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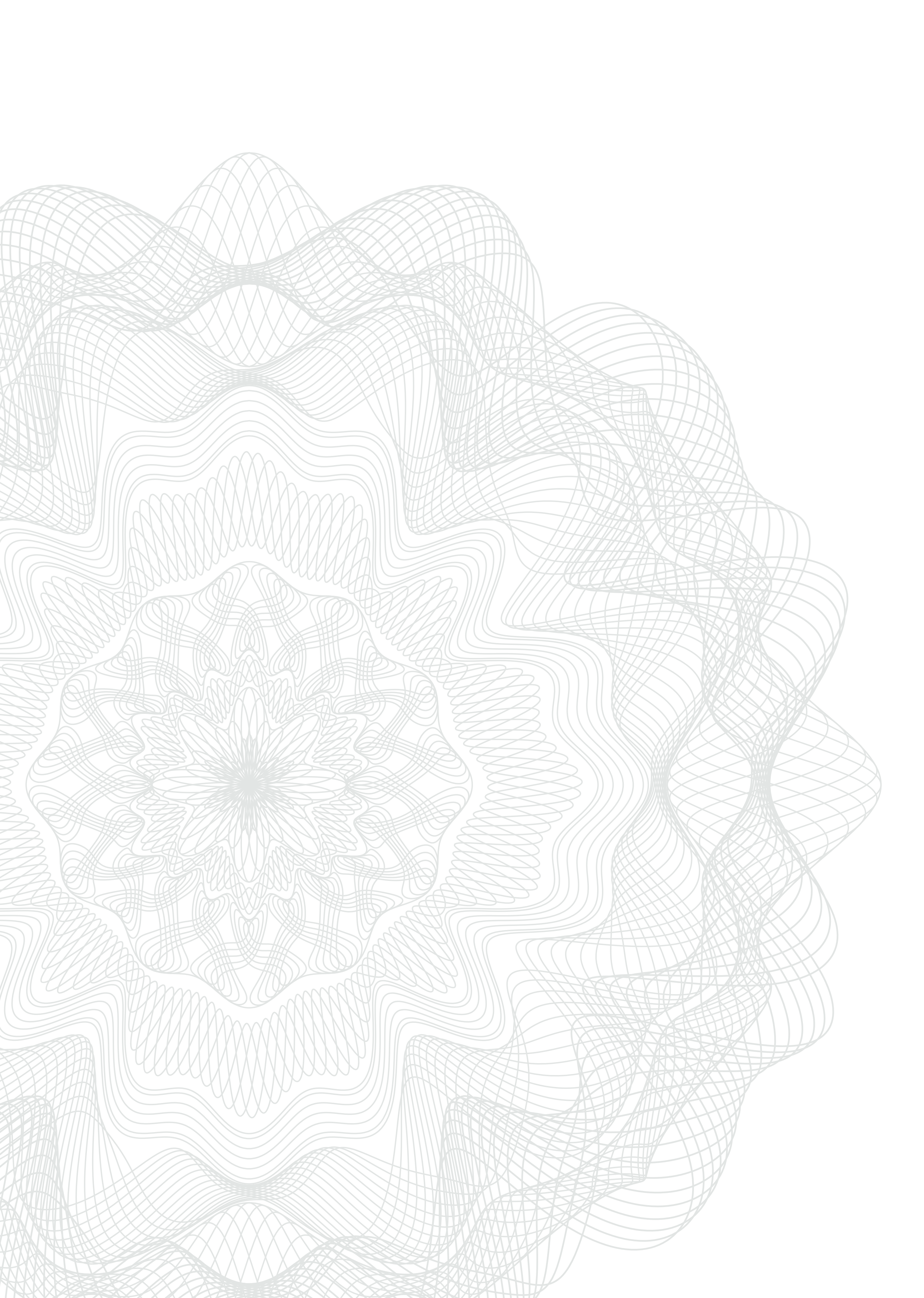
Looking Ahead 2020
CONSIDERATIONS FOR THE
EMPLOYEE BENEFITS LANDSCAPE



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# WHAT LIES AHEAD FOR EMPLOYEE BENEFITS IN 2020?

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**We anticipate that a hyper-competitive job market will remain the number one issue for companies of all sizes.** For mid-sized employers, their benefit packages must be equally competitive to achieve their strategic business goal: attract and retain talent to support ongoing business growth. However, as we head into a pivotal year, we must reflect on two equally important considerations that impact this business goal: what we *know* and what we *don't know*.

## The Impact of Economic Factors and Upcoming Elections

What we don't know is how economic factors and elections will play out in the coming year. Election results tend to have a lag effect that will impact a multiyear benefits strategy and we anticipate employers will spend time in 2020 creating "What if?" scenarios to evaluate their long-term plans. Our Woodruff Sawyer Senior Compliance Officer, Jennifer Chung, Esq., offers advice in her article, "Election Year 2020: What Might it Mean for Benefits?" to help you understand potential scenarios that may impact your strategy.

Fortunately, the category of what we do know is rich with opportunity to explore new strategies or refine those already in place for the 2020 plan year. This third annual *Employee Benefits Looking Ahead Guide* provides insights and identifies trends in key areas that are shaping the way we think about and structure employee benefit programs.

## Trends Shaping Benefit Offerings

A key theme throughout our *Looking Ahead Guide* is who is in your workforce now, and what they need to support their health, well-being, lifestyle, and dependents. You will find that not only are there distinctly different generations in the workforce, each has different needs and employer expectations. Now add technology solutions, medical advancement at a rapid pace, private equity investments focused on healthcare, price transparency and consumerism, and a cost trend that will continue to escalate unless well managed. This is a fluid and dynamic landscape with many options available to employers.

To complement our marketplace knowledge, we asked several healthcare insurance carriers we work with for their insights into the coming year. In many instances, they echoed market realities of rising costs, the need for improved access, and the value of new options that improve health while enhancing employee experience.

One issue that has devastating effects at home and the workplace is the growing national mental health crisis, and employers find themselves at the center of the issue as the number one provider of health care benefits. While mental health parity laws require coverage in most plans, availability of providers remains a challenge.

The advent of telehealth and point solutions, both addressed in this *Guide*, are viable ways to address this crisis, but employers, carriers, and providers alike must work together to increase adoption of these services by employees and their dependents.

## Navigating the Complexities

The goal of this *Looking Ahead Guide* is to provide you with pragmatic options you can implement today to achieve an optimized benefit plan that attracts and retains employees. As a national practice, Woodruff Sawyer's benefits experts help employers navigate the complexities of today's marketplace, an environment that will continue to be filled with certainties and uncertainties in the coming year.

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# ELECTION YEAR 2020:
# WHAT MIGHT IT MEAN FOR BENEFITS?

