Aetna/Coventry~~

~~Anthem Blue Cross Blue Shield~~

~~Blue Cross Blue Shield (Non-Anthem)~~

~~Cigna~~

~~Coventry~~

~~Diplomat~~

~~HCSC~~

~~Health Net/Centene~~

~~Highmark~~

~~Humana~~

~~Kaiser~~

~~United Healthcare/Oxford~~

~~[If both S6 and S7 is "b" or "c"]~~

~~Q16. What is your organization's positioning on using narrow/tiered networks to drive savings?~~

1. ~~We are using narrow/tiered networks for 2019, and we plan to continue to do so in 2020~~
2. ~~We are using narrow/tiered networks for 2019, but we don't plan to continue in 2020~~
3. ~~We are not using narrow/tiered networks for 2019, but we plan to do so in 2020~~
4. ~~We are not using narrow/tiered networks for 2019, and we do not have any plans to do so for 2020~~
5. ~~Don’t Know / Can't Answer~~

~~[If Q16 is a (used narrow networks in 2019 and plan to use in 2020)]~~

~~Q17. Do you expect more employees to enroll in plans using narrow/tiered networks in 2020 compared to 2019?~~

1. ~~Yes~~
2. ~~No~~
3. ~~Don’t Know / Can't Answer~~

~~[If Q16 is "a" or "b" (used narrow networks in 2019)]~~

~~Q18. Please indicate the savings you're generating in 2019 on plans using narrow/tiered networks.~~

~~[Single code]~~

1. **~~None~~**
2. ~~0.1-1%~~
3. ~~1.1-2.0%~~
4. ~~2.1-3.0%~~
5. ~~3.1-4.0%~~
6. ~~4.1-5.0%~~
7. ~~5.1-10.0%~~
8. ~~10.1-15%~~
9. ~~15.1%-20%~~
10. **~~More than 20%~~**
11. ~~Don’t Know / Can't Answer [single punch; anchor to bottom]~~

Q19. What are the top three pushbacks you get from your employees on existing plan offerings? [select up to three]

1. Cost of premiums
2. Out of pocket costs
3. Network coverage
4. High co-pays
5. Poor/no coverage for desired benefits
6. Not enough waivers for COVID related costs
7. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [anchor to bottom]
8. None of the above/no pushbacks [anchor to bottom]
9. Don’t Know / Can't Answer [single punch; anchor to bottom]

[If S7 is "b" or "c"]

Q20. Do you currently have in place guarantees around medical cost trend for 2020?

1. Yes, from all plans
2. Yes, from some plans
3. No
4. Don’t Know / Can't Answer

[If S6 and S7 is "b" or "c" (self-insured)]

Q21. From a competitive standpoint, have you seen plans become more aggressive in offering guarantees related to medical cost trend (e.g. absolute trend guarantees, specific network or provider discounts, etc.)?

1. Yes, more aggressive than before
2. No, about the same as before
3. No, less aggressive than before
4. Don’t Know

[If S7 is "b" or "c" (self-insured)]

Q22. Which plans have been most aggressive in terms of fee structures and guarantees for 2021? Select all that apply.

1. Aetna/Coventry
2. Anthem Blue Cross Blue Shield
3. Blue Cross Blue Shield (Non-Anthem)
4. Cigna
5. Coventry
6. HCSC
7. Health Net/Centene
8. Highmark
9. Humana
10. Kaiser
11. United Healthcare/Oxford
12. Other (Please specify)
13. I don't know

Q23. About what percent of your employees used some kind of telemedicine service in 2020?

[range 0-100%]

1. We don't offer telemedicine services
2. I don't know/we don't track this information

Q23E Please indicate how many telehealth consults did/does/will your employees/members conduct **per day** for each of the following time periods?

ROWS:

1. January/February 2020
2. March 2020
3. April 2020
4. May 2020
5. June 2020
6. July-September 2020
7. October-December 2020
8. 2021

COLS:

OE numeric [RANGE 0-9999]

97. I don't know

Q23F. Who is your primary telehealth vendor?

1. Teladoc
2. American Well
3. MDLive
4. Doctor on Demand
5. I offer telehealth through my Primary Health Insurance Vendor
6. Other (Please Specify)
7. Don't have a primary telehealth vendor
8. I don’t know/ can’t answer

Q23G What telehealth services do you contract for?

