



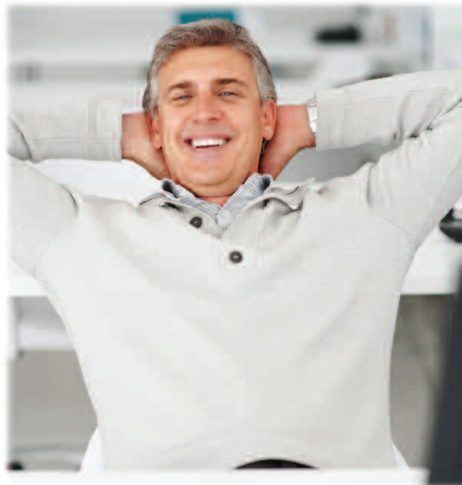
Employees Satisfied with Consumer-Driven Plans

Consumer-driven health plans are being offered more often, and satisfaction with the plans is high, according to several sources.

Of firms offering health benefits in 2008, 13% had a consumer-directed option—a high-deductible health plan paired with either a health savings account (HSA) or a health reimbursement arrangement (HRA), according to The Kaiser Family Foundation/Health Research & Educational Trust. This is an increase from 10% in 2007.

America's Health Insurance Plans, an industry trade group, also shows such plans are growing. The organization, citing only

high-deductible health plans and HSA arrangements, says such plans grew to more than 4.6 million participants in 2008, up from 3.4 million in 2007.



Probably most telling is that the growing numbers of employees covered by such plans say they are, by and large, satisfied with their coverage and that they are likely to be actively engaged in their healthcare. OptumHealth, one such plan, reports that 82% of those enrolled in HSAs are satisfied with their accounts. Seventy percent of those had an

annual income of \$75,000 or less, and 30% said they would not have health insurance if it weren't for their consumer-directed plan coverage. ■

Benefits Cuts May Be Unavoidable

According to a recent survey, 62% of decision-makers at small businesses are looking for insurance coverage cost-cutting measures because of the increasing difficulty in paying for a more comprehensive workplace benefits package.

The survey reports that 69% of companies with reduced revenues and 56% of companies whose revenues stayed the same are finding it more challenging to offer strong benefits packages. Forty-three percent of decision-makers

say they are more likely to reduce employee benefits, and 65% admit they are more aggressively looking for ways to trim benefit expenses.

Meanwhile, employers say they are concerned about losing employees to competitors with better benefits packages.

If you are considering making changes to your group benefits package, give our service team a call. We can help you find options that can fit your budget and appeal to employees. ■

Some Numbers on Telecommuting



Are you still trying to decide if offering your firm's employees telecommuting options will produce a positive return? Consider the following data from Cisco Systems that puts actual numbers behind the company's telecommuting experience in 2008:

- Telecommuting initiatives saved the company an estimated \$277 million in productivity.
- Approximately 69% of the employees surveyed cited higher productivity when working remotely.
- 75% of those surveyed said the timeliness of their work improved.
- 83% said their ability to communicate and collaborate with co-workers was the same as, if not better than, it was when working on-site.
- 67% of respondents said overall work quality improved when telecommuting.

Telecommuting efforts allowed the company to reduce greenhouse gas emissions by 47,320 metric tons. Efforts also allowed employees to collectively save \$10.3 million in fuel costs.

As you consider telecommuting, also remember to check with your insurance side of the house to make sure you are still classifying and insuring workers properly. ■

Employees Rate Benefits by Importance

In a recent survey commissioned by Sun Life Financial, 3,000 U.S. workers in companies with 25 or more employees, all age 25 and older and all of whom said they helped make the benefits decisions for their families, were asked to rate benefits by level of importance.

Medical insurance was not on the list, but included were 401(k) retirement plans, dental insurance, vision insurance, long-term disability insurance, short-term disability insurance, long-term care insurance, and an unspecified amount of cash.

Dental insurance, 401(k) retirement plans, vision insurance and group life insurance were rated as the most valu-

able by the largest number of respondents. Most surprisingly, the least valuable category was "cash."

The good news for employers is that several of the "most valuable" benefits are available at virtually no additional cost to the employer—simply making the option available may be enough to satisfy staff. Employers have many choices on how to offer these benefits—as employer-paid, shared payment or employee-paid. Each of the options carries different costs and administrative requirements for your company.