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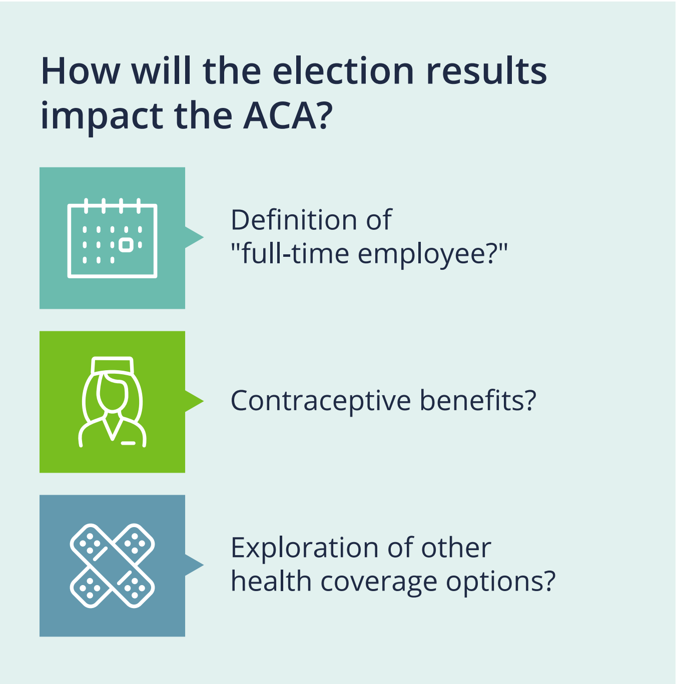
**We can expect the November 2020 elections to have a wide-sweeping impact on employers and employee benefits, especially with respect to budgets, plan offerings, and compliance with key legislation, though such impacts will take time to hit.** While the outcome of the election is uncertain, we can anticipate what each party will focus on in the coming year, understanding that if a third party gains traction, their policies will likely look similar to the expected policies outlined in the Republican and Democratic agendas.

## Republican Priorities: Reduce Burdens on Employers

The Republican Party (GOP) has historically focused on boosting the economy by reducing perceived financial and regulatory burdens on employers so they can grow and reinvest in their businesses.

The GOP will likely continue to chip away at certain regulations which they perceive might be too burdensome on employers, including the Affordable Care Act (ACA). For example, GOP senators introduced legislation to change the definition of "full-time employee" from the ACA's current 30 hours per week threshold to 40 hours per week. In addition, the President issued executive orders to ACA-governing agencies (e.g., HHS, DOL, IRS) to relax enforcement of the ACA regulations. The GOP also moved to ease the requirement of providing contraceptive benefits under the ACA. Note, however, that several agency actions have undergone scrutiny at the federal court level because agency actions cannot override provisions that have been written into law.




The courts are currently involved in a fight over the viability of the ACA. *In Texas vs. United States*, a district court judge ruled against the legality of the ACA because of the removal of the ACA's individual mandate tax. Previously, the US Supreme Court had ruled that the ACA was constitutional and within Congress's power to impose taxes. However, after the passage of the Tax Cuts and Jobs Act of 2017, which reduced the individual

mandate tax penalty to $0, a new challenge was brought to a district court in Texas, arguing that the ACA is unconstitutional. The judge agreed and ruled that if there is no individual mandate tax, then the ACA is no longer lawful because it is not an example of Congress using its legitimate power to impose taxes. The case was appealed to the Fifth Circuit Court of Appeals where oral arguments were heard. Regardless of the Fifth Circuit's ruling, there is a very high probability that the case will ultimately be appealed to the US Supreme Court for a final determination.

In 2020, we can expect similar GOP actions as they focus on continued reduction and elimination of perceived regulatory burdens.

## Democratic Priorities: Improve National Health Coverage

The Democratic Party continues to debate how to make healthcare affordable and accessible to everyone. The three approaches under consideration include: (1) fixing the ACA; (2) the Medicare Public Option; and (3) Medicare for All.

### Fixing the ACA

Rather than reinvent the wheel by repealing and replacing the ACA, Democrats are considering an approach to shore up portions of the ACA that are not working or need significant improvement.

When the White House and the GOP attempted to repeal the ACA in 2017, there were many vocal demonstrations from lawmakers' constituents who objected. Ironically, the ACA has grown in popularity among Republican voters since the law became effective in 2010. In particular, the ACA's protections for pre-existing conditions and allowing children under 26 to access to their parents' benefits are popular provisions of the law that the American public does not want repealed.

### The Medicare Public Option

The Medicare Public Option would give individuals the option of enrolling in a public insurance plan, such as Medicare, or staying on their employer's health plan. This Public Option first surfaced when the ACA was drafted and is now being resurrected as a compromise between the current healthcare system and a possible single-payer option, such as Medicare for All.

Debates continue about the basic mechanics of this option, including whether individuals and employers would be able to buy into

Medicare (a richer, gold-level plan), Medicaid (a base-level, less expensive plan), or a completely new government-run public plan.

### What the Carriers Say

**The carriers we surveyed agree about the impact of 2020 election results on employee benefits policy:**

- Uncertainty Exists
- Changes Will Occur But Slowly
- "Nothing is fast, even if Democrats win"

### Medicare for All (the Single-Payer Option)

Medicare for All represents the most dramatic change. Under Medicare for All, the current healthcare system would convert to a single-payer system, making the government plan the sole payer of insurance claims. In order for a single payer (government-pays-all) system to succeed, it would be essential to eliminate duplicate coverage, including employer-sponsored health plans.

Health coverage would be mandatory and every citizen would pay into this health plan system through payroll or other taxes rather than through insurance premiums. Doctors and healthcare providers would receive payments from the government's insurance plan for services rendered but would not be employees of the government. This approach is similar to the universal healthcare funding systems that exist in Canada, the UK, and most European nations.

Democratic candidates will continue to focus on healthcare as a cornerstone of their election platform, but the most viable healthcare approach has yet to be determined.

## Current Legislation with Bipartisan Support

Regardless of who wins the White House in 2020, several pieces of healthcare-related legislation have momentum and bipartisan support in Congress, increasing the likelihood of passage which will benefit employers and employees alike.

### Price Transparency

Both parties have pushed to provide increased transparency for healthcare-related products and services. Recently, the House passed legislation requiring drug manufacturers to disclose the price of the drug during television ads. The Senate's legislation has made its way through a unanimous committee vote, but skepticism remains about whether a bill with just disclosure provisions would actually reduce drug prices for consumers.

Woodruff Sawyer's Dan Hodges, Senior Vice President in Employee Benefits, continues to monitor price transparency regulation and available tools, providing insights in his article, "Price Transparency: The Consumer's Role in Lowering Healthcare Costs," included in this publication.

### Air Ambulance Balance Billing Protection

Rates charged by private air ambulance companies are high, being four to nine times more than what Medicare will pay. Public outcry has ensued, drawing the attention of lawmakers to put limits on excessive charges and protect patients who are not in the best position to negotiate rates as they are being airlifted to the nearest hospital.

Most air ambulance companies are not within an insurance network. After the insurance company pays its share, patients are responsible for the remaining balance that frequently ranges in the tens of thousands of dollars. As a result, Congress developed broad legislation to regulate surprise out-of-network billing, including a provision of a broader bill to eliminate surprise balance billing for medical helicopter transport services. Bipartisan support has helped increase momentum to pass this bill.

> There is bipartisan legislation currently being considered that will benefit employers and employees alike.

## Election Results Aside, Be Competitive in 2020

We can only speculate on the final outcome of the 2020 elections. No matter which party is victorious, there will undoubtedly be enormous changes that affect our country's economic and employment landscape.

What won't change? The need for employers to offer competitive benefits that attract and retain employees to grow your business. Matching your business objectives with your benefits portfolio is where you'll need insightful and experienced professionals who help you navigate uncertainty. A good benefits broker can help you anticipate potential changes and make course corrections that help you stay competitive, compliant, and cost-effective.

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*Texas V. United States, 2018*

*Tax Policy Center, "How did the Tax Cuts and Jobs Act change personal taxes?" taxpolicycenter.org*

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# ARE POINT SOLUTIONS A CURE-ALL?