* 1. General Medical/Urgent Care
  2. Dermatology
  3. Mental Health
  4. Expert Medical Opinion
  5. Nutrition
  6. Paediatrics
  7. Virtual Primary Care
  8. Diabetes Health Management
  9. Hypertension Health Management
  10. I don’t know/ can’t answer

|  |
| --- |
| **PBMs**  Now we're going to ask a few questions about pharmacy benefit management. |

Q24. Is your current pharmacy benefit carved-in or carved-out?

\*\*A pharmacy carve-out is when an employer chooses a PBM to administer and manage prescription drug benefits that is separate from the PBM contracted with the medical health plan administering their medical claims.

1. Carved-in
2. Carved-out
3. I don't know

Q25. What Pharmacy Benefit Manager(s) (PBM) do you currently use for 2020? *Select all that apply.*

[RANDOMIZE from "a" to "k"]

1. Cigna
2. CVS Caremark
3. Diplomat/LDI
4. EnvisionRx/Rite Aid
5. Express Scripts
6. Humana
7. IngenioRx
8. Magellan
9. MedImpact
10. OptumRx (UnitedHealth) / Catamaran
11. Prime Therapeutics
12. Other PBM (please specify)
13. I don’t have one (remove from survey)
14. Don’t Know/ Can't Answer (SINGLE PUNCH)

Q26. ~~Q34~~. Are you putting your PBM contract out for bid in 2021?

1. Yes
2. No
3. Contract not yet up for renewal in 2021
4. We do not use a PBM ( remove from survey)
5. Don’t Know / Can't Answer

Q27  ~~Q35~~. Will your pharmacy benefit be carved in or carved out in 2021?

\*\*A pharmacy “carve-out” is when an employer chooses a PBM to administer and manage prescription drug benefits that is separate from the PBM contracted with the medical health plan administering their medical claims.

1. Carved-in
2. Carved-out
3. I don't know

[IF Q27 is b (Carved-out)]

Q28. What is the reason you are planning on carving out your pharmacy benefit in 2021 (select all that apply)?

[RANDOMIZE]

1. My medical carrier does not offer pharmacy benefit management itself.
2. I have multiple medical carriers, so a carve-in does not make sense for my benefits offering.
3. The net price my medical carrier is offering to carve in is not attractive enough.
4. The price guarantees my medical carrier is offering to carve in is not attractive enough.
5. I think the PBM vendor that I carve out to has better customer service than my medical carrier.
6. I think the PBM vendor I carve out to does a better job at clinical management than my medical carrier.
7. I was already carving out my pharmacy benefits, so carving in would be disruptive to our company and employees.
8. COVID-19 caused us to re-evaluate our pharmacy benefits and are now looking for alternative options

~~Q28~~ Q29 ~~Q36~~. What PBM will you be, or are considering, using in 2021?

[RANDOMIZE from "a" to "k"]

1. Cigna
2. CVS Caremark
3. Diplomat/LDI
4. EnvisionRx/Rite Aid
5. Express Scripts
6. Humana
7. IngenioRx
8. Magellan
9. MedImpact
10. OptumRx (UnitedHealth) / Catamaran
11. Prime Therapeutics
12. Other PBM (please specify)
13. I don't know (SINGLE PUNCH)

Q30. ~~Q37~~. What are the three most important selection criteria when choosing a PBM for the 2021 plan year? Select up to 3

[RANDOMIZE]

1. Overall cost management
2. Rebates
3. Transparency
4. Website and consumer tools/information
5. Flexibility in formulary design
6. Customer service
7. Network arrangement/Narrow Network
8. Integration with health benefits management
9. Specialty pharmacy management capabilities
10. Claims management
11. Ancillary Services
12. Continuity of business relationship
13. Other, (Please Specify) [anchor to bottom]
14. Don’t Know / Can't Answer [anchor to bottom]

Q31. Please rank your current PBM vendor on the following categories from 1-10 (1 being the highest) for 2020.

a. Patient Service

b. Account Management

c. Net Price

d. Product and Service Innovation

e. Communication

f. Transparency

g. Utilization and benefit management consulting

h. Network management

i. Clinical services

j. Claims and data administration

Q32. Please indicate how your PBM vendor did in the following categories compared in 2020 vs. 2019.