For information on providing these and other benefits, call our service team today. ■

Preferred Reform of Health Coverage Costs

Talk of sweeping healthcare reform has dominated the recent political landscape. But what do employers believe is the best way to solve the problem of escalating health coverage costs?

Aon Consulting reports that 93% of organizations it surveyed said the most favorable way to increase the number of Americans with health insurance is by continuing the employer-based healthcare system but with a greater focus on wellness, chronic condition management, evidence-based medicine and other innovative approaches.

A majority of employers also believe the most effective ways to lower medical costs are through "comprehensive prevention/wellness programs" (73%) and by "making consumers more price-sensitive and more aware of quality of care data" (55%). Many employers also believe that "limits on malpractice



suits for physicians who follow evidence-based medicine guidelines" (47%) would bring much needed rate relief.

"Evidence-based medicine guidelines" as well as "tools to encourage consumerism" were cited as the top two initiatives essential for improving the quality of care based on their highest potential impact.

For more information on implementing these and other cost-saving ideas to your benefits program, call our service team today. ■

Health-Related Sites for Your Workers

Employees consistently say they appreciate employers that make efforts to educate employees on health issues.

One small step employers should consider is providing data to employees and their families on where to find answers to important health-related questions. Following are the top nine websites (listed alphabetically) in terms of “usefulness” as recommended by the Medical Library Association:

- *Cancer.gov*—NCI homepage has links to specific cancers, term dictionaries, statistics and a toll-free help line.
- *CDC.gov*—Centers for Disease Control and Prevention’s homepage emphasizes public health and safety. Find information on infectious dis-

eases, vaccines/immunizations, travelers’ health issues and much more.

- *Familydoctor.org*—Site for patients from the American Academy of Family Physicians. Provides links to



conditions and symptoms and easy access to related health data.

- *Healthfinder.gov*—Healthfinder is a site for patients from the Office of

Disease Prevention (HHS).

- *Hivinsite.ucsf.edu*—HIV Insite offers up-to-date information on HIV/AIDS.
- *Kidshealth.org*—Kidshealth includes separate sections for parents, kids and teens. Sponsored by the Nemours Foundation for Children’s Health Media, this site advertises a “no doctor speak” approach to data.
- *Mayoclinic.com*—The Mayo Clinic offers listings of diseases, symptoms and drugs as well as a free newsletter.
- *7Medem.com*—Online communication services from a group of organizations like the AMA.
- *Medlineplus.gov*—Data from the National Library of Medicine, the world’s largest medical library. ■

Out-of-Network Differences

If your employees were on a vacation or traveling on business and needed medical treatment outside of your area, would they know what expenses your group health plan would cover? Are they aware of potential differences in deductibles or co-payments?

Your firm’s employees should know the answers to the following questions:

- Does your group medical plan provide coverage out of your local area?
- Does your group medical plan have a preauthorization requirement for hospital admission or other services?

- What is your group plan’s co-payment for in-network treatment?
- What is your group plan’s out-of-network co-payment? What if the employee’s regular physician is not able to see them in a timely manner? If they have to go out of network, how does that affect out-of-pocket expenses?

• What are the plan requirements for emergency services? The Florida Department of Financial Services recommends benefits managers provide the following checklist to employees to help avoid a surprise at claim time:

- Review your health plan booklet. Know which doctors and hospitals are in your network. Find out if there are in-network doctors or medical facilities available outside of your area and where they are located.
- Make note of your co-payments. Know how much a doctor’s office visit will cost. Check to see if your co-payments increase if you go out of network.
- Keep handy a list of pharmacies and medications covered by your health plan.
- Make sure you have contact information for your health plan. ■

**Thank you
for your referrals.**

If you're pleased with us, spread the word!

We will be happy to give the same great service to all of your friends and business associates.

Employers Favor Mandated Minimum Coverage

A majority of employers say they would favor a requirement that all U.S. citizens obtain a minimum level of health coverage, according to a recent survey.

While the survey reports that 63% of employers surveyed oppose the so-called "play-or-pay" approach to expanding coverage, 53% said they favor an individual mandate as part of healthcare reform.

Data from the survey also show that 58% of employers opposed setting up government-administered public health insurance plans to compete with private providers and 81% opposed a single-payer national health insurance program.

Our service team can help you adjust to potential new requirements in your healthcare benefits plans. Give us a call to look at your options. ■