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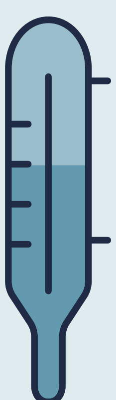
**According to the Centers for Disease Control (CDC), over 60% of Americans have at least one chronic disease and 40% have two or more diseases.** Heart disease and diabetes are two of the heavy hitters that contribute to our nation's $3.5 trillion health care bill, with diabetes alone accounting for 20% of the total expenditures.

Traditionally, a diabetic patient would see their primary care physician, who would refer the patient to several specialists, including endocrinologists, nephrologists, dieticians, and other practitioners, hoping that the patient could navigate this complex web of "integrated" care. The result is less-than-optimal care and increased costs to the employer as they must pay for multiple services that are disjointed.

## The Rise of Point Solutions

Point solutions solve this issue by centralizing care for a specific issue like diabetes, heart disease, infertility, and other common or chronic conditions. Medical professionals and entrepreneurs have teamed up to offer services that focus on a single health issue, improving health and reducing costs. In addition to improved care, profit is also a motive, as these businesses are typically funded by venture capitalists who seek two things: tried-and-true solutions and a ten-time return on investment.

**Point solutions aim to improve care and lower costs associated with specific conditions like diabetes**



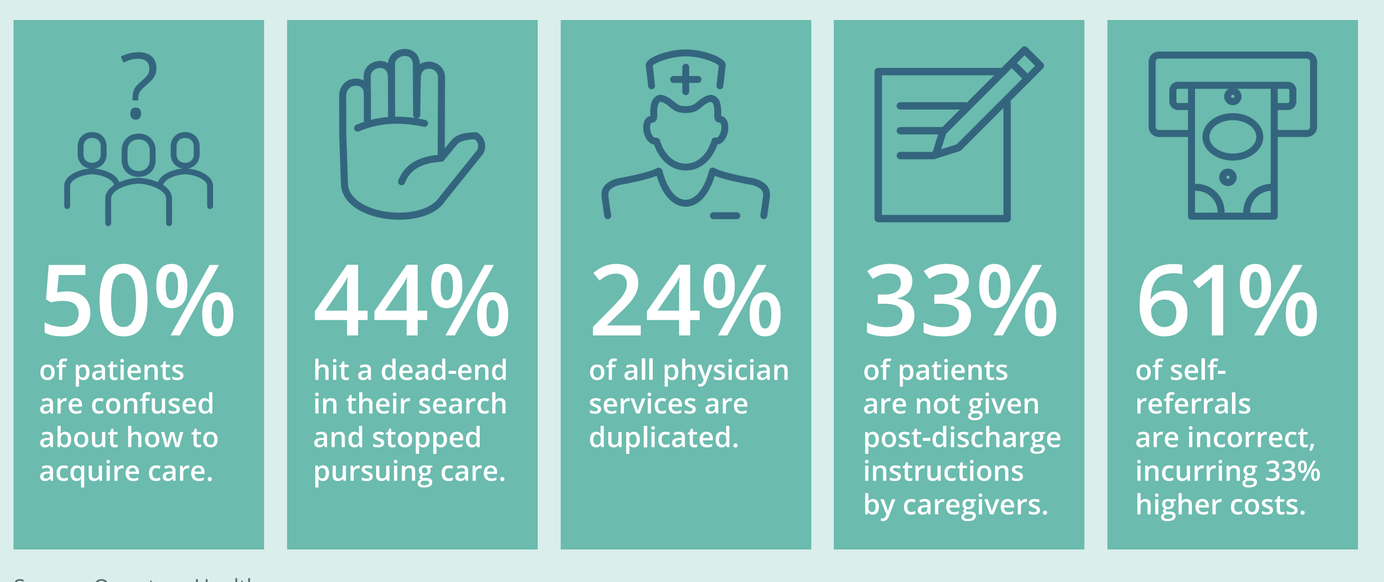
40% of Americans have 2 or more chronic diseases

Over 60% of Americans have at least 1 chronic disease

Diabetes alone accounts for 20% of the US' $3.5 trillion in healthcare expenditures

Because of the widespread nature of chronic diseases, need for focused management, and profit potential, we will see continual expansion of point solutions. However, less profitable and emerging issues that address a smaller segment of society, like minorities, the elderly, or those with rare diseases, are less likely to be offered point solutions.

Employers tend to spend the most on diabetic care, heart disease, and reproductive issues. Investing in these point solutions may reduce health care spend, but there may be side effects. Will it increase employers' administrative burden? Will employees use these services and meet the expectations of employers and investors while improving their health?




## Are Point Solutions Successful?

Point solutions have been criticized for focusing on a single issue (like diabetes) instead of integrated care (all health issues). But they are proving to be successful at solving core health issues like diabetic care, weight loss, fertility issues, and access to quality care.

Here are just a few of the point solutions on the market for issues that require special care:

- **Livongo** is a diabetic care point solution. Their technology monitors the patient's blood glucose readings, advising them of the next steps and alerting health care providers of abnormal readings. Livongo's results have been impressive, having reduced the average HbA1c reading by over 1.7 points. This service directly impacts employers' costs since diabetes-related illnesses can cost over $13,000 annually per employee. Serving over 5.3 million beneficiaries, Livongo helped large employer Iron Mountain reduce inpatient admissions by 59%, and reduced overall employer health care spend by 5.8% for two additional Fortune 50 firms.
- **Best Doctors** tackles the problem of misdiagnosis of highly complex, critical, costly cases, which result in over 250,000 misdiagnoses and up to $1 trillion in

additional costs annually. The Best Doctors solution provides a second medical opinion based on data analytics and a highly personal methodology, using a global network of top clinical talent. Their results have been impressive, with 42% of cases resulting in a change of diagnosis, with an average savings of $36,000 per case.

- **Ovia Health** has helped over 13 million people navigate comprehensive maternity and family benefits. Their research indicates that over one third of people leave their job after giving birth, which can be detrimental to both the family and the employer. Ovia offers a return-to-work program to support new parents and has reduced preterm births by over 30% from the national average.

When fully utilized, point solutions have proven benefits and outcomes for both employees and employers. But the problem lies in getting these tools in the hands of employees without overburdening the employer.

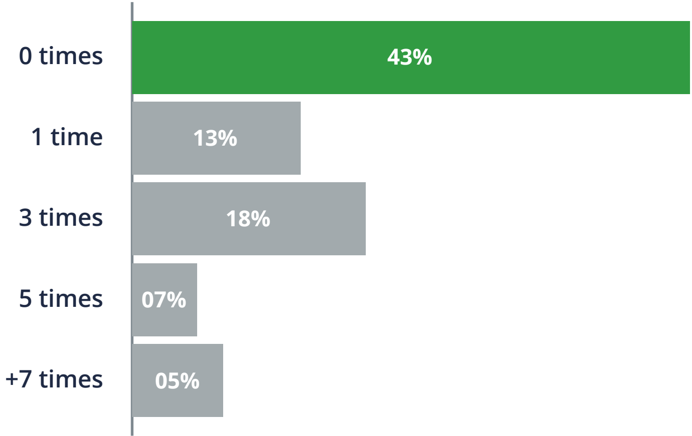
## The Employer Dilemma

Point Solution providers need to meet their investors' desire for a ten-time return while providing great value to their clients. That's why employers are interested in these specific solutions as an answer to managing their benefits costs.

Administrative burden is the first issue employers face when attempting to adopt point solutions. A survey by Castlight Health indicated that large employers have 14 unique solutions in their benefits portfolio, which can be an administrative nightmare for a benefits department. The proliferation of individual point solutions has led companies to offer ways to manage all applications within a single platform, but benefit administrators will still need to manage the data within each provider solution and the costs that go with it. If used correctly, these multi-application platforms claim to increase utilization between 25% to 100%.