(Improved, Worsened, No change)

a. Patient Service

b. Account Management

c. Net Price

d. Product and Service Innovation

e. Communication

f. Transparency

g. Utilization and benefit management consulting

h. Network management

i. Clinical services

j. Claims and data administration

Q33. Does your PBM contract have a trend guarantee included?

a. Yes

b. No

c. Not sure

[IF Q33 is a (Yes)

Q34. What is the trend guarantee?

1. Up 5% or more
2. Up 3%-4%
3. Up 1%-2%
4. Flat
5. Down 1%-2%
6. Down 3%-4%
7. Down 5% or more

Q35. Does your PBM contract have a rebate guarantee included?

a. Yes

b. No

c. Not sure

[IF Q35 is a (Yes)]

Q36. How does your rebate dollar guarantee compare to your prior PBM contract?

1. I'm guaranteed significantly higher rebate dollars than my last contract
2. I'm guaranteed somewhat higher rebate dollars than my last contract
3. I'm guaranteed the same amount of rebate dollars as my last contract
4. I'm guaranteed a somewhat lower amount of rebate dollars than my last contract
5. I'm guaranteed significantly lower amount of rebate dollars than my last contract

Q37. Are you planning to implement any restrictions/cost management strategies on the use of specialty drugs under your benefit in 2021?

* 1. Yes
  2. No
  3. I don't know

[If Q37~~Q38~~ is a (implementing specialty drug restrictions)] [Select all that apply]

Q38.What specialty drug restrictions do you plan to implement?

1. Closed formulary (excluding certain specialty drugs from the plan)
2. Formulary restrictions (e.g. prior authorizations, step therapy/fail-first, etc.)
3. Requiring clinical outcomes
4. Encouraging biogeneric/generic biologic use
5. Limited specialty pharmacy networks/limited distribution
6. Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. I don't know

Q39  ~~Q41~~. How are your specialty pharmacy benefits currently administered?

1. Through current PBM
2. Through a specialty pharmacy vendor
3. Through medical benefits (health plan)
4. I don't know

Q40 ~~Q42~~. Who is your specialty pharmacy vendor? [Select all that apply]

1. AllianceRX (Walgreens/Prime Therapeutics)
2. Accredo (ExpressScripts)
3. Avella
4. BioPlus
5. BriovaRx (OptumRx)
6. Cigna Specialty Pharmacy
7. CVS Caremark Specialty Pharmacy
8. Diplomat Pharmacy
9. Genoa Health
10. Other (please specify): \_\_\_\_\_\_\_\_ [TEXTBOX]
11. I don’t know
12. Not applicable

Q41. How important is Specialty drug management in your overall PBM vendor decision?

1. Very important criteria in our vendor decision
2. Fairly important criteria in our vendor decision
3. Important criteria in our vendor decision
4. Slightly important criteria in our vendor decision
5. Not at all important criteria in our vendor decision

Q42. How important is mail order pharmacy services in your overall PBM vendor decision?

1. Very important criteria in our vendor decision
2. Fairly important criteria in our vendor decision
3. Important criteria in our vendor decision
4. Slightly important criteria in our vendor decision
5. Not at all important criteria in our vendor decision

Q43. Please rank below topics in terms of priority for your organization's pharmacy spend from 1-5 (1 being the highest)

1. Utilization Mgt Programs
2. Formulary Controls
3. Fraud Waste and Abuse programs
4. Specialty Pharmacy
5. Pharmacogenomics

Q44. What kinds of savings are you being promised by adhering to the PBM low-cost formulary option?

1. More than 20%
2. 16–20%
3. 11–15%
4. 7–10%
5. 4–6%
6. ~~1-3%~~ Less than 4%

~~Q45. Q55. Did your company use a plan with a preferred/narrow pharmacy network in 2020?~~

~~Yes~~

~~No~~

~~Q46. Q56. Will your company use a plan with a preferred/narrow pharmacy network in 2021?~~

~~Yes~~

~~No~~

~~Do not know~~

~~[IF Q46 Q56 is Yes (using a preferred network in 2019]~~

~~Q47. Q57. What level of savings do you anticipate from using this pharmacy network?~~

~~0%~~

~~1-2%~~

~~3-4%~~

~~5-6%~~

~~7% or more~~

~~Not explicitly discussed with PBM~~

~~I don't know~~

Q48. ~~Q58~~. What is the branded rebate structure with your PBM?