### Employee Point Solutions Are Going Unused

Number of times an employee says they used a healthcare resource within a year




Source: NCHS, National Health Interview Survey, 2017

The second issue is getting employees to use point solutions. A study by Accolade showed that 43% of employees never use these benefit apps, with 13% of employees using a health resource only once. To improve effectiveness, employers and their benefits managers must spend significant time training, educating, and providing convenient access (whether web-based or mobile) for employees to remember and use point solutions.

**Our carrier survey echoed this sentiment. While tools are available to assist employees in navigating the healthcare system, one respondent commented, "What's not clear is how to get the engagement necessary for the solution to be viable and how they can all work together."**

Using point solutions to manage chronic issues is beneficial to the employee, as is management after diagnosis. It is imperative for employers to not only educate, but increase their own awareness (within limitations) of any ongoing assistance employees and their families may need.

## Implementing Point Solutions in Your Benefits Portfolio

Your employees' health is critical to your productivity, bottom line, and competitive edge. As the US health crisis continues to escalate, it's vital to incorporate new options that improve access to quality care while still controlling your spending. Point solutions are proving to be a successful and cost-effective solution to include in a benefits portfolio. But how do you know which offerings are best suited to your organization?

**Point solutions offer “wellness with tangible, proven ROI and transparency in quality.”**

**- Carrier survey respondent**

Choosing the right point solution is where your trusted broker’s expertise comes into play. They can help explore ways to optimize your spending and control administrative overhead, while engaging employees for the long term.

*National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), "Chronic Diseases in America," cdc.gov*

*Accolade, "Partner Ecosystem," accolade.com*

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# THE BEST BENEFITS FOR YOUR MULTI-GENERATIONAL WORKFORCE

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**For the first time in history, employers must deal with up to five generations of employees comprising their workforce.** What motivates each generation? How do they communicate? How do you create a collaborative environment and reward them appropriately for their work? The answers are different for each generation.

Once you understand your employee demographic, you'll need a diverse program of offerings available in print, online, and via mobile to meet their preferences. Meeting the needs of people from 18 to 78 isn't easy, but will keep you competitive in today's market. In this article, we'll break down the generations and what they need and expect from their benefits offerings.

## The Silent Generation, Traditionalists, Born Before 1946: Reward Hard Work

Comprising only 2% of the workforce, these die-hards still want to contribute to a worthy cause. In their 70s or older, they probably get their health care benefits through Medicare, but you'll still need to have a welcoming culture for them to participate. If not already retired, they probably appreciate a paycheck. Monetary rewards for hard work will go a long way for these traditionalists.

### Key Benefits for the Silent Generation:

Paycheck and corporate inclusion

## Baby Boomers, 1946–1964: High Costs and Gaps in Care

As Baby Boomers age, their health care costs skyrocket. Large claimants are not unusual as joint replacements, organ failures, or other conditions become more prevalent. These conditions may require surgical intervention and expensive treatments, with an increased need for both more types and more expensive medications. Employers should focus on identifying gaps in care and where value-based care options can provide care at a cost-effective price.

Boomers are the most experienced employees, having survived multiple economic recessions, technology advances, and cycles of business expansion and collapse. They have a wealth of expertise that results in higher salaries and benefit costs. Employers benefit from their business expertise, but retirement is front of mind for these workers, so retirement planning

tools are a sought-after benefit. Attuned to receiving monetary rewards, a great salary, full medical, dental, and vision coverage, and 401(k) contributions are sought-after benefits.

**Key Benefits for Boomers:**

Healthcare cost control, salaries, and retirement planning

## Generation X, 1965–1976: Independence and Individuality

Vastly different from their Boomer predecessors, Gen Xers value autonomy, technology, and individualism. Differences exist, but as a group, they want to do their own thing without being micromanaged. Communication and collaboration are key to ensure employers can harness their intelligent, unstructured approach to life.

From a benefits perspective, they want what most people want: good pay, retirement benefits, and recognition. Make sure you compliment your Gen Xer and provide a great salary and 401(k), and you'll keep them on staff. A generous PTO program will give them the time off they need to pursue their highly individualized hobbies.

Xers may not have manifested serious health conditions, which should help keep your healthcare costs in check. As they age, keep an eye on claims to see what events, surgeries, conditions, or prescriptions are increasing your costs. The most important challenge will be continued engagement, so keep the lines of communication open and include them in your company's media channels.

**Key Benefits for Gen X:**

Healthcare cost outliers, communication, independence, monetary rewards

## Millennials: 1977–1997: Technology, Mental Health, and Debt

Millennials are the biggest segment (35%) of today's workforce, believing they are destined to succeed. While their approach is different than those of Boomers, who believed hard work would get them to the top, Millennials want success on their own strategic terms. With both Millennials and Gen Xers believing they'll reach the top of the corporate ladder

in the next decade, they'll soon realize that there might not be room for everyone with two generations still at the top, as people continue deferring retirement.

Millennials are technology-driven, so your benefits need to be accessible via mobile applications and highly tailored to their individual expectations. Health insurance and 401(k) programs are highly sought after, as are convenience benefits that support their lifestyle needs. Millennials are also today's new parents who desire workplace flexibility, so the ability to work from home and childcare assistance are valuable.

Mental health programs should be expanded and communicated, as a recent Harvard study indicated that over 60% of Millennials and 75% of Gen Xers have had to leave job for stress-related mental health issues. Employers should embrace mental health awareness and programs for not only these two generations, but for everyone in the workforce.

According to a Pew Research study, 54% of student loan debt, or about $750 million, is held by people aged 18 to 44, leaving Millennials with the biggest need for student loan payoff assistance. Employers who offer student loan payoff or forgiveness plans are sure to be an attractor for this generation.

**The overall consensus by carriers we surveyed is that Millennials want programs that are tailored to their individual needs and lifestyles, and benefit plans must continue to evolve to meet this generation's changing needs.**

### Key Benefits for Millennials:

Traditional benefits, mental health programs; workplace flexibility, student loan assistance

## Gen Z, After 1997: The New Digital Workforce in Need of Support

Median student loan debt for a bachelor's degree is nearly $25,000, so your newly graduated Gen Z employees will need financial assistance. Student loan payoff programs are not only helpful, but encourage them to stay within your organization. Health insurance premiums for this group are low and wellness programs will help them create positive long-term habits.

Gen Z doesn't know what life without technology is like and probably has had a smartphone since elementary school. Communication is vital, but is done electronically. Employers must have advanced technology for this age group and promote collaboration and teamwork.

As an employer, this age group will still desire health insurance, but you may see a rise in your vision insurance utilization. Because of the expanded use of small, digital devices, there is an explosion of vision-related issues for this age group, with eye doctors recommending limits on screen time to avoid eye strain.

Traditional benefits, retirement planning, and student loan debt are all programs that benefit this age group. You'll also spend extra time explaining these programs if the Gen Zer is new to the workforce.

### Key Benefits for Gen Z:

Traditional benefits, vision insurance, communication and mentoring, student loan assistance

## Meeting Generational Needs Takes Skilled Administration

Employers are challenged to develop benefit programs that meet the needs of almost-teenagers to nearly retired seniors. Traditional benefit programs like health insurance are still required, with mental health program expansion for Millennials and Gen Xers. Financial planning and assistance, from student loan payoff to retirement planning, are also valuable benefits.

The most challenging aspect of these benefit programs may be administration, as employers must comply with a myriad of regulations for payroll, health benefits, retirement planning, tax savings programs, and student loan assistance, while still keeping them compliant and cost-effective.

An experienced broker can help you align your business goals and benefit strategy, support your benefits administration team, and help you meet the ongoing challenge of meeting the diverse needs of your multi-generational workforce.

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*Fry, Richard, "Millennials are the largest generation in the US labor force," Pew Research Center, pewresearch.org, 2018*

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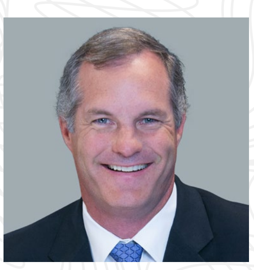
PRICE TRANSPARENCY:

# THE CONSUMERS' ROLE IN LOWERING HEALTH CARE COSTS



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**As consumers take on more responsibility for health care costs, they are holding institutions accountable for the prices they charge.** As a result, the era of wildly fluctuating prices and the belief that high cost buys high quality may be coming to an end. Market pressures are now challenging healthcare organizations to not just lower their costs but to reveal what they charge.

As employers and carriers ask employees to pay higher costs, consumers are responding with a single question: How can I control my health care costs if I don't know what I am paying? The answer lies in price transparency, a growing trend for institutions to publish their actual costs and provide consumers with tools to make cost-effective healthcare decisions.

### What's Driving Price Transparency in Healthcare:

Employers are asking employees to pay higher healthcare costs

To control their own costs, employees need to know what they're paying

Federal regulators are working on associated legislation that will impact employers' plan designs

Price transparency is being driven by federal legislation, and regulations will impact your plan design. Price transparency tools have also significantly influenced increased investment in healthcare startups.

## Will Federal Legislation Improve Price Transparency?

In June 2019, the White House issued an Executive Order for specific price transparency programs to be put in place that allow consumers to understand the cost and quality of the health care services they purchase. The Order cited the need for clear differentiation between a hospital's list price and the final negotiated price paid by insurers by disclosing actual costs for common, "shoppable" services, meaning services for which you can identify the provider offering the lowest prices. The Health and Human Services (HHS) department was instructed to design specific programs to implement the Executive Order.

### The Urge for Broader Transparency

The American Hospital Association (AHA), Blue Cross and Blue Shield, and American Hospital Insurance Plans (AHIP) have encouraged HHS to work more closely with health care plans, providers, and patients to lower the entire spectrum of health care costs, not just those charged by hospitals.

They cite a concern that hospital prices for shoppable services may actually increase once prices are published, potentially resulting in higher costs for consumers.

In addition, the hospital sector has seen a tremendous consolidation in recent years as major players purchase smaller hospitals and physician practices. It is estimated that 70% of hospitals lack effective competition due to this consolidation. Therefore, if a hospital does publish a price list, it may be of little value if few local alternatives exist for consumers.

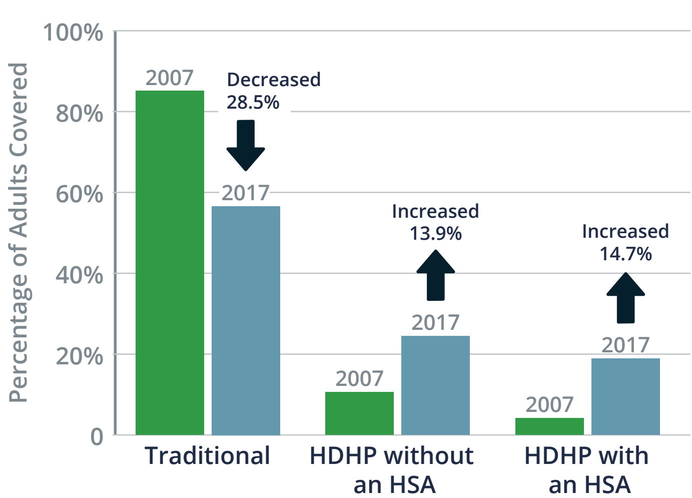
### True Transparency Lies in the Details

There is no mandate that clarifies what a hospital must include in its shoppable service price list. Consumers may not be able to compare shoppable services without knowing the entire menu of procedures, medications, and care activities that are part of a procedure. A consumer may see the listed price for "knee surgery" but may not know that an MRI, anesthesiologist, nurses, and pain medication must also be included for true price transparency. Some hospitals, like the Mayo Clinic, do publish a price estimation tool that allows patients to understand potential costs, and other hospitals are certain to follow suit.

## Plan Design Impact: HDHP and HSA are Poised to Expand

As employees become more financially responsible for healthcare, they are asking for plans and tools that provide effective management of those costs. Employers benefit by offering High Deductible Health Plans (HDHP) that are often paired with a Health Savings Account (HSA). Enrollment in these plans, which give employees greater empowerment in managing their care and the associated costs, has increased markedly since 2007 as enrollment in traditional plans continues to fall.

### Consumers are Increasingly Choosing High Deductible Plans, Many Paired with Health Savings Accounts




Source: NCHS, National Health Interview Survey, 2017

The Executive Order of June 2019* seeks to expand the availability and use of HDHP-HSA plans by:

### 1. Expanding availability of HDHP-HSAs for chronic conditions.

Unfortunately, people with chronic conditions often have high medical expenses and cannot pay their HDHP's (up to) $6,900 deductible, leaving them in a high-risk situation. The Executive Order would fill this gap by using low-cost or value-based services to help those at risk.

### 2. Increasing the carryover amount of Flexible Spending Accounts (FSA).

The Order recommends increasing the current annual carryover cap of $500.

### 3. Expanding HSA qualifying expenses.

Traditionally, only qualified medical expenses were allowable. Direct Primary Care (subscription-based physician services) and medical sharing ministries' share payments (similar to insurance premiums for religious organizations) are now under consideration to be paid through HSAs.

HHS must follow a process of issuing proposed plans and allowing for public comments before these changes can go into effect. These programs signal a significant departure from traditional plans and a move toward consumer-managed health care costs. As HDHP-HSA combination plans become more prevalent, it is vital for employers to educate employees on their use.

## StartUp Investments: Spending Millions to Lower Costs

According to Startup Health's Insights Q3 2019 report, over $10.4 billion was invested in healthcare startups, primarily in health innovations, patient empowerment tools, and health care services. Price transparency tools have been a significant part of this investment and include:

- **Best in Class Care:** An intelligent, tele-medicine online marketplace that enables direct contracting and dynamic, bundled pricing with a curated network of local, regional, and global providers.

> Technology investments continue to change the face of the healthcare industry by offering price transparency and financial assistance, allowing consumers to make better, cost-effective health care decisions for themselves and their families.

- **HealthAdvocate:** Helping individuals and their families make the right medical decisions and navigate complex health care issues, while empowering them to take charge of their total health and wellness.
- **GoodRX:** This free app and website tracks prescription drug prices and offers drug coupons in the United States. GoodRx checks more than 75,000 pharmacies in the United States and claims over four million website visitors per month.

## The Employer's Role in Price Transparency

Many national carriers offer resources to help choose providers that are in network, highly rated, and provide great value. The carriers we spoke to indicated that employers are now tasked with not just informing employees, but incentivizing them to use available tools. FEDEX recently implemented a program requiring employees to complete a surgery decision support program or incur a $1,000 penalty. FEDEX estimates it will spend $2.1 billion on health care costs in 2020, and their efforts are aimed at ramping up employee responsibility.

Hospital prices, online reviews, and apps aren't the only price transparency tools. By working with your broker, you'll find innovative solutions to lower costs and improve transparency. In a recent instance, Woodruff Sawyer worked with a client to arrange an international surgery for the patient and their family at less than half the cost of the same, high-quality, US procedure. The surgery resulted in a positive outcome for the patient.