1. 100% pass-through
2. Flat guaranteed amount per script
3. % share of rebates (with guaranteed minimum)
4. % share of rebates (without guaranteed minimum)
5. I don't know

[If Q27 ~~Q35~~ is b, Carved-Out)]

Q49. Does your PBM carrier charge a "carve out penalty/fee" if you select another vendor to manage your pharmacy benefits.

1. Yes
2. No
3. Not sure

[If Q49 is (a, yes]

Q50.

Does this fee cause you reconsider carving in your pharmacy benefits?

1. Definitely yes
2. somewhat yes
3. Neither yes nor no
4. ~~No~~ Somewhat no
5. Definitely no

Q51  ~~Q60~~. Does public perception around drug rebates and current government proposals impact how you plan to negotiate your rebate structure for next year?

1. Yes – It has a meaningful impact
2. Yes – But it is only one component of the negotiation
3. No

I'm not familiar with the specific rebate structures

~~Q52 Q61. What's the audit process for rebates and have you engaged in an audit with your PBM?~~

1. ~~We have the ability to audit and we did in 2020~~
2. ~~We have the ability to audit and we plan to in 2021~~
3. ~~We have the ability to audit but have no current plans to~~
4. ~~We do not have the ability to audit~~
5. ~~I don't know~~

~~Q53. Have you ever audited your PBM and received money back through settlement or litigation (not to be confused with a PBMs annual reconciliation)?~~

~~a. Yes~~

~~b. No.~~

~~c. Not sure~~

~~Q54. Would you consider a custom formulary to reduce overall costs or plan that allows precision medicine to improve outcomes?~~

~~a. Yes~~

~~b. No~~

~~c. Not sure~~

Q55. Over the next few years, what is you biggest concern for your pharmacy benefit plan:

1. combating rising prices
2. providing coverage for high-cost medication entering market
3. patient experience and outcomes
4. continued lack of transparency
5. Other ( open field)

Q56. Would you consider purchasing pharmacy specific stop-loss for high-cost medications (e.g., gene therapy)?

1. Yes
2. No
3. Not sure

~~[If Q1= b (Anthem)]~~

~~Q579. Now that Anthem offers a comprehensive pharmacy benefit solutions through its PBM IngenioRx, how interested are you in potentially carving in your pharmacy spend and integrating with your current medical benefits solutions?~~

* 1. ~~We are carving in our plan in as a result~~
  2. ~~We are considering carving in our plan, but have not as of yet~~
  3. ~~We are not considering carving in our plan~~
  4. ~~Not sure~~

~~[If Q579~~ **~~does not equal~~** ~~a]~~

~~Q5961. How interested would you be in carving in your plan if Anthem guaranteed overall pharmacy trend?~~

~~a. We would strongly consider it~~

~~b. We would consider it~~

~~c. We would not consider carving in our PBM plan~~

~~[If Q579~~ **~~does not equal~~** ~~a]~~

~~Q602. How interested would you be in carving in your plan if Anthem charged a "carve out penalty/fee".~~

~~a. We would strongly consider it~~

~~b. We would consider it~~

~~c. We would not consider carving in our PBM plan~~

~~[If Q1= d (Cigna)]~~

~~Q613. Now that Cigna offers a comprehensive pharmacy benefit solutions through its PBM Express Scripts, how interested are you in potentially carving in your pharmacy spend and integrating with your current medical benefits solutions~~

1. ~~We are carving in our plan in as a result~~
2. ~~We are considering carving in our plan, but have not as of yet~~
3. ~~We are not considering carving in our plan~~
4. ~~Not sure~~

~~[If Q613~~ **~~does not equal~~** ~~a]~~

~~Q624. How interested would you be in carving in your plan if Cigna guaranteed overall pharmacy trend?~~

1. ~~We would strongly consider it~~
2. ~~We would consider it~~
3. ~~We would not consider carving in our PBM plan~~

~~[If Q612~~**~~does not equal~~** ~~a]~~

~~Q65. How interested would you be in carving in your plan if Cigna charged a "carve out penalty/fee".~~

* 1. ~~We would strongly consider it~~
  2. ~~We would consider it~~
  3. ~~We would not consider carving in our PBM plan~~

~~[If (Q1 does not equal Cigna or Anthem (does not equal d and b)]~~

~~Q66. If Anthem guaranteed overall pharmacy trend would you consider switching your PBM vendor.~~

1. ~~We would strongly consider it~~
2. ~~We would consider it~~

~~c. We would not consider switching to Anthem's PBM plan~~