**The carriers we spoke to indicated that employers are now tasked with not just informing employees, but incentivizing them to use available tools.**

Price transparency will continue to make headlines. Employers will benefit by having the tools and the expertise to know which programs are best for their employees and bottom line.

**Keith, Katie, "Unpacking The Executive Order On Health Care Price Transparency And Quality," Health Affairs, healthaffairs.org, 2019*

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# NOT JUST FOR SILICON VALLEY ANYMORE

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**Parents, extended family, and caretakers are all part of your employee demographic.** The Bureau of Labor Statistics (BLS) reports that 63% of all married couples are dual-wage earners and 97% have at least one working parent. But as the concept of "family" expands beyond the marital unit, so will employers' need to recognize and offer diverse family-friendly benefits. Employers realize the importance of such benefits and are implementing creative programs that attract and retain staff members while having a positive impact on the bottom line.

## Workplace Flexibility for Happier, More Productive Employees

Time is the most precious commodity for an employee who has a family. Childcare, education, after-school activities, eldercare, and other responsibilities can overwhelm even the most dedicated employee. Employers can help alleviate this pressure for their family-centered employees with accommodations like workplace flexibility.

The Sloan Center on Aging and Work at Boston College defined workplace flexibility as follows:

> ***Flexibility is about an employee and an employer making changes to when, where, and how a person will work to better meet individual and business needs. Flexibility enables both individual and business needs to be met through making changes to the time (when), location (where), and manner (how) in which an employee works. Flexibility should be mutually beneficial to both the employer and employee and result in superior outcomes.***

Flexibility solutions are as diverse as employers. The Sloan Center on Aging identified four types of workplace flexibility that include: a) formal or informal flexible schedules; b) reduced hours; c) work location options; and d) the Results Only Work Environment (ROWE).

> Four types of workplace flexibility:
>
> - Formal or informal flexible schedules
> - Reduced hours
> - Work location options
> - Results Only Work Environment (ROWE)

Telecommuting is on the rise, including employees who work from home or a coworking space. These workers save money for themselves and their employer, reduce their commute time, and increase productivity. Some employers fear that it is more difficult to manage remote workers or collaborate with onsite teams but video, chat, and messaging tools help overcome those barriers.

In a survey by Great Places to Work, 49% of the best employers offer telecommuting, while only 27% of their peer companies offered this option.

With ROWE, employers focus on results achieved, not hours worked. ROWE requires a major cultural shift that relies on trust between co-workers and managerial acceptance, but it can lead to significant productivity and retention improvements.

**49%**

**of the best employers offer telecommuting, while *only 27%* of their peer companies offered this option.**

Source: Great Places to Work Survey, 2016

If your culture isn't ROWE-ready, try offering schedules that include flexible start and end times or compressed work weeks to alleviate time pressures for staff members. Reduced-hour programs that include part-time positions, phased retirement, or job sharing might also be viable.

Flexibility is a benefit that is both desired and used by employees, while employers benefit from increased retention and productivity.

## Family-Building Benefits Decrease Stress, Generate Loyalty

The annual IVF cycle volume in the US grew 70% from 2005 to 2015 according to FertilityIQ, with 2020 treatment cycles volumes expected to triple since the last economic downturn in 2008. It's no wonder that infertility treatment benefits are becoming an increasingly popular benefit. Employers across all industries and regions are now offering fertility treatment benefits, with 23% increasing their benefit for the coming plan year.

### Infertility Treatment Coverage Has Positive Impact on Employee Attitudes

**73%** feel more grateful

**61%** are more loyal

**54%** stay longer at their job

Source: FertilityIQ, 2018

Additionally, in an effort to be inclusive of their employees' different needs, employers are also including egg freezing, surrogacy, and adoption into their offerings.

It's not uncommon for people who are dealing with infertility to experience depression and anxiety as they struggle to create a family. With employer-sponsored resources that include financial assistance as well as education and emotional support, you can help decrease your employees' stress and improve their productivity and loyalty.

## Family Leave is on the Rise

Family leave is at the core of family-friendly benefits. Even if employees are highly engaged, they still want to spend time with their family and studies show it is good for both parents and children alike. SHRM noted that paid maternity leave is the highest growing paid leave, with over 35% of firms offering it as a benefit. However, paid paternity and adoption leave are a close second, with 29% and 28% respectively. And leaves for fostering children and surrogacy are also on the rise.

While paid parental leave is one of the easiest ways a company can differentiate itself by showing family support, there are still a large number of employers who don't offer it. However, we are seeing a change on the political front with more state and local governments enacting leaves. To date, nine states in the US have enacted some form of parental leave law that are currently paying benefits or have effective dates in the next couple of years. There are additional states that have legislation proposed.

## Other Family-Friendly Benefits

Family-friendly benefits aren't new, but the variety and the way employers are approaching them has changed. These benefits are no longer just for the tech giants of Silicon Valley; employers of all sizes are offering them as a result of a competitive marketplace.

Examples of other family-friendly benefits include:

- **Backup childcare:** Employers can now offer emergency childcare services to employees when there is an immediate need, providing childcare by proven and reliable child caretakers.

- **Breast milk shipping service:** A breast milk shipping service allows parents to nurse on the road, send the milk back home, and still keep their work commitments.
- **Voluntary Long Term Care (LTC):** LTC benefits help protect family income and financial plans, as well as help preserve family relationships. These benefits can be offered as a discounted rate structure with fewer health questions than an individual plan. Benefits can also be extended to the broader family such as parents.
- **Employer Paid or Voluntary Legal plans:** Many families put off estate planning because they feel they don't need it at a young age or it is simply too cost-prohibitive. Employer paid legal plans are an effective way to help your employees with estate planning (such as wills, living trusts, and establishing guardianship for minor children), in addition to other legal support.
- **Family-Friendly Discounts:** To support family bonding, many employers will offer discount programs on items such as movies, theme parks, and sporting events.

For any of these family-friendly benefits to work, employers must promote a culture that values work-life balance, or employees may fear negative perceptions by their co-workers. That is why employers of all sizes, including mid-sized firms, are now offering benefits and benefiting from a productive and loyal workforce.

Working with a broker who understands your employee demographic profile, business goals, and evolving needs will help you design a program that attracts and retains employees at any age. Family-friendly benefits are an essential part of your benefit program, no matter what part of the country you reside in.

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*Bureau of Labor Statistics, "Employment in families with children in 2016," bls.gov, 2017*

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# GETTING AHEAD OF THE MENTAL HEALTH CRISIS

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**The US is experiencing a mental health crisis.** According to a study co-sponsored by the National Council for Behavioral Health, over half of Americans have sought or wanted to seek help for mental health issues, ranging from anxiety and depression to substance abuse and suicidal thoughts. In the midst of a personal crisis, people are expected to navigate a complex healthcare system, understand their benefits, and afford high out-of-pocket costs for the limited number of qualified and available providers.

The Mental Health Parity and Addiction Equity Act (MHPAEA) ensures coverage for mental health care, including addiction and behavioral, emotional, and severe mental illness. Despite the expanded mental health care offerings made available by employers, employees rarely seek treatment and continue to live with mild to severe symptoms that affect their health and the workplace. What can employers do to help employees get the care they need?

## Five Persistent Mental Health Barriers

Anxiety and depression are the two primary reasons that people seek assistance. According to the American Psychological Association, anxiety is "very treatable" with psychotherapy and other approaches, with patients noticing a difference within a few sessions. Despite the advantages of treatment for the spectrum of mental health issues, there are significant barriers that prevent people from accessing care.

## Time

Employees may not have the time to take off work and travel to a therapist's office while still juggling work and family commitments. The complexity increases for children's, couple's, or family therapy when more than one person must be present. Unfortunately, nearly 40% of Amercians must wait longer than one week to get an appointment, even in emergent situations.

## Cost

According to a survey of rates by Thervo and Betterhelp telehealth providers, the average hourly rate for a qualified therapist ranges from $50–$250 per hour or higher in metropolitan areas. To compound the problem, only 55% of psychiatrists and psychologists take private insurance. Even fewer taking Medicare reimbursements, often leaving the patient to pay for the majority of treatment costs, according to a report to Congress by the Substance Abuse and Mental Health Services Administration.

An increasing number of employers offer a High Deductible Health Plan (HDHP) paired with a Health Savings Account (HSA). For 2020, the maximum out-of-pocket expense is $13,800 for families, but is higher for out-of-network expenses. First-cost depression symptoms may be covered under mental health benefits, but other services may not be covered. Most employees cannot afford out-of-pocket treatment expenses, making cost the #1 barrier, especially for low-income individuals who are often most in need.

## Few Providers

The need for mental health services is growing, but the anticipated number of psychiatrists, psychologists, and addiction specialists is declining rapidly, creating a shortage of qualified professionals by the year 2030, according to reports by the Health Resources and Services Administration (HRSA). Two-thirds of primary care physicians report that they currently have difficulty referring patients to qualified mental health providers. Employees also have a hard time finding a respected, highly rated doctor who is available, within their provider network, and affordable.

### Restricted Access to Care

Rural areas have the most severe shortage of qualified providers. About 55% of US counties, all rural, have no practicing psychiatrists, psychologists, or social workers. Even in metropolitan areas, it can be difficult to get an appointment or travel to the practitioner's location.

### Stigma

Older employees will often avoid speaking of mental health treatment, but Millennials and younger adults are statistically more open to seeking care options. Regardless of the age group, studies indicate that employees don't want their employers to know about their mental health treatments for fear of workplace retribution or lack of career advancement. Cultural and societal issues often prevent employees from seeking the care they need.

## Ways to Hack Mental Health Barriers

Employers frequently offer an Employee Assistance Plan (EAP) which provides three sessions but no long-term support. Now, employers can offer cost-effective solutions that can identify mental health issues, limit out-of-pocket expenses, and increase access to qualified providers.

### Mental Health First Aid

Mental health issues occur at home and on the job. It is important for employers to understand how to handle a crisis in the workplace, whether it is a result of workplace stress, anxiety or panic attacks, or more severe symptoms.

With the hope of making Mental Health First Aid (MHFA) as commonplace as CPR, this eight-hour training helps participants understand and assist those in need of mental health support in the workplace, at home, or in social interactions. These programs are typically offered by instructors from behavioral health, law enforcement, or state agency organizations in your local area. Employers can benefit by sending key employees to a course to get in-depth knowledge and then share it across the organization.

The goal of the program is to help participants become more familiar with mental health issues and to know how to assist others. The program uses the ALGEE five-step action plan to identify and provide support during emergent mental health situations.

The ALGEE Mental Health Crisis Action Plan:

**Assess** for risk of suicide or harm

**Listen** non-judgmentally

**Give** reassurance and information

**Encourage** appropriate professional help

**Encourage** self-help and other support strategies

Knowing how to be a mental health first responder can help your employees get both the immediate and long-term help they need. Contact MentalHealthFirstAid.org for more information and training in your area.

## Telehealth Solutions Can Improve Access to Care

Technology is overcoming persistent barriers by giving access to qualified providers via video, phone, chat, or messaging. These tools allow for private, HIPAA-compliant conversations, often on a 24/7 basis, via computer or phone app. Telehealth solutions include primary medical care, but a growing number have a specific focus on mental health treatment. Programs are designed for both employers and individuals, overcoming time, provider, access, or stigma issues associated with using in-person mental health providers. Depending on the benefit plan, these services may be paid for or offered at a reduced cost to the employee. It is most important to increase adoption, in order for them to be successful, so consider your options carefully.

- **Teledoc, MDLive:** These services provide experienced doctors for medical, mental health, or dermatology needs. Professionals include MDs, dermatologists, psychiatrists, and psychologists with years of experience.
- **Spring Health and TalkSpace:** Specifically focused on mental health, these companies start with an intake questionnaire and then use intelligent automation to match the individual with several providers to choose from for online appointments.

- **Maven Clinic:** Maven offers a full suite of family benefits that support women and families in the workforce, while helping companies reduce birth-related costs, including postpartum depression, and retain talent.
- **Ginger.io and Sanvello (formerly Pacifica):** On-demand access to behavioral health coaching, video therapy and psychiatry, with self-guided content.
- **Levelhead:** This service offers mindfulness training through a series of self-directed micro-lessons that employees can fit into daily activities. It includes an employer platform to administer the program and measures progress at the individual, group, and organizational level.

Similar telehealth solutions are available to individuals even if they are not offered by employers. Betterhelp is the world's largest counseling service, serving over 700,000 people, with counseling costs ranging from $40 to $70 per week including unlimited access to a counselor. Thervo is a similar platform, using intake forms to match individuals with potential providers for online treatment.

**Tech-based solutions are helping to overcome barriers to treatment**

- 24/7 availability
- Access via computer or phone app
- HIPAA-compliant

## Employers Play a Critical Role in Alleviating the National Crisis

Employers' benefit portfolios are key to improving access to care. Employees want their employers to offer mental health benefits that go beyond the minimum requirements of the MHPAEA, but also need to have the time, access, and benefits to pay for those services. Employers who offer telehealth and emerging solutions can increase access to qualified providers, no matter where the employee resides.

Mental health treatment is not only beneficial for the employee, but can improve productivity and workplace culture. As the mental health crisis continues to grow in the US, it is up to employers to improve access and create a supportive environment that encourages and sustains employee health.

Ultimately, employers are poised to make a profound difference in not only their employees' lives, but the lives of employees' families. By offering them (and their dependents) access to care, supporting them through a difficult time in their lives, and providing them with the resources they need, employers can combat the national healthcare crisis one life at a time.

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*Cohen's Veterans Network, "America's Mental Health 2018,"* *cohenveteransnetwork.org*

*The Center for Consumer Information & Insurance Oversight, "The Mental Health Parity and Addiction Equity Act (MHPAEA),"* *cms.gov*

## Crisis Hotlines & Text Lines

When employees ask for help, make sure you have the resources on hand to direct them to immediate care. These hotlines will help employees in an emergent situation and are often the first step to getting the long-term support they need.

| Crisis Center | Phone Number |
|---|---|
| RAINN (Rape, Abuse, and Incest National Network) | 1.800.656.4673 |
| The National Suicide Prevention Lifeline | 1.800.273.TALK (8255) |
| National Domestic Violence Hotline | 1.800.799.7233 |
| NAMI Helpline (National Alliance on Mental Illness) | 1.800.950.6264 |

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# EMPLOYEE BENEFITS COST-SAVING STRATEGIES FOR 2020

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**The average employer-sponsored health plan premiums total $20,576 annually for family coverage, according to the 2019 Kaiser Family Foundation Employer Health Benefits survey.** As a comparison, the MSRP base price of a 2020 Toyota Corolla is $19,600, an asset that will last far longer than just the current year.

In a competitive job market, employers are challenged to provide employee benefits that are a competitive draw, provide access to care, and meet business objectives, yet don't break the budget. Industry leaders are taking a hard look at how they spend their benefit dollars and what they can do to lower costs and create value. Below, we discuss three strategies that help employers provide competitive benefit plans while still maintaining control of their budget.

## Strategy 1: Reference-Based Pricing

Employers are frustrated over the lack of control over how their benefit plan dollars are spent. An employee may unknowingly choose an expensive provider or facility for a major surgery, leaving the employer to pay a high claim. If the plan pays less than the amount billed, the employee is often left with a balance bill for unpaid charges, resulting in a lose-lose scenario for both parties.

Referenced-Based Pricing (RBP) sets out to control costs while still paying providers a fee that includes a reasonable profit. The Rand Corporation found that private healthcare plans, on average, pay most hospitals 241% of the Medicare reimbursement rate, but these rates included wide variations in prices by state, without necessarily providing better quality healthcare.

An RBP approach has no restriction on in-network or out-of-network providers, instead choosing to pay a standard rate per type of service that may approximate 120% above Medicare rates. This results in a profit, but not a windfall to the provider. The employee benefits by accessing a wider variety of providers and employers can reduce their healthcare plan expenses between 20%-30%, a win-win for both employer and employee.

Employees aren't restricted in provider access

Providers make reasonable profit

Employers reduce health plan expenditures

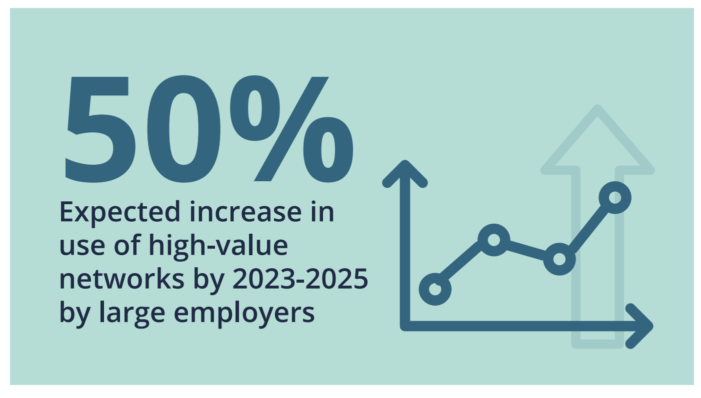
Similar to RBP, Centers of Excellence (e.g., Mayo, Johns Hopkins) may be used by large employers for employees with complex health problems. Recently, a Walmart truck driver visited multiple doctors who were unable to fix his neck bone spurs, resulting in high provider bills and fragmented care. Walmart took control of the situation by flying the employee to the University of Texas, where he had a successful surgery and returned to work. Walmart used their influence to pay a flat, bundled fee to the Texas Center of Excellence hospital for all services.

RBP pricing isn't automatic and is best for organizations that are willing to take on more risk and negotiate directly or via a third party with healthcare providers. RBP lowers costs and prevents the employee from receiving a balance bill for unpaid charges. For organizations that are financially savvy and dedicated to controlling costs, an RBP approach can result in significant cost savings.

## Strategy 2: High-Value Networks

High-value networks offer top-quality providers through a PPO network, typically at a lower cost. According to a report from the American Health Insurance Plan (AHIP) by a leading actuarial firm, high-value networks are comprised of providers who offer a combination of quality service, efficiency, consistent outcomes, health plan cooperation, and cost-effective pricing.

Employers can have high-value networks customized as part of their benefit plan offerings. Employees benefit by using high-quality providers and are incentivized to use these networks by lowering out-of-pocket costs. In 2017, 11% of large employers included high-value networks in their plans and this is expected to increase to 50% in the next three to five years.




The Puget Sound High-Value Network offers over 6,000 providers at 12 hospitals and over 1,000 clinics in the Seattle area and surrounding counties. This network helps participants evaluate all of their health care needs and works to make a plan to address illness or injury. In the San Francisco Bay Area, Canopy Health offers plans through UnitedHealthcare and Healthnet.

## Strategy 3: Pharmacy Benefit Manager Audits

In our experience, pharmacy costs are typically the second largest expense in a healthcare plan, costing employers between 15% to 20% of their entire health benefit expenditures. While most plans use a Pharmacy Benefit Manager (PBM) to negotiate costs, there can still be missed opportunities for savings or cost avoidance. Caremark, Express Scripts, and Optum are the nation's largest PBMs, together comprising over 75% of market share in the US, according to Becker's Hospital Review. Despite their market strength, employers can sometimes do better.

A third-party audit of pharmacy claims will identify historical cost savings (or cost avoidance) that would have been available to the employer. Employers may find PBM alternatives they were unaware of and achieve savings that can reach 15% to 40% of historical spend while setting new parameters for future spend.

**Potential Savings with a PBM Audit**

**15%–40%**

**of Your Historical Pharmacy Spend**

These audits are transparent to employees. There is no need to change insurance programs, ask employees to go to a new pharmacy, or deal with any of the complications that a major change requires. A third party audit is a relatively inexpensive way to recapture historical savings and reduce future outlays.

## Solutions Offering Additional Savings

The good news is that employers can take advantage of solutions to lower costs, enhance employee health, and remain competitive. Whether it's technology, new provider arrangements, or alternative health plans, employers must remain open-minded yet diligent about their budgets and consider options that include:

- **Direct Primary Care (DPC):** DPC physician practices offer a wide range of primary care services for a set fee that go beyond the traditional fee-for-service model. Employees with periodic health issues (not chronic conditions) can benefit most from this subscription-based service.

- **High Deductible Health Plans (HDHP) with Health Savings Accounts (HSA):** HDHP plans are gaining in popularity by reducing monthly premiums and increasing deductibles, making health insurance more affordable for employers, individuals, and families. By pairing an HDHP with an HSA, the employee can use pre-tax dollars to pay for their deductibles, reducing overall out-of-pocket expenses.
- **Telehealth Options:** Emergency department claims can be one of the highest expenses that employers can incur, and are unnecessary if treatment is for a common cold or flu. Telehealth benefits can be added to your plan, allowing employees to contact a licensed practitioner 24/7 to address symptoms, write prescriptions, and diagnose from the employee's home via channels such as phone and video.

We at Woodruff Sawyer don't believe that there is one size that fits all; programs need to be tailored to fit the culture, business, objectives, and employee demographics. A trusted advisor can help guide you through the complicated process and design plans that meet your employees' needs.

**Our carrier survey indicated that employers are looking for solutions to reduce cost in the short term, but carriers are looking for long-term solutions that overcome the systemic issues within the healthcare system. These perspectives can put the employer at odds with carriers, but a broker can help you navigate this difficult territory.**


*The Kaiser Family Foundation, "2019 Employer Health Benefits Survey," kff.org*

*White, Chapin; Whaley, Christopher, "Prices Paid to Hospitals by Private Health Plans Are High Relative to Medicare and Vary Widely," Rand Corporation, rand.org, 2019*

*Milliman Report, "High-Value Healthcare Provider Networks," ahip.org*

*Paavola, Alia, "Top PBMs by market share," Becker's Hospital Review, beckershospitalreview.com, 2019*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**As one of the largest insurance brokerage and consulting firms in the US,** Woodruff Sawyer protects the people and assets of more than 4,000 companies. We provide expert counsel and fierce advocacy to protect clients against their most critical risks in property & casualty, management liability, cyber liability, employee benefits, and personal wealth management. An active partner of Assurex Global and International Benefits Network, we provide expertise and customized solutions to insure innovation where clients need it, with headquarters in San Francisco, offices throughout the US, and global reach on six continents.

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